

2022 Community Health Needs Assessment



Kaiser Permanente Santa Rosa Medical Center

License number: 11000213

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

September 27, 2022



Kaiser Permanente Santa Rosa Medical Center 2022 Community Health Needs Assessment

CONTENTS

Summary	2
Introduction/background	3
Community served	5
Kaiser Permanente's CHNA process	8
Identification and prioritization of the community's health needs	9
Description of prioritized significant health needs	10
Health need profiles	16
2019 Implementation Strategy evaluation of impact	33
Appendix	
A. Secondary data sources	38
B. Community input	40
C. Community resources	41

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

1. Housing
2. Access to care
3. Mental & behavioral health
4. Education
5. Income & employment
6. Substance use
7. Climate & environment
8. Food insecurity
9. Community safety

To address those needs, Kaiser Permanente Santa Rosa 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>.

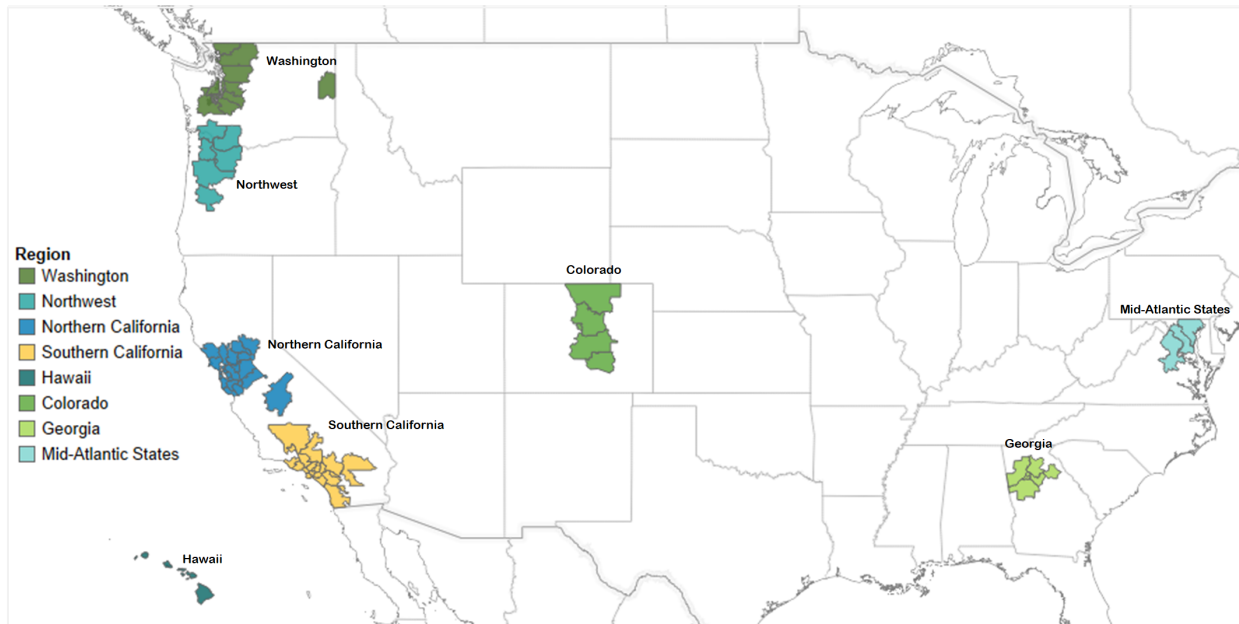
Introduction/background

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 compels 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 Santa Rosa 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 Santa Rosa Medical Center hospital service area includes residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

Santa Rosa service area

 Kaiser Permanente hospital  Kaiser Permanente medical offices



Santa Rosa service area demographic profile

Total population:	388,969
American Indian/Alaska Native	0.8%
Asian	4.4%
Black	1.8%
Hispanic (Latinx)	28.6%
Multiracial	3.1%
Native Hawaiian/other Pacific Islander	0.3%
Other race/ethnicity	0.2%
White	60.8%
Under age 18	19.8%
Age 65 and over	18.5%

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 (Latinx), 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.

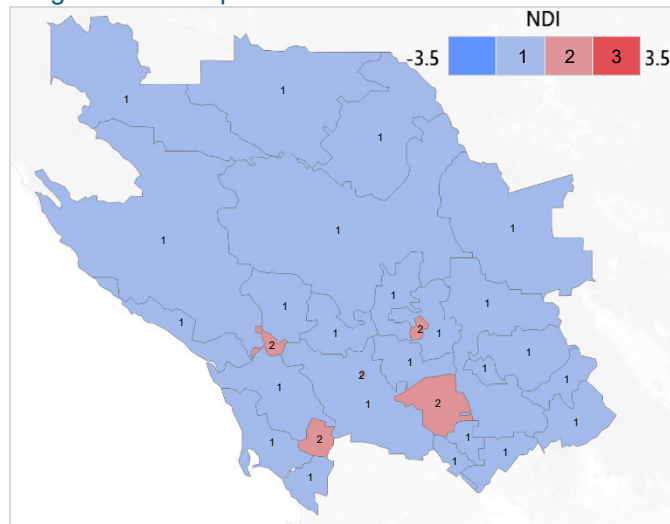
Neighborhood disparities in the Santa Rosa service area

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.

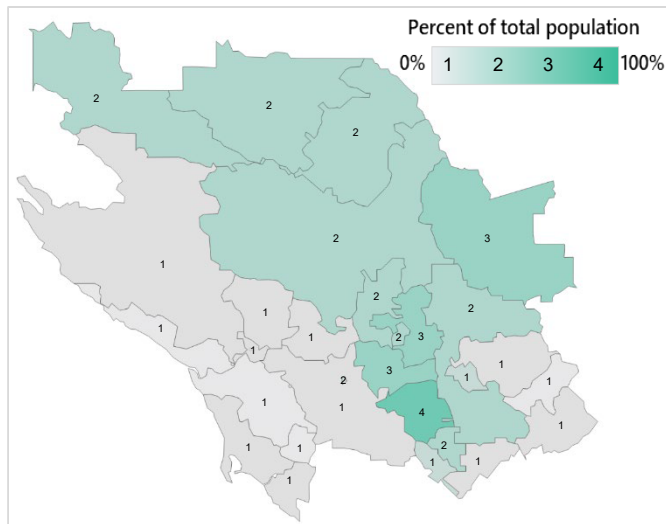
The map on the left shows the NDI for ZIP codes in the Santa Rosa service area. Areas with the highest NDI often are those with the highest proportion of people of color, shown in the map on the right.

SANTA ROSA 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

Sutter Santa Rosa Regional Hospital (SSRRH)

Other organizations

Sonoma County Department of Health Services

Consultants who were involved in completing the CHNA

Harder+Company Community Research. (Harder+Company) is a nationally recognized leader in high quality evaluation for learning and action with a team of over 45 researchers throughout California, reflecting the major regions of the state. The firm's staff offer deep experience assisting hospitals, health departments, and other health agencies on a variety of efforts: including conducting needs assessments, developing and operationalizing strategic plans, engaging and gathering meaningful input from community members, and using data for program development and implementation. Harder+Company offers considerable expertise in broad community participation which is essential to the CHNA processes. The firm is supporting in the following Kaiser Foundation Hospital service areas: Downey, Fontana and Ontario, Los Angeles, Redwood City, Roseville, Sacramento, San Diego, San Francisco, San Rafael, Santa Rosa, South Bay, South Sacramento, South San Francisco, Vacaville, Vallejo, and West Los Angeles.

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.

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 Santa Rosa 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 Santa Rosa service area

Before beginning the prioritization process, Kaiser Permanente Santa Rosa 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 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 Santa Rosa 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 nine significant health needs.

Description of prioritized significant health needs in the Santa Rosa service area.

1. 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. Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Black and Latinx renters are more likely to live in cost-burdened households and face housing instability. In the last 5 years, home prices in the Santa Rosa service area increased by 40 percent. High housing costs, including rent, have been further exacerbated by the 2017 Tubbs Fire, which destroyed 6 percent of the homes in Santa Rosa. Additionally, there are racial disparities in access to housing. While 62 percent of white residents in Sonoma County are homeowners, only 45 percent of Native American, 39 percent of Latinx, and 37 percent of Black residents are homeowners. Racist and biased practices in mortgage lending have historically made it difficult for Black, Indigenous, and people of color to own homes in the region. Interviewed community leaders shared that previously affordable areas are becoming gentrified and much more expensive. They emphasized that COVID-19 has widened the disparities that exist around housing and homelessness and that multiple families often live in one home to keep costs more manageable. They also emphasized the need for adequate housing for farm workers and affordable housing for the expanding senior population. They discussed the need to address the mental health needs of people experiencing homelessness, stressing the "Housing First" model to ensure people have stable housing and then address additional health needs.

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. 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. Despite high levels of insurance coverage and health care providers in the Santa Rosa service area, there are chronic health needs across the area. 14 percent of adults report poor or fair health (compared to 16 percent statewide). Additionally, diabetes is prevalent among 19 percent of the population and heart disease is prevalent in 13 percent of the population (these rates are lower than California averages; 28 percent and 15 percent respectively). Additionally, access to regular care varies by population: while 91 percent of white residents report having a usual source of care, only 77 percent of Latinx and 61 percent of Pacific Islander residents report a usual source of care. Interviewed community leaders shared there is a lack of culturally responsive providers and providers focused on the specific care needs of communities of color, LGBTQ+ individuals, as well as a lack of understanding of the intersectionality of multiple identities. They emphasized the importance of continuing to offer expanded clinic hours for working families and expanded access for farm workers and other vulnerable populations.

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. Anxiety, depression, and suicidal ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Latinx Americans. Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. In Sonoma County, the age adjusted rate of death due to suicide, alcohol related disease, and drug overdoses per 100,000 residents is only slightly higher than California as a whole (36.6 compared to 34.3 per 100,000). However, the age adjusted rate of death due to intentional self-harm specifically is higher: 13.3 per 100,000 in Sonoma compared to 10.5 per 100,000 statewide. The premature death rate for suicide significantly increased by 32 percent from 2011-2013 to 2015-2017, mirroring a national trend. Additionally, there are disparities related to mental and behavioral health. For example, males had over twice the percentage of total years of potential life lost due to suicide (9 percent) compared to females (4 percent). The percentage of years of potential life lost due to suicide is highest in Santa Rosa (8 percent), followed by Petaluma and Sonoma Valley (7 percent). Additionally, 46 percent of students who are gay, lesbian, or bisexual reported seriously considered attempting suicide compared to 14 percent of students who are straight. Interviewed community leaders noted the long-term mental health impacts of trauma, particularly as Sonoma County residents navigate the impacts of regional wildfires and home losses as well as the COVID-19 pandemic. They also identified strategies to address mental and behavioral health such as expanding cultural and linguistically appropriate services, as well as services for youth, particularly on-site school services.

4. Education: The link between education and health is well known — those with higher levels of education are more likely to be healthier and live longer. Having a high school diploma is correlated strongly with healthy behaviors, improved quality of life, and higher life expectancy. Children from families with low incomes are less likely to experience the numerous benefits of attending preschool, including higher rates of high school graduation and college attendance and lower levels of juvenile incarceration. Most residents in the Santa Rosa service area have a high school diploma; 88 percent compared to 82 percent in California. Additionally, 25 percent of adults have some college education which is higher than the state average of 21 percent. However, there are significant disparities in degree attainment across geographies and along racial lines. In Sea Ranch/Timber Cove, 6 in 10 adults 25 years and older hold bachelor’s degrees, whereas in Roseland just over 1 in 10 do. Only 64 percent of Latinx residents hold a high school diploma in Sonoma County as opposed to 96 percent of white residents. First generation Latinx students may face barriers to obtaining a degree and Latinx immigrants may have had limited opportunities to progress or complete their education in their home countries, creating barriers to obtaining continuing education in Sonoma County. Interviewed community leaders talked about learning loss during COVID-19, particularly as students had to take on additional responsibilities for their families. They noted that student engagement and school readiness is low and that students are becoming less inclined to graduate high school. They recommended integrating more health workers with the school system to break down siloes and dedicating resources to hiring and retaining mental health professionals with school expertise, particularly those with cultural expertise and bilingual skills.

5. 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. 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. The Santa Rosa service area is among the wealthiest in California. Sonoma County residents have a relatively high median income (\$81,851) and a relatively low poverty rate (9 percent). The unemployment rate (15 percent) is lower than

the state average (16 percent). Additionally, there are disparities related to income and employment along racial lines. White residents have the highest median personal earnings (\$44,131) compared to Latinx, Native American, and Native Hawaiian and Other Pacific Islander residents (\$29,000, \$29,000, and \$26,000 respectively). Interviewed community leaders talked about the disproportionate impact of wildfires on farm workers and recommended that organizations focus on addressing the needs of day laborers. They also discussed additional financial strain on families during the COVID-19 pandemic, causing those with limited income to delay health care or even skip meals to make ends meet. They recommended workforce development strategies such as training programs to introduce students to health careers and support job entry and career development in the health field.

6. Substance use: Numerous negative health impacts are related to tobacco use, binge drinking, and misuse of prescription and recreational drugs. Excessive alcohol consumption increases risk for high blood pressure, heart disease, and other chronic conditions. While tobacco use has steadily decreased for decades, 15 percent of American adults are current smokers, and smokeless tobacco continues to appeal to youth and young adults. In the Santa Rosa service area, the age-adjusted opiate death rate per 100,000 residents is 8.0 which is higher than the state average of 5.7 per 100,000. The death rate from prescription opioids is also higher in Sonoma County than the state. A recent preliminary report from the Department of Health Services shows that the risk of death from drug overdose is much higher for white, Latinx and Black residents. Additionally, 22.3 percent of white public-school students have used alcohol or drugs compared to 11 percent of Asian students, and an estimated 16 percent of Latinx students. Interviewed community leaders talked about the rise in substance use during the COVID-19 pandemic, particularly the increasing number of opioid and other substance use overdoses. They also emphasized the lack of sufficient resources to care for substance use along with challenges throughout the community, particularly a lack of beds for those seeking recovery services. They recommended expanded substance use prevention and treatment services focused on youth and those experiencing homelessness.

7. Climate & environment: There is a wide consensus that human-caused emissions of carbon dioxide and other greenhouse gases are the main driver of the climate impacts we're now witnessing. Long-term exposure to fine particulate matter from vehicles and wildfires compromises children's immune systems and increases their risk of asthma. Communities of color are disproportionately affected by environmental risks, including air pollution in both urban and rural environments. In the Santa Rosa service area, the drought risk index and therefore likelihood of a deficient water supply is much higher than the rest of California (14.1 compared to 2.5). The 2017 Tubbs Fire destroyed 6 percent of the homes in Santa Rosa, causing housing prices to rise dramatically. Additionally, the 2019 Kincade Fire and 2020 Walbridge and Glass fires exacerbated environmental and housing issues. When wildfires occur, some residents may not have the same access to support and services to evacuate and then relocate. Interviewed community leaders emphasized the ongoing trauma of wildfires and flooding throughout the region and that families who were impacted by recent fires continue to struggle to rebuild. They also talked about the risk that air pollution during fire season poses on people's health, especially those who do agricultural or other outdoor service work. They recommended applying a trauma-informed lens to recovery efforts, particularly amidst the COVID-19 pandemic. They also recommend examining ways to expand access to protective equipment such as masks when air pollution levels are high.

8. Food insecurity: Many people do not have enough resources to meet their basic needs, including having enough food to eat to lead an active, healthy life. Black and Latinx households have higher than average rates of food insecurity; disabled adults may also be at higher risk because of limited employment opportunities and high health care expenses. Many diet-related conditions, including diabetes, hypertension, heart disease,

and obesity, have been linked to food insecurity. In the Santa Rosa service area, 9.0 percent of residents are food insecure, which is slightly lower than the state average (11 percent). SNAP enrollment in Sonoma County is 7 percent, which is also lower than the California average of 10 percent. There are disparities related to food security. For example, 17 percent of farmworkers, who themselves are contributing to food sources in the region, are food insecure. Additionally, SNAP enrollment varies across the county and is highest in Fulton (31 percent) and Monte Rio (19 percent). Interviewed community leaders talked about the added economic strain on families during the COVID-19 pandemic. Families who lost their jobs or saw reduced income struggled to make ends meet and may have had to skip meals as a result. They recommend a multi-strategy approach to addressing food insecurity. They highlighted food distribution resources, particularly those that target older adults and neighborhoods where food access might be limited. They also recommended offering meal delivery in addition to walk-up or drive-up distribution centers.

9. 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. 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. In the Santa Rosa service area, the number of deaths from intentional and unintentional injuries in the county is 57.4 per 100,000 residents, slightly higher than the California average of 50.3 per 100,000. The overall perception of safety is high: 92 percent of adults say that they feel safe in their neighborhood. However, this rate is slightly lower for people of color: 90 percent for Latinx adults and 90 percent of Black adults (compared to 93 percent for white adults). Additionally, Latinx and Black residents are more likely to be impacted by law enforcement's use of force. The rate for Latinx residents is 2.3 per 100,000, nearly 3 times the rate for white residents (0.8 per 100,000). Interviewed community leaders shared that domestic violence and other forms of abuse are on the rise, particularly during the months of isolation amidst the COVID-19 pandemic. They identified strategies to address community safety such as investing in systems that address health needs through a lens of diversity, equity, inclusion, and trauma-informed care. Community leaders recommended investing in community-based organizations that are already serving people daily and who can best speak to what is needed to promote community safety. They also recommended connecting with community-based organizations and grassroots efforts that were mobilized during the 2020 Census, nationwide protests against police brutality, and the pandemic response.

Health need profiles

Detailed descriptions of the significant health needs in the Santa Rosa 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 national 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, and even more moved outside because of the pandemic, leading to a crisis in street homelessness in many American cities.

Sonoma County's high cost of living exacerbates issues related to health care access and affordability. This is particularly true for communities of color and households with low incomes. In the last five years, Sonoma County home prices increased by 40 percent. High housing costs, including rent, are worse since the 2017 Tubbs Fire, which destroyed 6 percent of the homes in Santa Rosa.

The overall housing affordability index is 84 for Sonoma County, compared to 88 across California and 155 nationwide, meaning it costs more for a typical resident in Sonoma County to purchase a home than it does in other areas. Nearly a quarter of residents (22 percent) spend more than 30 percent of their income on housing in Sonoma, compared to 17 percent nationally. An additional 18 percent of individuals pay more than 50 percent of their income on housing, compared to 14 percent nationwide. Although the median rental cost is similar to state averages (\$1,667 compared to \$1,689), residents need to spend 31 percent of their income to afford a home mortgage.

There are several racial disparities related to housing. While 62 percent of white residents in Sonoma County are homeowners, only 45 percent of Native American, 39 percent of Latinx, and 37 percent of Black residents are homeowners. Racist and biased practices in mortgage lending such as redlining, restrictive covenants, FHA mortgages for whites only, GI bills favoring white veterans, steering policies by realtors, and Fair Housing laws have historically made it difficult for Black, Indigenous, and people of color to own homes in the region. Latinx and Native American loan applicants are twice as likely to get a subprime loan than white or Asian applicants (2.7 and 2.9 per 100,000 applications compared to 1.2 and 1.1). The foreclosure rate among Black and Latinx households is higher than white households (21 percent and 13 percent higher).

Interviewed community leaders talked about the increased cost of living amidst the added economic pressures caused by the COVID-19 pandemic and wildfires. They emphasized that COVID-19 has widened the disparities that exist around housing and homelessness. One outcome due to high housing costs is that multiple families live in one home to keep costs more manageable. Additionally, increases in housing prices prohibit people from moving in the area, making it difficult to attract and retain workers.

The pandemic did expose what we were already seeing on the ground with regards to renters being disproportionately affected by disasters and people of color that was only amplified even more during the pandemic.

– Nonprofit leader

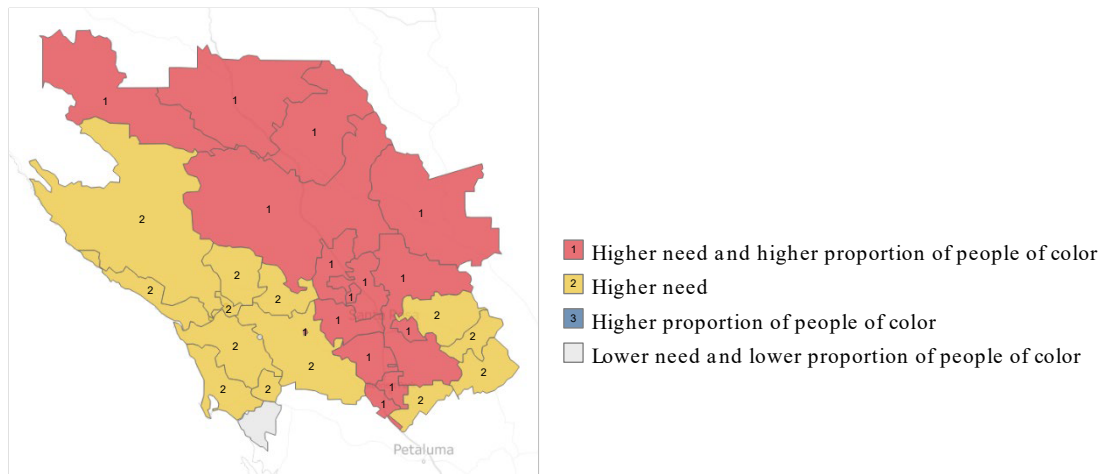
Homelessness is also a major issue in the Santa Rosa service area. While the 2020 Homeless Census and Survey showed a slight decrease in the number of people experiencing homelessness (2,745 in 2020 compared to 2,951 in 2019), 62 percent of those are unsheltered. Most individuals are male (73 percent) and white (64 percent), though an additional 25 percent are Latinx. Additionally, 19 percent are chronically homeless, 24 percent are older adults, and 9 percent are transition-aged youth. While less than 1 percent of the overall student population is homeless, that percentage is much higher among Native American students (3 percent) and multiracial students (1 percent). Interviewed community leaders said that the number of people experiencing homelessness in the area is increasing and that a lot of people have been displaced due to wildfires. They emphasized the need for adequate housing for farm workers and affordable housing for the expanding senior population. They discussed the need to address the mental health needs of people experiencing homelessness, stressing the “Housing First” model to ensure people have stable housing to then address additional health needs. Community leaders noted local resources such as a recuperative care program for homeless patients and plans to develop tiny home villages.

Sonoma County has 2,000 people outside, that's the rough number people use, and that number hasn't changed in five years after all the money that we put into it, so we started accepting the fact that there aren't going to be enough apartments in the next 1, 2, 3, 4, 5 years, it's just not going to happen. And so are ...are we going to accept the fact that there needs to be some other...alternative housing, such as managed encampments at regional parks, for example, where there's already hookups to sewer, water, electricity.

– Nonprofit leader

PERCENT OF INCOME FOR A MORTGAGE, SANTA ROSA SERVICE AREA, 2020

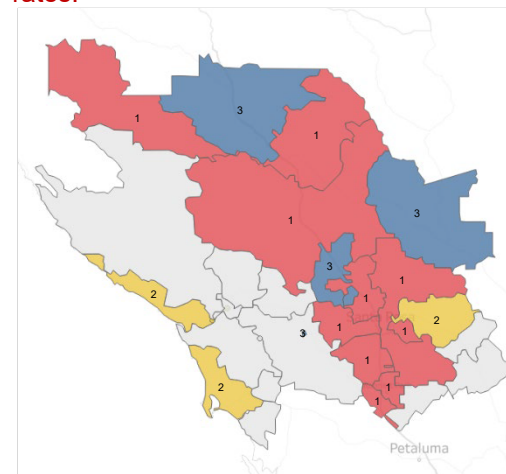
Areas shaded red (1) are ZIP codes with people of color greater than 25% of the population and the highest percent of income needed for a mortgage.



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

HOME OWNERSHIP RATE, SANTA ROSA SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with people of color greater than 25% of the population and the lowest home ownership rates.



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

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.

Access to quality health care is one of the key drivers of health equity as it is foundational to maintain health, prevent disease, and reduce avoidable disability and premature death. Although across all measures, the Santa Rosa service area is doing better than state or national averages, disparities still exist. For example, only 7 percent of the population is uninsured, compared to 8 percent statewide and 9 percent nationally. However, insurance rates vary across the county. The rate of uninsured is higher in parts of Santa Rosa (9 percent in ZIP code 95401 and 13 percent in ZIP code 95407). The majority of the population in these areas are people of color. Insurance coverage varies by racial group; 3 percent of Asian, 7 percent of Black, and 12 percent of Latinx residents are uninsured compared to only 2 percent of white residents.

There is also a high level of medical and dental providers in the service area. There are 104.6 primary care physicians for every 100,000 residents in Sonoma County compared with an average of 79.8 statewide. There are 93.6 dentists for every 100,000 residents in Sonoma County compared with an average of 87.0 statewide. However, while 91 percent of white residents' report having a usual source of care, only 77 percent of Latinx and 61 percent of Pacific Islander residents report a usual source of care respectively.

Increasing health care costs are a key barrier that prevent people from seeking treatment. Interviewed community leaders also talked about the lack of culturally responsive providers and those focused on the specific care needs of communities of color, LGBTQ+ individuals, and a general lack of understanding of the intersectionality of multiple identities.

Additionally, residents living in rural areas of the county may lack the time or transportation needed to travel to seek care. While access to telehealth services is expanding throughout California, access to these services require adequate technology, literacy, and broadband access.

[There is] the issue of deferred care, that people didn't get health care, because they didn't see their doctor, they didn't get their blood pressure check. They didn't get their meds refilled, whatever it is. They didn't get their diabetes regulated. They didn't do all that. So as a result, our hospitals are now full of people who are later presenting bad things.

– Public health leader

Interviewed community leaders mentioned access to care resources in the Santa Rosa service area, such as clinics that stay open in the evenings or health and behavioral health education provided through the schools.

They also emphasized partnerships that expanded access to COVID-19 testing and vaccinations for homeless populations and those living in rural communities such as Cloverdale and Geyserville.

Interviewed community leaders agreed that there is a need for better preventive care for those experiencing homelessness and better transitional care after a hospitalization or surgical procedure. Barriers for people accessing care include the need to complete multiple applications, which may discourage undocumented individuals from seeking care, and staff shortages that lead to longer wait times for appointments.

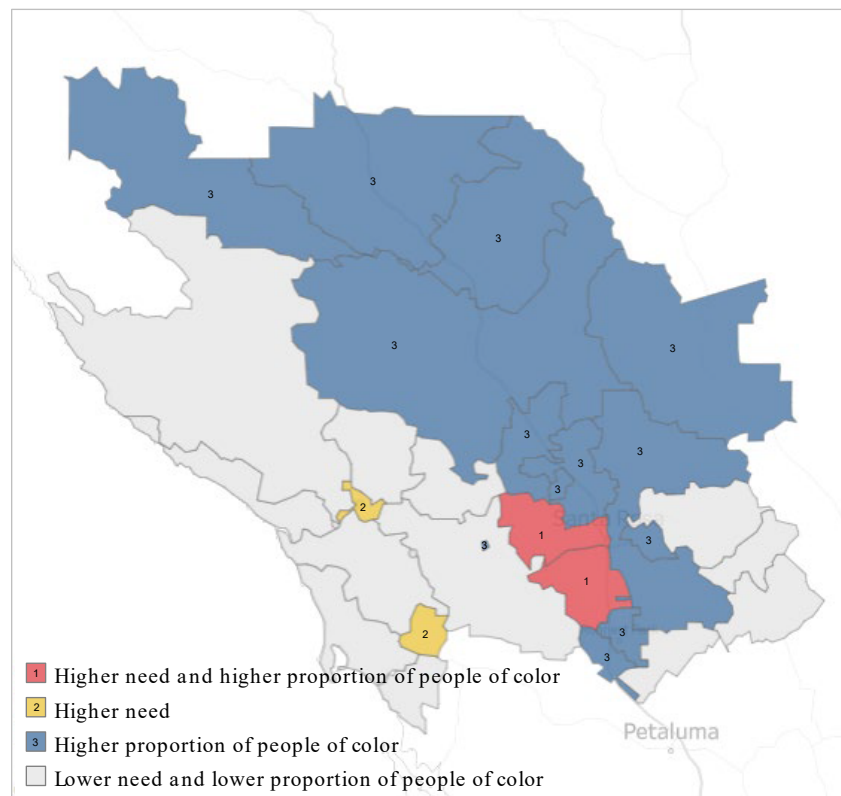
Local leaders emphasized the importance of continuing to offer expanded clinic hours for working families and expanded access for farm workers and other vulnerable populations. Community leaders also stressed the importance of interpretation services for patients who do not speak English, instead of relying on a family member to translate personal health information during medical visits.

Having appropriate interpreter services is super important. We as an organization really try to be as competent working with interpreters as possible. Using them rather than making the patient bring a family member [who] may not feel comfortable translating certain things.

– Local nonprofit leader

PERCENT UNINSURED, SANTA ROSA SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with people of color greater than 25% of the population and the highest uninsured rates in the service area.



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

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 men, 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.

Residents in Sonoma County display significant needs related to mental health. The age adjusted rate of death due to deaths of despair (death due to suicide, alcohol related disease, and drug overdoses) is 7 percent higher in Sonoma County compared to California as a whole (36.6 compared to 34.3 per 100,000 residents). However, the age adjusted rate of death due to intentional self-harm is 27 percent higher in Sonoma County compared to California (13.3 compared to 10.5 per 100,000 residents). Sonoma County residents reported 4.0 poor mental health days per month, which is similar to California and the nation (3.7 days and 4.0 days respectively). Additionally, Sonoma County has a higher rate of mental health providers for every 100,000 residents than California (461.7 compared to 352.3), but the demand continues to outweigh the number of available providers.

Mental health challenges among youth is of concern in Sonoma County. Among 9th grade students, 32 percent reported depression-related feelings in the last year. A total of 19 percent of 9th grade students reported seriously considering suicide. This was even higher among 9th grade students who identified as Black (21 percent), Native Hawaiian/Pacific Islander (23 percent), or Multiracial (26 percent).

The premature death rate for suicide significantly increased by 32 percent in Sonoma County from 2011-2013 to 2015-2017, mirroring a national trend. Males had over twice the percentage of years of potential life lost due to suicide (9 percent) compared to females (4 percent). By neighborhood, the percentage of years of life lost due to suicide among Santa Rosa residents was 8 percent, and among Petaluma and Sonoma Valley residents, it was 7 percent.

Racial and ethnic differences in rates of suicidal ideation, suicide attempts, and suicide deaths exist at the national level and are pertinent to Sonoma County. According to the Suicide Prevention Resource Center, American Indian/Alaska Native adults are at highest risk for past-year suicide-related thoughts, followed by Latinx and white adults equally. For past-year suicide attempts, Black adults are at the highest risk, followed by Latinx then white and American Indian/Alaska Native adults equally. Racial and ethnic groups differ in their access to culturally appropriate behavioral health treatment, experiences of discrimination and historical trauma, and other factors that may be related to suicide risk.

In the first year of COVID, opioid and other substance use overdoses increased tremendously, so I think mental health and substance use disorders are still really under-cared for in this community.

– Community clinic leader

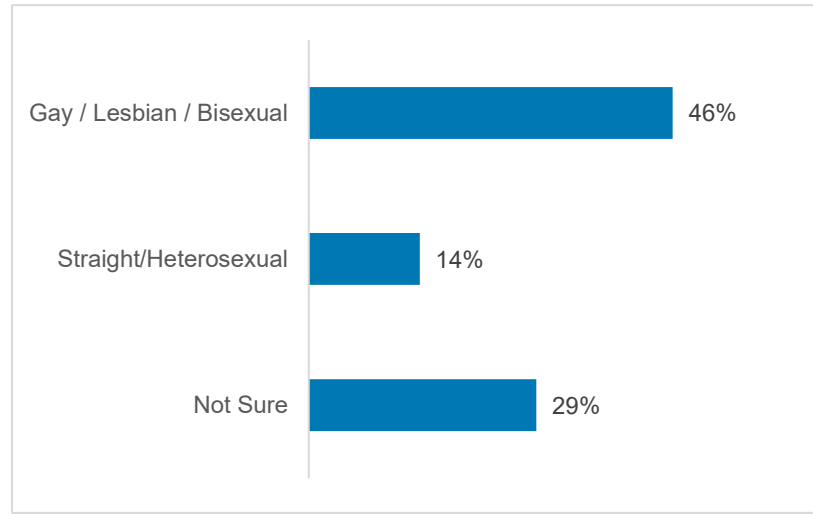
Interviewed community leaders noted the long-term mental health impacts of trauma, particularly as Sonoma County residents navigate the impacts of regional wildfires and home losses as well as the COVID-19 pandemic. Interviewed community leaders also emphasized the need for expanded trauma-informed services, particularly for communities who may be at higher risk for mental health challenges such as those experiencing homelessness. Cultural and linguistically appropriate services are also needed to ensure that providers understand and are attune to the particular needs of specific communities such as the LGBTQ+ community and immigrants.

Interviewed community leaders also highlighted the need for expanded mental health services for youth, particularly on-site school services. Though there are mental health professionals on school campuses, they don't have the language skills or bilingual staff to reach all students. Informants talked about higher rates of depression, stress and anxiety, as well as suicide, among LGBTQ+ youth. They also said they are seeing increased rates of suicide among younger kids; possibly due to decreased suicide prevention programs at school. They emphasized the impact of wildfires and the pandemic on youth mental health.

Our ability to provide services and programs that meet their needs from just a trauma focused cognitive behavioral therapy or other trauma interventions would go a long way to reduce their lifetime incidents of PTSD. But we don't have the capacity. We don't have the language skills. We don't have the bicultural bilingual staff that we would need to really make a difference.

– Education sector leader

PERCENT OF STUDENTS WHO REPORTED SUICIDE IDEATION, BY SEXUAL ORIENTATION, SONOMA COUNTY, 2017-2019



Source: Kidsdata.org

Estimated percentage of public school students in grades 9, 11, and non-traditional programs who said "yes," they seriously considered attempting suicide in the previous year.

Health need profile: Education



The link between education and health is well known — those with higher levels of education are more likely to be healthier and live longer. Having a high school diploma is correlated strongly with healthy behaviors, improved quality of life, and higher life expectancy. Adults with at least a high school education are more likely to be employed and earn more than those with less education.

Children from families with low incomes are less likely to experience the numerous benefits of attending preschool, including higher rates of high school graduation and college attendance and lower levels of juvenile incarceration, particularly for boys. Another strong predictor of high school graduation and career success is reading proficiency by third grade, yet more than 80 percent of low-income children do not achieve this milestone.

Disruptions in schooling from the COVID-19 pandemic particularly affected Black and Hispanic students and those from low-income households, who suffered the steepest setbacks in learning and achievement. These disparities likely reflect less access to technology for remote learning, higher rates of unemployment in low-income communities and communities of color, and urban schools delaying return to in-person instruction.

Education has consequences for public health because it shapes professional advancement and the pursuit of a stable life. It equips residents with the knowledge and cultural capital necessary for navigating complicated health systems and sorting through available resources to seek help. Education in the Santa Rosa service area has a similar story of other priority health needs overall data indicates a relatively low need, but inequities exist.

Most Sonoma County residents have a high school diploma; 88 percent compared to 82 percent in California and 88 percent nationally. A total of 25 percent of adults have some college education, which is higher than the state and national average (21 percent). However, there are significant disparities in degree attainment across geographies and along racial/ethnicity lines. In Sea Ranch/Timber Cove, 6 in 10 adults 25 years and older hold bachelor's degrees, but in Roseland, just over 1 in 10 do. Only 64 percent of Latinx residents hold a high school diploma in Sonoma County, as opposed to 96 percent of white residents. First generation Latinx students may face barriers to obtaining a degree and Latinx immigrants may have had limited opportunities to progress or complete their education in their home countries, creating barriers to obtaining continuing education in Sonoma County.

Disparities also exist in school enrollment among children and young adults. While the county average is 78 percent of children and young people between the ages of 3 and 24 enrolled in school, these rates vary. It is higher among Native American students (95 percent) but lower for Latinx and Black students (77 percent and 69 percent). Another disparity, particularly evident during the COVID-19 pandemic, is access to digital learning platforms. Nearly a quarter of English Language Learner students have limited or no access to a computer or device, compared to 10 percent of non-English language learners. Similarly, 37 percent of English language learners have limited or no internet access, compared to 28 percent of non-English language learner students.

Our ability to provide services and programs that meet their needs from just a trauma focused cognitive behavioral therapy or other trauma interventions would go a long way to reduce their lifetime incidents of PTSD. But we don't have the capacity. We don't have the language skills. We don't have the bicultural bilingual staff that we would need to really make a difference.

– Education sector leader

Access to early learning opportunities is limited for nearly half of children in Sonoma County, 48 percent of Sonoma County 3-to-5-year-olds are enrolled in preschool, similar to state and national averages (51 percent and 49 percent). The rural north county town of Cloverdale, as well as parts of Santa Rosa, have the lowest percentage of preschool enrollment and higher percentages of residents of color in the service area.

Interviewed community leaders talked about learning loss during the pandemic, particularly as students had to take on additional responsibilities for their families. They noted that student engagement and school readiness was low and students are becoming less inclined to graduate high school. In particular, many students struggled to engage in remote learning during school closures. A recent survey touched on the need for additional supports for students. Less than 1 in 3 high school students in Sonoma County say that there is an adult from school who they can talk to when they are feeling upset, stressed, or having problems.

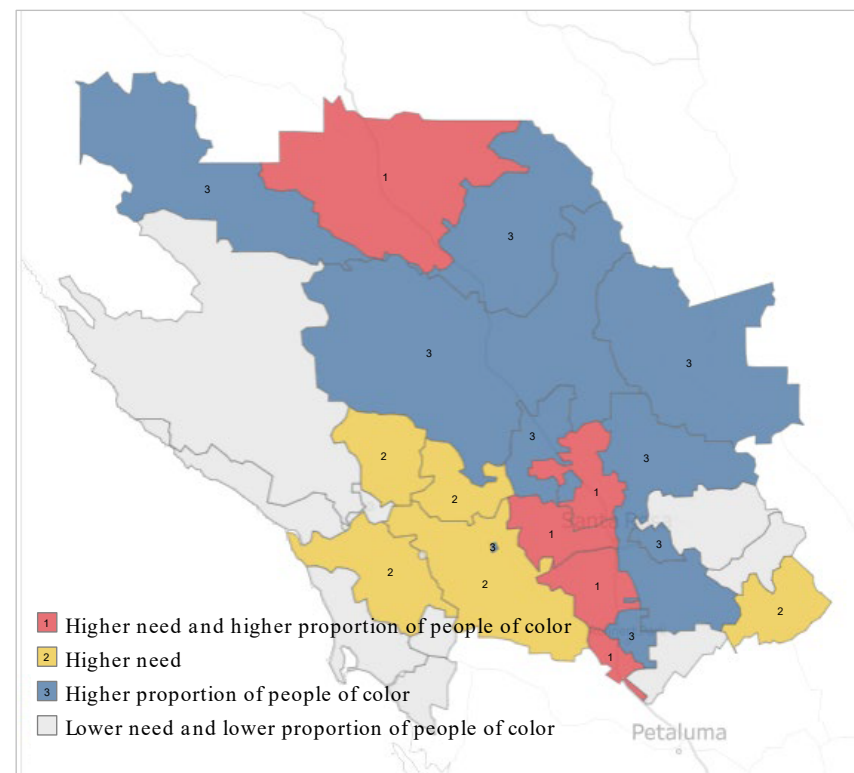
Interviewed community leaders also talked about the high cost of early childhood education, as well as the mental health needs of students. They noted that there is a shortage of teaching and administrative staff across the Santa Rosa service area. They recommend integrating more health workers with the school system to break down siloes and dedicating resources to hiring and retaining mental health professionals with school expertise, particularly those with cultural expertise and bilingual skills.

I recently learned that basically 50 percent out of our [families are] looking for preschool ... and there's a variety of reasons, a lot of its staffing but also cost the amount that what it costs a family in Sonoma County to do that. So early childhood education is a huge area of concern.

– Education sector leader

PRESCHOOL ENROLLMENT, SANTA ROSA SERVICE AREA, 2015 - 2019

Areas shaded red (1) are ZIP codes with people of color greater than 25% of the population and the lowest preschool enrollment in the service area.



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

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.

Stable income and employment ensure people have the financial resources, public supports, career and educational opportunities necessary to be able to live their fullest life. As such, this health need touches upon every other health-related issue in the Sonoma community from mental health to housing. At a high level, the Santa Rosa service area is among the wealthiest in California. Sonoma County residents have a relatively high median income (\$81,851) and a relatively low poverty rate (9 percent). The unemployment rate (15 percent) is lower than the state average (16 percent). However, as you zoom in more closely, several disparities in income, access to employment, and ability to generate long-term wealth vary greatly throughout the service area.

In Sonoma County, white residents have the highest median personal earnings (\$44,131) compared to Latinx, Native American, and Native Hawaiian and Other Pacific Islander residents (\$29,000, \$29,000, and \$26,000, respectively). Asian, Native American, and Native Hawaiian and Other Pacific Islander residents earn \$10,000 to \$15,000 less in Sonoma than residents in the state overall. Black residents in Sonoma earn \$2,000 more than the average among Black Californians. Among census tracts, median earnings range from \$16,500 in Rohnert Park to \$72,400 in East Bennett Valley (Santa Rosa).

The recently updated Portrait of Sonoma County report emphasized that a significant portion of low-wage workers in Sonoma County are employed in agriculture or the service industry (including hospitality and tourism), and nine out of ten Sonoma County agricultural workers have jobs in the wine industry. In 2018, approximately 11,060 vineyard workers were employed in the county, making it possible to produce a grape harvest valued at \$2 billion, yet an estimated 92 percent of farmworker families do not earn enough money to meet their basic needs. Prior to the COVID-19 pandemic, one in ten workers in Sonoma County worked in hospitality and tourism, fields severely impacted by COVID-19—nearly 27 percent lost their jobs, a total of over 6,000 workers. Additionally, although Sonoma County passed a living wage ordinance at the end of 2015, Sonoma County is currently out of compliance with the living wage ordinance's requirement to consider annual cost-of-living increases due to multiple natural disasters.

Our geographically isolated population [and] it's through the rest Sonoma County, the story of the haves and the have-nots. Those that own the restaurants, and the wineries, and all of that, and those that worked in them. There's great disparity across the county but especially in that area.

– Education leader

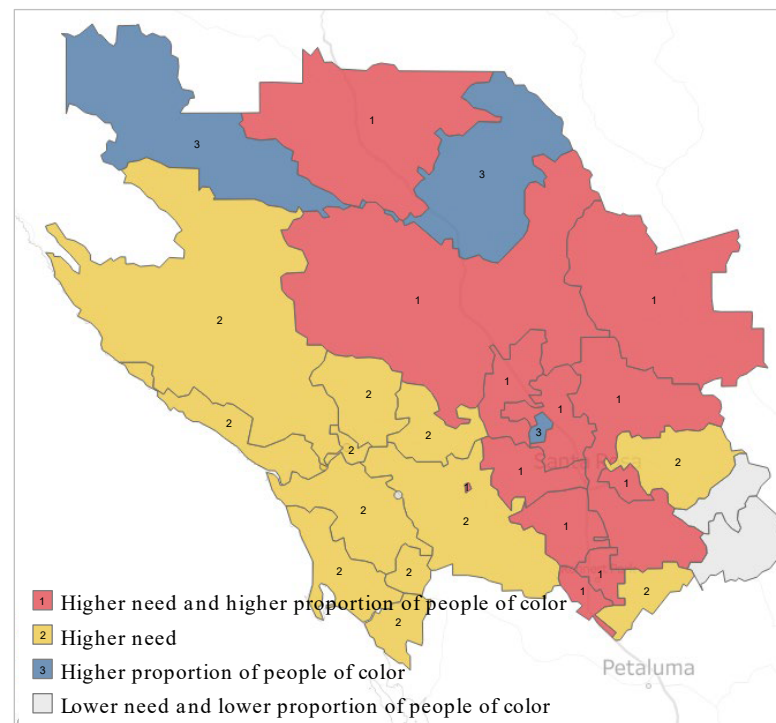
Interviewed community leaders also talked about the disproportionate impact of wildfires on farm workers and recommended that organizations focus on addressing the needs of day laborers. They also discussed how the COVID-19 pandemic put additional financial strain on families, causing those with limited income to delay health care or even skip meals to make ends meet. Additionally, some service workers such as restaurant workers, are choosing to not return to their jobs because the wages are so low. Another facet of employment that interviewed community leaders discussed was workforce development. They shared that hospitals and other medical providers are having a hard time recruiting and maintaining employees amidst the pandemic. They recommended strengthening training programs to introduce students to health careers and support job entry and career development in the health field.

We could really do a lot of investment around workforce on an upstream level, that could be organized from junior high on, right? Guiding people into health careers, supporting loan repayments, things like that. If it's medical assistants or dental assistants, we have these great programs here in Santa Rosa, we have really good training programs, but we have to give people a reason to do them and why it's good for their lives, right? And that it won't burden them with debt.

– Nonprofit leader

UNEMPLOYMENT, SANTA ROSA SERVICE AREA, 2020

Areas shaded red (1) are ZIP codes with people of color greater than 25% of the population and the highest unemployment rates in the service area.



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

Health need profile: Substance use

Numerous negative health impacts are related to tobacco use, binge drinking, and misuse of prescription and recreational drugs.

Excessive alcohol consumption increases risk for high blood pressure, heart disease, and other chronic conditions. Over a quarter of motor vehicle fatalities in the U.S. involve alcohol. Use of opioids has increased during the COVID-19 pandemic, yet opioid overdose deaths were increasing even before the pandemic, in part because of the ubiquity of fentanyl in street drugs. Overdose mortality rates grew more for people of color than for white populations; effective treatments like buprenorphine are largely unavailable for people of color.

Smoking causes cancer, heart disease, and lung diseases and kills nearly half a million Americans each year. While tobacco use has steadily decreased for decades, 15 percent of American adults are current smokers, and smokeless tobacco continues to appeal to youth and young adults.

Substance use, particularly opioid drug use and excessive alcohol consumption, are significant issues for the Santa Rosa service area. The age-adjusted opiate death rate is 8.0 per 100,000 residents, which is higher than the state average of 5.7. The death rate from prescription opioids is also higher in Sonoma County than the state. Additionally, a recent preliminary report from the Department of Health Services shows that the risk of death from drug overdose is much higher for white, Latinx and Black residents. Interviewed community leaders talked about the rise in substance use during the COVID-19 pandemic, particularly the increasing number of opioid and other substance use overdoses.

Additionally, 22 percent of adults in the service area aged 18 years and older reported heavy alcohol consumption (compared to 20 percent in California and 19 percent nationwide). Alcohol played a role in 36 percent of motor vehicle crash deaths in Sonoma County. This rate is higher than state and national averages (29 percent and 28 percent, respectively).

Interviewed community leaders also emphasized substance use among youth. Surveys among public school students confirms this: 22 percent of white public school students, 11 percent of Asian students, and 16 percent of Latinx students have used alcohol or drugs. National studies show a link between substance youth and education indicators: youth who report substance use are more likely to skip school and have lower grades than those that do not report substance use.

One of the things that I've been really fighting for is cannabis education, because when it became legalized, first of all, kids didn't say, oh, it's got to be 21. In their mind, it was legal. We saw such an uptick of all the schools wreaking, classrooms wreaking, kids coming to school high, smelling high, carrying weed, selling weed as part of the family income stream.

– Youth service provider

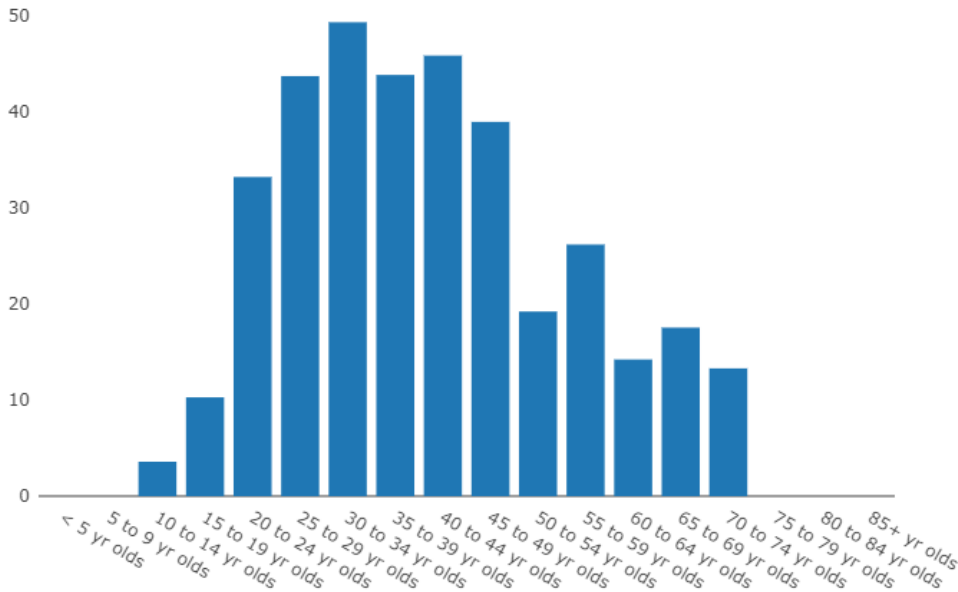
Interviewed community leaders talked about the lack of sufficient resources to care for substance use along with challenges throughout the community, particularly a lack of beds for those seeking recovery services. In particular, providers for people experiencing homelessness spoke about the challenges of working with individuals who come in for services under the influence of drugs such as methamphetamine and fentanyl.

Since the last 15, 18 months we've seen more drug abuse, more alcohol abuse than ever before.

– Homeless service provider

OPIOID-RELATED OVERDOSE DEATHS IN SONOMA COUNTY, 2020

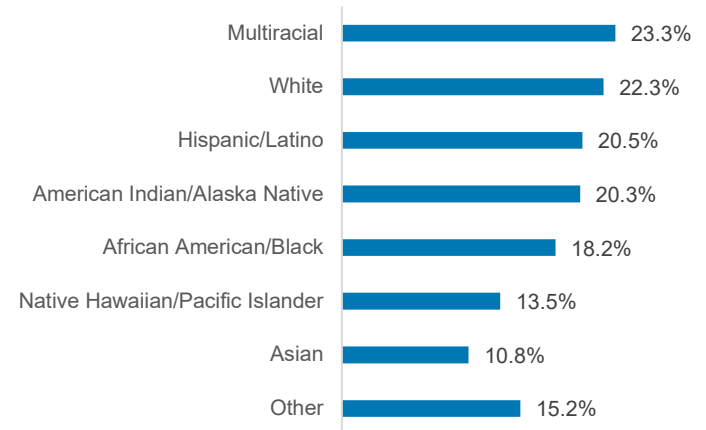
The number of opioid-related deaths per 100,000 by age group.



Source: [California Overdose Surveillance Dashboard](#)

STUDENT ALCOHOL/DRUG USE IN SONOMA COUNTY, 2017-2019

The estimated percentage of public-school students in grades 7, 9, 11, and non-traditional programs who have used alcohol or drugs (excluding tobacco) in the previous 30 days, by race/ethnicity.



Source: [Kidsdata.org](#), [West Ed](#), [California Healthy Kids Survey \(CHKS\)](#) & [Biennial State CHKS](#), [California Dept. of Education](#)

In 2021, more than 200 leading medical journals jointly declared a warming planet as the greatest threat to global public health.

There is a wide consensus that human-caused emissions of carbon dioxide and other greenhouse gases are the main driver of the climate impacts we're now witnessing.

Nearly all parts of the U.S. have experienced the effects of a changing climate, including flooding and power outages caused by hurricanes, record-breaking heat waves, and dangerous air quality as a result of wildfire smoke. As average temperatures rise, disease-carrying insects are moving further northward. Extreme heat and drought have affected agricultural production in places like California's Central Valley.

Long-term exposure to fine particulate matter from vehicles and wildfires compromises children's immune systems and increases their risk of asthma. Communities of color are disproportionately affected by environmental risks, including air pollution in both urban and rural environments. Black residents of cities are more likely to live in heat islands that lack tree canopy and green space, while some Indigenous communities are losing tribal lands to coastal flooding.

As climate change continues to accelerate, the effects of a warming planet pose several challenges to maintaining a healthy environment for people. The risk of water shortages and wildfires in the Santa Rosa service area is growing. The drought risk is nearly six times higher in Sonoma County than the rest of California (14.1 compared to 2.5), which can lead to a deficient water supply. The coastal flooding risk in parts of Sonoma County is high in areas such as Jenner and Bodega Bay (up to 1.9 compared 0.2 for the county or state). However, the river flooding risk is high in many parts of Sonoma County (12.9 for the county versus 5.5 for the state). And the tree canopy cover, which helps with carbon capture and reduces the risk of heat wave exposure, is roughly half that of the national average of (10.7 for the county versus 20.3 nationally).

Exposure to air pollution is high in Sonoma County, the risk is 49 percent higher in Sonoma County than the national average, as measured by the concentration of particulate matter per cubic meter (11.6 for the county, 11.8 for the state, but only 7.8 nationally). The non-cancer respiratory risk for adverse health effects over a lifetime is similar to state and national levels (0.4 for the county, 0.5 for the state, and 0.4 nationally).

Climate change contributes to more frequent and severe wildfires, something Sonoma County residents continue to endure. According to the recently updated Portrait of Sonoma County report, the 2017 Tubbs Fire destroyed 6 percent of the homes in Santa Rosa, causing housing prices to rise dramatically. Additionally, the 2019 Kincade Fire and 2020 Walbridge and Glass fires exacerbated environmental and housing issues. The Portrait report points out that some residents may not have the same access to support and services to evacuate and then relocate when wildfires occur. Many Indigenous Latinx residents speak a native dialect and may not understand evacuation orders issued in Spanish. Some residents may be coerced into working amidst hazardous conditions during a fire while others are safely evacuated. Interviewed community leaders emphasized the ongoing trauma of wildfires and flooding throughout the region. Families who were impacted continue to struggle to rebuild. They also talked about the risk of very poor air quality during fire season that poses risks to people's health, particularly those who engage in agricultural or other outdoor service work.

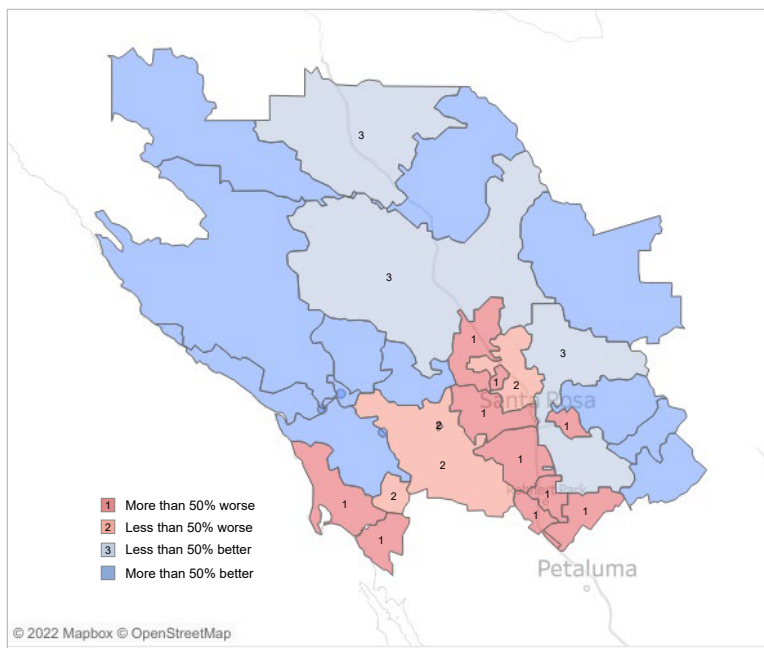
What are the public health implications for being in a climate change community? What happens to our lungs? Who's getting air filters? Who's getting their housing looked at to see whether or not, are you breathing all of this toxic ash that comes out now three months a year... Who is breathing that and who's not breathing that?

– Public health leader

Interviewed community leaders recommend applying a trauma-informed lens to recovery efforts, particularly amidst the COVID-19 pandemic. They also recommend examining ways to expand access to things like masks and other protective equipment when air pollution levels are high. Many community leaders agreed that climate change is a large-scale issue that needs attention, not just at the county or state level but at the national and global scale.

TREE CANOPY COVER, SANTA ROSA SERVICE AREA, US GEOLOGICAL SURVEY, NATIONAL LANDCOVER DATABASE, 2016

Areas shaded red (1) are ZIP codes with the lowest tree canopy cover in the service area.



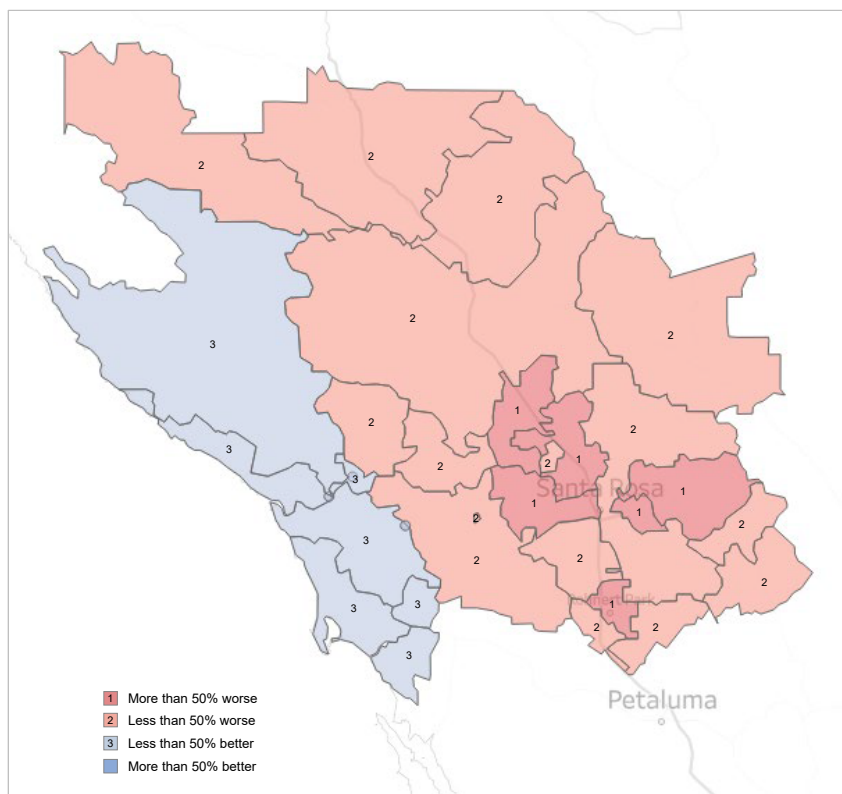
Source: [Kaiser Permanente Community Health Data Platform](#)

We all just are still going through remnants of a massive traumatic event. And for those of us locally in the community, the natural disasters that we've been experiencing ... we've had massive fires. We've had flooding. We've had a lot of different traumatic events that are having impacts on our mental health.

– Nonprofit leader

AIR POLLUTION, SANTA ROSA SERVICE AREA, 2018

Areas shaded red (1) are ZIP codes with the worst air pollution in the service area.



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

Health need profile: Food insecurity



Many people do not have enough resources to meet their basic needs, including having enough food to eat to lead an active, healthy life.

Black and Latinx households have higher than average rates of food insecurity; disabled adults may also be at higher risk because of limited employment opportunities and high health care expenses.

Many diet-related conditions, including diabetes, hypertension, heart disease, and obesity, have been linked to food insecurity. Having both Supplemental Nutrition Assistance Program benefits and convenient access to a supermarket can improve diet quality as well as food security.

Rates of food insecurity increased among families experiencing job loss because of the COVID-19 pandemic — as a result of the pandemic, there has been an estimated 60 percent increase in U.S. food insecurity. As the pandemic worsened, many who qualified for food assistance did not sign up for benefits, in part because of fear related to enrolling in government programs, uncertainty about eligibility, and worry about health risks of in-person appointments.

People who are food insecure may be at an increased risk for a variety of negative and disparate health outcomes. Food insecurity in the Santa Rosa service area is slightly higher than in California and nationally. The Food Environment Index, which measures access to a reliable and healthy source of food, is 8.5 in Sonoma County, compared to 8.3 in California and 7.8 nationwide. In Sonoma County, 9 percent of residents are food insecure, which is slightly lower than the state average (11 percent). SNAP enrollment in Sonoma County is 7 percent, which is also lower than the California average (10 percent). However, some residents, have low access to a grocery store where more healthy choices are often available (15 percent).

According to the latest Sonoma County Hunger Index report in 2018, 60,000 low-income households — about one third of county residents — couldn't afford enough food to eat three healthy meals a day. Additionally, the Portrait of Sonoma County 2021 Update reports that 11 percent of residents living in poverty experience food insecurity. Food insecurity is even higher, 17 percent, among farmworkers, who themselves are contributing to food sources in the region.

The Sonoma County Hunger Index Coalition reports that a major reason for hunger in Sonoma County is the rising cost of housing, which was already at crisis levels prior to the 2017 fires. Additionally, interviewed community leaders talked about the added economic strain on families during the COVID-19 pandemic. Families who lost their jobs or saw reduced income struggled to make ends meet and might end up skipping meals as a result. While schools did return to providing free meals to low-income students after an initial gap during school closures, those who had to quarantine during the pandemic missed out on those meal services if they were unable to pick up the food from school. Community leaders said that increased food prices are causing families to eliminate meat or produce from their grocery lists, reducing their consumption of nutritious food.

I can't change the cost of my utilities and I can't change the cost of my rent and I can't change the cost of my car insurance and registration or gas if I have transportation, but I can go to the doctor less ... and I can skip meals. And so, I think both health care and food insecurity can be something that is a little bit invisible of those needs because people can fake it. So, you don't necessarily know that they skip a meal every once in a while, but in the long run those are things that are really crucial.

— Nonprofit leader

The Supplemental Nutrition Assistance Program (SNAP) provides support for purchasing food. But in some areas of the Sonoma County, to percent of households receiving SNAP benefits is higher, indicating food insecurity. For example, SNAP enrollment is 31 percent in the town of Fulton and 19 percent in Monte Rio (ZIP codes 94939 and 95462).

According to the Sonoma County Healthy and Sustainable Food Action Plan, a statewide study found that Sonoma County residents had over three times as many fast-food restaurants and convenience stores in their neighborhood as grocery stores and produce vendors, indicating a potential need for more sources of healthy food. To address food insecurity, the plan has four action areas: 1) thoughtfully manage agriculture and natural resources; 2) promote local food products and producers; 3) address health outcomes related to food consumption and access; and 4) explore the root causes of hunger and food insecurity.

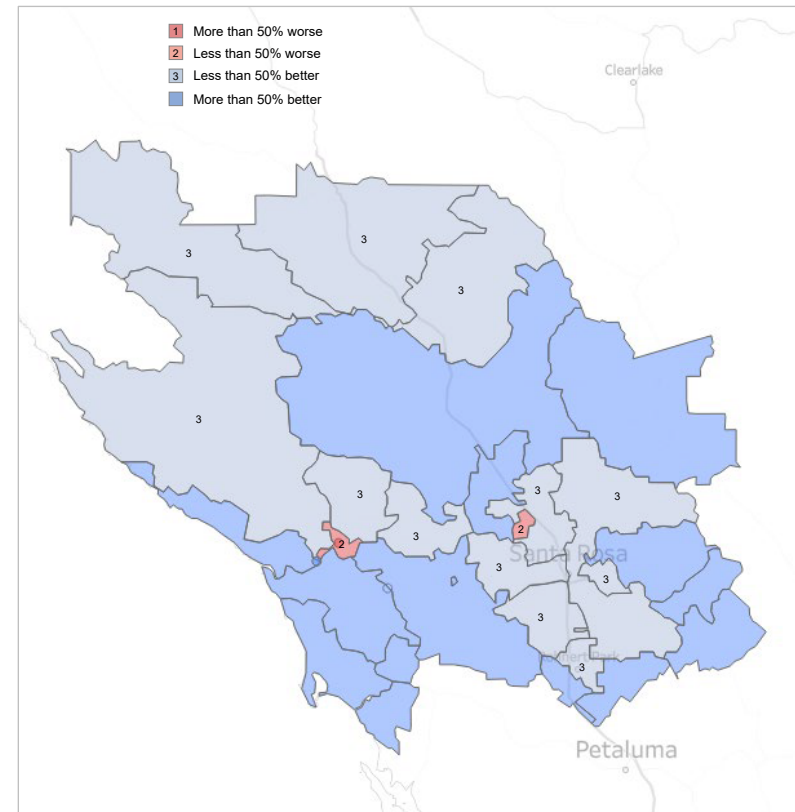
Interviewed community leaders echo a multi-strategy approach to addressing food insecurity. They highlighted food distribution resources, particularly those that target older adults and neighborhoods where food access might be limited. They recommended offering meal delivery in addition to walk-up or drive-up distribution centers. They also noted that often food distribution can be a way to build a connection with residents to share other resources such as linkages to health services and nutrition education.

Food is a powerful tool and it's a powerful access point. So, if you are offering groceries and then meanwhile you're trying to get them vaccinated for COVID or meanwhile you're trying to get them information about diabetes or meanwhile you're trying to get them access to mental health resources or housing, that can be a powerful thing.

– Nonprofit leader

SNAP ENROLLMENT, SANTA ROSA SERVICE AREA, 2015-2019

Areas shaded **red (1)** are ZIP codes with the **highest SNAP enrollment** in the service area.



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

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 boys and young men — 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.

Community safety—access to safe spaces, freedom from domestic and community violence, and a positive law enforcement presence—has significant effects on health and well-being. Conversely, violence-related trauma has long-lasting, negative impacts on health.

Community safety is a growing need in Sonoma County. The number of deaths from intentional and unintentional injuries in the county is 57.4 per 100,000 residents, slightly higher than the California rate of 50.3. While other injury deaths are lower than the state, they can be prevented. The age-adjusted number of deaths due to motor vehicle crashes is 8.6 per 100,000 residents, slightly less than the California rate of 9.7, and pedestrian accident deaths is 2.0 per 100,000 residents, also less than the state rate of 2.7.

The rate of violent crime offences 368.4 per 100,000 residents, which is lower than the state rate of 418.1. The overall perception of safety is high: 91.9% of adults report in the California Health Interview Survey that they feel safe in their neighborhood. However, this rate is slightly lower for people of color: 90% for Latinx and Black adults (compared to 93% for white adults). The recently updated Portrait of Sonoma County notes the dual crises of wildfires and the COVID-19 pandemic have greatly impacted people's sense of safety; disproportionately Black, Latinx, and Native American people, children, the elderly, immigrants, people who are undocumented, and low-income communities may be more impacted by these events.

In Sonoma County, Latinx and Black civilians are more likely to be injured by law enforcement incidents: the rate for Latinx residents is 2.3 per 100,000 residents, nearly three times the rate of white civilians (0.8). The rate for Black residents is also higher at 1.8 per 100,000 residents. The rate of youth status offense arrests (conduct that would not be a crime if it were committed by an adult) is also much higher for Latinx youth: 3.4 per 10,000 youth under 18, compared to only 1.4 for white youth. Police brutality and inequities in the justice system were concerns expressed by interviewed community leaders.

There have been instances of police violence, documented police violence during the last year, that made those protests be like a result of the bubbling up within community. So, I would say that that is still something that would need to be addressed.

– Nonprofit leader

Interviewed community leaders said that domestic violence and other types of abuse are on the rise, particularly during the months of isolation during the pandemic. One leader shared that domestic abuse among people experiencing homelessness is on the rise. Interviewed leaders also noted that there are now fewer opportunities for people to disclose abuse or unsafe situations. This is particularly true for the student population as virtual school limits opportunities to monitor and screen for signs of abuse or mistreatment.

Community leaders consistently emphasized the impact of structural racism and systemic inequities on health and the importance of addressing the social determinants of health that affect the safety of communities.

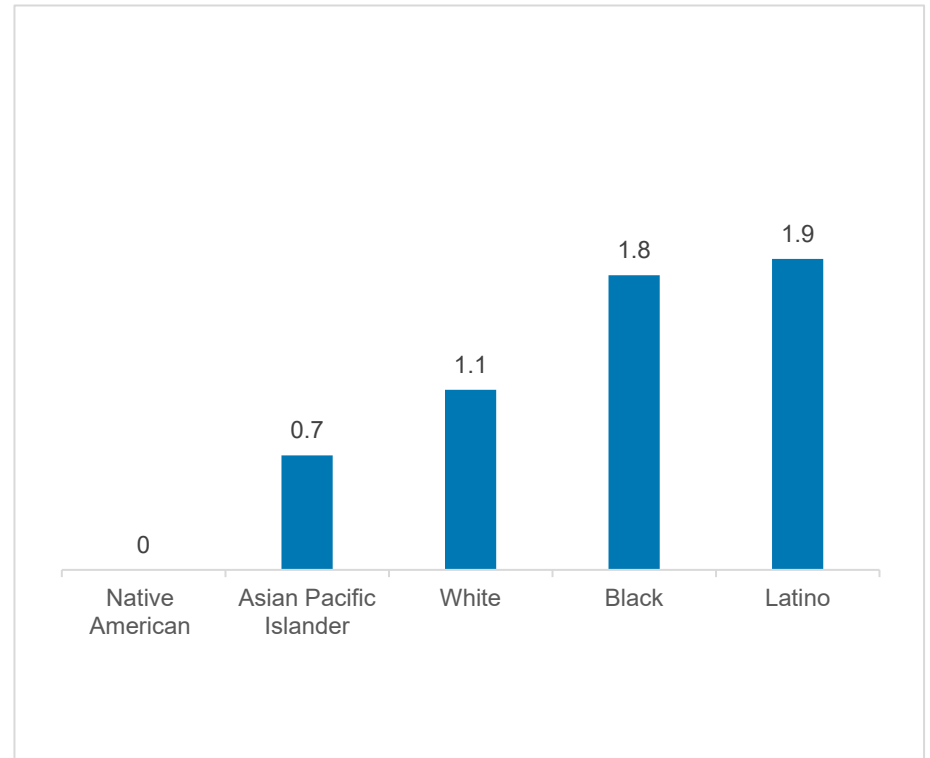
Strategies shared by community leaders for addressing community safety included investing in systems that address health needs through a lens of diversity, equity, inclusion, and trauma-informed care. Informants recommended investing in community-based organizations that are already serving people every day and can best speak to what is needed to promote community safety. They also recommended connecting with community-based organizations and grassroots efforts that were mobilized during the 2020 Census, nationwide protests against police brutality, and the pandemic response.

We have a saying in [the] community - we keep us safe. I think the community knows how to take care of itself. The community intuitively knows what we need because they are our needs as well.

– Nonprofit leader

INCARCERATIONS, SONOMA COUNTY, 2018

The average number of citizens injured in law enforcement incidents per 100,000 residents.



Source: Vera Institute of Justice, 2018 (Via RACE COUNTS)

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 Santa Rosa 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.

Examples of key resources available to respond to the identified health needs of the community are listed in Appendix C. Please note that this is not a comprehensive list of all resources available in the service area.

Kaiser Permanente Santa Rosa 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 Santa Rosa 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 Santa Rosa Medical Center 2019 Implementation Strategy priority health needs

1. Access to Care and Coverage
2. Educational Attainment
3. Economic Security (Housing and Homelessness)
4. Mental Health and Well Being

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 Santa Rosa 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 Santa Rosa 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 20 grants totaling \$2,589,411 in service of 2019 IS health needs in the Santa Rosa service area.

One example of a key accomplishment in response to our 2019 IS includes trauma informed counseling to address mental health. YWCA Sonoma County received a \$25,000 grant to provide trauma informed, trauma focused and DV specialized counseling services to child and adult victims of

domestic violence & trauma. From December 2020 through November 2021, YWCA Sonoma County provided individual and group counseling services to 338 victims of domestic violence and trauma. Eighty percent (80.57 percent) of adults served successfully completed 3 or more sessions of therapy, with 84 percent of those individuals reporting increased self-esteem and 78 percent reporting a reduction in symptoms of anxiety, fear, depression, and/or PTSD.

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 \$175,000 in the Santa Rosa Medical Center 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 \$25,000 grant, Latinx Service Providers brought COVID-19 education and vaccines to low-income, monolingual Spanish speaking residents in Sonoma County through 23 community pop-up clinics, educational materials, and direct assistance from COVID-19 promotores. These activities resulted in 1,100 individuals receiving COVID-19 resources, information and vaccination appointment assistance.

Kaiser Permanente Santa Rosa Medical Center 2019 IS priority health needs and strategies

Access to Care and Coverage

Care and coverage: Kaiser Permanente Santa Rosa 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	19,109	22,005	\$19,028,978	\$5,048,548
Charitable Health Coverage	103	90	N/A	\$217
Medical Financial Assistance	6,547	5,195	\$8,944,224	\$5,966,294
Total care & coverage	25,759	27,290	\$27,973,202	\$11,015,059

Other access to care and coverage strategies: During 2020-2021, 27 grants were awarded to community organizations, for a total investment of \$818,329 to address access to care and coverage in the Santa Rosa service area.

Examples and outcomes of most impactful other strategies

COVID-19 Vaccine Equity

Latino Service Providers was awarded \$75,000 to increase vaccination rates among the communities hardest hit by the pandemic and address inequitable access barriers that prevent timely vaccination. The program provided COVID-19 resources, information and vaccination appointment assistance to 1,100 individuals, increasing the number of individuals who intend to get vaccinated, know how to register for a vaccine, and/or register for vaccination, and increasing the rate of vaccinations provided via community-based vac clinics to targeted populations.

Utilizing CHWs to Improve Access to Resources and Impact Social Drivers of Health

The Center for Well-Being was awarded \$25,000 to provide an innovative, upstream pilot program that seeks to improve health outcomes for low income and vulnerable populations in Santa Rosa, California by increasing access to social non-medical services with Community Health Workers (CHWs). The program is expected to assess at least 1,200 patients for general need and refer at least 225 patients to work with a CHW and be screened with a more detailed SDOH assessment tool.

HOPE Center Support Grant

Santa Rosa Junior College District was awarded \$25,000 to increase access to and completion of training and education programs for 80 diverse students that are underrepresented in the health care workforce, thus ensuring a diverse and culturally competent workforce for Sonoma County. The program is expected to serve about 85 low-income, first-generation, underrepresented students with workforce development training, including cultural competency training, of future and current health care workers to meet the needs of diverse patient populations.

Educational Attainment

During 2020-2021, 7 grants were awarded to community organizations, for a total investment of \$144,620 to address educational attainment in the Santa Rosa service area.

Examples and outcomes of most impactful strategies

Kindergym - Supporting the Healthy Development of Young Children and Their Parents

River to Coast Children's Services was awarded \$25,000 to provide a free, bi-lingual, drop in, play-based learning program providing a safe and stimulating environment for children ages 0-6 years and their caretakers. The program is expected serve about 100 parents/guardians and increase their knowledge of child development and parenting. Additionally, the program will serve about 100 children ages 0 to 6 years with activities to help them develop early literacy skills, gross and fine motor skills, develop social competency and emotional well-being.

4Cs Child Care Initiative Project Expansion to Address Child Care Shortages

Community Child Care Council of Sonoma County was awarded \$25,000 to recruit and train primarily bilingual women of color to open and operate small licensed family child care businesses, caring for children of working families, and promoting ongoing education in child development and business operations in Sonoma County. The program is expected to serve about 75 trainees and help them to receive their family child care license.

Economic Security (Housing and Homelessness)

During 2020-2021, 16 grants were awarded to community organizations, for a total investment of \$1,181,093 to address economic security (housing and homelessness) in the Santa Rosa service area.

Examples and outcomes of most impactful strategies

Built for Zero Sonoma County

Sonoma County Community Development Commission was awarded \$95,000 to serve individuals experiencing chronic homelessness in Sonoma County. The program/partnership is expected to work to house 250 individuals experiencing chronic homelessness in Sonoma County.

Housing and Wraparound Supports for Sonoma County Youth

Individuals Now, Inc. was awarded \$25,000 to support the pillar of transform care - whole person approaches. The program/partnership is expected to serve about 15 transition-age youth with wraparound support to help connect them with housing, physical and mental health care, careers readiness, and any other type of support to help them thrive.

The Living Room Homeless Street Outreach Program

The Living Room Center, Inc. was awarded \$25,000 to increase the number of unsheltered individuals receiving meals, emergency supplies and community linkages in Sonoma County. The program/partnership is expected to provide outreach 3 times a week to approximately 100 individuals per week to provide nourishment, connections to shelter, connections to medical and health resources, and connections to critical community resources.

Mental Health and Wellbeing

During 2020-2021, 24 grants were awarded to community organizations, for a total investment of \$658,819 to address mental health and wellbeing in the Santa Rosa service area.

Examples and outcomes of most impactful strategies

Verity Trauma Counseling

Verity - Compassion.Safety.Support. was awarded \$50,000 to assist sexual violence survivors to heal from the emotional trauma resulting from sexual violence. Verity's Trauma Counseling program will engage survivors in therapeutic counseling sessions while surrounding them with a system of support that meets their basic needs. The program will provide support to about 65 sexual violence survivors to reduce in trauma symptoms, reduce sense of social isolation, improve sense of self-worth, and improve communications skills.

El Puente

LifeWorks of Sonoma County was awarded \$25,000 to provide in-home trauma focused therapy to Latinx youth and their families throughout Sonoma County. The program/partnership is expected to serve about 131 youth to reduce acting out behavior including violence, defiance, running away, substance use and mental health and improve family functioning and communication.

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. Advancement Project California; RACE COUNTS	2021
2. California Overdose Surveillance Dashboard	2020
3. Public Health Alliance of Southern California, Healthy Places Index	2021
4. Portrait of Sonoma County: 2021 Update report	2021
5. Sonoma County Department of Health Services, Summary Measures of Health: A Review of Life Expectancy and Premature Death	2015 - 2017
6. Sonoma County Drug Overdose Fact Sheet	2020
7. Sonoma County Healthy and Sustainable Food Action Plan	2012
8. Sonoma County Homeless Census & Survey	2020
9. Sonoma County Hunger Index report	2018
10. Suicide Prevention Resource Center, Rates of Suicide by Race/Ethnicity in the U.S.	2010 - 2019
11. West Ed, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education	2020
12. Youth Truth, Leading through Listening: Student & Community Voices in Sonoma County	2020 - 2021

Appendix B. Community input

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
1	Key informant interview	Committee on the Shelterless	1	Housing and homelessness	Leader	9/21/2021
2	Small group interview	La Familia Sana Sonoma County Community Organizations Active in Disaster	2	Climate and environment	Representatives	9/25/2021
3	Key informant interview	North Bay Organizing Project	1	Non-English speakers	Representative	9/23/2021
4	Key informant interview	Positive Images	1	LGBT population	Representative	11/22/2021
5	Key informant interview	Redwood Empire Food Bank	1	Food insecurity	Representative	9/30/2021
6	Small group interview	Santa Rosa City Schools Sonoma County Office of Education	2	Youth population	Representatives	11/15/2021
7	Key informant interview	Santa Rosa Community Health	1	Immigrant communities	Representative	10/06/2021
8	Small group interview	Sonoma County Department of Health Services Sonoma County Office of Equity	2	Public health	Leaders	11/05/2021
9	Key informant interview	Sonoma County Independent Office of Law Enforcement Review and Outreach	1	Black Lives Matter and Advocacy against Police Brutality	Representative	10/27/2021
10	Key informant interview	West County Community Services	1	Older Adults	Representative	09/20/2021

Appendix C. Community resources

Identified need	Resource provider name	Summary description
Multiple needs	North Bay Organizing Project	The North Bay Organizing Project (NBOP) is a grassroots, multi-racial, and multi-issue organization comprised of over 22 faith, environmental, labor, student and community-based organizations in Sonoma County. NBOP seeks to build a regional power organization rooted in working class and minority communities in the North Bay: Uniting people to build leadership and grassroots power for social, economic, racial and environmental justice.
	West County Community Services	West County Community Services serves Sonoma County with programs including senior services, employment, housing, youth programs, behavioral health & crisis counseling services. They strengthen and empower individuals, families, and communities by providing critical social programs to at-risk and vulnerable populations.
	Santa Rosa Community Health	Santa Rosa Community Health has always focused on providing high-quality, sustainable services that treat the whole person. Because of our excellent work to improve quality, SRCH was named a National Quality Leader by the Bureau of Primary Care in 2015. SRCH was also awarded The Joint Commission’s Gold Seal of Approval® for accreditation in early 2013 – the first health center in Sonoma County to earn this accreditation. Santa Rosa Community Health serves our diverse community by providing excellent, culturally responsive, comprehensive primary care that is accessible to all people.
	Sonoma County Department of Health Services	Protecting the health and well-being of individuals and the community is the fundamental responsibility of the Sonoma County Department of Health Services. Thanks to the hard work of approximately 711 Health Services staff and their community partners, the Department of Health Services continues to provide a broad range of innovative programs and services designed to promote, develop and sustain the health of individuals, families, and communities.
	Sonoma County Office of Equity	In the summer of 2020, the Sonoma County Board of Supervisors created the Sonoma County Office of Equity and took a meaningful step to recognize and celebrate our powerful role in unseating racial inequity in our communities. In January 2021, the Board approved a five-year strategic plan, which includes a Racial Equity and Social Justice pillar. The pillar is made up of specific goals and objectives that will lead to normalizing, organizing, and operationalizing a new way of seeing our challenges, conducting analysis, and implementing new policies to ensure a workforce reflective of the community we serve and to achieve racial equity in County service provision.
Climate & environment	La Familia Sana	La Familia Sana is a nimble bottom-up grassroots organization that assists underserved people. La Familia Sana is committed to sustainably improve the health and wellness of underserved communities through empowerment, education, direct support services and advocacy. They partner

Identified need	Resource provider name	Summary description
		to co-create equitable and culturally cognizant solutions with community members to address long-term needs for health care, jobs, food, and education in our community.
	Nuestra Comunidad	Nuestra Comunidad helps the community to be prepared for any emergency situations in Sonoma County, California and throughout the nation. They passionately believe in improving the health, safety and well-being of the community by preparing people for the next emergency. Their vision is to provide the public with important information and hands-on training in the use of the 9-1-1 emergency system, disaster preparedness and personal safety.
	Sonoma County Community Organizations Active in Disaster	The mission of Sonoma County Community Organizations Active in Disaster is to foster more effective service delivery to those affected by disasters in Sonoma through the collaboration of community agencies throughout the disaster cycle – mitigation, preparedness, response and recovery. COAD member organizations focus on preparedness and are ready to respond with resources, volunteers and coordination of services to those who need assistance during and immediately after a disaster, and ideally hold the capacity to activate a long-term recovery group.
Community safety	Sonoma County Independent Office of Law Enforcement Review and Outreach	The Independent Office of Law Enforcement Review and Outreach (IOLERO) was established by the Sonoma County Board of Supervisors in 2015. IOLERO is an independent, non-police county agency. IOLERO’s mission is to strengthen the relationship between the Sheriff’s Office and the community it serves. IOLERO’s primary functions include reviewing complaints against the Sheriff’s Office, community outreach, and making policy recommendations to the Sheriff’s Office.
Food insecurity	Redwood Empire Food Bank	Since 1987, the Redwood Empire Food Bank has been feeding our neighbors in need and leading the community to end hunger. They distribute food through our own programs and our partner organizations in Sonoma, Lake, Mendocino, Humboldt, and Del Norte counties. As the largest hunger-relief organization in the area, they work on the front lines of emergency food assistance in our region, playing a crucial role in helping individuals, families, seniors, and children.
Housing	Committee on the Shelterless	The Mission at COTS is to assist people to transition from homelessness to a permanent home. But we know that homelessness can also be accompanied by other needs and challenges, including employment or medical, mental health and substance abuse issues. In the past, COTS offered shelter and housing programs to clients who were actively achieving sobriety. With the passage of a new law and the adoption of a “Housing First” model, COTS is able to welcome community members across a spectrum of recovery, health and mental health needs.
Mental & behavioral health	Santa Rosa City Schools	Santa Rosa City Schools is the largest school district in Sonoma County, California, and is the combination of 2 school districts in Santa Rosa, California: the Santa Rosa Elementary School District (grades K-6) and the Santa Rosa High School District (grades 7–12). The combined districts have over 16,000 students in 9 elementary schools, 5 middle schools, 6 high schools (including one alternative high school), one K-8 arts charter school, one 5-6 accelerated charter

Identified need	Resource provider name	Summary description
		school, one Spanish language dual immersion charter school, one French language dual immersion charter school, and several child care programs.
	Sonoma County Office of Education	The mission of the Sonoma County Office of Education (SCOE) is to foster student success through service to students, schools, and the community. SCOE is a partner to the county's 40 districts, providing services and oversight that help them serve roughly 66,500 students. SCOE offers programs such as service and support to help districts meet legal mandates, operate cost-effectively, and raise student achievement; fiscal oversight to districts; and professional development for teachers and administrators.
	Positive Images	Positive Images is a grassroots nonprofit organization serving Sonoma County since 1990. Their LGBTQIA+ Community Center hosts multiple weekly support groups, a youth leadership development program, mentorship opportunities, an LGBTQIA+ Library, resource and referral station, and a Transformation Station. They offer a warm, welcoming, and affirming environment for young people to explore their individual identities, develop leadership skills, and contribute to our collective community. Positive Images staff lead LGBTQIA+ Cultural Competency Trainings and presentations that educate the greater community focusing on human connection, compassion, and inclusion.