2022
Community Health Needs Assessment

Sutter Health
Sutter Delta
Medical Center

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Executive Summary

Background

Every three years Sutter Delta 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. This CHNA identifies and prioritizes needs unique to our service area, based on community-level data and input from key informants and community residents representing the broad interests of the community.

The 2022 CHNA presents a comprehensive picture of community health that encompasses the conditions that impact health in the county. The overall goal of the CHNA is to inform and engage local decision-makers, key stakeholders, and the community-at-large in efforts to improve the health and well-being for all Sutter Delta Medical Center service area residents. From data collection and analysis to the identification of prioritized needs, the development of the 2022 CHNA report has been a comprehensive process with input from diverse community stakeholders and residents.

Conducting a CHNA every three years has been a California requirement for nonprofit hospitals for over 25 years (Senate Bill 697). The federal Patient Protection and Affordable Care Act (ACA) requires nonprofit hospitals that wish to maintain their tax-exempt status to conduct a CHNA every three years and hospitals must make the CHNA report widely available to the public. The CHNA must include input from public health departments and the community, including minority, low-income, medically underserved populations or representatives of community-based organizations serving these populations.[1]

Process

The 2022 CHNA was a collaborative effort of nonprofit hospitals serving Alameda and Contra Costa counties. In addition, Contra Costa Health Services was an essential partner in collecting primary and secondary data and prioritizing health needs. The CHNA process applied a social determinants of health framework and examined social, environmental, and economic conditions that impact health in addition to exploring factors related to diseases, clinical care, and physical health. Analysis of this broad range of contributing factors resulted in identification of the priority health needs for Sutter Delta Medical Center's service area. This CHNA report placed particular emphasis on the health issues and contributing factors that impact underserved populations that disproportionately have adverse health outcomes across multiple health needs. These analyses will inform intervention strategies to promote health equity.

Primary data (community input) were obtained during the summer and fall of 2021 through:

- Key informant interviews with local health experts, community leaders and community organizations
- Focus groups with community residents

Secondary data were obtained from a variety of sources (see Appendix D: CHNA Secondary Data Indicator Definitions, Sources and Dates). Data were collected for Contra Costa County as a whole as

[1] Internal Revenue Service (IRS). (2021). Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(r)(3). https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3 Accessed May 2022.

well as for Sutter Delta Medical Center's service area -- Eastern Contra Costa County, which includes Antioch and Pittsburg.

Through a comprehensive process combining findings from primary and secondary data, health needs were scored to identify a list of the top eight health needs for the service area. In December 2021, Sutter Delta Medical Center participated in a meeting with key leaders in Contra Costa County where meeting participants individually ranked the health needs according to a set of criteria and rankings were then averaged across all participants to obtain a final rank order for the health needs. The results of the prioritization appear in Figure 1 and brief descriptions of the top eight priority health needs are provided below.

Figure 1. CHNA Health Needs in Priority Order

- Behavioral health (tied for first)
- Housing and homelessness (tied for first)
- Economic security (second place)
- Healthcare access and delivery (tied for third)
- Dismantling structural racism (tied for third)
- Community and family safety (tied for fourth)
- Food security (tied for fourth)
- Transportation (fifth place)

Top Priority Health Need Descriptions

Behavioral Health: Behavioral health, which refers to both mental health and substance use, affects a large number of Americans. Anxiety, depression, and suicidal ideation are on the rise, and heightened further due to the COVID-19 pandemic, particularly among Black/African American and Latinx community members. Almost all key informants and over a half of focus group participants identified mental health and behavioral health as a priority health need, noting a linkage to trauma, community safety (over-policing and over-incarceration in communities of color), substance use, economic security challenges, and homelessness. They described inequitable behavioral health services access for patients on Medi-Cal and identified cost, limited number of providers, transportation issues, lack of linguistic/cultural relevance, and social stigma (especially for Latinx communities) as barriers. Behavioral health services for children and adolescents were highlighted as a critical need. The focus group participants described a high prevalence of trauma among undocumented communities in Eastern Contra Costa County, yet also hesitancy in accessing behavioral health services due to fears about Immigration and Customs Enforcement. Both key informants and focus group participants emphasized the critical need for a diverse, bilingual, behavioral health workforce.

Housing and Homelessness: The U.S. Department of Housing and Urban Development defines housing as affordable when it costs no more than 30% of a household's income. The expenditure of greater sums can result in the household being unable to afford other necessities such as food, clothing, transportation, and medical care. The physical condition of a home, its neighborhood, and the cost of rent or mortgage are strongly associated with the health, well-being, educational achievement, and economic success of those who live inside. Almost all key informants and over two-thirds of focus group participants identified housing and homelessness as a top priority health need, noting how housing challenges influence health needs by increasing economic and food insecurity and unhealthy behaviors that exacerbate chronic disease and disability. They described how county residents struggle to afford rent, and experience housing instability and crowded households, which sometimes cause mental/behavioral health difficulties and interpersonal issues

that may escalate to domestic violence. Focus group participants noted that residents who do not speak English experience discrimination in obtaining housing, and often end up living in unsafe conditions, such as units without heating or air conditioning. These participants also described increases in homelessness in their community in Eastern Contra Costa County and attributed this to the economic impacts of COVID-19.

Economic Security: People with steady employment are less likely to have an income below the poverty level and more likely to be healthy. Strong economic environments are supported by the presence of high-quality schools and an adequate concentration of well-paying jobs. Even when economic conditions improve, childhood poverty still results in poorer long-term health outcomes. The establishment of policies that positively influence economic conditions can also improve health. A third of key informants and a third of focus groups participants identified the following barriers to economic security: insufficient vocational training, limited living wage jobs, and lack of clear communication on availability of/registration for existing income/employment supports. They reported that these barriers exacerbate a variety of issues for residents, such as housing, access to healthcare, unhealthy behaviors that promote chronic disease and disability, food insecurity, mental health issues and substance use. Several key informants perceived structural racism as a root cause of economic security disparities experienced by communities of color in Contra Costa County. Both key informants and focus group participants in Eastern Contra Costa County described economic security challenges stemming from limited availability of jobs in the region, which require longer commutes to jobs that pay living wages or offer comprehensive health insurance.

Healthcare Access and Delivery: Access to comprehensive, quality healthcare has a profound impact on health and quality of life. Components of access to and delivery of care include insurance coverage; adequate numbers of primary and specialty care providers; health care timeliness, quality, and transparency; and cultural competence/cultural humility. A majority of key informants and over half of focus group participants identified healthcare access and delivery as a top priority health need, emphasizing limited services available to Medi-Cal recipients in Contra Costa County, with extremely long wait-times for appointments. They reported that the Medi-Cal system is difficult to navigate, which delays preventive appointments and results in emergency room visits as health issues go untreated. Focus group participants and key informants identified language, racial/ethnic, and cultural barriers, disincentivizing many residents from seeking needed healthcare. Key informants emphasized the challenges of telehealth for some groups who don't have access to computers or internet, or who lack computer literacy skills. A significant healthcare access and delivery issue in Eastern Contra Costa County is the infant mortality rate, which is higher than that of Contra Costa County as a whole (5.1 versus 3.5 per 1,000 live births); for Black/African American infants in Eastern Contra Costa County, the infant mortality rate is higher compared to the total Eastern Contra County population (8.5 per 1,000 live births) and also higher for multiracial infants (7.8 per 1,000 live births).

Dismantling Structural Racism: Structural racism refers to social, economic, and political systems and institutions that have resulted in health inequities through policies, practices, and norms. Centuries of racism in this country have had a profound and negative impact on communities of color. The impact is pervasive and deeply embedded in our society—affecting where one lives, learns, works, worships, and plays and creating inequities in access to a range of social and economic benefits—such as housing, education, wealth, and employment. Data show that racial and ethnic minority

groups experience higher rates of illness and death across a wide range of health conditions. The COVID-19 pandemic, which has disproportionately impacted racial and ethnic minority populations, is another example of these enduring health disparities. A number of key informants and focus group participants described how structural racism results in limited access to healthcare, worse quality of services received, decreased sense of community safety, and higher rates of trauma and mental health disorders for people of color in Contra Costa County compared to White residents. The need for more accurate data collection (disaggregated by race) and implicit bias training for healthcare and social service providers was echoed in several key informant interviews and focus groups. In Eastern Contra Costa County specifically, key informants identified structural racism as the primary driver of poverty in their communities and focus group participants discussed how structural racism contributes to the lack of safety felt by Black/African American residents with respect to their relationships with law enforcement.

Community and Family Safety: Safe communities promote community cohesion, economic development, and opportunities to be active while reducing untimely deaths and serious injuries. Crime, violence, and intentional injury are related to poorer physical and mental health outcomes. Children and adolescents exposed to violence are at risk for poor long-term behavioral and mental health outcomes. In addition, the physical and mental health of youth of color, particularly males, is disproportionately affected by juvenile arrests and incarceration related to policing practices. Several key informants and focus group participants stated that community crime/violence is a symptom of trauma and unmet needs. They linked community and family safety issues with housing challenges, accessing healthcare (including behavioral healthcare services), and finding living wage employment. Over-policing and higher rates of incarceration in communities of color in Contra Costa County was an important theme echoed across several key informant interviews and focus groups. Eastern Contra Costa County focus group participants emphasized the lack of safety in relationships between the police and Black/African American residents. This is reflected in the secondary data for the City of Antioch where the use of police force incidents per 100,000 people has increased from 2 in 2018 to 9 in 2019 overall; greater increases were experienced by Black/African American residents, from 4 per 100,000 in 2018 to 21 per 100,000 in 2019.

Food Security: Food insecurity is the lack of consistent access to enough food for an active, healthy life. Food insecurity encompasses household food shortages; reduced quality, variety, or desirability of food; diminished nutrient intake; disrupted eating patterns; and anxiety about food insufficiency. Black/African American and Latinx households have higher than average rates of food insecurity than other racial/ethnic groups. The COVID-19 pandemic substantially increased food insecurity due to job losses, closure/changes to feeding programs, and increased demand on food banks. Several focus group participants identified how accessing healthier food options is difficult in the county and that stores carrying fresh produce and healthier options are not in walking distance, requiring the use of a car or public transportation. One key informant shared how LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, ally and others), transitional-aged youth (ages 18-24) in the county are particularly struggling with food insecurity due to economic instability and often times lack of familial support. Eastern Contra Costa County focus group participants echoed concerns about the limited availability of nearby stores carrying healthy options. Indeed, there is less access to grocery stores in Eastern Contra Costa County than CA overall (19% of the population with low access versus 12%, respectively). Eastern Contra Costa County key informants

and focus group participants perceived how some local, low-income families who could benefit from food banks opt out due to stigma and provided suggestions to address this stigma.

Transportation: Without reliable and safe transportation, individuals struggle to meet basic needs such as earning an income, accessing healthcare, and securing food. For households without access to a car, including many low-income individuals and people of color, walking, biking, and using public transportation provide critical links to jobs and essential services. Several key informants and focus group participants described how transportation impacts access to healthcare and a variety of community wellness related activities, including: ability to commute to a living wage job, access to grocery stores selling healthy food, ability to get children to/from school, and access to community events. They noted that cars are residents' preferred transportation mode, with low-income residents, older adults, and individuals with disabilities the least likely to be able to afford/access automobile transportation. Eastern Contra Costa County focus group participants and key informants echoed sentiments regarding poor public transportation options. This is particularly troubling given that the percent of workers driving with long commutes (defined as the percent of population age 16 years and older who drive alone to work with a commute time longer than 60 minutes) is greater in Eastern Contra Costa County than for CA overall (29% versus 11%).

For additional details, including statistical data and sources, see Section VI C: Prioritized Description of Health Needs and Appendices D and E: CHNA Secondary Data Indicator Definitions, Data Sources and Dates and CHNA Secondary Data Table.

Next Steps

This CHNA report will be publicly available by December 31, 2022 (https://www.sutterhealth.org/for-patients/community-health-needs-assessment). Sutter Delta Medical Center will also develop an Implementation Strategy Plan based on the CHNA results, which will be filed with the IRS by May 15, 2023. Feedback and comments about the 2022 CHNA and 2022-2024 Implementation Strategy Plan can be submitted to SHCB@sutterhealth.org and will be considered as part of the community input component in the development of Sutter Delta Medical Center's 2025–2027 CHNA.

I. Introduction/Background

The Contra Costa County 2022 Community Health Needs Assessment (CHNA) presents a comprehensive picture of community health. The overall goal is to inform and engage local decision-makers, key stakeholders, and the community-at-large around the conditions that impact health and health disparities in the county in efforts to improve the health and well-being of all county residents.

In 2021/2022, seven local hospitals in Alameda and Contra Costa counties, members of the Alameda and Contra Costa Counties Hospital CHNA Group, collaborated for the purpose of identifying critical health needs for their service areas. Sutter Delta Medical Center worked with its partners to conduct an extensive CHNA. This 2022 CHNA builds upon earlier assessments conducted by the hospitals. This collaborative effort stems from a desire to address local needs and a dedication to improving the health of everyone residing in the communities served. The CHNA results will drive plans for strategic investments that address health needs. The 2022 CHNA report will be available at https://www.sutterhealth.org/for-patients/community-health-needs-assessment.

The hospitals involved in the CHNA will each develop an implementation plan that outlines how they will be addressing priority health needs. These strategies will build on a hospital's own assets and resources, as well as on evidence-based strategies and best practices, wherever possible. Their Implementation Strategy (IS) Plans will be filed with the Internal Revenue Service. Both the CHNA and the IS Plan will be posted publicly on each of the hospitals' websites.

A. About Sutter Delta Medical Center

Sutter Delta Medical Center, part of the Sutter Health network, is a nationally ranked acute care facility located in Antioch. Sutter Delta's roots in Eastern Contra Costa County date back 40 years.

Sutter Delta Medical Center implements the most advanced technologies and recruits top-notch physicians, so it can offer an array of outstanding inpatient and outpatient services. That means patients and their loved ones do not have to leave the community to receive high-quality care.

B. About Sutter Delta Medical Center Community Health

Community benefit programs and activities provide treatment and/or promote health and healing as a response to community needs; they are not provided for marketing purposes.

Community benefit:

- Generates a low or negative financial return
- Responds to needs of special populations, such as people living in poverty and other disenfranchised individuals
- Supplies services or programs that would likely be discontinued—or would need to be provided by another not-for-profit or government provider—if the decision was made on a purely financial basis
- Responds to public health needs
- Involves education or research that improves overall community health

C. Purpose of the Community Health Needs Assessment Report

Conducting a triennial CHNA has been a California requirement for nonprofit hospitals for more than 25 years (SB 697). The Patient Protection and Affordable Care Act (ACA) adopted a federal model similar to regulations already in place in California, making the CHNA a national mandate for hospitals to maintain their tax-exempt status. The provision was the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code. Included in the regulations is a requirement that all nonprofit hospitals conduct a CHNA and develop an IS Plan every three years (http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf).

The development of the 2022 CHNA report has been a comprehensive process, from data collection and analysis to the identification of prioritized needs, and was guided by representatives from the Alameda and Contra Costa Counties Hospital CHNA Group. Voices from communities throughout the county were captured through key informant interviews and focus groups; opinions were sought from key informants serving communities experiencing health inequities and disparities.

D. Description of the CHNA Process

The CHNA was a collaborative examination of health in Contra Costa County, updating and building on work done in prior years, including many of the themes identified in previous CHNA cycles. The 2022 CHNA process applied a social determinants of health framework and examined Contra Costa County's social, environmental, and economic conditions that impact health in addition to other factors related to diseases, clinical care, and physical health. Analysis of this broad range of contributing factors resulted in identification of the top health needs for the county.

The 2022 CHNA assessed the health issues and contributing factors with greatest impact among vulnerable populations[2] whose health is disproportionately affected across multiple health needs. The CHNA explored disparities for populations residing in specific geographic areas referred to in this report as "Priority Communities," as well as disparities among the county's diverse ethnic populations. These analyses will inform intervention strategies to promote health equity.

This CHNA utilized a mixed-methods approach. The Alameda and Contra Costa Counties Hospital CHNA Group, community partners, and consultants reviewed secondary data available through Kaiser Permanente's Community Health Data Platform and compiled additional data from national, statewide, and local sources to provide a descriptive picture of health in Contra Costa County. These data were compared to benchmark data and analyzed to identify potential areas of need. In addition, primary data were collected via key informant interviews conducted by Applied Survey Research (ASR) and focus groups conducted by Contra Costa Health Services. Primary data offered a wide range of perspectives on the issues with the greatest impact on the health of county communities. The data also provided examples of existing resources that work to address those needs, and suggestions for continued progress in improving these issues. The analyzed quantitative and qualitative data were triangulated, an approach using multiple sources of data to enhance the credibility of the outcomes. This enabled the identification of the top health needs in the county and supported development of a health need profile summarizing key data points and findings for each health need.

[2] California Department of Health Care Access and Information (2022). HCAI Factsheet Hospital Community Benefits Plans: Vulnerable Populations. Accessed July 6, 2022 from https://hcai.ca.gov/wp-content/uploads/2022/03/Hospital-Community-Benefits-Plans-Program-Vulnerable-Populations-Fact-Sheet-February-2022-ADA.pdf.

A multi-step process was conducted to rank the health needs. The key findings from the CHNA primary and secondary data analysis were shared with 14 representatives from organizations serving diverse low-income populations experiencing health inequities. A series of meetings was held to review data and prioritize the health needs. Final prioritization was reached through a voting process conducted with meeting attendees. The methods used to conduct the CHNA, the data collected, and the resulting prioritized community health needs are presented in this report and appendices.

II. Community Served

A. Definition of Community Served

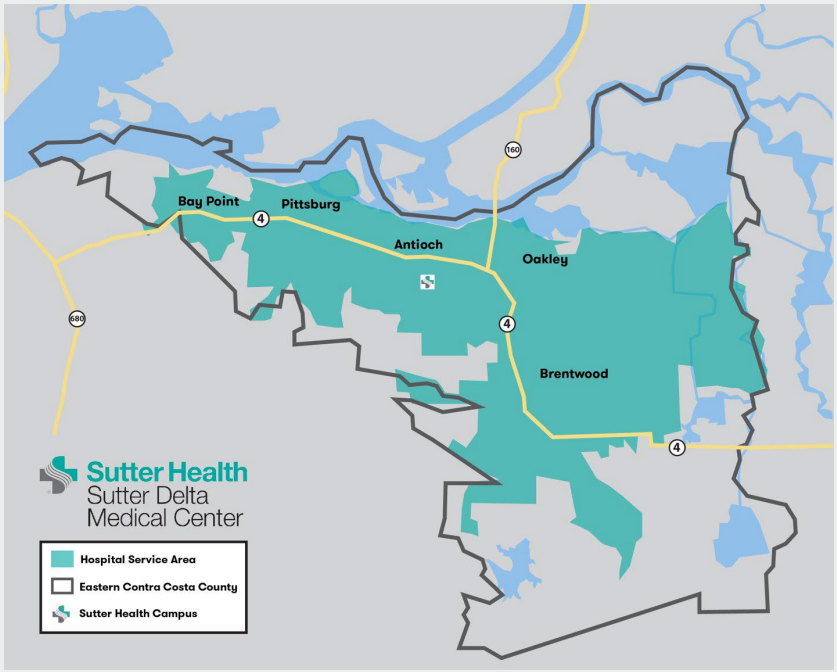
Each hospital participating in the Alameda and Contra Costa Counties Hospital CHNA Group defines its service area to include all individuals residing within a defined geographic area surrounding the hospital. For this collaborative CHNA, Contra Costa County was the overall service area, with each hospital adding additional focus on their specific service area.

Sutter Delta Medical Center is located in the city of Antioch in Eastern Contra Costa County. Sutter Delta Medical Center's hospital service area includes six ZIP codes surrounding the hospital and its neighboring communities.[3] As previously noted, the medical center collaborated on the 2022 CHNA with other healthcare facilities serving the Eastern Contra Costa County region. Thus, the local data gathered for the assessment represent residents across the service areas of the participating hospitals, including the cities of Antioch, Bay Point, Brentwood, Oakley, and Pittsburg.

The map (Figure 2) shows the alignment of the Eastern Contra Costa County region with Sutter Delta Medical Center's service area.

B. Map and Description of Community Served

Figure 2. Sutter Delta Medical Center Service Area Map, Eastern Contra Costa County



[3] The hospital's service area covers ZIP codes 94509, 94513, 94531, 94548, 94561, and 94565.

i. Demographic Profile and Other Characteristics of Community Served

The 2022 CHNA for Sutter Delta Medical Center placed particular emphasis on the health issues and contributing factors that impact populations with disproportionately poorer health outcomes. Priority Community Profiles were developed to present local data as a complement to the county-wide data reported elsewhere in the CHNA. The profiles include demographics, data on root causes of health, and additional statistics. See Appendix F for more information on the Healthy Places Index scores.

Sutter Delta Medical Center has identified Antioch and Pittsburg as Priority Communities in the Eastern Contra Costa County service area. The profiles include a map, demographics, data on root causes of health, and additional statistics on homelessness. The profiles highlight disparities experienced by populations residing in these geographies and aim to guide development of intervention strategies to address identified health needs and promote health equity.

The tables in the Priority Community Profiles compare data for the priority community to data for the overall county to illustrate how the population in the priority community differs from the county.

East Contra Costa County Priority Communities: Antioch/Pittsburg

The two cities with the largest populations in Eastern Contra Costa County are Antioch and Pittsburg. These cities reflect the diverse population and geographic disparities existing in Contra Costa County. This profile presents demographic data and data on root causes of health for each city, a high poverty Census Tract within in each city, and Contra Costa County overall, including scores from the Healthy Places Index 2.0 (HPI).[4] The HPI 2.0 includes 25 indicators related to root causes of health and compares all California communities to create scores for individual geographies. The higher the HPI score, the healthier the geography. The maps below (Figures 3 and 4) illustrate health disparities and inequities between neighborhoods, where areas shaded light and dark blue have fewer community resources needed for health and wellbeing.

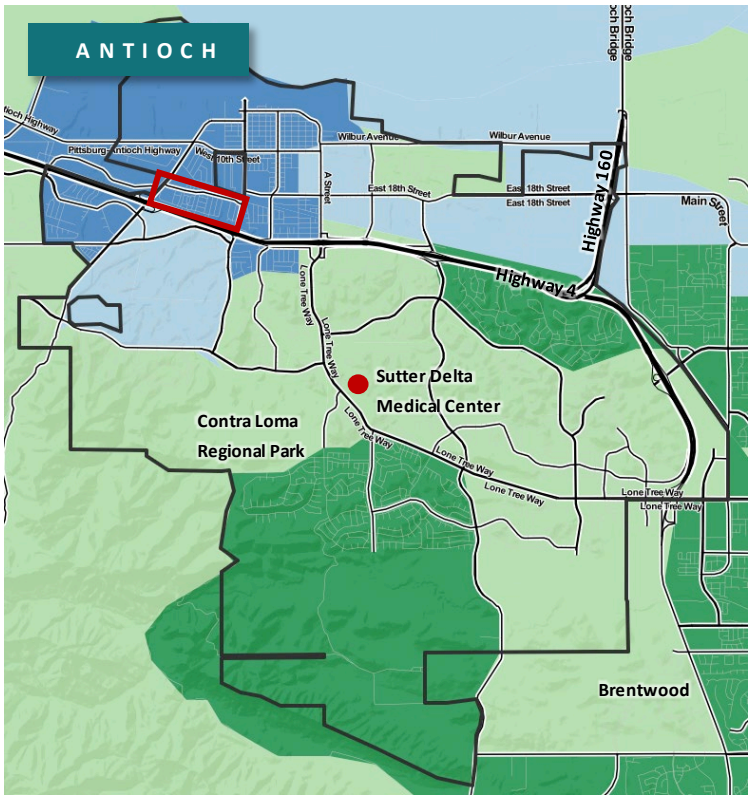
The Priority Community Profiles were developed in 2021 and used the Healthy Places Index (HPI) 2.0 data/website, prior to the release of HPI 3.0 in 2022. Identification and prioritization of health needs were based on multiple primary and secondary data sources, including the Kaiser Permanente Community Health Data Platform.

[4] Public Health Alliance of Southern California. (2021). California Healthy Places Index 2.0. https://map.healthyplacesindex.org/. Accessed Fall 2021.

Demographics & Socioeconomics

Antioch is home to 111,200 people and is a growing city that has become significantly more diverse over the last few decades.[5]

Figure 3. Healthy Places Index for Census Tracts in Antioch



This map[6] illustrates variation in the Healthy Places Index (HPI) for Census Tracts in ANTIOCH, highlighting inequities among Antioch's neighborhoods. While many areas in Antioch received a HPI score better than 50% of CA communities, Census Tracts in North Antioch receive low HPI scores. Census Tract 3072.02, outlined in red, has the lowest HPI score in Antioch.

Overall HPI Score Percentile:
0-25% 26-50% 51-75% 76-100%

Antioch has a diverse population; 37% of residents are White followed by Hispanic (Latinx), who make up nearly one third of the population; there is significant representation from Black/African American (21%), Other (17%) and Asian (16%) residents (Table 1). The racial/ethnic make-up of Antioch's lowest HPI Census Tract (population 4,299[7]) is different than the city overall, with a Black/African American population of 40% and smaller but substantial Hispanic (Latinx) (35%), Other (27%) and White (21%) populations. Antioch's lowest HPI Census Tract has a high percentage of children living in poverty (37%) – three times the county percentage and 11% more than Antioch overall (26%) (Table 2). The city overall has a higher proportion of seniors in poverty (10%) when compared with the county (6%) and the lowest HPI Census Tract (6%). The proportion of adults without a high school diploma is higher in the lowest HPI Census Tract (23%) when compared to Antioch (13%) or the county (12%) overall, and there is also a high unemployment rate at 21% in the

[5] United States Census Bureau (USCB) (2019). American Community Survey. Demographic Information for Antioch. https://data.census.gov/cedsci/table?q=Antioch%20city%20acs&tid=ACSDP1Y2019.DP05

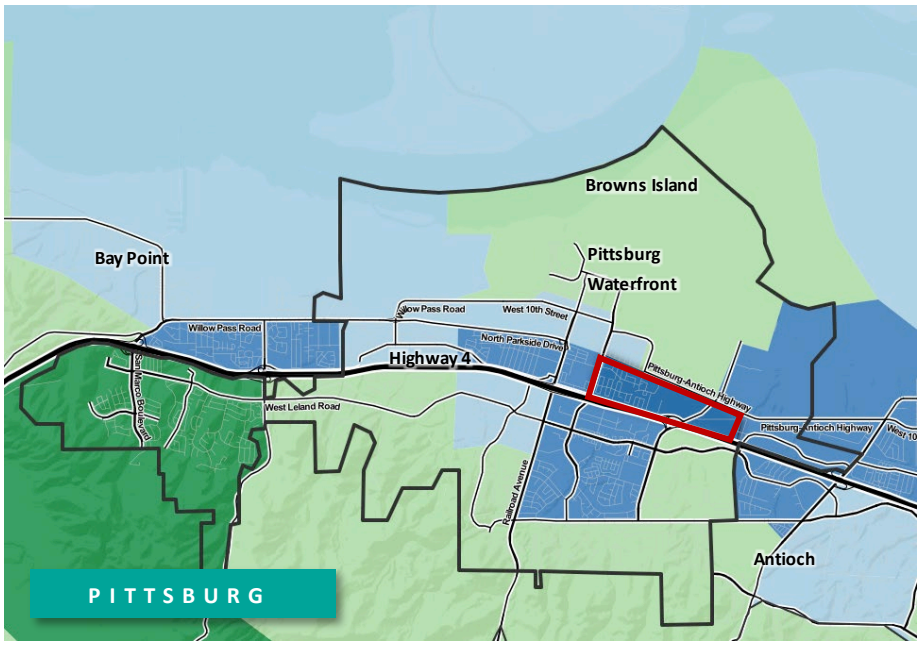
[6] Public Health Alliance of Southern California. (2021). California Healthy Places Index 2.0. https://map.healthyplacesindex.org/. Accessed Fall 2021.

[7] United States Census Bureau (2019). American Community Survey. Demographic Information for Census Tract 3072.02. https://data.census.gov/cedsci/table?q=acs&g=1400000US06001307202,06013307202&tid=ACSDP5Y2019.DP05

lowest HPI Census Tract, over double the unemployment rate for Antioch and over triple the rate for Contra Costa County.

Pittsburg is home to 72,569 people.[8] It is an industrial suburb located on the San Joaquin River Delta.[9]

Figure 4. Healthy Places Index for Census Tracts in Pittsburg



This map[10] illustrates variation in the Healthy Places Index (HPI) for Census Tracts in PITTSBURG, highlighting inequities among Pittsburg's neighborhoods. Many Census Tracts in Pittsburg receive HPI scores in the bottom 50% of CA communities. Census Tract 3120, outlined in red, has the lowest HPI score in Pittsburg.

Less than half of the Pittsburg population is Hispanic (Latinx); 37% identify as White and another 25% identify as Other. Pittsburg is also home to Asian (15%), Black/African American (13%), and Multiracial (9%) residents (Table 1). Pittsburg's lowest HPI Census Tract (population 2,243[11]) has a similar percentage of Hispanic (Latinx) residents (46%), a higher percentage of Black/African American residents (33%), smaller White (24%), Asian populations (7%) and slightly larger American Indian/Alaska Native (2%) population compared to the city. In terms of socioeconomic status (Table 2), Pittsburg has a higher percentage of residents living in poverty (12%) compared to the county as a whole (9%), while the percentage of Pittsburg older adults (>65) living in poverty is more than double the county percentage. Poverty is higher in the lowest HPI Census Tract compared to the city and county with over a quarter of residents (26%) living in poverty. A third of children live in poverty – nearly three times higher than the county rate overall for childhood poverty (33% versus 12%). One fifth of Pittsburg residents (20%) and 29% of Census Tract residents do not have a high school

[8] United States Census Bureau (USCB) (2019). American Community Survey. Demographic Information for Pittsburg. https://data.census.gov/cedsci/table?q=Pittsburg%20city%20acs&tid=ACSDP1Y2019.DP05

[9] United States Census Bureau (USCB) (2019). American Community Survey. Demographic Information for Pittsburg. https://data.census.gov/cedsci/table?q=Pittsburg%20city%20acs&tid=ACSDP1Y2019.DP05

[10] Public Health Alliance of Southern California. (2021). California Healthy Places Index 2.0. https://map.healthyplacesindex.org/. Accessed Fall 2021.

[11] United States Census Bureau (2019). American Community Survey. Demographic Information for Census Tract 3120. https://data.census.gov/cedsci/table?q=acs&g=1400000US06001312000,06013312000&tid=ACSDP5Y2019.DP05

diploma compared to 12% for the county. The unemployment rate is higher in these areas: 8% for Pittsburg overall and 12% for the Census Tract, compared to 6% for the county.

Table 1. Antioch and Pittsburg Demographic Characteristics[12, 13, 14, 15, 16]

Category	Group	Antioch	Lowest HPI CT (3072.02)	Pittsburg	Lowest HPI CT (3120)	Contra Costa County
Race	White	37%	21%	37%	24%	52%
	Black	21%	40%	13%	33%	9%
	Asian	16%	2%	15%	7%	18%
	Other	17%	27%	25%	23%	14%
	Multiracial	7%	9%	9%	10%	6%
	American Indian/ Alaska Native	1%	<1%	1%	2%	<1%
	Native Hawaiian/ Pacific Islander	1%	1%	<1%	<1%	<1%
Ethnicity	Hispanic	32%	35%	46%	46%	26%
	Non-Hispanic	68%	65%	54%	54%	74%
Gender	Female	55%	52%	51%	54%	51%
	Male	45%	48%	49%	46%	49%
Age	Under 5	3%	12%	8%	8%	6%
	5-9	5%	8%	5%	8%	7%
	10-19	16%	20%	12%	13%	12%
	20-44	33%	39%	39%	36%	32%
	45-64	28%	17%	24%	20%	27%
	>65	15%	4%	12%	15%	16%

[12] United States Census Bureau, 2019. https://data.census.gov/cedsci/table?q=Antioch%20city%20ca%20acs&tid=ACSDP1Y2019.DP05

[13] United States Census Bureau (USCB) (2019). American Community Survey. Demographic Information for Census Tract 3072.02. https://data.census.gov/cedsci/table?q=acs&g=1400000US060013072%2402,06013307202

[14] United States Census Bureau, 2019. https://data.census.gov/cedsci/table?q=Pittsburg%20city%20acs&tid=ACSDP1Y2019.DP05

[15] United States Census Bureau (USCB) (2019). American Community Survey. Demographic Information for Census Tract 3120. https://data.census.gov/cedsci/table?q=acs&g=1400000US060013072%2402,06013312000

[16] United States Census Bureau (2019). American Community Survey. Demographic Information for Contra Costa County. https://data.census.gov/cedsci/table?q=acs%20contra%20costa%20county&g=1400000US060013072%2402

Table 2. Antioch and Pittsburg Socioeconomic Status[17,18,19,20,21]

Indicator	Antioch	Lowest HPI CT (3072.02)	Pittsburg	Lowest HPI CT (3120)	Contra Costa County
Living in poverty (<100% Federal Poverty Level)	15%	33%	12%	26%	9%
Children (0-18) in poverty	26%	37%	13%	33%	12%
Seniors (>65) in poverty	10%	6%	15%	17%	6%
Unemployment	9%	21%	8%	12%	6%
Uninsured population	7%	11%	10%	8%	6%
Adults with no high school diploma	13%	23%	20%	29%	12%

Root Causes of Health

Antioch's overall Healthy Places Index score is above average for CA, ranking better than 57% of CA communities; Antioch ranks well below the healthiest Contra Costa County communities which score better than most CA communities (93%) (Table 3). Antioch's lowest HPI Census Tract performs well below, scoring better than only 11% of CA communities. Factors related to economics, social conditions, education, housing, and healthcare access score low in Antioch overall and in the lowest HPI Census Tract when compared to Contra Costa County's healthiest communities. Antioch's lowest HPI Census Tract scores distinctly lower in the economic category. Antioch and the lowest HPI Census Tract perform better than the county's healthiest communities in the neighborhood and environment categories.

Pittsburg's overall Healthy Places Index rating (41%) is in the bottom half of CA communities and substantially lower than Contra Costa County's healthiest communities (93%) (Table 3). Pittsburg's lowest HPI Census Tract scores in the bottom fifth of all CA communities (16%). Factors related to economics, social conditions, education, housing, and healthcare access score low in Pittsburg compared to Contra Costa's healthiest communities. Pittsburg's lowest HPI Census Tract scores markedly lower for a number of categories, particularly economics and transportation. Pittsburg and the lowest HPI census tract score higher than two thirds of CA communities and the county's healthiest communities in the neighborhood category, and the lowest HPI Census Tract scores better than 90% of CA communities on clean environment.

[17] United States Census Bureau, 2019. https://data.census.gov/cedsci/table?q=Antioch%20city%20ca%20acs&tid=ACSDP1Y2019.DP05
[18] United States Census Bureau, 2019. https://data.census.gov/cedsci/table?q=acs&g=1400000US060013072%2402,06013307202
[19] United States Census Bureau, 2019. https://data.census.gov/cedsci/table?q=Pittsburg%20city%20acs&tid=ACSDP1Y2019.DP05
[20] United States Census Bureau, 2019. https://data.census.gov/cedsci/table?q=acs&g=1400000US060013072%2402,06013312000
[21] United States Census Bureau, 2019. https://data.census.gov/cedsci/table?q=acs%20contra%20costa%20county&g=1400000US060013072%2402

Table 3. Healthy Places Index (HPI) Rankings of Root Causes of Health[22]

Category	Antioch	Lowest HPI CT (3072.02)	Pittsburg	Lowest HPI CT (3120)	Healthiest Contra Costa County Communities	Indicators
Overall HPI Score	57	11	41	16	93	
Economic	54	2	40	9	93	• Employment • Median Income
Housing	37	17	21	29	71	• Low Income Renter & Homeowner Cost Burden • Housing Habitability • Uncrowded Housing • Homeownership
Education	55	25	35	27	93	• Preschool Enrollment • High School Enrollment • Bachelor's Education or Higher
Social	38	13	27	22	75	• Two Parent Households • Voting in 2012
Healthcare Access	66	46	40	32	88	• Insured
Transportation	69	82	70	6	88	• Automobile Access • Active Commuting
Neighborhood	63	63	68	68	61	• Retail Density • Park Access • Tree Canopy • Supermarket Access • Alcohol Outlets
Clean Environment	83	91	82	90	87	• Ozone • Particulate Matter 2.5 • Diesel Particulate Matter • Water Contaminants

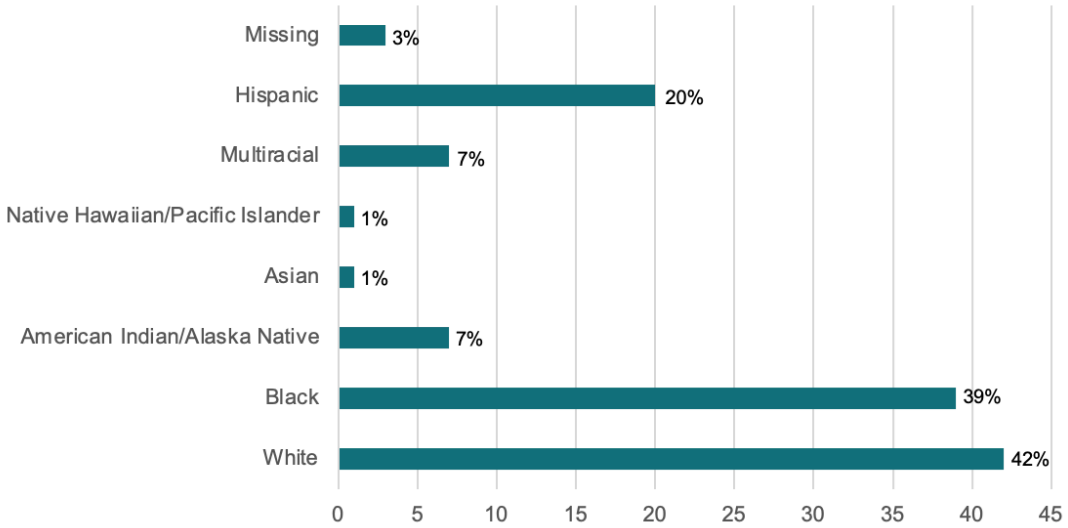
Legend: = Scores worse than healthiest communities by 20+ points
= Scores better than healthiest communities by 20+ points

[22] Public Health Alliance of Southern California. (2021). California Healthy Places Index 2.0. https://map.healthyplacesindex.org/. Accessed Fall 2021.

Contra Costa's Continuum of Care Access in Antioch and Pittsburg[23]

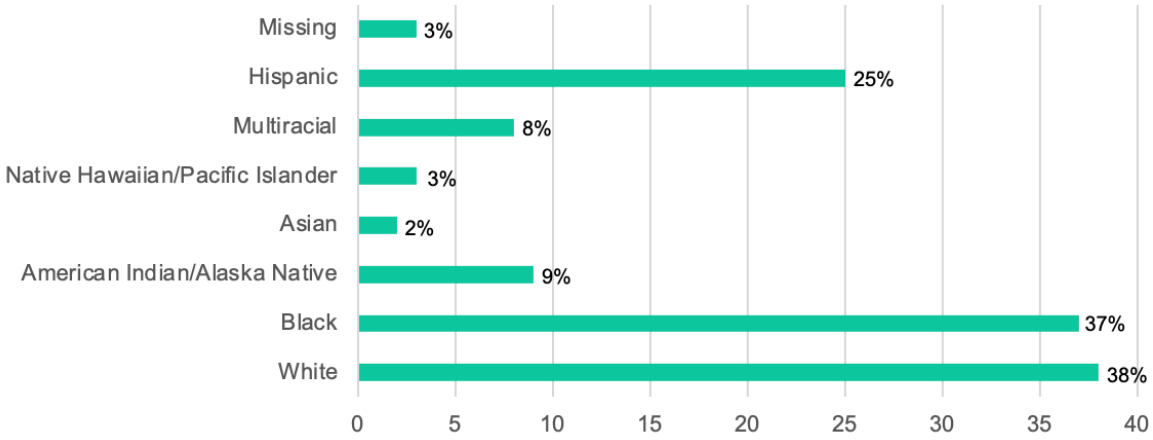
Antioch had 1,119 unhoused residents that accessed Contra Costa County's Continuum of Care program for crisis response and housing support in Fiscal Year 2020-2021. Most participants were either White (42%) or Black/African American (39%) and one fifth were Hispanic (Latinx) (Figure 5). There was also an appreciable American Indian/Alaska Native population accessing services at 7%, which makes up 1% of the city's population.

Figure 5. Consumers Accessing Crisis Response Who Lost Housing in Antioch (%)



Pittsburg had 630 unhoused residents that accessed Contra Costa County's Continuum of Care program for crisis response and housing support in Fiscal Year 2020-2021. Just under 40% of participants were White or Black/African American and one quarter were Hispanic (Latinx) (Figure 6). There was a disproportionate American Indian/Alaska Native population accessing services at 9%, which makes up 1% of the city's total population.

Figure 6. Consumers Accessing Crisis Response Who Lost Housing in Pittsburg (%)

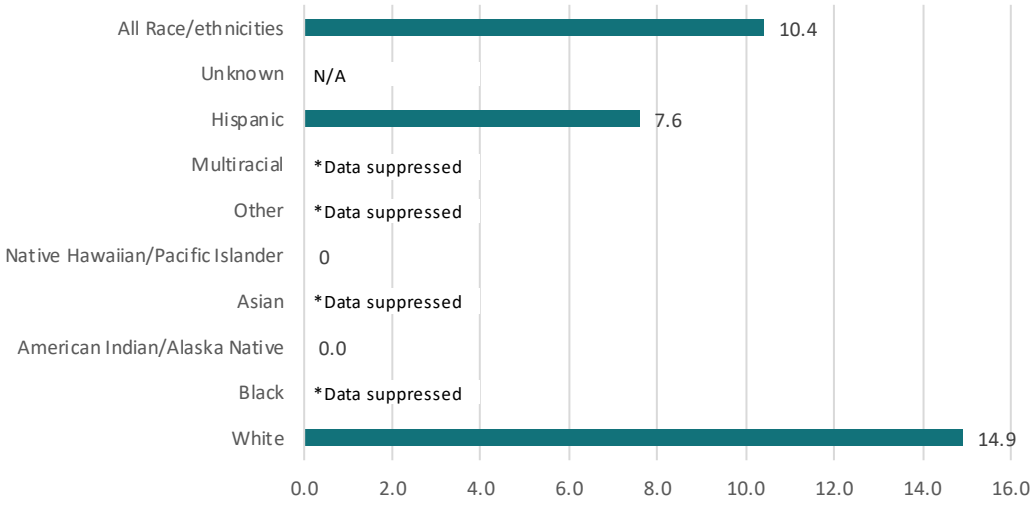


[23] Contra Costa Health, Housing and Homeless Services (2021). Contra Costa Health, Housing and Homeless Services Data Summary: Contra Costa County Race and Ethnicity Among Consumers Accessing the Homeless System of Care, FY 2020-2021.

Suicide Rates in Antioch and Pittsburg

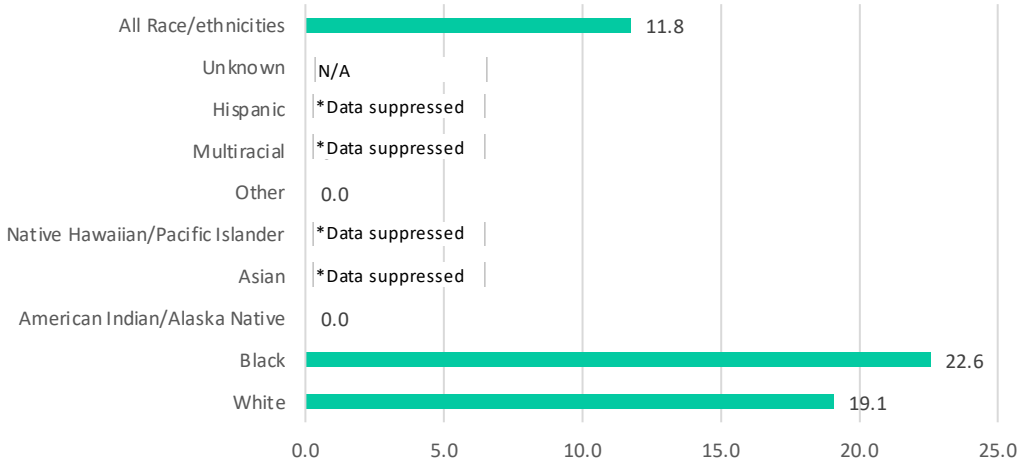
Antioch's overall suicide rate is at a little more than 10 per 100,000 persons (Figure 7) and similar to Contra Costa County's suicide rate. White residents have a higher suicide rate of nearly 15 per 100,000 persons. Hispanic (Latinx) residents have a lower suicide rate of nearly 8 per 100,000 people. Data are suppressed or at 0 per 100,000 people for all other races/ethnicities in the city.

Figure 7. Antioch Age Adjusted Suicide Rate per 100,000 Population[23]



Pittsburg has a suicide rate of nearly 12 per 100,000 people (Figure 8), slightly higher than Contra Costa County's suicide rate 10 per 100,000 persons. The highest suicide rate is among Black/African American residents is nearly 23 per 100,000 people, as compared to the city overall. White residents also have a higher suicide rate than the city overall at 19 per 100,000 people. Data are suppressed or at 0 per 100,000 persons for all other races/ethnicities in the city.[25]

Figure 8. Pittsburg Age Adjusted Suicide Rate per 100,000 Population[24]



[24] California Vital Records Business Information System (2020). Deaths California Comprehensive Death File and Death Reallocation File 2016-2020.

[25] California Vital Records Business Information System (2020). Deaths California Comprehensive Death File and Death Reallocation File 2016-2020.

III. Who Was Involved in the Assessment?

A. Identity of Hospitals and other Partner Organizations Collaborating on the Assessment

Sutter Delta Medical Center was part of the Alameda and Contra Costa Counties Hospital CHNA Group that worked with the following partners:

Figure 9. CHNA Partners

Collaborative Members
John Muir Health
Sutter Health
St. Rose Hospital
Stanford Health Care ValleyCare
UCSF Benioff Children's Hospitals

Other Partners
Kaiser Permanente
Alameda County Public Health Department
Contra Costa Health Services

B. Identity and Qualifications of Consultants used to Conduct the Assessment

Sutter Delta Medical Center contracted with Ad Lucem Consulting (www.adlucemconsulting.com), a public health consulting firm, to conduct the CHNA. Ad Lucem Consulting specializes in initiative design, strategic planning, grants management, and program evaluation, tailoring methods and strategies to each project and adapting to client needs and priorities, positioning clients for success. Ad Lucem Consulting works in close collaboration with clients, synthesizing complex information into easy-to-understand, usable formats, bringing a hands-on, down to earth approach to each project. Ad Lucem Consulting (www.adlucemconsulting.com) has developed numerous CHNA reports and IS Plans for hospitals including synthesis of secondary and primary data, needs prioritization, and identification of assets and implementation strategies.

ASR (www.appliedsurveyresearch.org) is the consultant hired by Kaiser Permanente Alameda and Contra Costa service areas to prepare their 2022 CHNA, including conducting key informant interviews. Secondary data charts/tables and interview data were generously shared with members of the Alameda and Contra Costa Counties Hospital CHNA Group and are included in this CHNA report. ASR also convened community stakeholders and hospital representatives to review service area data and participate in a health need ranking process. ASR is a social research organization dedicated to helping people build better communities through measuring and improving organizational impact and services and quality of life. ASR has a strong history of working with vulnerable populations and extensive experience working with public and private agencies, federal and local government, health and human service organizations, cities and county offices, school districts, institutions of higher learning and charitable foundations.

IV. Process and Methods Used to Conduct the CHNA

A. Community Input

i. Description of Who Was Consulted

Community input was provided by a broad range of community members via key informant interviews and focus groups. Individuals with the knowledge, information, and expertise relevant to the health needs of the community were consulted. These individuals included representatives from public health and other public agencies, community organizations, and members of medically underserved, low-income, and underrepresented populations. See Appendix A for a complete list of individuals who provided input.

ii. Methodology for Collection and Interpretation

Key Informant Interview Methodology

ASR conducted 32 key informant interviews with individuals from organizations serving Contra Costa County, representing diverse sectors (Figure 10). The key informants were identified collaboratively by Kaiser Permanente, the public health agencies and members of the Alameda and Contra Costa Counties Hospital CHNA Group.

All interviews were conducted in English and followed a standard set of interview questions. Confidentiality was assured at the beginning of each interview and interviewers took detailed notes during the call.

Figure 10. Sectors Represented by Key Informants

- Children/youth/families
- Communities of color
- Formerly incarcerated
- Immigrants/undocumented
- LGBTQIA+
- Older adults
- People with disabilities
- Unhoused
- Violence survivors

Interview topics: Interview questions were developed by ASR (see Appendix B for a complete list of interview questions). Questions addressed the following topics:

- Priority placed on 2019 health needs
- Other priority health needs
- Impact of COVID-19 on priority health needs
- Challenges to addressing priority health needs
- Sources of information on health needs
- Strategies to address priority health needs
- Health inequities and disparities
- Strategies to address inequities/disparities
- Existing community resources to address priority health needs

Data Analysis: ASR delivered a spreadsheet containing individual interviewee responses and key themes to Ad Lucem Consulting. The themes were further organized by Ad Lucem Consulting into the health needs defined by the Kaiser Permanente Community Health Data Platform. The number of mentions for all themes related to a particular health need were tallied to develop an interview data score. Health needs were assigned points based on the frequency of mentions of the health

need by key informants. Points for each health need were tallied across interviewees to develop interview scores for health need priority, racial/ethnic disparities, geographic or other disparities and impact of the COVID-19 pandemic on the health need.

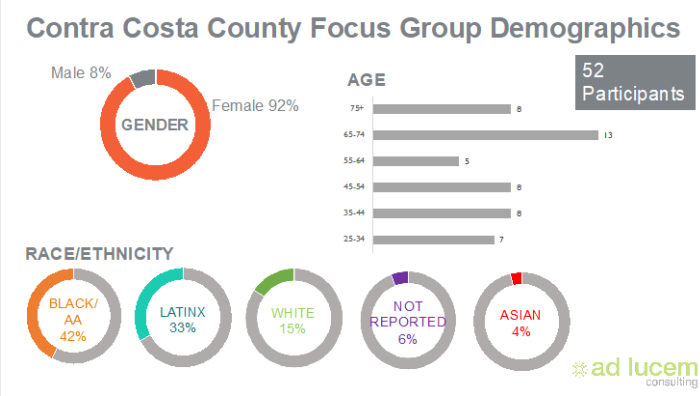
Focus Group Methodology

Nine community resident focus groups were conducted in geographic areas within Eastern, Central, and Western Contra Costa County. Seven groups were conducted in English, and two were conducted in Spanish. Participants were Black/African American, Latinx, and adults over the age of 65 from underserved, low-income, and diverse racial/ethnic communities.

Contra Costa Health Services conducted the focus groups. Health Services staff recruited participants in partnership with community organizations, organized logistics and facilitated the focus groups. Each focus group session averaged 60 minutes and was audio recorded.

Health Services staff collected focus group participant demographics (Figure 11) through a screener survey. Focus group recordings were transcribed and translated into English as needed. Focus group transcripts were delivered to Ad Lucem Consulting for analysis. Participants received a $25 gift card as a thank you for their time and engagement.

Figure 11. Contra Costa County Focus Group Participant Profile*



*Percentages may not add to 100 and numbers may not add to 52 due to rounding and non response to specific demographic questions.

Focus group question guide: The focus group questions were developed by the Alameda and Contra Costa Counties Hospital CHNA Group based on focus group questions from the Hospitals' 2019 CHNA. The focus group guide was designed by Ad Lucem Consulting based on previous work. Questions were open-ended and additional probing questions were used as needed to elicit more in-depth responses and richer details. The questions were translated into Spanish. Focus group facilitators adjusted the questions as needed to ensure participant comprehension and maximize interaction.

The scripted focus group guide was used to ensure consistency across groups. At the beginning of each focus group session, participants were welcomed and assured anonymity of their responses. An overview of the discussion was provided as well as a review of discussion ground rules. For the complete list of focus group questions, see Appendix C. Questions addressed the following topics:

- Facilitators and barriers to health in the community
- Priority health needs facing the community and why they are important
- Priority given to behavioral health, economic security, and access to care
- Impact of COVID-19 on health needs
- Strategies that are working to address health issues and new strategies needed
- Health inequities and disparities and strategies to reduce inequities and disparities

Data Analysis: Focus group transcripts were reviewed and coded to identify prominent themes. Health topics discussed by focus group participants were organized into the health need categories defined by the Kaiser Permanente Community Health Data Platform. Health needs were assigned points based on the frequency and importance given to the health need by focus group participants. Points for each health need were tallied across focus groups to develop scores for health need priority, racial/ethnic disparities, geographic or other disparities and impact of the COVID-19 pandemic on the health need.

B. Secondary Data

i. Sources and Dates of Secondary Data Used in the Assessment

The Hospital CHNA Group used the Kaiser Permanente Community Health Data Platform (https://public.tableau.com/app/profile/kp.chna.data.platform/viz/CommunityHealthNeedsDashboard-AllCountiesinKPStates/Starthere) to review a core set of approximately 100 publicly available indicators using the County Health Rankings population health framework, which emphasizes social and environmental determinants of health. This platform allows users to view, map and analyze indicators, understand racial/ethnic disparities, and compare local indicators with state and national benchmarks.

Additional data sources were used to inform the health need prioritization and health need profiles, including the Healthy Places Index (https://healthyplacesindex.org/), data from Contra Costa Health Services, California Health Interview Survey, California Healthy Kids Survey, the Bay Area Equity Atlas, KidsData.org and Contra Costa Health, Housing and Homeless Services.

Specific sources and dates for secondary data are listed in Appendix D. Appendix E presents data for Eastern Contra Costa County and Contra Costa County from the Kaiser Permanente Community Health Data Platform.

C. Written Comments

Sutter Delta Medical Center provided the public an opportunity to submit written comments on the facility's previous CHNA Report. As of the time of this CHNA report development, Sutter Delta Medical Center had not received written comments about the previous CHNA report.

This CHNA report will be publicly available by December 31, 2022 (https://www.sutterhealth.org/for-patients/community-health-needs-assessment). Sutter Delta Medical Center will also develop an Implementation Strategy Plan based on the CHNA results, which will be filed with the IRS by May 15, 2023. Feedback and comments about the 2022 CHNA and 2022-2024 Implementation Strategy Plan can be submitted to SHCB@sutterhealth.org and will be considered as part of the community input component in the development of Sutter Delta Medical Center's 2025–2027 CHNA.

D. Data Limitations and Information Gaps

The Kaiser Permanente Community Health Data Platform includes approximately 100 secondary indicators that provide comprehensive data to identify the broad health needs faced by a community. The supplemental indicators included in this CHNA to describe the Priority Communities provide additional measures of factors influencing health. However, there are limitations with

regard to these measures, as is true with any secondary data:

- Some data were only available at a county level and did not contribute to the understanding of neighborhood level needs.
- Data illustrating racial/ethnic disparities in the Kaiser Permanente Community Health Data Platform were only available based on population composition for a given geography.
- A number of indicators reported rely on the Census/American Communities Survey which may be based on small sample sizes and are estimates rather than actual measures.
- Data are not always collected on a yearly basis, and some data are several years old.
- The COVID-19 pandemic had an impact on both socioeconomics and health and exacerbated existing racial/ethnic disparities;[26] the impact of the pandemic is not necessarily captured by the secondary data presented in the CHNA as most of this data was collected pre-pandemic.

Primary data collection and the health need ranking processes are also subject to the following limitations and information gaps:

- Themes identified during interviews and focus groups were dependent upon the experience of individuals selected to provide input; input from a carefully selected, diverse group of key informants and focus group participants sought to minimize this bias.
- The final list of ranked health needs is subject to the affiliation and experience of the individuals who attended the ranking meeting.

[26] Center for Disease Control and Prevention (January 2022). Health Equity Considerations and Racial and Ethnic Groups. https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html

V. Identification and Prioritization of the Community's Health Needs

A. Identifying Community Health Needs

i. Definition of "Health Need"

For the purposes of the CHNA, health needs are defined as including the elements essential to improving or maintaining health status in the community at large and in particular parts of the community, such as particular geographies or populations experiencing health inequities. Essential elements may include addressing financial and other barriers to care as well as preventing illness, ensuring adequate nutrition, or addressing social, behavioral, and environmental factors that influence health in the community. Health needs were identified by the comprehensive collection, analysis, and interpretation of primary and secondary data (Figure 12).

Figure 12. Health Need Identification and Prioritization Process

ii. Criteria and Analytical Methods Used to Identify the Community Health Needs

Measures in the Kaiser Permanente 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 Contra Costa County.

For secondary data, a score was assigned to each need (4: very high, 3: high, 2: medium, 1: lower, 0: no need) based on how many measures were 20% or more worse than California overall rates.

Themes from key informant interviews and other primary data sources were identified, clustered, and assigned scores on a 0-4-point scale based on the number of times the theme was mentioned. Both the Data Platform and primary data informed scores for geographic, racial/ethnic and other disparities.

Each data collection method was assigned a weight, based on rigor of the data collection method, timeliness, and ability to describe inequities/disparities. Primary data (key informant interviews and focus groups) were weighted significantly more than the secondary data to prioritize timely input from diverse, underserved communities. Weighted values for each potential need were summed, converted to a percentile score for easy comparison, and then ranked highest to lowest.

The eight highest scoring health needs were presented at meetings attended by the Alameda and Contra Costa Counties Hospital CHNA Group, Kaiser Permanente and community partners.

Data were explored for a number of health needs (cancer, chronic disease and disability, climate and environment, education, family and social support, Healthy Eating/Active Living (HEAL) opportunities, sexual health, and substance use) that were scored, but not discussed at the health need ranking meeting due to their low scores.

B. Criteria and Process Used for Prioritization of Health Needs

i. Prioritization Criteria

The following criteria were employed to prioritize the list of health needs for Contra Costa County:

- **Severity:** How severe the health need is (potential to cause death or disability)
- **Magnitude or scale:** The number of people affected by the health need
- **Clear disparities or inequities:** Differences in health outcomes by subgroups (based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others)
- **Community priority:** The community prioritizes the issue over other issues
- **Multiplier effect:** A successful solution to the health need has the potential to solve multiple problems

ii. Prioritization Process

A process was conducted to rank the health needs and identify the top priority health needs during a virtual meeting. In partnership with Kaiser Permanente Community Health Managers, ASR contacted community leaders including county health, partner hospitals, and community organization leaders to attend a county-level group meeting to rank top health needs for service areas falling within Contra Costa County. The meeting was attended by 12 participants serving diverse low-income populations experiencing health inequities, including: hospital representatives, Contra Costa County Health Services, the Community Clinic Consortium of Contra Costa and Solano Counties, the Contra Costa County Office of Education and The California Endowment (a health funder). ASR presented qualitative and quantitative findings for the top eight health needs identified using matrix results calculated from sources such as key informant interviews, focus groups and data from the Kaiser Permanente Community Health Data Platform. Representatives affiliated with each service area ranked the health needs on a scale of 0-4, with 0 being "not a priority" to 4 being a "very high priority." Each organization voted once for their respective service areas and vote values were averaged.

C. Prioritized Description of Health Needs

The process resulted in the following prioritized health needs, presented from highest to lowest ranking per the process described in section B.ii above. Detailed profiles for each health need highlighting findings from key informant interviews, focus groups and secondary data are presented below.

Behavioral Health

What is the Health Need?

Behavioral health includes mental health, emotional and psychological well-being, along with the ability to cope with normal, daily life and affects a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities.[27] Behavioral health also includes substance use, which impacts many aspects of health and often co-occurs with mental health disorders. Behavioral health and the maintenance of good physical health are closely related; common mental health disorders such as depression and anxiety can affect one's ability for self-care while chronic diseases can lead to negative impacts on mental health.[28] Behavioral health issues affect many Americans; anxiety, depression, and suicidal ideation are on the rise due to the COVID-19 pandemic, particularly among Black/African American and Latinx community members.[29]

What Community Stakeholders Say About Behavioral Health

Based on key informant interviews and focus groups

Overall

- The majority of key informants (88%) and focus groups (5 of 9) identified behavioral health as a top priority health need for Contra Costa County.
- Key informants and focus group participants linked poor mental health to substance use, trauma, community safety (over-policing and over-incarceration in communities of color), income and employment, and homelessness.
- Both key informants and focus group participants identified behavioral health services as a critical need among children and adolescents. They discussed that locating and accessing pediatric behavioral health services have been challenging and called for more supports to integrate behavioral health care with routine pediatric medical visits.
- Eastern Contra Costa County focus group participants perceived there to be more behavioral health services available in the prison system than in their community. These participants expressed the need for more early intervention behavioral health services to prevent later justice system involvement.

Inequities

- Key informants described that vulnerable/underserved populations have been disproportionately impacted by insufficient availability of behavioral health services in Contra Costa County, identifying children/adolescents, the elderly, LGBTQIA+ individuals, unhoused individuals, people of color, immigrants, and lower-income residents as having the greatest unmet needs.

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[27] Office of Disease Prevention and Health Promotion. (2018). Mental Health and Mental Disorders.

[28] Lando, J., & Williams, S. (2006). A Logic Model for the Integration of Mental Health Into Chronic Disease Prevention and Health Promotion. *Preventing Chronic Disease.* 2006 Apr; *3*(2): A61.

[29] Czeisler MÉ , Lane RI, Petrosky E, et al. (2020). Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: http://dx.doi.org/10.15585/mmwr.mm6932a1external icon.

- Key informants and focus group participants reported long wait times for behavioral health services, especially for Medi-Cal patients. Additional barriers to accessing care include cost, inadequate insurance coverage, few providers, transportation issues, lack of linguistic/cultural competence and social stigma (especially for Latinx communities).
- Several focus group participants discussed the need for more behavioral health providers from diverse cultural and ethnic backgrounds to facilitate patients' comfort with their provider. According to focus group participants, when there is cultural and ethnic familiarity, then there is more understanding between patient and provider and less time spent explaining context.

Focus group participant thoughts on BEHAVIORAL HEALTH inequities:

"I've had two Nigerian therapists, I've had a White male therapist, and it was not until I met with a Black woman, that there [were] things that I didn't have to explain. They just knew, when I gave them a look, they knew what I was talking about, and I didn't have to give the context to explain myself or filter myself."

- Eastern Contra Costa County key informants and focus group participants emphasized the critical need for a diverse, bilingual, behavioral health workforce in the county.
- Eastern Contra Costa County focus group participants described a high prevalence of trauma among undocumented communities, yet also hesitancy in accessing behavioral health services due to fears about Immigration and Customs Enforcement.

Impact of COVID-19

- Most key informants and focus group participants perceived behavioral health issues as an extremely urgent need within Contra Costa County, stating that this need predates the pandemic, but COVID-19 made it much worse, especially for youth and older adults. COVID-19 exacerbated anxiety and depression due to financial/housing concerns and social isolation.
- According to several key informants, more people are struggling with mental health concerns due to the pandemic and additionally, it has been even more challenging to find providers who have open practices or accept Medi-Cal.

Key informant thoughts on BEHAVIORAL HEALTH and COVID-19:

"Getting in to see a therapist or psychiatrist is very limited. There are organizations like NAMI who try to spread the word on mental health, but there's a lack of service providers. COVID brought these issues to the forefront because so many people were experiencing such hard times."

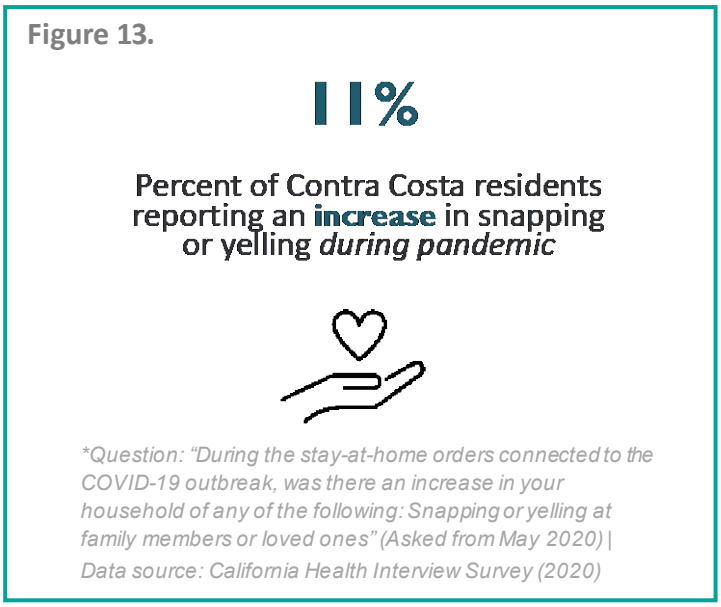
- Focus group participants also highlighted the challenges for residents struggling with substance use disorders. A major source of support in the recovery process is access to support groups, such as Alcoholics Anonymous (AA). Due to the pandemic, these groups have transitioned to virtual platforms, which have not provided the same level of support as in-person groups.
- Eastern Contra Costa County focus group participants described increased stress, anxiety, and isolation in their community, which they attributed to COVID-19 and the pandemic media coverage, further stoking residents' fears.

Behavioral Health Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

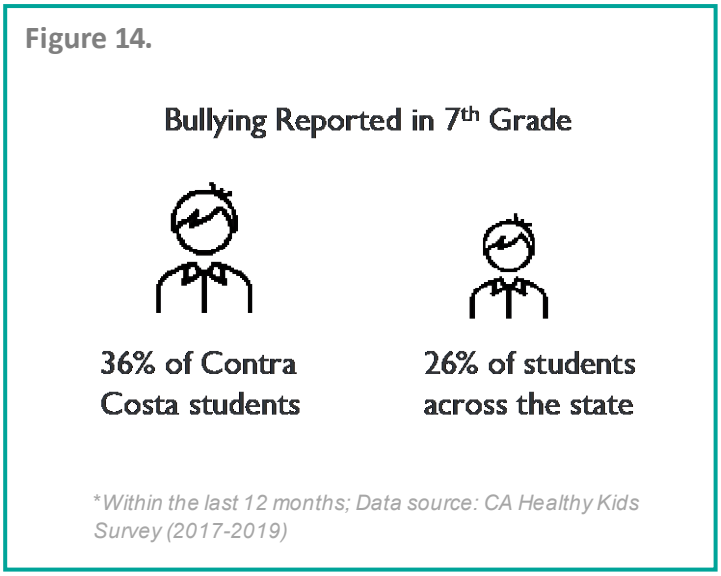
- In 2020, 11% of Contra Costa County residents reported an increase in snapping or yelling at family or loved ones during the pandemic (Figure 13).
- Contra Costa County 7th graders reported more bullying than CA overall (Figure 14).
- Contra Costa County's percentage of impaired driving deaths is higher than the state overall (32% versus 29%) (Appendix E).
- The behavioral health provider shortage is slightly greater in Eastern Contra Costa County (339 per 100,000 population) when compared to the state overall (352 per 100,000 population) (Appendix E).

Figure 13.



Data visuals created by ASR, 12/2021

Figure 14.



Data visuals created by ASR, 12/2021

Housing and Homelessness

What is the Health Need?

The U.S. Department of Housing and Urban Development defines housing as affordable when it costs no more than 30 percent of a household's income. The expenditure of greater sums can result in the household being unable to afford other necessities such as food, clothing, transportation, and medical care.[30] The physical condition of a home, its neighborhood, and the cost of rent or mortgage are strongly associated with the health, well-being, educational achievement, and economic success of those who live inside.[31] Homelessness is correlated with poor health; poor health can lead to homelessness and homelessness is associated with greater rates of preventable diseases, longer hospital stays, and greater risk of premature death.[32]

What Community Stakeholders Say About Housing and Homelessness

Based on key informant interviews and focus groups

Overall

- 91% of key informants and 6 of 9 focus groups identified housing and homelessness as a top priority health need for Contra Costa County.
- Key informants and focus group participants described that housing challenges influence health needs by increasing economic and food insecurity and unhealthy behaviors that exacerbate chronic disease and disability.
- Housing struggles experienced by county residents, such as affording rent, housing instability and crowded households, cause anxiety, lead to mental health difficulties and interpersonal issues, sometimes escalating to domestic violence.
- Eastern Contra Costa County focus group participants noted that homelessness in their community not only involves individuals living in encampments or on the streets, but also includes low-wage workers who cannot afford rent and have to live out of their cars.
- Key informants from Eastern Contra Costa County emphasized the need for trauma-informed care and resources for unhoused residents, as well as additional sober living environments.

Inequities

- Key informants and focus group participants perceived Latinx and Black/African American county residents as most affected by homelessness.
- Focus group participants described that for Contra Costa County's Latinx communities, homelessness does not mean living on the streets; unhoused Latinx residents may live in cars, a garage, or in overcrowded apartments.

[30] U.S. Department of Housing and Urban Development. (2018). Affordable Housing.

[31] Pew Trusts/Partnership for America's Economic Success. (2008). The Hidden Costs of the Housing Crisis. See also: The California Endowment. (2015). Zip Code or Genetic Code: Which Is a Better Predictor of Health?

[32] National Health Care for the Homeless Council. (2011). Care for the Homeless: Comprehensive Services to Meet Complex Needs.

- Key informants described that short-term housing and temporary shelters are helpful and needed (especially for domestic violence survivors) in Contra Costa County, but do not provide the sufficient or permanent solution that comes with investment in permanent supportive housing, especially for residents with severe mental illness.
- Key informants described how residents with mental health disorders are especially impacted by housing issues. The lack of affordable housing options further exacerbates mental health concerns. In order to provide successful treatment and case management to these residents, affordable housing in combination with employment supports are essential, according to one key informant.

Key informant thoughts on HOUSING AND HOMELESSNESS inequities:

"This is always the hardest case management need to support because affordable housing is so limited. We see case management needs such as job training and housing as intimately linked to mental health."

- Eastern Contra Costa focus group participants expressed particular concern about housing conditions for undocumented residents. Focus group participants noted that residents who do not speak English experience discrimination in obtaining housing, and often end up living in unsafe conditions, such as units without heating or air conditioning.

Impact of COVID-19

- While some focus group participants perceived the COVID-19 response as increasing resources (homeless services and temporary shelters), most participants voiced concerns continuing COVID-19 hardships will impact residents' ability to pay for housing, utilities, and other bills.
- Some focus group participants and key informants expressed concern specifically for low-income families with children on the brink of homelessness, citing the negative impact housing instability would have on children's health and development.
- Eastern Contra Costa focus group participants noted increases in homelessness in their community and attributed this to the economic impacts of COVID-19. They expressed particular concern about the end of the eviction moratorium.

Focus group participant thoughts on HOUSING AND HOMELESSNESS and COVID-19:

"In the beginning of the pandemic…folks moved into hotels. I don't feel like it made a huge difference, but it was definitely…a little bit of a band-aid. [Government] spends all this money on other things, why can't [the government] just purchase something that can give stable housing to those that don't have it? People have been [getting] by on credit for a really long time. How are people going to pay…?"

Communities Disproportionately Impacted

Based on Priority Community Profiles

- Antioch's housing quality/affordability ranks in the lower half of all CA communities at 37% (according to the Healthy Places Index), much lower than Contra Costa County's Healthiest communities (71%). Antioch's least healthy Census Tract (according to the Healthy Places

Index), with 40% of residents identifying as Black/African American and 27% identifying as Other, is in the bottom fifth of all CA communities for housing quality/affordability.

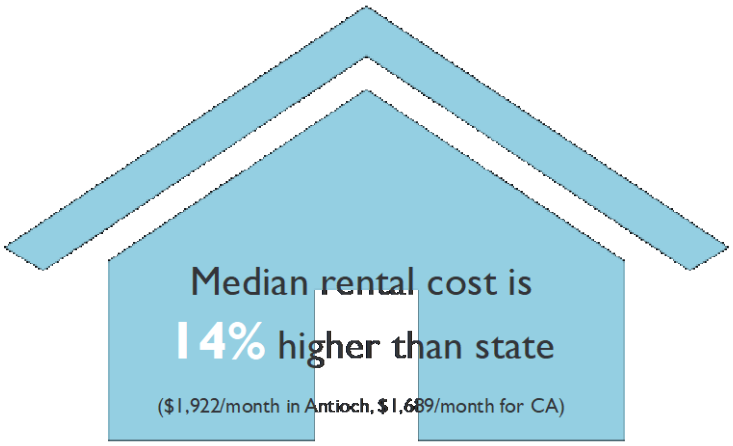
- Pittsburg's housing quality/affordability ranks near the bottom fifth of CA communities while Contra Costa County's Healthiest communities rank in the top third (71%). Pittsburg's least healthy Census Tract, where a third of residents identify as Black/African American and half identify as Hispanic (Latinx) (46%), is in the bottom third of CA communities (29%) for housing affordability and quality.

Housing and Homelessness Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- The median rental cost per month in the City of Antioch is higher than CA overall ($1,922 versus $1,689) (Figure 15).
- In Antioch and Pittsburg ZIP codes, where the proportions of Black/African American and Latinx/Hispanic residents is higher than the hospital service area as a whole, there are also higher percentages of households experiencing moderate housing cost burden as compared to the state overall (21%) (Figures 16 and 17).

Figure 15.



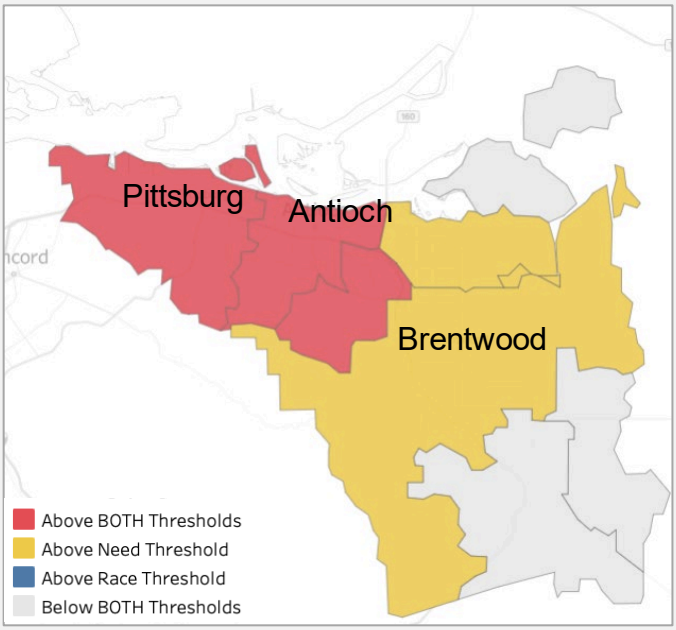
**Data source: American Community Survey 2015-2019 (median rent) | KP Platform*

Data visuals created by ASR, 12/2021

Figure 16.

MODERATE HOUSING COST BURDEN, EASTERN CONTRA COSTA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with a Black/African American population greater than 12% (the service area average) and a higher percentage of households experiencing moderate housing cost burden than the state overall.

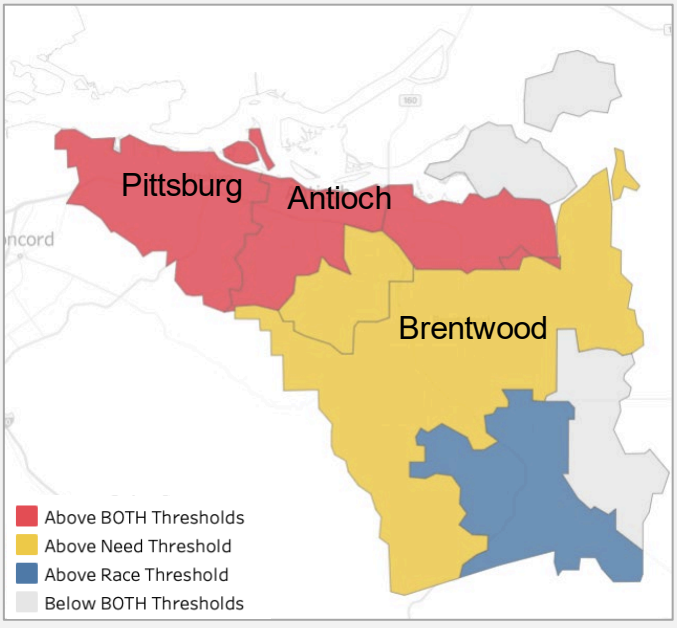


Source: Kaiser Permanente Community Health Data Platform

Figure 17.

MODERATE HOUSING COST BURDEN, EASTERN CONTRA COSTA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with a Latinx population greater than 37% (the service area average) and a higher percentage of households experiencing moderate housing cost burden than the state overall.



Source: Kaiser Permanente Community Health Data Platform

Economic Security

What is the Health Need?

People with steady employment are less likely to have an income below poverty level and more likely to be healthy. Strong economic environments are supported by the presence of high-quality schools and an adequate concentration of well-paying jobs.[33] Childhood poverty has long-term effects. Even when economic conditions improve, childhood poverty still results in poorer long-term health outcomes.[34] The establishment of policies that positively influence economic conditions can improve health for a large number of people in a sustainable fashion over time.[35]

What Community Stakeholders Say About Economic Security

Based on key informant interviews and focus groups

Overall

- 75% of key informants and 3 of 9 focus groups listed economic security as a top priority health need for Contra Costa County.
- Key informants and focus group participants identified consistent factors contributing to income and employment challenges in Contra Costa County: insufficient vocational training, limited living wage jobs, and lack of clear communication on availability of/registration for existing income/employment supports.
- According to key informants and focus group participants, economic security challenges exacerbate a variety of issues including housing, access to health care, unhealthy behaviors that promote chronic disease and disability, food insecurity, mental health issues, and substance use.

Focus group thoughts on ECONOMIC SECURITY overall:

"If we do not have a stable financial situation, I will not be able to pay for my house and will end up homeless, or will not have anything to eat, my health will take a toll. The whole time I am thinking I can't pay rent; I don't have a job and all that comes with stress and depression…Not being able to provide for our children is something hard as a parent, so you sacrifice yourself so your children are well but if you aren't well who will keep them well in the future?"

- Both key informants and focus group participants in Eastern Contra Costa County described limited availability of jobs, particularly jobs that pay living wages or offer comprehensive health insurance. They noted that in order to access higher paying jobs, Eastern Contra Costa County residents usually have longer commutes.

Inequities

- Key informants perceived structural racism as a root cause of economic security disparities experienced by communities of color in Contra Costa County.

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[33] Prevention Institute. (2015). Making the Case with THRIVE: Background Research on Community Determinants of Health.

[34] National Research Council & Institute of Medicine. (2013). Physical and Social Environmental Factors. U.S. Health in International Perspective: Shorter Lives, Poorer Health. Woolf, S.H., & Aron, L., editors. Washington, D.C.: National Academies Press.

[35] Office of Disease Prevention and Health Promotion. (2018). Social Determinants of Health.

- Focus group participants and key informants discussed the need for collaborative partnerships between a variety of service providers to bring information and resources on income and employment supports into neighborhoods that are struggling.
- Key informants serving residents in Eastern Contra Costa County noted the economic security challenges faced by residents with mental health concerns. They identified the need for integrating behavioral health services into job training opportunities.

Key informant thoughts on ECONOMIC SECURITY inequities:
"There are systems level issues [relating to] the lack of employment and inadequate salary levels. The Latino population was one of the hardest hit populations due to COVID. They had to go into work, with increased risk of exposure, or they lost their jobs and source of income."

Impact of COVID-19

- Key informants and focus group participants reported that COVID-19 exacerbated existing economic security challenges, particularly for communities of color and lower-wage workers.
- Key informants identified the low availability of childcare as a major challenge, especially since the start of the pandemic.
- Eastern Contra Costa County focus group participants highlighted how Black/African American and Latinx communities historically work in public facing, minimum-wage jobs. Because of these types of jobs, these communities were not only at increased risk of contracting COVID-19, but also experienced income and employment challenges due to the pandemic.

Communities Disproportionately Impacted

Based on Priority Community Profiles

- Antioch's least healthy Census Tract (according to the Healthy Places Index) performs worse than 98% of CA communities on economic security measures.
- Pittsburg's least healthy Census Tract performs worse than 91% of all CA communities on economic security measures.
- The least healthy Census Tracts in Antioch and Pittsburg have child poverty rates nearly triple the county rate overall (37% and 33% versus 12%).
- Unemployment in Antioch's least healthy Census Tract, where 40% of residents are Black/African American, is more than three times the Contra Costa County rate overall (21% versus 6%).

Economic Security Data

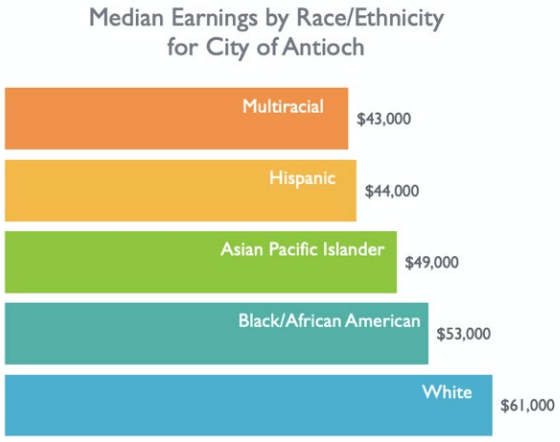
See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- For the City of Antioch, there are significant disparities in median annual earnings by race. The median earning for Mixed/Other Race residents is $18,000 less than that of White residents ($43,000 versus $61,000); for Hispanic (Latinx) residents, median earning is $17,000 less than that of White residents ($44,000 versus $61,000) (Figure 18).
- Geographic access to job opportunities (i.e., physical distance residents commute from their neighborhoods to job opportunities) is limited in Contra Costa County. The Jobs Proximity Index

rating is lower in Contra Costa County (37) than CA overall (48); this index score is even lower in Eastern Contra Costa County (8) (Appendix E and Figure 19).

- In Pittsburg and Antioch ZIP codes with a larger proportion of Latinx/Hispanic residents than the service area overall, the unemployment rate is higher than the state overall rates (Figure 20).

Figure 18.

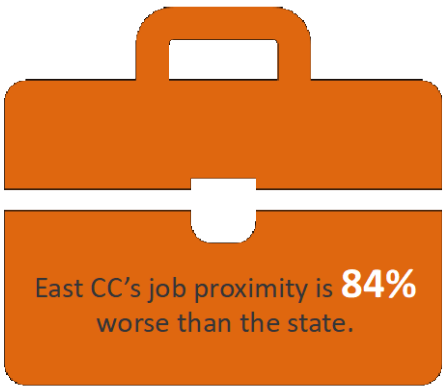


MEDIAN EARNINGS

Earnings calculated for full-time workers for City of Antioch. Data source: American Community Survey; GeoLytics, Inc. 2019 | Bay Area Equity Atlas

Data visuals created by ASR, 12/2021

Figure 19.



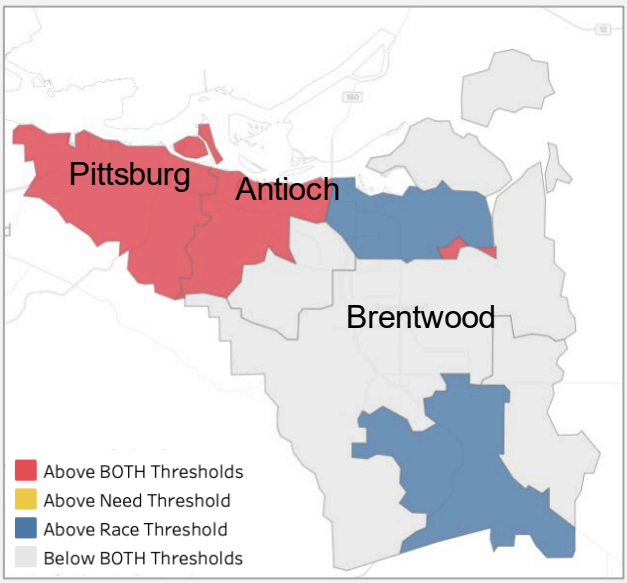
**Job Proximity Score: Accessibility of an area as a function of its distance to all jobs. Index score = 8 for Eastern CC, 46 for CC County, 48 for CA. Data sources: HUD Policy Development and Research (2014) | KP Data Platform*

Data visuals created by ASR, 12/2021

Figure 20.

PERCENT UNEMPLOYMENT, EASTERN CONTRA COSTA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with a Latinx population greater than 37% (the service area average) and a higher percentage unemployment than the state overall.



Source: Kaiser Permanente Community Health Data

Healthcare Access and Delivery

What is the Health Need?

Access to comprehensive, quality healthcare has a profound effect on health and quality of life. Components of access to and delivery of care include insurance coverage; adequate numbers of primary and specialty care providers; health care timeliness, quality, and transparency; and cultural competence/cultural humility.[36] Limited access to healthcare and compromised healthcare delivery negatively affects health outcomes and quality of life. The COVID-19 pandemic exacerbated existing racial and health inequities, with people of color accounting for a disproportionate share of COVID-19 cases, hospitalizations, and deaths.[37]

What Community Stakeholders Say About Healthcare Access and Delivery

Based on key informant interviews and focus groups

Overall

- The majority of key informants (88%) and focus groups (5 of 9) identified healthcare access and delivery as a top priority health need in Contra Costa County.
- Key informants and focus group participants emphasized limited services available to Medi-Cal recipients in Contra Costa County, with extremely long wait-times for appointments. Medi-Cal recipients struggle to navigate the complicated Medi-Cal system, which delays preventive appointments and results in emergency room visits as health issues go untreated.

Focus group participant thoughts on HEALTHCARE ACCESS AND DELIVERY overall:

"Some of the nonprofits…have people working for a nonprofit that's supposed to help the community, but they're not in the community, they're not connected, so they're not understanding what's really going on…I think that that needs to be addressed at some point, because it doesn't make sense, it's not right."

- Several focus group participants discussed that middle-income individuals who do not qualify for Medi-Cal struggle to afford the premiums for health insurance available through Covered California, the state's health insurance marketplace.
- Eastern Contra Costa County key informants and focus group participants identified access to dental care as a major need in their community.

Inequities

- Key informants and focus group participants emphatically stated that language, racial/ethnic, and cultural barriers persist within healthcare settings, disincentivizing many residents from seeking needed healthcare. Healthcare organizations need culturally-sensitive providers that represent the diversity of the community they serve.

[36] Office of Disease Prevention and Health Promotion. (2015). http://www.healthypeople.gov
[37] Center for Disease Control and Prevention (2020). Introduction to COVID-19 Racial and Ethnic Health Disparities. https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/index.html

- LGBTQIA+ communities face challenges accessing affirming primary care and behavioral health services and individuals with disabilities find it difficult to find primary care providers and dentists who are trained to work with them.
- Focus group participants highlighted undocumented residents' unique healthcare access challenges, describing that rather than taking time off from work and losing income, undocumented residents opt out of preventive visits, which are typically available weekdays during business hours.
- Eastern Contra Costa County key informants emphasized the challenges of telehealth for some groups who don't have access to computers or internet, or who lack computer literacy skills.
- Key informants serving Eastern Contra Costa County described specific access challenges for middle-income families who do not qualify for Medi-Cal. For those patients who do qualify for Medi-Cal, key informants noted the limited number of Medi-Cal providers and long wait-times.

Key informant thoughts on HEALTHCARE ACCESS AND DELIVERY inequities:
"We work with communities of color: low-income and those impacted "first and worst." Health insurance and access to health is so connected to employment, and the communities we serve don't have access to insurance because of employment. People want the healthcare, but their money is being prioritized for food, housing, etc."

Impact of COVID-19

- Not all Contra Costa County residents can access a computer or the internet; key informants and focus group participants expressed concern that healthcare access was impeded for vulnerable populations like seniors, those with certain disabilities, non-English speakers and undocumented residents as a result of increased reliance on online communication, appointments, and information during the COVID-19 pandemic.
- Key informants identified a number of barriers to accessing COVID-19 care for county residents: missed work due to time off for treatment, testing, or vaccination; limited after-hours availability for vaccine appointments; misinformation; and political and historical factors influencing vaccination decisions.

Communities Disproportionately Impacted

Based on Priority Community Profiles

- The percentage of uninsured residents in Antioch's least healthy Census Tract (according to the Healthy Places index) is nearly double (11%) the Contra Costa County overall percentage (6%).

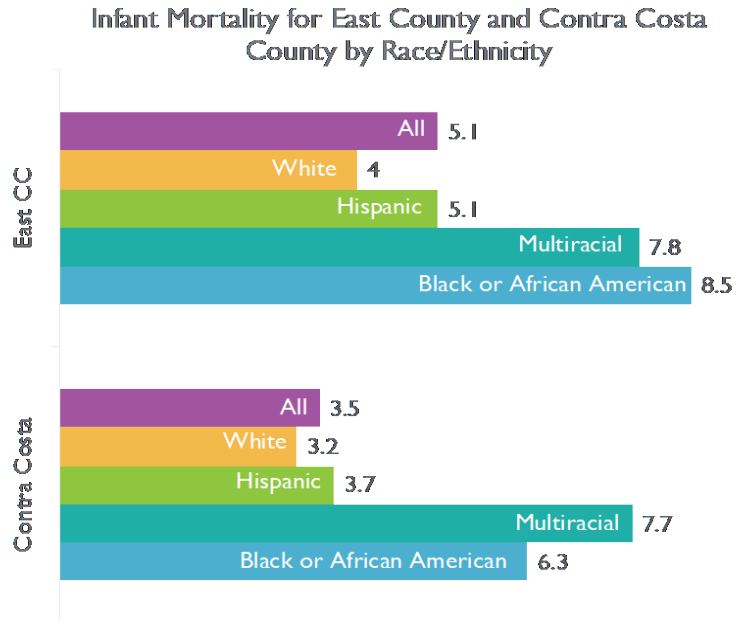
Healthcare Access and Delivery Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- Infant mortality is higher for Black/African American infants in Eastern Contra Costa County compared to the total Eastern Contra County population (8.5 per 1,000 live births) and higher for multiracial infants (7.8 per 1,000 live births) (Figure 21).

- Infant mortality rate for Eastern Contra Costa County is higher than for Contra Costa County overall (5.1 versus 3.5 per 1,000 live births) (Figure 21).
- In ZIP codes surrounding Antioch and Pittsburg, where there is a population of Black/African American residents greater than the county overall, there is also a higher percentage of the total population without health insurance, as compared to CA overall (Figure 22).
- In ZIP codes surrounding Pittsburg, Discovery Bay, and Byron, where there is a population of Latinx/Hispanic residents greater than the county overall, there is also a higher percentage of children without health insurance, as compared to the state overall (Figure 23).

Figure 21.



INFANT MORTALITY

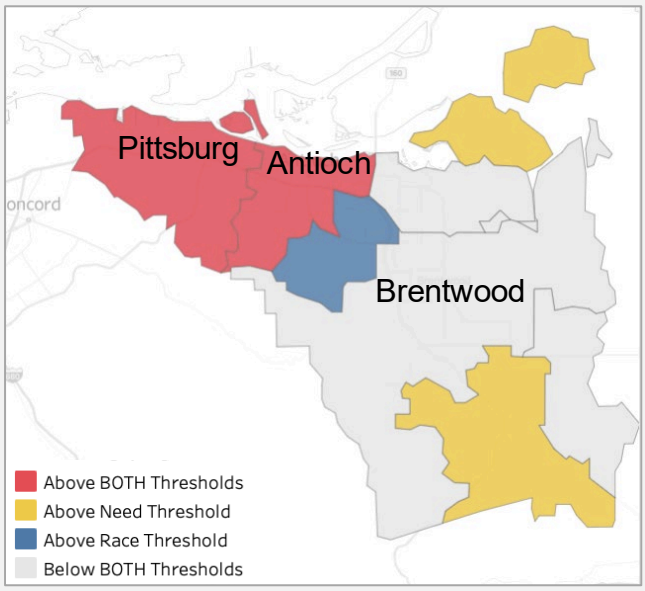
**Per 1,000 live births; Data source: California Comprehensive Birth/Death Files (2016-2020) | Contra Costa Health Services*

Data visuals created by ASR, 12/2021

Figure 22.

PERCENT UNINSURED, EASTERN CONTRA COSTA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with a Black/African American population greater than 12% (the service area average) and a higher percentage uninsured than the state overall.

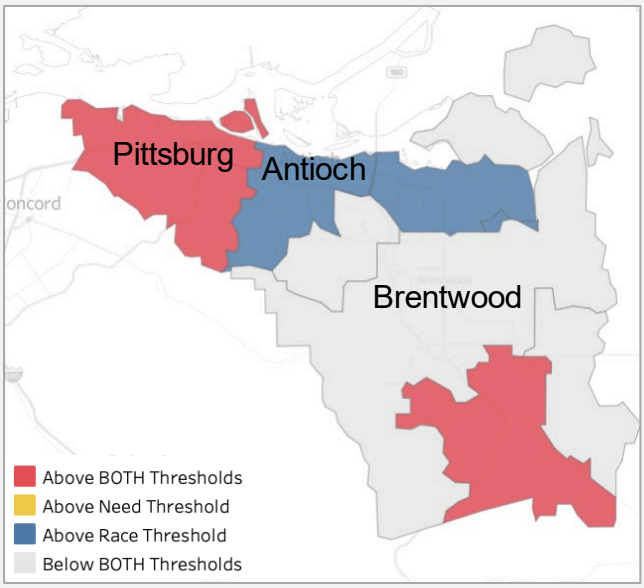


Source: Kaiser Permanente Community Health Data Platform

Figure 23.

PERCENT UNINSURED CHILDREN, EASTERN CONTRA COSTA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with a Latinx population greater than 37% (the service area average) and a higher percentage uninsured children than the state overall.



Source: Kaiser Permanente Community Health Data Platform

Dismantling Structural Racism

What is the Health Need?

Structural racism refers to social, economic, and political systems and institutions that have resulted in health inequities through policies, practices, and norms.[38] Centuries of racism in this country has had a profound and negative impact on communities of color. The impact is pervasive and deeply embedded in our society—affecting where one lives, learns, works, worships, and plays and creating inequities in access to a range of social and economic benefits—such as housing, education, wealth, and employment.[39] Data show that racial and ethnic minority groups experience higher rates of illness and death across a wide range of health conditions. The COVID-19 pandemic, which has disproportionately impacted racial and ethnic minority populations, is another example of these enduring health disparities.[40,41]

What Community Stakeholders Say About Structural Racism

Based on key informant interviews and focus groups

Overall

- A number of key informants (13%) and focus groups (5 of 9) identified addressing structural racism as a priority health need in Contra Costa County.
- Both key informants and focus group participants identified structural racism as a major element of health in their communities. Respondents described how people of color in Contra Costa County often have limited access to health care, poor quality of services received, and decreased sense of community and family safety compared to White residents.

Focus group participant thoughts on STRUCTURAL RACISM inequities:

"I think the majority of people in our society, in our cities who are disenfranchised are people of color. The root of it all is racism."

- Eastern Contra Costa County key informants identified structural racism as the primary driver of poverty in their communities and suggested universal basic income as a key strategy in addressing structural racism.

Inequities

- The impact of over-policing and higher rates of incarceration in communities of color in Contra Costa County was an important theme echoed across key informant interviews and focus groups. Respondents described how the intersection of structural racism with community and family safety (or lack thereof) influenced residents' health in critical ways, negatively impacting mental health through exposure to community trauma and heightening economic stress experienced by families who have incarcerated family members.

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[38] Gee, G. C., & Ford, C. L. (2011). Structural Racism and Health Inequities: Old Issues, New Directions. *Du Bois review : social science research on race*, *8*(1), 115–132. https://doi.org/10.1017/S1742058X11000130

[39] Center for Disease Control and Prevention (2021). Racism and Health: Racism is a Serious Threat to the Public's Health. https://www.cdc.gov/healthequity/racism-disparities/index.html

[40] Center for Disease Control and Prevention (2020). Introduction to COVID-19 Racial and Ethnic Health Disparities. https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/index.html. Accessed May 2, 2022.-8

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

- Some key informants noted concerns about the impact of structural racism on law enforcement's interactions with unhoused residents struggling with mental illness, many of whom are Black/African American men disproportionately represented in criminal justice systems.
- One key informant identified the need for improvements in community health data collection, specifically the disaggregation of these data by race/ethnicity in order to inform appropriate institutional/policy changes and meaningful improvements in health outcomes for communities of color.
- Key informants and focus group participants underscored the need for more implicit bias training for health care, behavioral health, and other service providers to better serve communities of color and provide quality services. One key informant described how crucial this anti-racist work is for Black/African American birthing people because of the impact of structural racism on adverse birth outcomes and obstetric services.
- Some key informants linked current workforce issues with structural racism. According to key informants, health care organizations and other service providers should recruit and train employees that come from the communities they serve. Moreover, these employees must be equitably compensated.
- Eastern Contra Costa County focus group participants specifically discussed the ways in which structural racism contributes to the lack of safety felt by Black/African American residents with respect to their relationships with law enforcement.

Impact of COVID-19

- Accessing behavioral health services with a qualified clinician who is also a person of color has always been difficult in Contra Costa County, according to key informants. Because COVID-19 has contributed to substantial increases in mental health diagnoses, especially among youth, access to a culturally diverse therapist has become even more difficult.
- Communities of color in Contra Costa County experienced disparities with respect to physical health outcomes, including contracting COVID at higher rates, key informants noted. Key informants discussed the influence of structural racism on the increased COVID-19 exposure risk faced by residents of color who do not have the luxury to call in sick to work, work in the service sector, and/or live in overcrowded housing.

Key informant thoughts on STRUCTURAL RACISM and COVID-19:

"The COVID pandemic laid bare, amplified, and worsened the pre-existing reality that black/brown people, [those] suffering before pandemic, just got crushed by the pandemic. Plus the racial reckoning highlights the very unjust system where people die unnecessarily. Racism and capitalism need [to be] addressed."

- Several key informants described lower rates of vaccinations among communities of color and connected this to barriers embedded in structural racism. One key informant explained that some residents of color are hesitant to be vaccinated due to historical injustice and oppression perpetrated by the medical science community. Another key informant identified access to testing and vaccination sites as a barrier in some communities of color with limited transportation options. Respondents encouraged hospitals and clinics to bring more mobile

clinics into these communities and to staff mobile vaccination and testing efforts with employees of color to create trust with community members.

- Several Eastern Contra Costa County key informants highlighted the intersection of structural racism and COVID-19, noting the ways in which COVID-19 exacerbated existing inequities experienced by communities of color. These key informants shared how communities of color were the first groups to experience the economic and employment instability caused by the pandemic.

Communities Disproportionately Impacted

Based on Priority Community Profiles

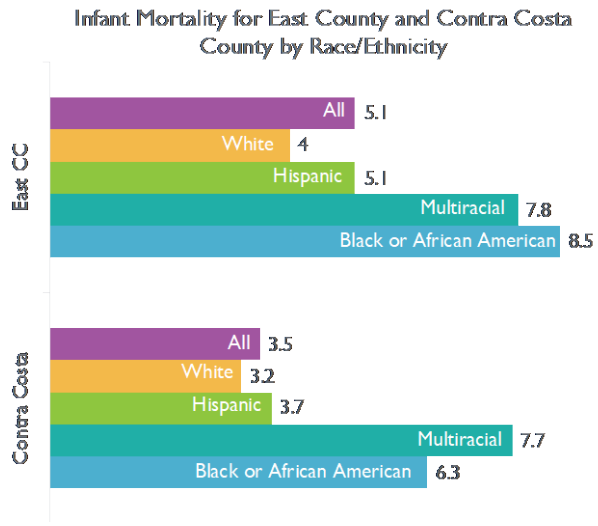
- In Antioch's least healthy Census Tract (according to the Healthy Places index), 40% of residents are Black/African American. This Census Tract experiences double the poverty rate (33%) as compared to Antioch (15%) overall and more than triple the county rate (9%).
- Pittsburg's least healthy Census Tract has over double the percentage of Black/African American residents (33%) compared to the city overall (13%) and more than double the child poverty rate as compared to the Pittsburg rate overall (33% versus 13%).
- American Indian/Alaska Native residents were overrepresented among users of Contra Costa's Continuum of Care for crisis and housing support services, representing 7% of Antioch and 9% of Pittsburg users although 1% of the total population of each city.
- While Black/African American residents are 21% of Antioch's and 13% of Pittsburg's overall population, 39% of Antioch and 37% Pittsburg users of Contra Costa's Continuum of Care for crisis and housing support identified as Black/African American.

Structural Racism Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- Infant mortality is higher for Black/African American infants in Antioch (8.5 per 1,000 live births) and for multiracial infants (7.8 per 1,000 live births) compared to the total Antioch population (5.1 per 1,000 live births) (Figure 24).
- As of Oct 31, 2021, the percentage of multiracial residents in Eastern Contra Costa County who were fully vaccinated against COVID-19 was 35%. Hispanic/Latino and Black/African American vaccination rates, at 58% and 56% respectively, were also lower than the general population (67%) (Figure 25).

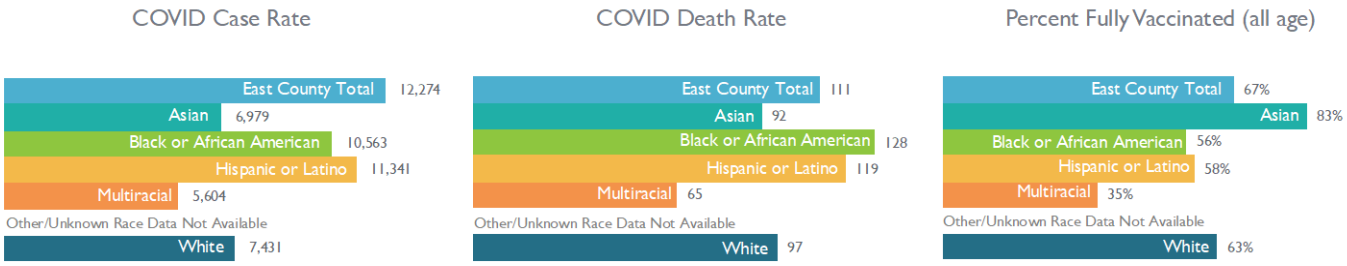
Figure 24.



**Per 1,000 live births; Data source: California Comprehensive Birth/Death Files (2016-2020) | Contra Costa Health Services*

Data visuals created by ASR, 12/2021

Figure 25.



COVID IMPACT IN EASTERN CONTRA COSTA COUNTY

**Data as of 10/31/21 for Eastern County only; Infection & Death Rate per 100,000 population, Vaccination % of total population (all ages) | ACS 2019 5-year estimates used + 2020 COVID data | Data source: Contra Costa Health Services*

Data visuals created by ASR, 12/2021

Community and Family Safety

What is the Health Need?

Safe communities promote community cohesion, economic development, and opportunities to be active while reducing untimely deaths and serious injuries. Crime, violence, and intentional injury are related to poorer physical and behavioral health outcomes.[42] Children and adolescents exposed to violence are at risk for poorer long-term behavioral health outcomes.[43] In addition, the physical and behavioral health of youth of color, particularly males, is disproportionately affected by juvenile arrests and incarceration related to policing practices.[44] Motor vehicle crashes, pedestrian accidents and falls are common causes of unintended injuries, lifelong disability, and death.[45]

What Community Stakeholders Say About Community and Family Safety

Based on key informant interviews and focus groups

Overall

- 19% of key informants and 3 of 9 focus groups listed community and family safety as a top priority health need for Contra Costa County.
- Many key informants and focus group participants stated that community crime/violence is a symptom of trauma and unmet needs. Respondents linked community and family safety to residents' challenges maintaining housing, accessing healthcare (including behavioral health services) and finding living wage employment.
- Key informants emphasized the need for improved legal services, especially for low-income and vulnerable populations, to increase community knowledge about residents' rights, including restraining orders and other issues pertaining to domestic violence and family law.
- Eastern Contra Costa County key informants noted increases in shootings in their community, particularly shootings on Highway 4.
- Eastern Contra Costa County focus group participants connected increases in crime to the lack of housing and healthcare in their communities.

Inequities

- Key informants and focus group participants described that individuals of color, particularly Black/African American and Asian Pacific Islanders, experience a disproportionate impact of crime and violence in their communities.
- The impact of over-policing and higher rates of incarceration in communities of color in Contra Costa County was an important theme echoed across key informant interviews and focus groups. Respondents described how the intersection of structural racism with community

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

[43] Ozer, E.J. & McDonald, K.L. (2006). Exposure to Violence and Mental Health Among Chinese American Urban Adolescents. Journal of Adolescent Health, 39(1), 73–79.

[44] Liberman, A.M. & Fontaine, J. (2015). Reducing Harms to Boys and Young Men of Color from Criminal Justice System Involvement. Urban Institute. https://www.issuelab.org/resources/22861/22861.pdf

[45] Norton, R., Hyder, A.A., Bishai, D., Peden, M., et al. (2007). "Unintentional Injuries," *Disease Control Priorities in Developing Countries.*

safety (or lack thereof) influenced residents' health in critical ways, negatively impacting mental health through exposure to community trauma, police shootings, and heightening economic stress experienced by families who have incarcerated family members.

- Key informants noted concerns about the impact of structural racism on law enforcement interactions with unhoused residents struggling with mental illness, many of whom are Black/African American men disproportionately represented in criminal justice systems.

Focus group participant thoughts on COMMUNITY AND FAMILY SAFETY inequities:

"I have a Black son, he has a lot of friends, and I hope I never have to call the police because I don't know what the outcome will be for my son."

- Eastern Contra Costa County focus group participants emphasized the lack of safety in relationships between the police and Black/African American residents. They noted that improving these relationships is an urgent issue in order for Black/African American residents to feel safe with the police.
- Key informants in Eastern Contra Costa County discussed the need for alternatives for police involvement, especially when responding to behavioral health crises.

Impact of COVID-19

- According to key informants and focus group participants, interpersonal violence is rising in the county due to COVID-19 related anxiety about income and social isolation.
- Several key informants emphasized the need for more temporary shelters for survivors of domestic violence and their children, especially in Eastern Contra Costa County.
- One key informant noted the rising number of transportation-related fatalities during the COVID-19 pandemic.
- Eastern Contra Costa County key informants anecdotally shared increases in child maltreatment and linked these increases with shelter-in-place mandates.

Key informant thoughts on COMMUNITY AND FAMILY SAFETY and COVID-19:

"Domestic violence was increasing- we got news from journalists, big news outlets, etc. There was more domestic violence because people [didn't have] their normal outlets. Interpersonal and gender-based violence was more intense; there was no place to go, and there was no place for the person causing harm to go. People couldn't even call [for services] because they couldn't get away from their offender. People were trapped with their kids, partners, etc."

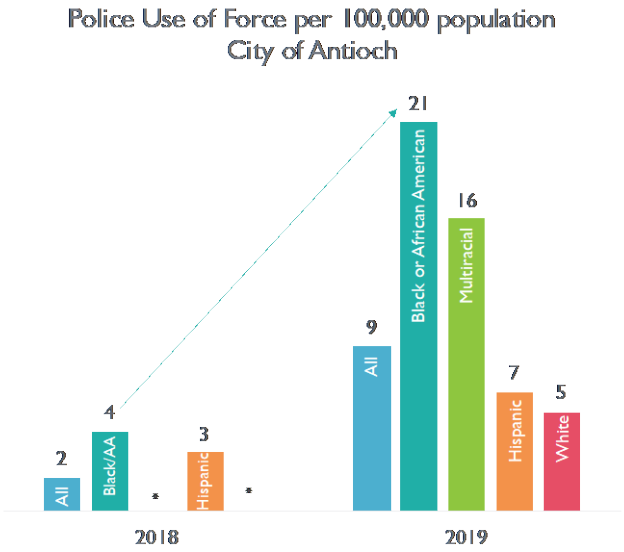
Community and Family Safety Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- In the City of Antioch, the use of police force incidents per 100,000 people increased from 2 in 2018 to 9 in 2019 across all races/ethnicities, but that rate increased more dramatically for certain groups (Figure 26). In 2018, the rate of police use of force was 4 per 100,000 for Black/African American residents and, in 2019, police use of force jumped to 21 per 100,000 for Black/African American residents.

- In Contra Costa County, approximately 20% of residents reported an increase in household interpersonal conflict with family members or loved ones during COVID-19 stay-at-home orders in 2020 (Figure 27).

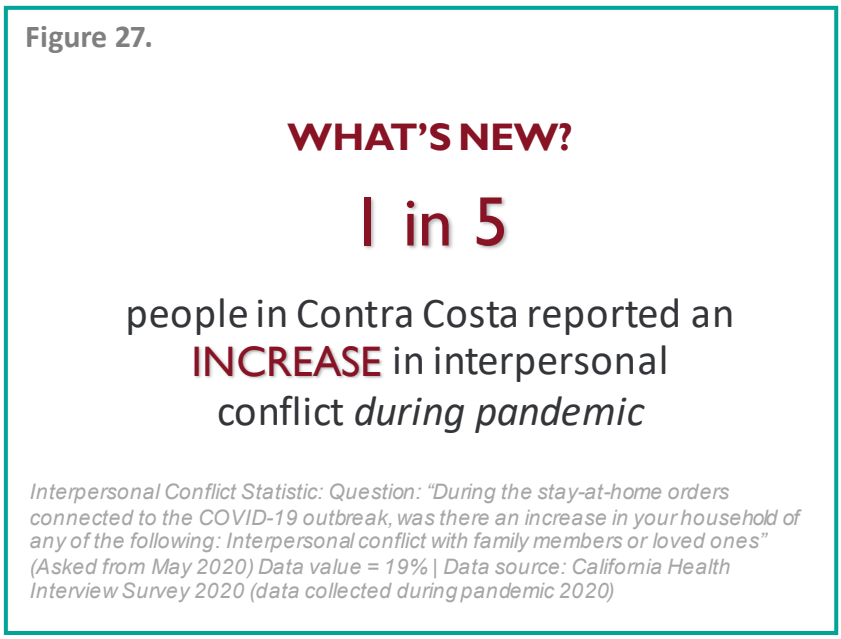
Figure 26.



**Data unavailable for multiracial and white (2018) / Rate for Asian Pacific Islander at 2019 county level only – 0.5 per 100,000| Data source: California Department of Justice; American Community Survey | Bay Area Equity Atlas*

Data visuals created by ASR, 12/2021

Figure 27.



Data visuals created by ASR, 12/2021

Food Security

What is the Health Need?

Food insecurity is the lack of consistent access to enough food for an active, healthy life.[46] Food insecurity encompasses household food shortages; reduced quality, variety, or desirability of food; diminished nutrient intake; disrupted eating patterns; and anxiety about food insufficiency.[47] Black/African American and Latinx households have higher than average rates of food insecurity than other racial/ethnic groups.[48] Diabetes, hypertension, heart disease, and obesity have been linked to food insecurity and food insecure children are at risk for developmental complications and behavioral health challenges.[49] The COVID-19 pandemic substantially increased food insecurity due to job losses, closure/changes to feeding programs, and increased demand on food banks.[50]

What Community Stakeholders Say About Food Security

Based on key informant interviews and focus groups

Overall

- While no focus groups and only 28% of key informants listed food security as a top priority health need for Contra Costa County, 8 of 9 focus groups and just over a quarter of key informants did mention food security as a need.
- Focus group participants identified how accessing fresh produce and healthier food options is difficult in parts of Contra Costa County. Stores that carry healthier options are not in walking distance for most residents, requiring the use of a car or public transportation.
- Key informants and focus group participants suggested utilizing schools to tackle food security. One key informant suggested locating food distribution and food pantry services on school campuses to improve access to healthy food options for students and their families.

Focus group participant thoughts on FOOD SECURITY overall:

"I think it's expensive to buy healthy food, so that's a real deterrent for people living in my community from eating healthy. They can't afford it. They have to go to two stores, then there are some grocery stores/liquor stores that supposedly sell some fresh produce, but not really. The Farmer's Market has moved to another part of the city supposedly for next year, so they really don't have any fresh fruits and vegetables that they can access, except those two stores and those two stores are nowhere near them."

[46] U.S. Department of Agriculture, Economic Research Service. (2018). Food Security in the U.S.

[47] U.S. Department of Agriculture, Economic Research Service. (2018). Definitions of Food Security.

[48] Odoms-Young, A., & Bruce, M. A. (2018). Examining the Impact of Structural Racism on Food Insecurity: Implications for Addressing Racial/Ethnic Disparities. *Family & community health*, *41 Suppl 2 Suppl, Food Insecurity and Obesity* (Suppl 2 FOOD INSECURITY AND OBESITY), S3–S6. https://doi.org/10.1097/FCH.0000000000000183

[49] Healthy People 2020 (2018). Food Insecurity.

[50] Morales, D. X., Morales, S. A., & Beltran, T. F. (2021). Racial/Ethnic Disparities in Household Food Insecurity During the COVID-19 Pandemic: a Nationally Representative Study. Journal of racial and ethnic health disparities, 8(5), 1300–1314. https://doi.org/10.1007/s40615-020-00892-7

- Eastern Contra Costa County focus group participants noted a lack of grocery stores that carry healthy food options in the region, which often require residents to travel outside of their neighborhoods to access fresh produce.

Inequities

- Key informants and focus group participants reported that low-income residents in Contra Costa County lack access to supermarkets and have access to liquor stores that stock limited fresh produce and healthy food options.
- According to focus group participants, low-income residents that travel to supermarkets or farmer's markets selling a variety of fresh produce find the expensive price point for these fresh foods a deterrent.
- Key informants also shared that LGBTQIA+ and transition-aged youth (ages 18-24) are struggling with food insecurity due to economic instability and lack of familial support.

Key informant thoughts on FOOD SECURITY inequities:
"What we're hearing from community members, and those that identify as LGBTQ, is the need for critical services for food insecurity. We deliver food to homes, we used to have food pantries, and we see a pattern of the identities of those who seek these services."

- Eastern Contra Costa County key informants and focus group participants perceived that some local, low-income families who could benefit from food banks opt out due to stigma. They suggested bringing food to places where residents already gather, such as at schools or clinics, to address this stigma.

Impact of COVID-19

- Key informants and focus group participants stated that COVID-19 impacted families' financial security, resulting in decreased ability to purchase food. Several key informants reported that local food banks saw an increase in utilization of services; one food bank went from serving 600 meals/day pre COVID-19 to 1,400-1,600 meals/day during the pandemic.
- One focus group participant emphasized that COVID-19 economic challenges impacted her decision-making at the grocery store, where purchases were limited to items to keep her family fed rather than the healthier, more expensive items she would have preferred.
- Eastern Contra Costa key informants noted that impoverished families living in Antioch and Pittsburg were particularly impacted by school closures. Many families relied on the schools for food distribution, so when the schools closed, low-income families lacking transportation struggled to make it to the drive-through food distribution services.

Communities Disproportionately Impacted

Based on Priority Community Profiles

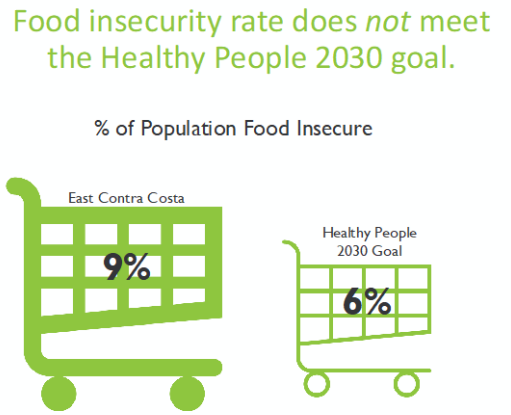
- Supermarket access in Antioch's least healthy Census Tract (according to the Healthy Places index) is in the bottom third of CA communities, substantially worse than the city overall, which ranks better than 70% of CA communities.

Food Security Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- Eastern Contra Costa County's food insecurity rate is 9%, which fails to meet the Healthy People 2030 goal of 6% (Figure 28).
- Low access to grocery stores is worse than CA overall (19% of the Eastern Contra Costa County population has low access versus 12% low access for CA) (Figure 29 and Appendix E).
- Several ZIP codes encompassing Pittsburg and Antioch with a larger proportion of Black/African American residents and Latinx/Hispanic residents than the service area overall (Figures 30 and 31, respectively) have high percentages of households enrolled in SNAP when compared to the state overall. While this indicates that residents are disproportionately impacted by food insecurity, utilization of food assistance resources is key to addressing food insecurity.

Figure 28.



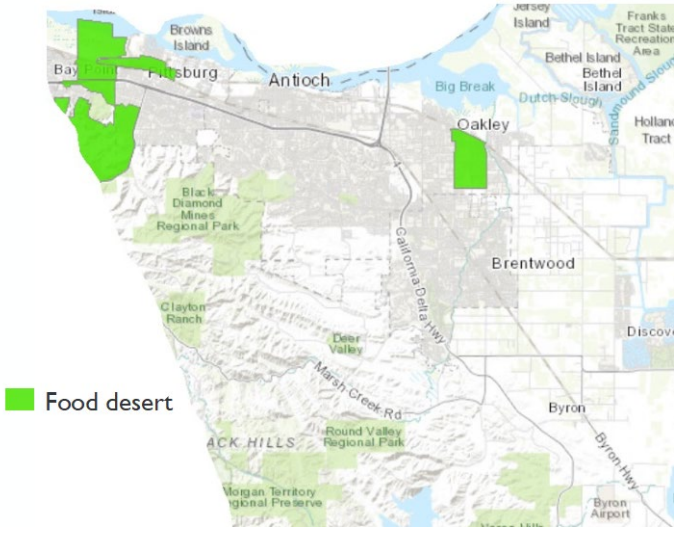
EASTERN CONTRA COSTA COUNTY FOOD INSECURITY

**Food insecure: (low food security) reduced quality, variety, or desirability of diet or multiple indications of disrupted eating patterns + (very low food security) reduced food intake (USDA.gov)*

Data source: USDA Food Environment Atlas 2015 | KP Platform; Healthy People 2030: US Dept of Health and Human Services 10-year goals for public health

Data visuals created by ASR, 12/2021

Figure 29.



EASTERN CONTRA COSTA COUNTY FOOD DESERTS (left)

**Food desert: Census tracts with both low income and low access to food. Low income: tract with poverty rate greater than 20% or median family income less than 80% median family income for state or metro area. Low access: more than 1 mile away from a grocery store in urban areas and more than 10 miles from grocery store in rural areas | Data source: USDA Food Environment Atlas 2015*

Data visuals created by ASR, 12/2021

Figure 30.

SNAP ENROLLMENT, EASTERN CONTRA COSTA COUNTY, 2015-2019

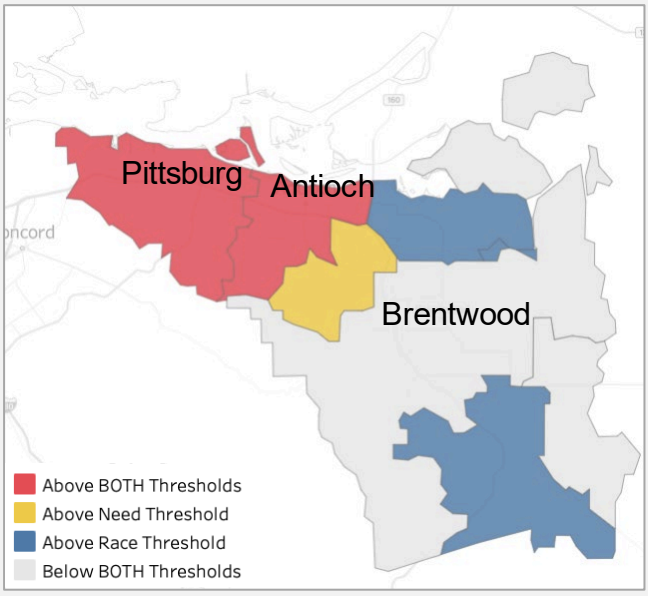
Areas shaded in red are ZIP codes with a Black/African American population greater than 12% (the service area average) and a higher SNAP enrollment than the state overall.

Source: Kaiser Permanente Community Health Data Platform

Figure 31.

SNAP ENROLLMENT, EASTERN CONTRA COSTA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with a Latinx population greater than 37% (the service area average) and a higher SNAP enrollment than the state overall.



Source: Kaiser Permanente Community Health Data Platform

Transportation

What is the Health Need?

Without reliable and safe transportation, individuals struggle to meet basic needs such as earning an income, accessing healthcare, and securing food. Transportation infrastructure favors individual car use, which is associated with a number of adverse consequences, including motor vehicle injuries and deaths, the expenses of owning a vehicle, and greenhouse gas emissions which are a risk factor for heart disease, stroke, asthma, and cancer.[51] Walking, biking, and using public transportation provide critical links to jobs and essential services and promote exercise and social cohesion for households without access to a car, including many low-income individuals and people of color.[52]

What Community Stakeholders Say About Transportation

Based on key informant interviews and focus groups

Overall

- 28% of key informants and 1 of 9 focus groups identified transportation as a top priority health need for Contra Costa County and a crucial factor in healthcare access and delivery.
- According to key informants and focus group participants, transportation impacts a variety of community wellness related activities, including ability to commute to a living wage job, access to grocery stores selling healthy food, ability to get children to/from school, and access to community events.
- To improve the transportation dimensions related to accessing care, key informants in Eastern Contra Costa County described a need for cross-sector collaboration, involving transit systems, healthcare, and community-based organizations.

Inequities

- Key informants and focus group participants said that cars are residents' preferred transportation mode due to convenience. Low-income residents, older adults, and individuals with disabilities are the least likely to be able to afford/access automobile transportation.
- Key informants and focus group participants identified dangerous road conditions throughout the county for drivers and pedestrians, citing road construction concerns and noting insufficient sidewalks, streetlights and reports of children being killed by vehicles while walking to school.

Key informant thoughts on TRANSPORTATION inequities:

"It's pretty frightening how far people have to go to get services. There is such a huge amount of space between services and really poor transportation... Very little has changed, and change happened slowly at the policy level for transportation."

[51] U.S. Department of Transportation, National Highway and Traffic Safety Administration. (2015). *The Economic and Societal Impact of Motor Vehicle Crashes, 2010 (Revised)*, DOT HS 812 013. 2015 (revised). See also: Centers for Disease Control and Prevention. (2017). *Motor Vehicle Safety: Cost Data and Prevention Policies*, which suggests that the figures have not changed significantly since 2010.

[52] United States Census Bureau. (2019). American Community Survey. Walking and Biking to Work the Most. www.census.gov/acs/www

- Several key informants identified geographic disparities, describing the limited transportation options available in rural parts of the county. These transportation disparities are long standing problems, but little has been done to mitigate the problem.
- Focus group participants and key informants noted poor public transportation options in Eastern Contra Costa County. They described the negative impact this has for low-income individuals and others without car access, especially with respect to attending healthcare appointments or accessing other needed resources.

Impact of COVID-19

- Key informants and focus group participants described an increase in risky driving since the start of the COVID-19 pandemic, as well as an increase in traffic fatalities.
- COVID-19 influenced residents' transportation patterns due to concerns around COVID-19 exposure on public transit and limited bus/BART schedules.
- Parents of school-age children that participated in the focus groups noted challenges with transportation to and from COVID testing centers. This was particularly challenging for parents of children who were required to test after an exposure at school.
- Key informants noted that at the beginning of the pandemic, several food pick-up locations were "drive-through only." This posed a challenge for families that did not have access to a vehicle and limited their access to much needed food.
- Eastern Contra Costa County key informants noted how residents of color were less likely to have the option to work remotely during the pandemic. When public transit options were reduced, this greatly impacted these residents' abilities to get to work.

Focus group participant thoughts on TRANSPORTATION and COVID-19:

"People were a lot more afraid to take public transportation because of the [COVID-19] exposure. Even when they wanted to, I've had friends who've cancelled their appointments because they did not want to risk being out in public."

Communities Disproportionately Impacted

Based on Priority Community Profiles

- Pittsburg's least healthy Census Tract (according to the Healthy Places index) ranks below the 94% of CA communities on transportation measures (active commuting, automobile access).

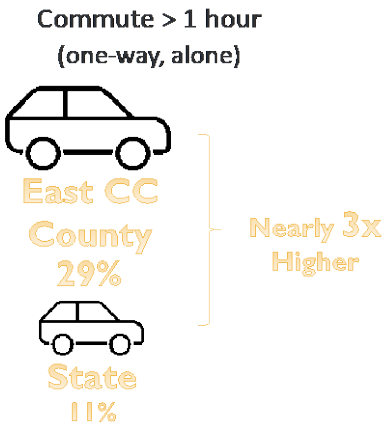
Transportation Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- In Eastern Contra Costa County, the proportion of workers driving with long commutes (defined as the percent of population age 16 years and older who drive alone to work with a commute time longer than 60 minutes) is greater than for CA overall (29% versus 11%) (Figure 32).
- In 2019, Black/African American women and Asian Pacific Islander men in the City of Antioch experienced the highest rates of extreme commuting (Figure 33).

- In Antioch and Pittsburg ZIP codes, where the proportion of Latinx residents is larger than the service area overall, there is a higher percentage of workers driving alone with long commutes, as compared to the state overall (Figure 34).

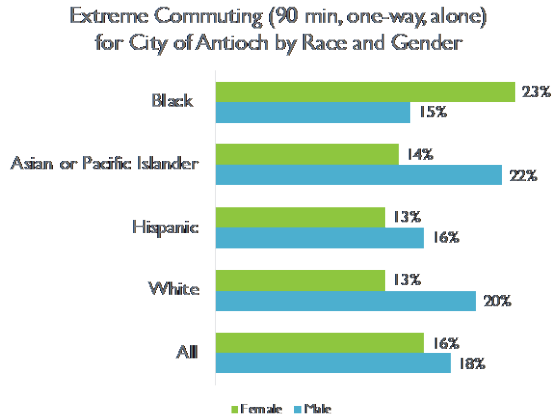
Figure 32.



**% of population over 16 driving alone with commutes greater than 1 hour; Data source: American Community Survey 2015-19 | KP Platform*

Data visuals created by ASR, 12/2021

Figure 33.



EXTREME COMMUTING

**% of population 16 years and older driving alone with commutes greater than 90 minutes one-way; Data source: 2019 IPUMS USA | Bay Area Equity Atlas*

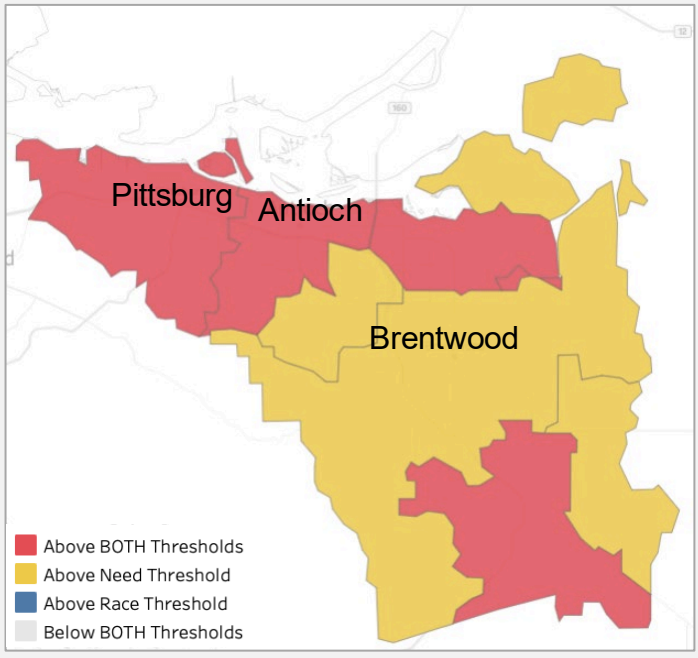
Data visuals created by ASR, 12/2021

Figure 34.

WORKERS DRIVING ALONE WITH LONG COMMUTES, EASTERN CONTRA COSTA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with a Latinx population greater than 37% (the service area average) and a higher percentage of long commutes than the state overall.

Source: Kaiser Permanente Community Health Data Platform



D. Community Resources Potentially Available to Respond to the Identified Health Needs

Contra Costa County contains community-based organizations, government departments and agencies, hospital and clinic partners, and other community organizations engaged in addressing many of the health needs prioritized by this assessment. Key resources available to respond to the identified health needs of the community are listed in Appendix G Community Resources.

VI. Delta Medical Center 2019 Implementation Strategy Evaluation of Impact

A. Impact of Implemented Strategies 2019–2021

This section is based on the 2019–2021 Implementation Strategy that described how Sutter Delta Medical Center planned to address significant health needs identified in its 2019 Community Health Needs Assessment (CHNA). The 2019 CHNA identified nine community health needs. Working within its mission and capabilities, Sutter Delta Medical Center selected the following needs to address in its Implementation Strategy:

1. (Tied for first) Behavioral Health
1. (Tied for first) Economic Security
2. Housing and Homelessness
3. Healthcare Access and Delivery

The Implementation Strategy provided details of actions the hospital intended to take, including programs and resources it planned to commit. The tables below highlight the 2019, 2020, and 2021 impacts achieved by the programs that Sutter Delta Medical Center featured in its 2019–2021 Implementation Strategy.

i. Behavioral Health Impact

Name of Program, Activity, or Initiative	Investments in Behavioral Health
Description	Investments made through grants and sponsorships are decided annually and based on community health need. Sutter Delta Medical Center (SDMC) seeks to promote behavioral health, in part, by supporting the provision of behavioral health programs, including those focused on the effective delivery of promotion and preventive interventions. Childhood and youth are opportune ages for promotion and preventive behavioral health interventions; schools are promising settings from which to prioritize these age groups and offer opportunities to engage the broader school community, including staff and administrators, parents and caregivers, and students.[53] Further, SDMC supports workforce development strategies, which are critical to ensuring that present and future behavioral health needs of the community can be met. Additionally, enhancing the coordination of primary and behavioral healthcare in a clinical setting and improving access to wraparound resources that support health and well-being are approaches to behavioral healthcare services that Sutter Delta Medical Center supports. Sutter Delta Medical Center invests in organizations, programs, and initiatives that work to address behavioral health.

[53] U.S. Office of Disease Prevention and Health Promotion, Healthy People 2020. Mental health and mental disorders. Retrieved August 8, 2019, from https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders

Goals	Youth and adult residents are aware of and easily able to access appropriate behavioral health resources and services through sustainable, prevention-focused interventions
Anticipated Outcomes	Increased knowledge of behavioral health resources and services, including promotion and preventive approaches Improved access to behavioral health resources and services, including promotion and preventive approaches
2019–2021 Impact	2,219 persons served 744 received and/or were connected to mental health services (2020 and 2021) 61 received substance use services (2021) 104 class, workshop, or support group sessions provided 112 participants demonstrated increased mental health and wellness knowledge (2021) Note: Data were reported 2019-2021 unless otherwise specified

ii. Economic Security Impact

Name of Program, Activity, or Initiative	**Investments in Economic Security**
Description	Investments made through grants and sponsorships are decided annually and based on community health need. Financial health is associated with physical and mental health. Sutter Delta Medical Center works to promote economic security, in part, by supporting the provision of job training and workforce development, financial education and coaching, as well as the connection to income supports, such as food security and child care programs, for low-income youth and adult residents. Establishing long-term financial well-being requires a multi-faceted approach; Sutter Delta Medical Center partners with programs that connect their clients to bundled services such as job training, financial coaching, and access to wraparound resources that support health and well-being in collaboration with multi-sector partners. Supporting access to quality educational opportunities, from early childhood through higher education, is also critical to promoting financial security. Sutter Delta Medical Center invests in organizations, programs, and initiatives that work to address economic security.
Goals	Residents achieve financial security through increased income or other resources and/or improved financial management practices
Anticipated Outcomes	Improved knowledge, skills, and experience to support financial security and/or employability Increased access to educational and/or stable employment opportunities Attainment and retention of new employment opportunities or increased stability and/or wages of existing employment
2019–2021 Impact	2,735 persons served 63 persons obtained employment or a business license as a result of participating in the program (2019) 69 were placed in/secured employment (2020 and 2021) Note: Data were reported 2019-2021 unless otherwise specified

iii. Housing and Homelessness Impact

Name of Program, Activity, or Initiative	Investments in Housing and Homelessness
Description	Investments made through grants and sponsorships are decided annually and based on community health need. Sutter Delta Medical Center (SDMC) works to address housing and homelessness, in part, by partnering with organizations that provide case management, navigation, and support services to individuals at risk of, currently experiencing, or exiting homelessness and/or housing instability. Programs that prevent homelessness and housing instability through strategies such as developing and facilitating access to affordable housing, housing assistance, and employment supports for low-income residents, are also important preventive approaches.[54] Housing and homelessness is multi-sectoral issue; Sutter Delta Medical Center partners with organizations that convene and participate in collaborative efforts between governmental and nonprofit organizations in service outreach and delivery and/or in developing long-term solutions. Sutter Delta Medical Center invests in organizations, programs, and initiatives that work to address housing and homelessness.
Goals	Residents have access to safe, affordable, and stable housing and resources that provide the conditions necessary for health and well-being
Anticipated Outcomes	Provide information and support that, when at all possible, diverts individuals from entering the homeless system of care Support transitions from homelessness to interim housing arrangements Provides linkages to health, behavioral health, benefits and other services that support housing needs Provide hygiene, clothing, basic needs (e.g., food, water) that promote health and wellness
2019–2021 Impact	12,856 persons served 61,936 of encounters 5,357 connected or referred to social services 566 received case management services (2021) 712 connected to mental health services (2019 and 2020) 513 housed in homeless shelters (2020) 320 placed in interim housing (2021) 444 placed in permanent housing (2021) Note: Data were reported 2019-2021 unless otherwise specified

[54] United States Interagency Council on Homelessness. Home, together: Federal strategic plan to prevent and end homelessness. Retrieved from https://www.usich.gov/resources/uploads/asset_library/Home-Together-Federal-Strategic-Plan-to-Prevent-and-End- Homelessness.pdf

iv. Healthcare Access and Delivery Impact

Name of Program, Activity, or Initiative	**Investments in Healthcare Access and Delivery**
Description	Investments made through grants and sponsorships are decided annually and based on community health need. Sutter Delta Medical Center (SDMC) addresses healthcare access and delivery, in part, by partnering with community-based organizations that develop, expand, and promote affordable, culturally, and linguistically appropriate health services for uninsured and underinsured patients. This includes support for initiatives that improve access to primary care, which can offer a usual source of care, preventive care, early detection and treatment of disease, and chronic disease management.[55] Additionally, enhancing the coordination of primary and behavioral healthcare in a clinical setting is an approach to care delivery that SDMC supports. Primary care has also been identified as an important setting in which to address the social determinants of health,[56] and SDMC works with organizations that connect patients to additional wraparound resources that promote health and well-being, such as food and housing assistance and employment supports. SDMC invests in organizations, programs, and initiatives that work to address healthcare access and delivery.
Goals	To improve community health by expanding access to healthcare for uninsured and underinsured populations
Anticipated Outcomes	Improve access to primary healthcare services for low-income patients Increase the percentage of primary care physician appointments that are scheduled and kept
2019–2021 Impact	28,276 persons served 5,827 patients received services from a primary care physician 853 referred to a primary care physician (2019 and 2021) 8,901 health screenings provided Note: Data were reported 2019-2021 unless otherwise specified

Name of Program, Activity, or Initiative	**Advanced Illness Management (AIM) Program**
Description	Sutter Health's Advanced Illness Management (AIM) program provides customized support for patients with advanced chronic illnesses in order to improve care transitions and reduce future hospitalization. The program help patients manage their health/illness symptoms, manage their medications, coordinate their care, plan for the future, and live the kind of life they want. Sutter Delta Medical Center supports the program, providing funding towards the care of the people who enroll in the East Bay service area. Once the AIM team understands the patient's health issues, lifestyle, and personal preferences, they work with the patient to tailor a care plan, ease the transition from hospital to home, and provide continuing over-the-phone support and in-person visits in the home or at the doctor's office as needed. If the patient returns to the hospital, AIM staff continues to support the patient there. The AIM team also provides support for the patient's

[55] Healthy People 2020. Access to primary care. Retrieved August 7, 2019, from https://www.healthypeople.gov/2020/topics- objectives/topic/social-determinants-health/interventions-resources/access-to-primary

[56] World Health Organization. Primary health care. Retrieved August 7, 2019, from https://www.who.int/news-room/fact-sheets/detail/primary-health-care

	family and helps them understand anything about the patient's condition that the patient wants them to know.
Goals	Help chronically ill patients better manage their health/illness through skilled, respectful coaching and care tailored to their needs
Anticipated Outcomes	Increase coaching services and support for patients who need help in self-managing advanced chronic illness
2019–2021 Impact	1,480 persons enrolled in the program's East Bay service area 242 persons transitioned to home/self-care from hospital in the program's East Bay service area 1,164 persons transitioned to home healthcare service in the program's East Bay service area

Name of Program, Activity, or Initiative	**Community Health Education Programs**
Description	Sutter Delta Medical Center offers free classes and workshops focused on health topics such as diabetes self-management education (Living Well with Diabetes) and childbirth education (Ready, Set, Deliver) for the community, described further below.[57] *Living Well with Diabetes* is a day-long course that is accredited by the American Association of Diabetes Educators and taught by a Registered Dietitian and Certified Diabetes Educator. The class focuses on topics such as supporting participants' understanding of diabetes and its risk factors, blood glucose patterns and diabetes management decisions, exercise and nutrition guidelines, preventing long-term complications, and insulin and oral medications. *Ready, Set, Deliver* helps expecting parents prepare for their childbirth experience. The program addresses anatomy and physiology of pregnancy during the last trimester, signs and symptoms of labor, delivery, postpartum recovery and newborn basics. The course also provides information on relaxation techniques and pain medication options. The course is taught by a Sutter Delta Medical Center Nurse.
Goals	Provide residents with health education that supports healthy behaviors, choices, and ultimately, positive health outcomes
Anticipated Outcomes	Participants experience increased knowledge of relevant health-related topics Participants experience an increased sense of confidence to make choices that support their health
2019–2021 Impact	214 persons served (2019-2020) 25 workshop sessions provided (2019-2020)

[57] More information about Sutter Delta Medical Center's community health education opportunities can be found at https://www.sutterhealth.org/delta/classes-events

Name of Program, Activity, or Initiative	Health Professions Education
Description	Developing the health professions workforce is a critical component of healthcare access and delivery. Sutter Delta Medical Center (SDMC) offers educational experiences to youth and adult students with the goal of facilitating pathways to the health professions. The Professional Services department partners with community colleges, universities, and other training programs to provide internships, residencies, and clinical rotations to health professions students, in alignment with their coursework, degree and/or certification requirements. Educational opportunities are offered in departments including clinical social work, central processing, emergency medical services, healthcare administration, nursing, nutrition, occupational therapy, pharmacy, radiology, and surgery. SDMC also offers an Educational Day, providing high school students with opportunities to learn about careers in the health professions, including cardiac catheterization, case management, clinical social work, nursing, pharmacy, physical therapy, and surgery.
Goals	The next generation of health professionals will be prepared to meet the healthcare needs of Eastern Contra Costa County through their training in providing compassionate and excellent care
Anticipated Outcomes	Students successfully complete their training at Sutter Delta Medical Center An increased number of health care professionals are trained at Sutter Delta Medical Center An increased number of high school students are trained at Sutter Delta Medical Center
2019–2021 Impact	243 health professions students served 6 (2020) and 12 (2021) participating health professions programs Note: Data were reported 2019-2021 unless otherwise specified

VII. Conclusion

Sutter Delta Medical Center collaborated with partners to meet the requirements of the federally mandated CHNA by pooling expertise, guidance, and resources to produce this 2022 CHNA report. By gathering secondary data and conducting primary research with other healthcare facilities and the local public health department, the hospitals gained a shared understanding of how health indicator data for Eastern Contra Costa County compared to state benchmarks as well as the community's perception of health needs. This rich base of information informed the hospital's prioritization of health needs.

Next Steps for Sutter Delta Medical Center:

- Ensure the 2022 CHNA is adopted by the hospital board and made publicly available on the Hospital website (https://www.sutterhealth.org/for-patients/community-health-needs-assessment).
- Monitor community comments on the CHNA report (ongoing).
- Select priority health needs to address.
- Develop an Implementation Strategy (IS) Plan to address priority health needs.
- Ensure the IS Plan is adopted by the hospital board and filed with the IRS.

Appendices

A. Contra Costa County Community Input List
B. Key Informant Interview Guide
C. Focus Group Screener and Guide
D. CHNA Secondary Data Indicator Definitions, Data Sources and Dates
    i. Kaiser Permanente Community Health Data Platform
    ii. Other Secondary Data
E. Contra Costa County CHNA Secondary Data Table
F. Priority Community Healthy Places Index Scores Explanation
G. Contra Costa County Community Resources

Appendix A: Contra Costa County Community Input List

	Data collection method	Organization	# Participants	Group(s) Represented	Role in group	Date input Gathered
1	Key Informant Interview	Association of Bay Area Governments	1	Local governments	Leader	8/4/21
2	Key Informant Interview	Antioch/Brentwood/Pittsburg Unified School Districts	2	Schools	Leader	8/6/21
3	Key Informant Interview	Asian Pacific Environmental Network (APEN) & Greenlining	1	Communities of color, low-income	Leader	8/12/21
4	Key Informant Interview	Contra Costa County Employment and Human Services	1	Older adults, individuals with disabilities	Leader	8/17/21
5	Key Informant Interview	Contra Costa Health Services - Health Care for the Homeless	1	Medically underserved	Leader	8/6/21
6	Key Informant Interview	CoCoKids	1	Children	Leader	8/4/21
7	Key Informant Interview	Community Clinic Consortium/Alameda Health Consortium/FQHCs (La Clínica de la Raza, Lifelong, Axis Community Health Center)	2	Medically underserved	Leader	8/18/21
8	Key Informant Interview	Contra Costa County Transportation Commission	2	Transportation	Leader	8/17/21
9	Key Informant Interview	Contra Costa Family Justice Center	1	Victims of interpersonal violence	Leader	8/9/21
10	Key Informant Interview	Department of Conservation and Development	1	Community development and transportation	Leader	8/5/21
11	Key Informant Interview	East Bay Asian Local Development Corporation (EBALDC)/Berkeley Food and Housing Project (BFHP)/Bay Area Community Services (BACS)	3	Housing insecure, individuals with mental illness	Leader	8/24/21
12	Key Informant Interview	Eden Housing Resident Services, Inc.	1	Housing and food insecure, low-income	Leader	8/17/21
13	Key Informant Interview	Ensuring Opportunity	1	Low-income	Leader	8/19/21
14	Key Informant Interview	Food Bank of Contra Costa & Solano	1	Food insecure	Leader	7/16/21
15	Key Informant Interview	Fred Finch Youth Center & Lincoln	5	Schools, youth	Leader	7/29/21
16	Key Informant Interview	Healthy Richmond	1	Low-income, communities of color, medically underserved	Leader	8/3/21
17	Key Informant Interview	Latina Center	1	Latina community	Leader	8/16/21
18	Key Informant Interview	Loaves & Fishes of Contra Costa	1	Food insecure	Leader	8/11/21
19	Key Informant Interview	Monument Crisis Center	1	Food insecure, low-income, older adults, youth	Leader	8/25/21
20	Key Informant Interview	National Alliance on Mental Illness (NAMI)	2	Individuals with mental illness	Leader	7/30/21

	Data collection method	Organization	# Participants	Group(s) Represented	Role in group	Date input Gathered
21	Key Informant Interview	Ombudsman/Empowered Aging	1	Older adults	Leader	8/23/21
22	Key Informant Interview	Opportunity Junction	1	Low-income, unemployed	Leader	8/6/21
23	Key Informant Interview	Partnership for Trauma Recovery	1	Individuals with mental illness, refugees, asylum seekers	Leader	8/18/21
24	Key Informant Interview	Rainbow Community Center	1	LGBTQIA+	Leader	8/20/21
25	Key Informant Interview	Rubicon	1	Low-income, unemployed	Leader	7/26/21
26	Key Informant Interview	Shelter, Inc.	2	Housing insecure	Leader	8/5/21
27	Key Informant Interview	Sparkpoint	3	Economically insecure	Leader	8/6/21
28	Key Informant Interview	St. Vincent de Paul RotaCare Clinic, Pittsburg	3	Medically underserved	Leader	8/10/21
29	Key Informant Interview	Contra Costa County Behavioral Health	6	Individuals with mental illness and/or developmental disabilities	Leader	8/19/21
30	Key Informant Interview	STAND!	1	Victims of interpersonal violence	Leader	8/18/21
31	Key Informant Interview	Unity Council	1	Low income, housing insecure, older adults	Leader	9/1/21
32	Key Informant Interview	Village Community Resource Center (VCRC)	1	Low-income families, children, youth	Leader	8/3/21
33	Focus group	Western Contra Costa County	6	African American	Member	9/27/21
34	Focus group	Western Contra Costa County	1	Latinx	Member	9/27/21
35	Focus group	Western Contra Costa County	8	Adults 65+	Member	10/7/21
36	Focus group	Central Contra Costa County	2	African American	Member	9/29/21
37	Focus group	Central Contra Costa County	10	Latinx	Member	9/23/21
38	Focus group	Central Contra Costa County	9	Adults 65+	Member	9/28/21
39	Focus group	Eastern Contra Costa County	8	African American	Member	9/24/21
40	Focus group	Eastern Contra Costa County	6	Latinx	Member	9/30/21
41	Focus group	Eastern Contra Costa County	2	Adults 65+	Member	9/30/21
42	Prioritization Meeting	Hospital representatives, Contra Costa County Health Services, the Community Clinic Consortium, the Contra Costa County Office of Education and East Bay Community Foundation	18	Health care and public health organizations/agencies serving low income and communities of color; underserved and disinvested communities	Leader	12/09/21

Appendix B: Key Informant Interview Guide

CHNA 2021 Interview Questions

INTRODUCTION

Thank you for agreeing to do this interview today. My name is [NAME] with Applied Survey Research (ASR). I will be conducting the interview today on behalf of Kaiser Permanente and additional partner hospitals, [NAME PARTNER HOSPITALS]. I am leading the Community Health Needs Assessment process for Kaiser in Alameda and Contra Costa Counties.

Kaiser Permanente is conducting a Community Health Needs Assessment. It is a systematic examination of health indicators in a Kaiser Permanente area that will be used to identify key problems and assets in a community and develop strategies to address community health needs. You are an important contributor to this assessment because of your knowledge of the needs in the community you serve or represent. We greatly value your input.

We expect this interview to last approximately 60 minutes. The information you provide today will not be reported in a way that would identify you.

[Optional: To improve the accuracy of our notes and any quotes that might be used for reporting purposes, we would like to record the interview.

Do we have your permission to record the interview? YES / NO

Do you have any questions before we get started?

KEY INFORMANT BACKGROUND INFORMATION

Ms./Mr./Dr. [KEY INFORMANT NAME], how would you like me to address you [first name, full name, nickname]? Now, I would like to ask a few questions about you.

1. What is your role at [organization] and how long have you been there?

2. Tell me in a few sentences what [organization] does and how it serves the community?

3. How would you describe the geographic areas and populations you serve or represent?

HEALTH NEEDS

Next, I would like to ask a few questions about the health needs and strategies to address them in your community. This will be followed by questions about inequities in your community that have an impact on these health needs.

4. In 2019, Kaiser Permanente and its hospital partners identified access to health, economic security (such as jobs and housing), and mental/behavioral health as priority health needs in the Community Health Needs Assessment (CHNA) in [service area/region]. Are these health needs still a priority? If no, what changed? If yes, what does it mean to experience [insert health need] in [service area/region]?

5. Are there any other health-related needs that were not identified in the 2019 CHNA that are of growing concern in your community?

6. Is there anything about these significant health needs you mentioned that changed due to the COVID-19 pandemic? If so, in what ways?

7. You indicated that [RESTATE THE significant health needs mentioned above, either those identified as still a need or those identified as a new need area] are significant health needs in your community. What are one or two of the biggest challenges to addressing each of these needs?

8. Has your organization conducted any recent surveys or written any reports that can speak more to the significant health needs in your community? Have you come across any other surveys or reports in your area further demonstrating those health needs? If so, can you please share those with us?

9. How would you like to see health care organizations invest in community health programs or strategies to address these needs? What would those investments be?

EQUITY

Now I have a few questions to ask you about inequities in your community that have an impact on the important health needs you mentioned. This could be racial inequity as well as inequities related to gender, age, and other factors.

10. Are there certain people or geographic areas that have been affected by these issues we've been talking about more than others? If so, in what ways? [Probe: Are there any subgroups of the population we should focus on to reduce disparities and inequities (racism or other factors)?]

11. What are effective strategies to reduce health disparities and inequities in your community? [Probe: Is there work underway that is promising?]

COMMUNITY RESOURCES

12. What are key community resources, assets, or partnerships can you think of that can help address the significant health needs we talked about today?

CLOSING

13. Are there any other thoughts or comments you would like to share that we have not discussed?

Thank you <KEY INFORMANT NAME>. That is all that I have for you today. Kaiser Permanente will be developing their implementation strategy for investing resources to address critical health needs in your community over the next year. A final report of the community health needs assessment will be made available in 2022.

Appendix C: Focus Group Screener and Guide

Focus Group Survey

Thank you for joining our focus group. To learn more about you, we'd like you to fill out this survey. All information is confidential and will be used only for our research.

1) How long have you lived in Contra Costa County? (Select one)

- ☐ Less than 5 years
- ☐ 6 – 10 years
- ☐ 11 - 20 years
- ☐ 21 years or more

2) Ethnicity (check all that apply):

- ☐ Black/African American
- ☐ Asian
- ☐ Hispanic/Latino
- ☐ Other
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian/Pacific Islander
- ☐ White/ Caucasian

3) How old are you? (Select one)

- ☐ 18-24 years old
- ☐ 25-34 years old
- ☐ 35-44 years old
- ☐ 45-54 years old
- ☐ 55-64 years old
- ☐ 65-74 years old
- ☐ 75 years or older

4) Gender Identification

- ☐ Female
- ☐ Male
- ☐ Other

***THANK YOU*!**

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Community Health Needs Assessment 2021
Focus Group Questions

Virtual: As participants get onto Zoom, say hello and tell them we are waiting for everyone to arrive. At 3 minutes past the start time, put up the Focus Group Survey poll and ask everyone to complete it. Don't start the Welcome and Introductions until everyone has completed the Focus Group Survey poll.

In Person: As participants gather, say hello and tell them we are waiting for everyone to arrive. Don't start the Welcome and Introductions until everyone has completed the Focus Group Survey.

Welcome and Introductions (*Say each of these points)*

- Hello everyone, thank you for joining our focus group today.
- My name is (Leader).
    a. Leader Note: Let the group know your name and why you wanted to do this focus group. Share your interest in the focus group discussion.
- As the focus group leader, I'll be asking you questions, asking follow up questions and keeping track of time and keeping the discussion moving so we can get through all of the questions.
- This is (Notetaker) who will be taking notes during our conversation.
- Our discussion today will take about 1 ½ hours.
- We want you to know that your participation is voluntary and you can leave the group at any time.
- We are recording the session today so we do not miss any of your thoughts. During the focus group, feel free to ask that we turn off the recording if you do not want to be recorded for a specific comment. Is anyone NOT OK to start recording?
    a. Leader Note: START RECORDING

  IN PERSON – start recording on iPad using the VoiceMemo app.
  VIRTUAL – press the Zoom record button.
- Now I'd like to have each of you introduce yourself. IN PERSON: Please introduce yourself by telling us your first name. VIRTUAL: I'll call on you by your first name and please wave and say hi so the group knows who you are.

Notetaker Note: Write down the name of each participant.

- Thanks for these introductions, now we will talk about the purpose of the focus group.

Purpose of Focus Group (*Read to the group*)
Public Health is conducting focus groups to learn more about what you, as a community member, feel are the most important health issues in [region of county]. Public Health is conducting these focus groups with nonprofit hospitals in the area, which are required by the IRS to conduct a Community Health Needs Assessment -- which we call the CHNA -- every three years. Hospitals working together on the East Bay CHNA include: John Muir Health, Kaiser Permanente, St. Rose Hospital, Stanford Health Care -- ValleyCare, Sutter Health, and UCSF Benioff Children's Hospital-Oakland.

Public Health, nonprofit hospitals, and others will use the information gathered during the focus group to identify important health issues in our community and come up with a plan to address the major health issues affecting people in the County. We are interested in hearing your thoughts about what makes it easy or difficult to be healthy in your community and what services and resources are available and needed in the community to promote health.

Ground Rules (Say each of these points)
Now I would like to share the ground rules we'll use to make sure our discussion is meaningful and comfortable for everyone. (*Read the list of ground rules to the group.*)

1. There are no right or wrong answers because we're interested in everyone's thoughts and opinions and people often have different opinions.
    - Please, feel free to share your opinions even though it's not what others have said.
    - If there are topics you don't know about or a question you are not comfortable answering, feel free to not answer.
    - All input will be welcomed and valued.
2. Next, we want to have a group discussion, but we'd like only one person to talk at a time because we want to make sure everyone has a chance to share their opinion.
    - Please speak loudly and clearly since we are recording and we don't want to miss anything you say.
    - Let's also remember to turn off or silence our cell phones.
    - If you absolutely must take an urgent call, please step away from the focus group.
3. The last guideline is about protecting your privacy.
    - Your name will not be used in any reports, and your name will not be linked to comments you make.
    - Transcripts will go to the hospitals and the consultants working with the hospitals.
    - When we are finished with all of the focus groups, the transcripts will be read by the consultants, who will then summarize the things we learn. Some quotes will be used so that the hospitals can read your own words. Your name will not be used when we use quotes.
    - I'd also like for all of us to agree that what is said in this focus group stays in this focus group.
4. VIRTUAL - Stay on video the whole time so you can fully participate.
5. Are there other ground rules you would like us to add?

Consent and Incentive

- Before we start, we would like to get your consent to participate in this focus group (***say the consent statement provided by Public Health***).
  Leader Note: Ask for a thumbs up to signal consent. If someone doesn't agree to the consent nicely ask them to leave the focus group.
- As a thank you for your participation, we will be providing a $25 gift card.

Discussion Questions
Facilitators and barriers to health in the community
We would like to discuss what is healthy and not so healthy about your community. Things that make a community healthy can include the environment -- examples are sidewalks, clean streets,

parks; social/emotional factors -- examples include feeling safe, access to behavioral or mental health services; opportunities for healthy behaviors -- for example, places to buy healthy food, places to exercise; community services and events such as low cost or free activities for families; and access to health care services.

1. Think about how your community is right now. What is healthy about your community?

2. What makes it difficult to be healthy in your community?

Leader Note: *if examples are needed, you can say this* - For example, lack of access to health services, few grocery stores with healthy, affordable food, unsafe neighborhoods, lack of access to transportation, lots of pollution in the air, no safe places to be active, no affordable dental care.

Three most important health issues facing the community and why important (asking about behavioral health, economic security, and healthcare access and delivery, if not addressed)
Part of our task today is to find out which health issues you think are most important. We have a list of the health issues, many of which the community came up with when the hospitals did the Community Health Needs Assessment in this area in 2019.
Leader Note: Read all of the issues aloud and define where needed (e.g., "Healthcare Access and Delivery" means insurance, having a primary care physician, preventive care instead of emergency room, being treated with dignity and respect, wait times, etc.).

- Climate/Natural Environment
- Community and Family Safety
- Economic Security
- Education and Literacy
- Healthcare Access and Delivery
- Healthy Eating/Active Living
- Housing and Homelessness
- Behavioral Health (includes Mental Health and Substance Use)
- Transportation and Traffic

3. Please think about the **three health issues** on the list you personally believe are the most important to address here in the next few years.

IN PERSON – What we would like you to do is vote for **three health issues** that you think are the most important to address in the next few years. Make a check mark next to each of the three health needs you think are most important. We really want your personal perspective and opinion; it's totally OK if it's different from others' here in the room. Then we will discuss the results of your votes.

VIRTUAL – What we would like you to do is vote for **three health issues** that you think are the most important to address in the next few years. We will put up a poll that lists the health issues and select only 3 you think are most important. We really want your personal perspective and opinion; it's totally OK if it's different from others'. Then we will discuss the results of your votes.
If there is a tie:

IN PERSON and VIRTUAL – If there is a tie for the third health need, ask participants to think about which of the tied health needs is most important. Read off the first health need and ask participants to raise their hand if that is the health need they select. Read off the second health need and count the number of raised hands.

Leader Note: Write down and then say the three health issues with the most votes. Explain that we will spend the rest of our time reflecting on the three top priorities. You will need to bring up each of the three top health issues during the following questions.
Notetaker Note: Write down the top 3 health issues.

4. When you think about [health issue 1]…
    a. What makes this an important health issue? An issue can be a top priority because it impacts lots of people in the County, impacts vulnerable populations such as kids or older adults, or impacts County residents' ability to have a high quality of life.
    b. In your opinion, what are the specific needs related to [health issue 1] in our community?

5. When you think about [health issue 2]…
    a. What makes this an important health issue?
    b. In your opinion, what are the specific needs related to [health issue 2] in our community?

6. When you think about [health issue 3]…
    a. What makes this an important health issue?
    b. In your opinion, what are the specific needs related to [health issue 3] in our community?

[Only If *Not* Voted a Top Need: (top 2019 health need 1]
    a. What about (top 2019 health need 1)? This was one of the top health issues last time.
    b. In your opinion, what are the specific (top 2019 health need 1) needs in our community? *Prompt, if needed.*

[Only If *Not* Voted a Top Need: top 2019 health need 2]
    a. What about (top 2019 health need 2? This was another top health issue last time.
    b. In your opinion, what are the specific (top 2019 health need 2) needs in our community? *Prompt, if needed.*

[Only If *Not* Voted a Top Need: top 2019 health need 3]
    a. What about healthcare access and delivery? This was also a top health issue last time.
    b. In your opinion, what are the specific (top 2019 health need 3) issues in our community? *Prompt, if needed.*

Anything about top health issues that changed due to COVID
7. Is there anything about the most important health issues you mentioned that changed because of the COVID-19 pandemic? If so, in what ways did COVID change these important health issues?
    a. Let's start with [Health issue 1].
    b. In what ways, if any, did COVID change [Health issue 2]?
    c. In what ways, if any, did COVID change [Health issue 3]?

Strategies that are working well and new strategies that are needed

8. What are some available resources, services, or strategies that are working well in the community to address the 3 most important health issues? *Prompts, if needed:* We are looking for your ideas on specific community-based organizations or their programs/ services, specific social services, or health care programs/services.

9. Thinking about the health issues you said are most important, what are new resources, services, or strategies that are needed to address these issues? Some examples could be new or more services or services available in your preferred language or changes in your neighborhood (for example, more parks, more markets for fresh, healthy foods, or more economic opportunities).

Health inequities/disparities and strategies to reduce inequities/disparities

10. Which groups, if any, are experiencing these important health issues more than other groups? For example, are there certain ethnic/racial groups, residents living in specific neighborhoods, age or gender groups that are more impacted by these health issues than others?

    a. Let's start with [Health issue 1]. Which groups, if any, are experiencing [Health issue 1] more than other groups? In what ways?
    b. Which groups, if any, are experiencing [Health issue 2] more than other groups? In what ways?
    c. Which groups, if any, are experiencing [Health issue 3] more than other groups? In what ways?

11. What resources, services, or strategies would help address these important health issues for the groups just mentioned?
    a. Let's start with [Health issue 1].
    b. What would help address [Health issue 2] for [the group(s) discussed]?
    c. What would help address [Health issue 3] for [the group(s) discussed]?

Anything else important to know about health in the community

13. We're just about ready to wrap up. Are there any other health issues that you think are of high importance that we haven't talked about?

14. Is there anything else you feel is important for us to know about health in your community?

Wrap Up and Gift Cards

Thank you so much for joining the focus group today. That was a really good discussion and gave us lots of information.

IN PERSON: Now we will hand out gift cards as our thank you for taking the time to join the focus group. Please stick around for a few more minutes to get your gift card.

Leader Note: Hand one gift card to each participant.

VIRTUAL: You will be receiving your $25 gift card shortly by (describe how the participants will get gift cards for example in the mail or by email).

Appendix D: CHNA Secondary Data Indicator Definitions, Data Sources and Dates

Data sources described below informed the health need prioritization process and health need profiles.

i. Kaiser Permanente Community Health Data Platform

Health Topic	Measure	Definition	Year	Source
Healthcare access and delivery	Dentists per 100,000 population	Licensed dentists (including DDSs and DMDs) per 100,000 population.	2019	HRSA Area Resource File
	Infant deaths	Deaths of infants less than 1 year of age per 1,000 births	2020	HRSA Area Resource File
	Low birth weight births	Percent of total births are under 2500 grams	2016-2018	HRSA Area Resource File
	Medicaid/public insurance enrollment	Percent of population enrolled in Medicaid or another public health insurance program	2015-2019	American Community Survey
	Percent uninsured	Percent of total population without health insurance coverage	2015-2019	American Community Survey
	Pre-term births	Percent of total births that occur before 37 weeks of pregnancy	2016-2018	HRSA Area Resource File
	Primary care physicians per 100,000 population	Number of primary care physicians practicing general family medicine, general practice, general internal medicine, and general pediatrics per 100,000 population	2018	HRSA Area Resource File
	Uninsured children	Percent of children under age 18 without health insurance coverage	2015-2019	American Community Survey
Cancer	Breast cancer incidence	Average age-adjusted incidence of female breast cancer per 100,000 female population	2013-2017	NCI State Cancer Profiles
	Cancer deaths	Average age-adjusted deaths due to malignant neoplasm (cancer) per 100,000 population	2013-2017	NCI United States Cancer Statistics
	Colorectal cancer incidence	Age-adjusted incidence of colon and rectum cancer cases per 100,000 population	2013-2017	NCI State Cancer Profiles
	Lung cancer incidence	Average age-adjusted incidence of lung cancer per 100,000 population	2013-2017	NCI State Cancer Profiles
	Prostate cancer incidence	Average age-adjusted incidence of prostate cancer per 100,000 male population	2013-2017	NCI State Cancer Profiles
Chronic disease & disability	Adults reporting poor or fair health	Percent of adults that report having poor or fair health	2020	Behavioral Risk Factor Surveillance System
	Asthma prevalence	Percent of the Medicare fee-for-service population with a diagnosis of asthma	2018	Center for Medicare & Medicaid Services
	Diabetes prevalence	Percent of adults age 20 years and older that have ever been told by a doctor that they have diabetes	2017	Center for Medicare & Medicaid Services

Health Topic	Measure	Definition	Year	Source
	Heart disease deaths	Annual average age-adjusted deaths due to coronary heart disease per 100,000 population	2016-2018	CDC, Interactive Atlas of Heart Disease and Stroke
	Heart disease prevalence	Percent of adults age 18 years and older that have ever been told by a doctor that they have coronary heart disease or angina	2018	Center for Medicare & Medicaid Services
	Poor physical health (days per month)	Age-adjusted average number of self-reported physically unhealthy days per month among adults	2020	Behavioral Risk Factor Surveillance System
	Population with any disability	Percent of population with any disability	2015-2019	American Community Survey
	Stroke deaths	Annual average age-adjusted deaths due to cerebrovascular disease (stroke) per 100,000 population	2016-2018	CDC, Interactive Atlas of Heart Disease and Stroke
	Stroke prevalence	Percent of the Medicare fee-for-service population diagnosed with stroke	2017	Center for Medicare & Medicaid Services
Climate & environment	Air pollution: PM2.5 concentration	The average modeled particulate matter 2.5 concentration in PM2.5 in µg/m³	2018	Harvard University Project (UCDA)
	Coastal flooding risk	Risk of water inundating or covering normally dry coastal land as a result of high or rising tides or storm surges	2020	FEMA National Risk Index
	Drought risk	Risk of deficiency of precipitation over an extended period of time resulting in a water shortage	2020	FEMA National Risk Index
	Heat wave risk	Risk of abnormally and uncomfortably hot and unusually humid weather typically lasting two or more days with temperatures outside the historical average	2020	FEMA National Risk Index
	Respiratory Hazard Index	Index estimating the non-cancer respiratory risk for adverse health effects over a lifetime	2014	EPA National Air Toxics Assessment
	River flooding risk	Risk of streams and rivers exceeding the capacity of their natural or constructed channels and overflowing banks, spilling into adjacent low-lying, dry land	2020	FEMA National Risk Index
	Road network density	Road miles per square mile of area	2013	EPA Smart Location Mapping
	Tree canopy cover	Percent of land within the report area that is covered by tree canopy	2016	US Geological Survey; National Land Cover Database
Community safety	Injury deaths	Number of deaths from intentional and unintentional injuries per 100,000 population	2020	NCHS National Vital Statistics System
	Motor vehicle crash deaths	Age-adjusted number of deaths due to motor vehicle crashes per 100,000 population	2015-2019	NCHS National Vital Statistics System
	Pedestrian accident deaths	Number of deaths due to pedestrian accidents per 100,000 population	2015-2019	NCHS National Vital Statistics System

Health Topic	Measure	Definition	Year	Source
	Violent crimes	Number of violent crime offenses (including homicide, rape, robbery and aggravated assault) reported by law enforcement per 100,000 population	2014-2018	FBI Uniform Crime Reports
Demographics	% American Indian/Alaska native population	Percent of the total population that identify as American Indian/Alaska native, non-Hispanic	2020	Esri Demographics
	% Asian population	Percent of the total population that identify as Asian, non-Hispanic	2020	Esri Demographics
	% Black/African American population	Percent of the total population who identify as Black or African American, non-Hispanic	2020	Esri Demographics
	% Hispanic population	Percent of the total population that identify as ethnically Hispanic	2020	Esri Demographics
	% Multiracial population	Percent of the total population that identify as multiple races, non-Hispanic	2020	Esri Demographics
	% Native Hawaiian/other Pacific Islander population	Percent of the total population that identify as Native Hawaiian/other Pacific Islander, non-Hispanic	2020	Esri Demographics
	% Some other race population	Percent of the total population that identify as some other race, non-Hispanic	2020	Esri Demographics
	% White population	Percent of the total population that identify as White, non-Hispanic	2020	Esri Demographics
	Life expectancy	The average number of years a person can expect to live at birth	2010-2015	NCHS US Small-area Life Expectancy Estimates Project
	Median age	Population median age	2015-2019	American Community Survey
	Population age 65+	Percent of total population age 65 years and older	2015-2019	American Community Survey
	Population density	Population per square mile	2020	Esri Demographics
	Population under age 18	Percent of the population aged 5 to 17 years	2015-2019	American Community Survey
	Total population	Total population	2020	Esri Demographics
Disparity measure	Neighborhood Deprivation Index	Standardized Neighborhood Deprivation Index (NDI)	2019	UCDA calculation with ACS data
Education	Adults with no high school diploma	Percent of the population over age 25 with less than a high school degree	2015-2019	American Community Survey
	Adults with some college education	Population of the population over age 25 with some college education	2015-2019	American Community Survey
	Elementary school proficiency index	Performance of 4th grade students on state exams	2020	HUD Policy Development and Research

Health Topic	Measure	Definition	Year	Source
	On-time high school graduation	Percentage of 9th grade cohort receiving their high school diploma within four years	Varies	Dept of Education ED Facts & state data sources
	Preschool enrollment	Percent of the population age 3 to 4 years that is enrolled in preschool	2015-2019	American Community Survey
Family & social support	Children in single-parent households	Percent of children that live in households with only one parent present	2015-2019	American Community Survey
	Limited English Proficiency	Percent of the population age 5 years and older that speak a language other than English at home and speak English less than "very well"	2015-2019	American Community Survey
	Percent over age 75 with a disability	Percent of the population age 75 years and older with a disability	2015-2019	American Community Survey
	Population 65 & older living alone	Percent of total households with someone 65 years and older living alone	2015-2019	American Community Survey
Food security	Convenience stores per 1,000 pop	Number of convenience stores per 1,000 population	2016	USDA Food Environment Atlas
	Food insecure	Estimated percentage of the total population in food-insecure households	2018	Feeding America
	Grocery stores per 1,000 pop	Number of grocery stores per 1,000 population	2020	USDA Food Environment Atlas
	Low access to grocery store	Percent of population with low access to a grocery store	2015	USDA Food Environment Atlas
	SNAP enrollment	Estimated percent of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits	2015-2019	American Community Survey
	Supercenters & club stores per 100,000 pop	Number of supercenters and club stores per 100,000 population	2016	USDA Food Environment Atlas
HEAL opportunities	Exercise opportunities	Percent of the population that live in close proximity to a park or recreational facility	2020	Esri, Business Analyst
	Food Environment Index	An index of affordable, close, and nutritious food retailers in a community	2020	USDA Food Environment Atlas
	Obesity (Adult)	Percentage of adults 20 years and older that self-report having a Body Mass Index (BMI) greater than 30.0	2018	National Center for Chronic Disease Prevention and Health Promotion
	Physical inactivity (Adult)	Percent of adults aged 20 years and older that self-report not participating in physical activities or exercise	2018	National Center for Chronic Disease Prevention and Health Promotion
	Walkability index	Index scores walkability depending upon characteristics of the built environment that influence the likelihood of walking being used as a mode of travel	2012	EPA Smart Location Mapping
Housing	Home ownership rate	Percent of population that owns a home	2015-2019	American Community Survey

Health Topic	Measure	Definition	Year	Source
	Housing affordability index	Index of the ability of a typical resident to purchase an existing home in the area	2020	Esri Business Analyst
	Median rental cost	Median gross rent plus estimated cost of utilities and fuels	2015-2019	American Community Survey
	Moderate housing cost burden	Percent of households with housing costs greater than 30% but less than 50% of monthly income	2015-2019	American Community Survey
	Overcrowded housing	Percentage of housing units with more than 1 occupant per room	2015-2019	American Community Survey
	Percent of income for mortgage	Percent of income spent on home mortgage	2020	Esri Business Analyst
	Severe housing cost burden	Percentage of households with housing costs are greater than 50% of income	2015-2019	American Community Survey
Income & employment	Children living in poverty	Percent of children aged 0 to 17 years that live in households with incomes below the Federal Poverty Level (FPL)	2015-2019	American Community Survey
	Free and reduced price lunch	Percent of public school students eligible for free or reduced price school meals	2017-2018	National Center for Education Statistics
	High speed internet	Percent of population with access to high-speed internet	2015-2019	American Community Survey
	Income inequality - Gini index	Measure of statistical dispersion representing the degree of income inequality or wealth inequality in an area	2015-2019	American Community Survey
	Jobs Proximity Index	Index of geographic access to job opportunities	2014	HUD Policy Development and Research
	Median household income	Median inflation-adjusted household income	2015-2019	American Community Survey
	Poverty rate	Percent of households with income in the past 12 months below the Federal Poverty Level	2015-2019	American Community Survey
	Unemployment rate	Percent of population age 16 years and older that is unemployed and seeking work	2020	Esri Demographics
	Young people not in school and not working	Percent of youth age 16 to 19 years who are not currently enrolled in school or employed	2015-2019	American Community Survey
Mental/ behavioral health	Deaths of despair	Age-adjusted rate of death due to suicide, alcohol-related disease, and drug overdoses per 100,000 population	2018	National Center for Health Statistics
	Mental health providers per 100,000 pop	Number of mental health care providers per 100,000 population	2019	CMS National Provider Identification
	Poor mental health (days per month)	Age-adjusted average number of self-reported mentally unhealthy days per month among adults	2020	Behavioral Risk Factor Surveillance System
	Suicide deaths	Age-adjusted rate of death due to intentional self-harm per 100,000 population	2020	NCHS National Vital Statistics System

Health Topic	Measure	Definition	Year	Source
Sexual health	Chlamydia incidence	Incidence rate of chlamydia cases per 100,000 population per year	2018	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
	HIV/AIDS deaths	Rate of death due to HIV and AIDS per 100,000 population	2016-2018	HRSA Area Resource File
	HIV/AIDS prevalence	Prevalence of HIV infection per 100,000 population	2018	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
	Teen births	Estimated teen birth rates per 1,000 females aged 15–19 years	2018	National Center for Health Statistics
Substance use	Current smokers	Percent of adults aged 18 years and older that self-report smoking cigarettes some days, most days or every day	2020	Behavioral Risk Factor Surveillance System
	Excessive drinking	Percent of adults aged 18 years and older that self-report heavy alcohol consumption	2020	Behavioral Risk Factor Surveillance System
	Impaired driving deaths	Percent of motor vehicle crash deaths in which alcohol played a role	2014-2018	NHTSA Fatality Analysis Reporting System
	Opioid overdose deaths	Age-adjusted opiate Death Rate per 100,000 population	2015-2019	NCHS National Vital Statistics System
Transportation	Workers commuting by transit, biking or walking	Percent of population age 16 years and older who use public transit, bike or walk to work	2015-2019	American Community Survey
	Workers driving alone to work	Percent of population age 16 years and older who drive alone to work via car, truck, or van	2015-2019	American Community Survey
	Workers driving alone with long commutes	Percent of population age 16 years and older who drive alone to work with a commute time longer than 60 minutes	2015-2019	American Community Survey

ii. Other secondary data sources

Data Source	Date	Link
Bay Area Equity Atlas	2019	https://bayareaequityatlas.org/
California Health Interview Survey (CHIS)	2020	https://healthpolicy.ucla.edu/chis/about/Pages/about.aspx
California Healthy Kids Survey (CHKS)	2017-2019	https://calschls.org/
California Vital Records Business Information System	2020	Data emailed from source
Contra Costa Health Services	2021	Data emailed from source
Contra Costa Health, Housing and Homeless Services	2021	Data emailed from source
Public Health Alliance of Southern California	2021	https://map.healthyplacesindex.org/
UCLA LPPI Census Analysis Shows California has 11 Majority-Latino Counties	2020	https://latino.ucla.edu/
United States Census Bureau, American Community Survey	2019	https://data.census.gov/cedsci/table?q=acs
www.kidsdata.org, a program of Population Reference Bureau.	2021	https://www.kidsdata.org/topic/764/food-insecurity/table#fmt=2955&loc=2,127,171&tf=124&sortType=asc https://www.kidsdata.org/topic/742/calfresh/table#fmt=2261&loc=127,2,171&tf=110&sortType=asc

Appendix E: Contra Costa County CHNA Secondary Data Table

Prevalence/incidence rates for indicators of health status, behavior, and risk factors are shown below for Eastern Contra Costa County in comparison to statistics for the State of California. Indicators (percentage of county population or a rate per designated number of residents) are presented for 15 health need categories as organized in the Kaiser Permanente Community Health Data Platform.

Health Need	Indicator	Eastern Contra Costa County (# or %)	Contra Costa County (# or %)	California (# or %)
Healthcare access and delivery	Low birth weight births	7%	7%	7%
	Pre-term births	9%	9%	9%
	Dentists per 100,000 population	89	89	87
	Infant deaths	4	4	4
	Primary care physicians per 100,000 population	103	103	80
	Uninsured children	3%	3%	3%
	Percent uninsured	6%	5%	8%
	Medicaid/public insurance enrollment	38%	32%	38%
Cancer	Breast cancer incidence	129	129	121
	Colorectal cancer incidence	36	36	35
	Cancer deaths	139	139	143
	Lung cancer incidence	41	41	41
	Prostate cancer incidence	104	104	93
Chronic disease & disability	Asthma prevalence	6%	6%	5%
	Diabetes prevalence	23%	23%	28%
	Heart disease deaths	110	110	144
	Stroke deaths	42	42	37
	Heart disease prevalence	11%	11%	15%
	Poor physical health (days per month)	3	3	4
	Adults reporting poor or fair health	12%	12%	16%
	Population with any disability	13%	11%	11%
	Stroke prevalence	3%	3%	4%
Climate & environment	Tree canopy cover	1	6	4
	Coastal flooding risk	0.3	2	0.2
	Drought risk	9	27	3
	Heat wave risk	12	10	8
	Air pollution: PM2.5 concentration	12	10	12
	River flooding risk	9	14	6

Health Need	Indicator	Eastern Contra Costa County (# or %)	Contra Costa County (# or %)	California (# or %)
	Respiratory Hazard Need Rating	0.4	0.4	1
	Road network density	15	17	18
Community safety	Violent crimes	336	336	418
	Injury deaths	46	46	50
	Motor vehicle crash deaths	8	8	10
	Pedestrian accident deaths	2	2	3
Education	Education - Preschool enrollment	46%	56%	51%
	Education - On-time high school graduation	88%	88%	84%
	Education - Elementary school proficiency index	35	56	49
	Education - Adults with some college education	28%	22%	21%
	Education - Adults with no high school diploma	15%	11%	18%
Family & social support	Children in single-parent households	35%	27%	32%
	Limited English Proficiency	6%	6%	10%
	Percent over age 75 with a disability	55%	50%	51%
	Population 65 & older living alone	2%	2%	2%
Food security	SNAP enrollment	11%	7%	10%
	Convenience stores per 1,000 pop	0.2	0.2	0.2
	Food Environment Need Rating	9	9	8
	Grocery stores per 1,000 pop	0.2	0.2	0.2
	Low access to grocery store	19%	19%	12%
	Supercenters & club stores per 1,000 pop	0.4	0.4	1
	Food insecure	9%	9%	11%
HEAL opportunities	Obesity (Adult)	24%	24%	25%
	Exercise opportunities	97%	97%	93%
	Physical inactivity (Adult)	15%	15%	18%
	Walkability index	8	11	11
Housing	Overcrowded housing	6%	5%	8%
	Moderate housing cost burden	23%	20%	21%
	Severe housing cost burden	18%	16%	19%
	Median rental cost	$1,922	$2,025	$1,689
	Home ownership rate	66%	66%	55%
	Housing affordability index	111	94	88
	Percent of income for mortgage	21%	26%	31%
Income & employment	High speed internet	91%	92%	86%
	Children living in poverty	15%	10%	17%

Health Need	Indicator	Eastern Contra Costa County (# or %)	Contra Costa County (# or %)	California (# or %)
	Poverty rate	11%	9%	13%
	Unemployment rate	16%	15%	16%
	Income inequality - Gini index	0.4	0.4	0.4
	Young people not in school and not working	1%	1%	2%
	Jobs Proximity Index	8	37	48
	Median household income	$90,573	$110,978	$82,053
	Free and reduced price lunch	47%	37%	44%
Mental/ behavioral health	Deaths of despair	29	29	34
	Suicide deaths	10	10	11
	Poor mental health (days per month)	4	4	4
	Mental health providers per 100,000 population	339	339	352
Sexual health	Teen births	8	8	13
	Chlamydia incidence	539	539	585
	HIV/AIDS deaths	13	13	74
	HIV/AIDS prevalence	276	276	390
Substance use	Current smokers	10%	10%	11%
	Impaired driving deaths	32%	32%	29%
	Opioid overdose deaths	6	6	6
	Excessive drinking	20%	20%	20%
Transportation	Workers driving alone to work	71%	68%	74%
	Workers driving alone with long commutes	29%	20%	11%
	Workers commuting by transit, biking or walking	8%	13%	8%

Appendix F: Priority Community Healthy Places Index Scores

The Priority Community Profile examines root causes of health through the Healthy Places Index (HPI)*, which scores the overall health of California cities and counties using 25 indicators. HPI indicators reflect the social determinants of health, or the community conditions that affect health and well-being. The HPI compares all California communities to create scores for individual geographies. The subsequent tables compare the priority communities to the healthiest communities in Alameda County to identify disparities. The higher the HPI score, the healthier the geography is for that indicator. Definitions for the HPI indicators are provided below.

HPI Indicator	Definition
Economic	
Employed	Percentage of people aged 25-64 years who are employed
Income	Median annual household income
Housing	
Homeownership	Percentage of homeowners
Housing Habitability	Percent of households with basic kitchen facilities and plumbing
Low-Income Homeowner Severe Housing Cost Burden	Percentage of low-income homeowners who pay more than 50% of their income on housing costs
Low-income Renter Severe Housing Cost Burden	Percentage of low-income renters who pay more than 50% of their income on housing costs
Uncrowded Housing	Percentage of households with 1 or less occupant per room
Education	
Bachelor's Education or Higher	Percentage of people over age 25 with a bachelor's education or higher
High School Enrollment	Percentage of 15-17 year olds in school
Preschool Enrollment	Percentage of 3 and 4 year olds in school
Social	
Two Parent Household	Percentage of children with two married or partnered parents/caregivers
Voting	Percentage of registered voters who voted in the 2012 general election
Healthcare Access	
Insured Adults	Percentage of adults aged 18 to 64 years with health insurance
Transportation	
Automobile Access	Percentage of households with access to an automobile
Active Commuting	Percentage of workers (16 years and older) who commute to work by transit, walking, or cycling
Neighborhood	

Alcohol Access	Percentage of people who live more than ¼ mile of a store that sells alcohol
Park Access	Percentage of the population living within walkable distance (half-mile) of a park, beach, or open space greater than 1 acre
Retail Density	Number of retail, entertainment and education jobs per acre. Communities with mixed land use, and easy access to jobs, schools, shops, and essential services.
Supermarket Access	Percentage of people in urban areas who live less than a half mile from a supermarket/large grocery store, or less than 1 mile in rural areas
Tree Canopy	Percentage of land with tree canopy (weighted by number of people per acre)
Clean Environment	
Diesel Particulate Matter	Average daily amount of particulate pollution (very small particles) from diesel sources (during July)
Water Contaminants	Index score combining information about 13 contaminants and 2 types of water quality violations
Ozone	Average amount of ozone in the air during the most polluted 8 hours of summer days
Particulate Matter 2.5	Yearly average of fine particulate matter concentration from various sources

* Source: Public Health Alliance of Southern California. (2021). California Healthy Places Index 2.0. https://map.healthyplacesindex.org/. Accessed Fall 2021.

Antioch Healthy Places Index (HPI) Rankings of Root Causes of Health Compared to Healthiest Contra Costa County Communities*

Category	Indicator	Antioch	Lowest HPI CT (3072.02)	Healthiest Contra Costa County Communities
Overall	**HPI Total Score**	**57**	**11**	**93**
Economic	**Total Score**	54	2	**93**
	Employed	48	3	75
	Income	67	8	95
Housing	**Total Score**	**37**	**17**	**71**
	LI Renter Cost Burden	20	52	54
	LI Homeowner Cost Burden	42	12	57
	Housing Habitability	44	81	80
	Uncrowded Housing	51	20	55
	Homeownership	43	4	79
Education	**Total Score**	**55**	**25**	**93**
	Preschool Enrollment	55	25	93
	High School Enrollment	82	100	87
	Bachelor's Education or Higher	40	15	89
Social	**Total Score**	**38**	**13**	**75**
	Two Parent Households	24	12	73
	Voting in 2012	46	23	75
Healthcare Access	**Total Score/Insured**	**66**	**36**	**88**
Transportation	**Total Score**	**69**	**82**	**88**
	Automobile Access	29	9	55
	Active Commuting	82	94	88
Neighborhood	**Total Score**	**63**	**63**	**61**
	Retail Density	70	75	80
	Park Access	79	81	71
	Tree Canopy	40	59	55
	Supermarket Access	70	33	55
	Alcohol Outlets	42	67	48
Clean Environment	**Total Score**	**83**	**91**	**87**
	Ozone	75	76	82
	Particulate Matter 2.5	62	85	43
	Diesel Particulate Matter	25	43	18
	Water Contaminants	96	94	98

Legend: Scores worse by 20+ points than healthiest communities

Scores better by 20+ points than healthiest communities

* Source: Public Health Alliance of Southern California. (2021). California Healthy Places Index 2.0. https://map.healthyplacesindex.org/. Accessed Fall 2021.

Pittsburg Healthy Places Index (HPI) Rankings of Root Causes of Health Compared to Healthiest Contra Costa County Communities*

Category	Indicator	Pittsburg	Lowest HPI CT (3120)	Healthiest Contra Costa County Communities
Overall	**HPI Total Score**	**41**	**16**	**93**
Economic	**Total Score**	**40**	**9**	**93**
	Employed	38	10	75
	Income	46	7	95
Housing	**Total Score**	**21**	**29**	**71**
	LI Renter Cost Burden	18	41	54
	LI Homeowner Cost Burden	25	55	57
	Housing Habitability	64	16	80
	Uncrowded Housing	25	37	55
	Homeownership	29	23	79
Education	**Total Score**	**35**	**27**	**93**
	Preschool Enrollment	35	28	93
	High School Enrollment	64	100	87
	Bachelor's Education or Higher	25	15	89
Social	**Total Score**	**27**	**22**	**75**
	Two Parent Households	16	8	73
	Voting in 2012	40	52	75
Healthcare Access	**Total Score/Insured**	**40**	**32**	**88**
Transportation	**Total Score**	**70**	**6**	**88**
	Automobile Access	24	7	55
	Active Commuting	85	82	88
Neighborhood	**Total Score**	**68**	**68**	**61**
	Retail Density	74	63	80
	Park Access	87	62	71
	Tree Canopy	35	63	55
	Supermarket Access	82	45	55
	Alcohol Outlets	34	59	48
Clean Environment	**Total Score**	**82**	**90**	**87**
	Ozone	78	80	82
	Particulate Matter 2.5	62	85	43
	Diesel Particulate Matter	21	39	18
	Water Contaminants	93	91	98

Legend: Scores worse by 20+ points than healthiest communities
Scores better by 20+ points than healthiest communities

* Source: Public Health Alliance of Southern California. (2021). California Healthy Places Index 2.0. https://map.healthyplacesindex.org/. Accessed Fall 2021.

Appendix G: Contra Costa County Community Resources

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Please note this list of Community Assets and Resources is not exhaustive. Additional organizations working to promote health and well-being of the community in response to identified health needs may not be reflected here.

Health Care Facilities and Agencies

The following healthcare facilities are available in Contra Costa County. Many hospitals provide charity care and cover Medi-Cal shortfalls.

HOSPITALS

- John Muir Health, Concord and Walnut Creek
- John Muir Behavioral Health Center, Concord
- Kaiser Permanente, Antioch
- Sutter Delta Medical Center, Antioch

FEDERALLY QUALIFIED HEALTH CENTERS

- Brighter Beginnings
- La Clínica (Monument, Oakley, and Pittsburg Medical)

OTHER HEALTH CLINICS

- Antioch Health Center
- Bay Point Family Health Center
- Brentwood Health Center
- Pittsburg Health Center
- RotaCare Pittsburg Free Medical Clinic

Assets and Resources by Identified Health Need

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

BEHAVIORAL HEALTH

Resource Name	Summary Description	Website
#hersmile Nonprofit	Funds programs that empower and inspire people to thrive despite adversity, with the goal of promoting healing and resiliency during tragedies and difficult times	https://hersmile.org/
Center for Human Development	Facilitates the growth and strengthening of communities by providing services for at-risk youth, individuals, and families	http://chd-prevention.org/
Child Abuse Prevention Council of Contra Costa County	Runs programs to prevent child abuse by strengthening families and building healthy communities in Contra Costa County	https://www.capc-coco.org/
Contra Costa Crisis Center	Provides support, counseling, and hope to people in emotional or psychological distress	https://www.crisis-center.org/
Contra County Health Services	Cares for and improves the health of all people in Contra Costa County, giving special attention to those who are most vulnerable	https://cchealth.org/
Jewish Family & Community Services East Bay	Promotes the well-being of individuals and families of all ages, races, and religions with essential mental health and social services at every stage of life	https://jfcs-eastbay.org/
Lincoln	Provides children with support and services, from an early age through high-school graduation	http://lincolnfamilies.org/
NAMI (National Alliance Mental Illness)	Builds better lives for the millions of Americans affected by mental illness as the nation's largest grassroots mental health organization	https://www.nami.org/
Putnam Clubhouse	Helps adults in Contra Costa County coping with mental illness regain their lives	https://www.putnamclubhouse.org/
Ujima: East	Supports families recovering from alcoholism, drug addiction, and behavioral health problems	http://www.ujimafamily.org/programs/uj ima-east-outpatient-treatment-program/
Wellness Together	Partners with K-12 school districts and colleges to provide mental health services for students, families, and educators	https://www.wellnesstogether.org

COMMUNITY AND FAMILY SAFETY

Resource Name	Summary Description	Website
Center for Human Development	Facilitates the growth and strengthening of communities by providing services for at-risk youth, individuals, and families	http://chd-prevention.org/
Child Passenger Safety Program	Supports the standardization and quality- control course with content and instructors to ensure that information and materials being taught and disseminated are up-to-date, accurate, and consistent	https://www.in.gov/cji/traffic-safety/occupant-protection/children/child-passenger-safety/
Community Violence Solutions	Works to end sexual assault and family violence by providing services to survivors of sexual assault or abuse and their families	https://cvsolutions.org/
Contra Costa Family Justice Center	Brings together the community to support the healing of family violence survivors as well as to integrate capable partners with a comprehensive service approach to renew individuals and the community from a trauma of family violence	http://www.cocofamilyjustice.org/
First 5 Contra Costa County	Offers continuous prevention and early intervention programs that promote optimal health and development, narrow disparities, and improve the lives of children ages 0–5 and their families	http://www.first5coco.org/
One Day at a Time	Provides youth with a supportive network of peers, opportunities for academic and personal growth, and exposure to positive transformative experiences	https://www.odatec.org/
STAND! for Families Free of Domestic Violence	Strives to break the cycle of violence in families impacted by domestic violence and child abuse by providing services around therapy, crisis lines, and educational opportunities	http://www.standffov.org/

ECONOMIC SECURITY

Resource Name	Summary Description	Website
Beat the Streets, Inc.	Provides educational, employment, and life skill services to at-risk youth and young adults ages 11-29 and to children of incarcerated parents	https://www.beatthestreetsca.org/
Catholic Charities of the East Bay	Offers services to aid youth, children, and families facing difficulties with immigration, eviction, literacy, or surviving traumatic violence	https://www.cceb.org/
Contra Costa County Employment & Human Services	Partners with the community to deliver quality services to ensure access to resources that support, protect, and empower individuals and families to achieve self-sufficiency	https://ehsd.org/
Food Bank of Contra Costa and Solano	Leads the fight to end hunger, in partnership with the community and in the service of neighbors in need	https://www.foodbankccs.org/
Opportunity Junction	Strives to help program participants develop skills and confidence towards employment and financial security	https://www.opportunityjunction.org/
Rubicon Programs	Equips East Bay residents with resources to break the cycle of poverty	http://rubiconprograms.org/
SparkPoint Bay Point, United Way Bay Area	Brings together individuals, nonprofits, businesses, and government entities to fight for a strong, vibrant, and healthy community; also enables neighbors to invest in one another to fight for health, education, and financial stability	https://uwba.org/sparkpoint/

EDUCATION

Resource Name	Summary Description	Website
CocoKids	Champions and advances quality childcare and early education	https://www.cocokids.org/
Contra Costa Boys & Girls Club	Runs an after-school youth development and extended learning program	https://bgccontracosta.org/
Contra Costa County Office of Education	Provides support services to schools and districts in CCC, and has a long history of providing direct services to some of the County's most vulnerable students, including students who are incarcerated, homeless, in foster care, or have severe physical or emotional challenges	https://www.cccoe.k12.ca.us/
Contra Costa Early Head Start and Head Start	Offers services to children ages 0–5 years under the Head Start and Early Head Start and state preschool programs, which also include a Home Base Option. Direct comprehensive services include: disabilities, health services, mental health, nutrition, parent involvement, and school readiness	https://ehsd.org/headstart/childcare-preschool/head-start-early-head- start-and-state-preschool/
First 5 Contra Costa	Offers continuous prevention and early intervention programs that promote optimal health and development, narrow disparities, and improve the lives of children ages 0–5 and their families	http://www.first5coco.org/
Village Community Resource Center	Focuses on improving neighborhood conditions through prevention-based programs in the following three areas: education, health services, and social services	http://www.vcrcbrentwoodca.org/

SCHOOL DISTRICTS IN EASTERN CONTRA COUNTY

School District	Location	Website
Antioch Unified	Antioch	https://www.antiochschools.net/
Brentwood Union	Brentwood	https://www.brentwood.k12.ca.us/
Byron Union	Byron	https://www.byronunionschooldistrict.us/
Knightsen Elementary	Knightsen	https://kes-kesd-ca.schoolloop.com/
Liberty Union High	Brentwood	https://ca01001129.schoolwires.net/
Oakley Union Elementary	Oakley	https://www.ouesd.k12.ca.us/
Pittsburg Unified	Pittsburg	https://www.pittsburg.k12.ca.us/

FOOD SECURITY

See also Economic Security for resources related to food insecurity.

Resource Name	Summary Description	Website
Contra Costa Health Services	Contra County Health Services is committed to care for and improve the health of all people in Contra Costa County with special attention to those who are most vulnerable to health problems	https://cchealth.org/
18 Reasons	Empowers community members with the confidence to buy, cook, and eat good food every day	https://18reasons.org/
Food Bank of Contra Costa and Solano	Fights to end hunger, in partnership with the community and in the service of local individuals in need	https://www.foodbankccs.org/
Fresh Approach	Improves healthy food access in the community via farmers markets, community gardens, and cooking and nutrition classes	https://www.freshapproach.org/
Healthy and Active Before 5	Prevents obesity in kids ages 0–5 by building partnerships and environments for healthy eating and active play	https://cchealth.org/obesity/before-five.php
Healthy Hearts Institute	Empowers individual and community transformation through health and wellness	https://www.healthyhearts.co/
Loaves and Fishes of Contra Costa	Provides community-based food programs and partner services that focus on basic needs	https://www.loavesfishescc.org/
Meals on Wheels Diablo Region	Delivers nutritious meals to, and performs wellness checks on, frail and/or homebound seniors	https://www.mowdiabloregion.org/
White Pony Express	Helps eliminate hunger and poverty by delivering “the abundance all around us” to people in need	https://www.whiteponyexpress.org/
Women, Infants & Children (WIC) nutrition program locations, Brentwood and Pittsburg	Helps pregnant women, new mothers, and young children eat well and learn about nutrition and stay healthy. Provides services to pregnant and postpartum women, as well as children under 5 years old	https://cchealth.org/wic/index.php

HEALTHCARE ACCESS AND DELIVERY

Resource Name	Summary Description	Website
American Cancer Society	Aims to freeing the world from cancer by funding and conducting research, sharing expert information, supporting patients, and spreading the word about prevention	https://www.cancer.org/
American Diabetes Association	Educates people about ways to live healthier lives and support friends and loved ones living with diabetes	http://www.diabetes.org/in-my-community/local-offices/san-francisco-california/
American Heart Association	Strives to prevent and cure heart disease	https://www.heart.org/en/affiliates/california/greater-bay-area
American Lung Association	Works to save lives by improving lung health and preventing lung disease, through advocacy, education, and research	https://www.lung.org/
Brighter Beginnings	Supports healthy births and successful development of children by partnering with parents and helping to build strong communities	http://www.brighter-beginnings.org/
CancerCare	Provides free, professional support services and information to help people manage the emotional, practical, and financial challenges of cancer	https://www.cancercare.org/
Choice in Aging	Provides home-based, Alzheimer's, day program, caregiver support, preschool and intergenerational services.	https://choiceinaging.org/
Community Oral Health Program	Collaborates with schools and community partners to increase access to oral health services by linking children, youth, and families to no- or low-cost dental resources	https://cchealth.org/dental/
Contra Costa Dental Clinics	Provides dental services in Contra Costa County	https://cchealth.org/dental/dental-ccc.php
Contra Costa Dental Society	Serves members/the public and promotes oral health through communication, education, leadership, and service	https://www.ccdds.org/
Contra Costa Health Services	Cares for and improves the health of everyone in Contra Costa County with special attention to those who are most vulnerable to health problems	https://cchealth.org/
Contra Costa School–Based Health Services	Offers school-based health services to children and students up to 19–20 years of age through mobile health clinic vans and satellite health centers throughout Contra Costa County	https://cchealth.org/school-based-clinic/

Resource Name	Summary Description	Website
Every Woman Counts	Provides free breast and cervical cancer screening and diagnostic services, public and provider education, early detection, case management and integrated preventive services to underserved populations	https://www.dhcs.ca.gov/services/Cancer/ewc/Pages/default.aspx
HIV/AIDS Consortium	Advocates and supports people affected by HIV/AIDS, plans prevention and care services, develops recommendations, and advises governments and community leaders	https://cchealth.org/hiv/consortium/
The Leukemia & Lymphoma Society	Strives to find a cure for leukemia, lymphoma, Hodgkin's disease and myeloma, and to improve the quality of life of patients and their families	https://www.lls.org/
Planned Parenthood of Northern California	Delivers comprehensive sexual and reproductive health services	https://www.plannedparenthood.org/planned-parenthood-northern-california
Regional Asthma Management Program	Aims to reduce the burden of asthma with a focus on health equity	http://www.rampasthma.org/
Ronald McDonald Care Mobile Dental Clinic	Provides pediatric health services for underserved populations through health education and treatment and referral services	https://rmhcbayarea.org/what-we-do/ronald-mcdonald-care-mobile/
STI testing clinics directory	Maintains an extensive list of public and private STD testing locations and in-home STD testing options	https://www.saferstdtesting.com
CCC STD Testing	HIV Prevention Program offers free STI testing for Contra Costa residents 17 years old and older	https://cchealth.org/std/
Women's Cancer Resource Center	Helps women with cancer improve their quality of life through education, practical assistance, and support services	https://www.wcrc.org/

HOUSING AND HOMELESSNESS

Resource Name	Summary Description	Website
Contra Costa Health Services – Health, Housing and Homelessness	Provides much-needed services and support to homeless individuals and families countywide	https://cchealth.org/h3/
Hope Solutions (formerly Contra Costa Interfaith Housing)	Addresses the effects of poverty and homelessness by providing permanent housing solutions and vital support services to highly vulnerable families and individuals	https://www.hopesolutions.org
Love-A-Child Missions Homeless Recovery Shelter	Provides women and children with services they need to ease and end their crisis of homelessness and substance abuse	https://loveachildmissions.org
Satellite Affordable Housing Associates (SAHA)	Offers quality affordable homes and services that empower people and strengthen neighborhoods	https://www.sahahomes.org/apply
SHELTER, Inc.	Aims to prevent and end homelessness for low- income and disadvantaged families and individuals by providing housing, resources, services, support that lead to self-sufficiency	https://shelterinc.org/about/

TRANSPORTATION

Resource Name	Summary Description	Website
Alameda-Contra Costa Transit District (AC Transit)	Provides regional bus service	http://www.actransit.org/
Bay Area Rapid Transit (BART)	Provides elevated and subway rail travel across Bay Area counties	https://www.bart.gov/
Bay Wheels	Offers an affordable, accessible mode of transportation via a bicycle-sharing service (operated by Lyft), with discounted memberships for low-income individuals	https://www.lyft.com/bikes/bay-wheels
Bike East Bay	Promotes a healthy, sustainable community by making cycling safe, fun and accessible	https://bikeeastbay.org/
Mobility Matters	Facilitates collaboration and coordination among public and private transportation providers, creating a network of integrated options that primarily address the mobility needs of seniors, individuals with disabilities, and low-income individuals	https://www.mobilitymatterscc.com/
Paratransit	Runs a public-transit service for people who are unable to use regular buses or trains because of a disability or disabling health condition	https://www.eastbayparatransit.org/
Tri Delta Transit	Operates 15 local bus routes Monday-Friday, five local bus routes on weekends and holidays, door-to-door bus service for senior citizens and people with disabilities, and shuttle services for community events	http://trideltatransit.com/