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2016 Community Health
Needs Assessment



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Needs Assessment

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1. EXECUTIVE SUMMARY

Community Health Needs Assessment (CHNA) Effort

In 2015, twelve local hospitals in Alameda and Contra Costa counties (“the Hospitals”) collaborated for the purpose of identifying critical health needs of the community. Stanford Health Care – ValleyCare (“ValleyCare”) worked with the Hospitals to conduct an extensive community health needs assessment (CHNA). This 2016 CHNA builds upon earlier assessments that the Hospitals conducted.

The 2016 CHNA serves as a tool for guiding policy and program planning efforts and is available to the public. For the Hospitals, it will also serve to assist in developing Community Benefit Plans pursuant to California State Senate Bill 697, as well as assist in meeting IRS requirements for Community Health Needs Assessment and Implementation Strategies pursuant to the Affordable Care Act of 2010.

With this assessment, the Hospitals will individually develop strategies to tackle these needs and improve the health and well-being of community members.

Process and Methods

The Hospitals began planning their 2016 CHNA assessments in the spring of 2015 and began collecting data in the summer of 2015. The goal was to collectively gather community feedback, understand existing data about health status, and prioritize local health needs in the community.

Community input was gathered through interviews with local health experts, focus groups with community leaders and representatives, and resident focus groups. Secondary data were obtained from a variety of sources. (See Attachment 3 for secondary data sources.)

Identification of Significant Health Needs

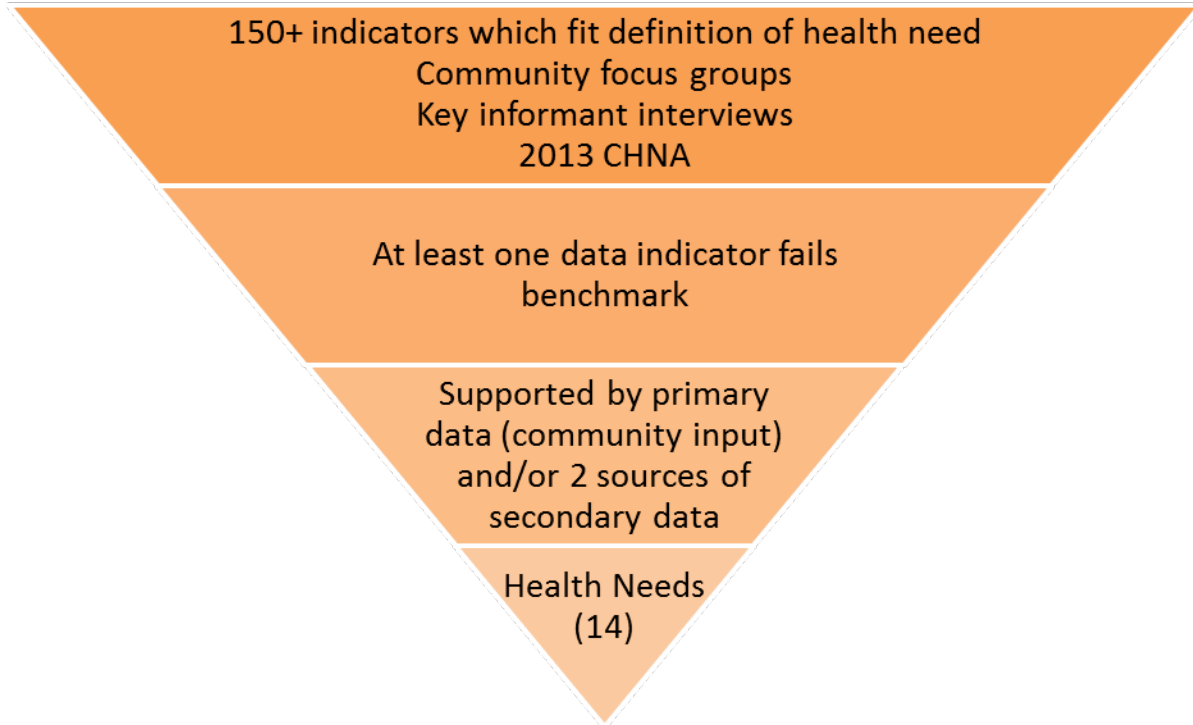
In the fall of 2015, health needs were identified by synthesizing primary qualitative research and secondary data, and then filtering those needs against a set of criteria. Health needs lists were then reviewed by the Hospitals. The Hospitals subsequently ascertained the community resources available to address the health needs identified through the CHNA process, including hospitals, clinics, and community-based programs and services.

Prioritization of Health Needs

In March 2016, Stanford Health Care – ValleyCare community benefits advisory group met to review the data collected for the CHNA. The purpose of the meeting was to prioritize those health needs and identify which met certain criteria and would form the basis for ValleyCare’s implementation plan. Members of the advisory group that prioritized the health needs were: Scott Gregerson (President), Doug Gunderson (Chief Operating Officer), Gina Teeples (Chief Nursing Officer), Andrea Herbert (Director, Ambulatory Care Services & Strategic Development), and Denise Bouillercce (Director, Marketing/Public Relations). The team was supported by Shelby Salonga, Manager of Marketing/Public Relations.

The prioritization process is outlined in the pyramid below. The health needs were identified by community input in both counties and the indicators were selected from multiple secondary data sources. Fourteen health needs met all criteria. See Section 6 for a description of the 14 health needs.

2016 CHNA Needs Identification & Prioritization Process



The health needs identified in the 2016 CHNA are listed in the table below in order of prioritization rank. For a detailed breakdown of the prioritization scores by criterion, see Attachment 7.

2016 Health Needs by Prioritization Rank

Health Need	Prioritization Score (on a scale of 1-3)
1. Healthcare access & delivery	2.90
2. Mental health	2.85
3. Obesity, diabetes, healthy eating/active living	2.60
4. Cardiovascular/stroke	2.55
5. Cancer	2.40
6. Substance abuse (ATOD)	2.25
7. Oral health	2.15

Health Need	Prioritization Score (on a scale of 1-3)
8. Maternal & child health	2.05
9. Communicable diseases	2.00
10. Economic security	2.00
11. Violence/injury prevention	1.65
12. Asthma	1.60
13. Unintentional injuries	1.55
14. Climate & health	1.20

Next Steps

ValleyCare developed its implementation strategies for fiscal years 2017-2019 for investments in improving the health and well-being of the community based on:

- The health needs identification and prioritization process conducted in the community, which synthesized primary and secondary data.
- The health needs prioritization process undertaken by the group of community and hospital representatives convened by ValleyCare.
- The health needs selection process undertaken by ValleyCare.
- A review of ValleyCare’s current community health improvement initiatives.

The CHNA is publicly available on ValleyCare’s website¹ as of May 2016, and the implementation strategy report will be published following board approval in September 2016.

¹ <https://www.valleycare.com/about-community-benefits.aspx>

2. INTRODUCTION/BACKGROUND

Community Health Needs Assessment (CHNA) Effort

In 2015, twelve local hospitals in Alameda and Contra Costa counties (“the Hospitals”) collaborated for the purpose of identifying critical health needs of the community. Stanford Health Care – ValleyCare worked together with the Hospitals to conduct an extensive community health needs assessment (CHNA). This 2016 CHNA builds upon earlier assessments that the Hospitals conducted.

The 2016 CHNA is designed to serve as a tool for guiding policy and program planning efforts and is available to the public. For the Hospitals, it will also serve to assist in developing Community Benefit Plans pursuant to California State Senate Bill 697, as well as assist in meeting IRS requirements for Community Health Needs Assessment and Implementation Strategies pursuant to the Affordable Care Act of 2010.

Through this process, the Hospitals used statistical data to identify health trends so that they can continue to address significant community health needs. Note that for the purposes of this assessment, “community health” is not limited to traditional health measures. This definition, in addition to the physical health of community members, includes indicators relating to the quality of life (e.g., access to health care, affordable housing, child care, education, and employment), the physical environment, and social factors that influence health of the county’s residents. This reflects the philosophy of the Hospitals that community health is affected by many factors and cannot be adequately understood without consideration of trends outside the realm of health care. As with prior CHNAs, this assessment will also take into consideration the strengths, assets, and resources available in the community.

With this assessment, the Hospitals will individually develop strategies to tackle these needs and improve the health and well-being of community members.

3. ABOUT STANFORD HEALTH CARE – VALLEYCARE

Stanford Health Care - ValleyCare is dedicated to providing high quality, not-for-profit health care to the Tri-Valley and surrounding communities since 1961. Through highly skilled physicians, nurses and staff, and state-of-the art technology, ValleyCare provides a wide range of health care services at its Livermore, Pleasanton, and Dublin medical facilities. ValleyCare has a total of 242 beds and a medical staff of approximately 500, offering an array of inpatient and outpatient services to the community. On May 18, 2015, ValleyCare affiliated with Stanford Health Care, and Stanford Health Care became the sole corporate member of ValleyCare.

Mission Statement: To care, to educate, to discover.

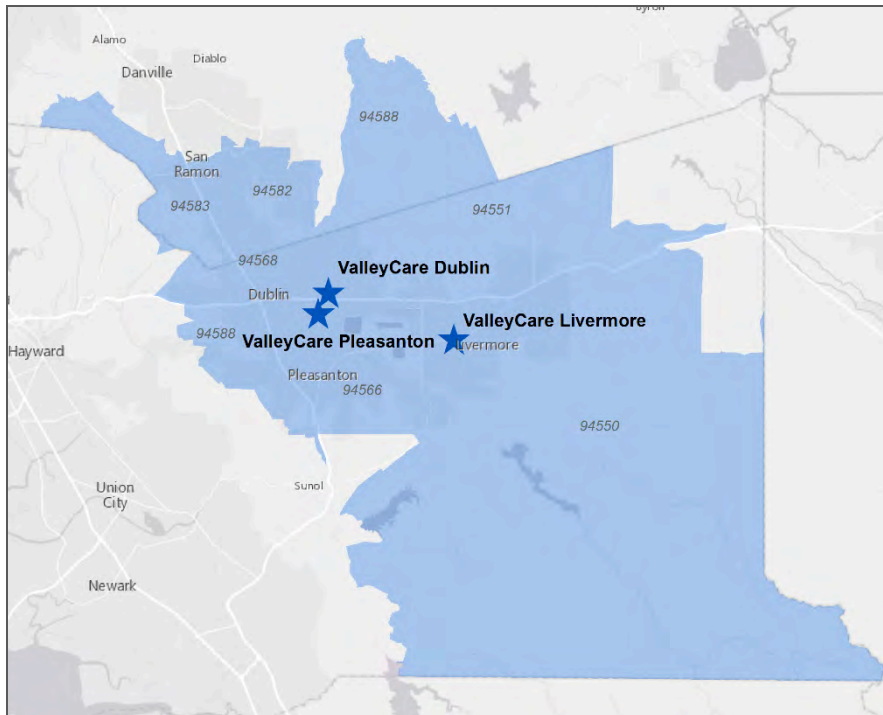
Vision: Healing humanity through science and compassion, one patient at a time.

Community Served

The Tri-Valley region is based around the four suburban cities of Livermore, Pleasanton, Dublin, and San Ramon in the three valleys from which it takes its name: Amador Valley, Livermore Valley, and San Ramon Valley. Livermore, Pleasanton, and Dublin are in Alameda County, while San Ramon is in Contra Costa County.

ValleyCare’s primary service area is the Tri-Valley. ValleyCare has facilities in Pleasanton, Livermore, and Dublin. The Tri-Valley accounts for the majority of ValleyCare’s inpatient discharges.

ValleyCare Service Area Map



Between 2000 and 2010, the population of ValleyCare’s service area (the VCSA) increased by 24%. The population of the VCSA is 285,331. Adults aged 25-64 make up 57% of the population, and one in ten residents are adults aged 65 and over. Children under 18 make up about a quarter (26%) of the population, and youth aged 18-24 comprise 7%.

Regarding race/ethnicity, about two thirds (64%) in the VCSA are White, and about one quarter (26%) are Asian. Blacks make up less than 3% of the population, and 13% of residents are of Hispanic/Latino ethnicity (of any race). One in ten residents has limited English proficiency,² and 5% live in linguistically isolated households.³

Demographic Data

Demographic Data	ValleyCare Service Area	California
Total Population	285,331	38,066,920
White	64%	62%
Black/African American	3%	6%
Asian	26%	13%
Native American/ Alaskan Native	<.5%	<1%
Pacific Islander/ Native Hawaiian	<.5%	<1%
Some Other Race	3%	13%
Multiple Races	5%	4%
Hispanic/Latino of any race	13%	38%

Note: Percentages do not add up to 100% because Hispanic/Latino is an ethnicity and not a race by U.S. Census definition. Hispanics/Latinos may be of any race.

² Speaks a language other than English at home and speaks English less than “very well.”

³ Households where no person 14 years old and over speaks only English, or in which no person 14 years old and over speaks a non-English language and speaks English “very well.”

4. 2013 CHNA RESULTS & IMPACT

In 2012-13, our hospital participated in a collaborative process to identify community health needs and meet the IRS requirements of the CHNA. Our hospital posted the 2013 CHNA on the community benefits page of our public website.⁴ (As of the time of this CHNA report, our hospital had not received written comments about the 2013 CHNA report.)

In 2013, ValleyCare’s Community Benefits Advisory Group identified the health needs found in the list below.

ValleyCare 2013 Prioritized Health Needs

Identified Health Need	Health Need Chosen by ValleyCare
1. Primary care services and information (health literacy), including adequate Spanish capacity	Yes
2. Economic security	Indirectly
3. Affordable, local mental health services	Indirectly
4. Affordable, local substance abuse services	Indirectly
5. Asthma prevention	Yes
6. Healthy eating	Yes
7. Specialty care	Indirectly

For the 2016 CHNA, the Hospitals built upon this work by using this list of identified needs and delving deeper into questions about healthcare access, delivery, barriers to care, and solutions. We also specifically sought to understand how the full implementation of the Affordable Care Act in 2014 impacted residents’ access to healthcare, including affordability of care.

2014-2016 Implemented Strategies

The 2013 CHNA, which surfaced significant health needs, formed the foundation for ValleyCare’s implementation strategies for fiscal years 2014-2016. Those strategies were initiated in ValleyCare’s fiscal year 2014 (July 1, 2013 – June 30, 2014).

⁴ <https://www.valleycare.com/about-community-benefits.aspx>

In December 2014, the IRS published its final regulations, which require that hospitals report on the impact of the implementation strategies. The following information describes the evaluation of community benefit programs put forth in the implementation strategies. The evaluation information below represents the most currently available (fiscal year 2014 and fiscal year 2015). Fiscal year 2015 is a partial year – July 1, 2014 – May 17, 2015). Due to the affiliation and change in fiscal year adjustment, this does not include the end of fiscal year 2015 (May 18, 2015 – August 31, 2015). Due to timing constraints that require adoption and public posting of this report by the end of the fiscal year, evaluation results for fiscal year 2016 are not yet available. For more information, please see <http://www.valleycare.com/about-community-benefits.aspx>.

FY14 & FY15 Community Benefit (CB) Investments

In FY14 and FY15, ValleyCare invested its community benefit funds in programs that benefit the larger community, including health research, health education and training, serving vulnerable populations, charity care, and unreimbursed Medi-Cal and Medicare. These activities provide essential services for those in need in our communities. As part of ValleyCare’s support for its community partners and other community-based agencies, ValleyCare conducted a variety of activities for community members during FY14 and FY15 ranging from education and support for persons with chronic conditions to no-cost joint surgery for persons in need. The section below describes the extent of ValleyCare’s community benefit investments based on its 2013 implementation strategies and the results of those investments.

FY14 & FY15 Evaluation Findings

1. Primary care services and information (health literacy), including adequate Spanish capacity

Improving Access to Health Care

- The ValleyCare Health System Mobile Health Unit provided 1,007 uninsured and low-income patients with primary care, laboratory tests, medical screenings, flu and pertussis vaccines, and linkages to programs such as Child Health and Disability Prevention and Healthy Kids. The Mobile Health Unit is staffed by nurse practitioner(s), medical assistant(s), and supported by physicians when needed.
- Through Operation Walk, two low-income, uninsured patients no longer suffer from joint pain and disability. These patients, without usual access to health care, received surgery and inpatient care free of charge.
- During the school year, ValleyCare Health System paid the salaries of two nurse practitioners for the Pleasanton Unified School District. They provided 30,682 health visits in areas including medication administration for asthma, diabetes, and seizures. They also conducted vision and hearing testing to students who often do not have good access to health care. These advanced nurse practitioners treated minor injuries and illnesses and helped keep students in the school, thus supporting their learning. Because schools receive funding based on attendance, keeping kids in school has an added benefit to the school district. Along with direct student services, the nurse practitioners provided training to the school staff on topics such as diabetes, CPR, use of the epinephrine pen, and the techniques of good hand washing.

Tri-Valley Health Initiative

- The Tri-Valley Health Initiative serves as a gateway to make contact and engage with under-served communities in order to provide health screenings, linkages, and health care enrollment opportunities to youth and families in the Tri-Valley. The initiative aims to establish a health fair as an annual event that increases youth and families' access to culturally-relevant prevention services and strengthens the continuum of school-linked health supports throughout the Tri-Valley.
- The goal of the Tri-Valley Health Initiative is to strengthen the capacity of the Tri-Valley region to provide a continuum of high quality, accessible school-linked health and wellness supports to youth and families experiencing poor health and educational outcomes. The initiative is based on evidence that there is a critical link between children's healthy development and educational attainment, ultimately impacting long term health outcomes.
- The initiative invests in a range of specific prevention activities aimed at improving physical, social, and emotional health and strengthening families.

Information and Education

- The ValleyCare Health Library provides scientifically based health information to assist community members in making more informed decisions about their health and health care. The health library is open to the community and reaches out to the local population, as well as to those who use the Internet. The library has an extensive collection of online health and wellness resources, including medical websites and full-text articles. It also includes conventional health and wellness resources such as books, medical journals, periodicals, and videos. All informational and educational materials are available in English and Spanish.

2. Asthma Prevention

- ValleyCare was a key stakeholder in the Tri-Valley Asthma Collaborative. The Collaborative's role was to provide support and guidance specific to improving the lives of families and people in the Tri-Valley community with asthma or those at risk with asthma.
- ValleyCare has a data sharing collaboration with Alameda Alliance to ensure pediatric patients with asthma are offered educational and case management supports. ValleyCare runs a periodic report to identify any Alliance pediatric members who had an emergency department (ED) visit with the main reason for the visit being asthma-related. Within a week of receiving the data, the Alliance does the following:
 - 1) Mails the member's parents a letter and packet with an asthma educational handout, referral to Alameda County Asthma Start, and sample Asthma Action Plan.
 - 2) Refers the member to the Alameda County Asthma Start program for case management and in-home remediation services if needed.
 - 3) Tracks members with high needs or those who don't connect with the Asthma Start program and offers Alliance case and/or disease management services as appropriate.
- An evaluation conducted in 2014 by the Alliance included members engaging in the Asthma Start program from other facilities, including ValleyCare. Referrals showed a 35% decrease in ED and in-patient (IP) visits from before the Asthma Start intervention. The control group had 10% fewer ED/IP visits. Therefore, the Asthma Start intervention accounted for 25% of the difference.

Previous evaluations had shown an overall cost-savings in member health care costs after participation in the program.

- Also, as part of the asthma collaborative, ValleyCare worked with Livermore, Pleasanton, and Dublin school districts to develop asthma management plans for each asthma student to have on file in the health offices at the school sites.

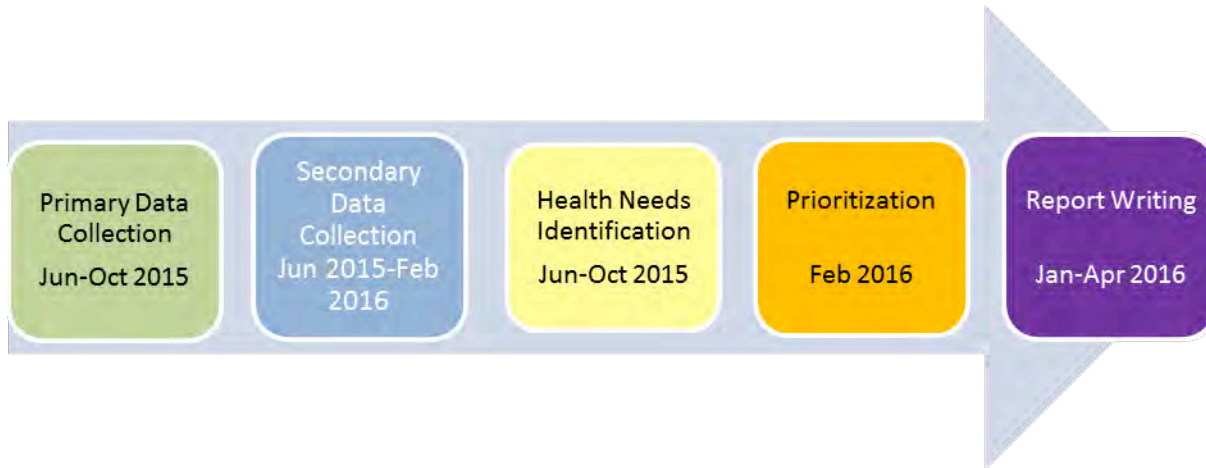
3. Healthy Eating

- ValleyCare conducted a wide variety of programs on healthy eating for the broader community, including various education classes and informational pieces on the importance of eating right.
- Diabetes education seminars educate Tri-Valley community members on healthy eating habits and prevention of pre-diabetes. For those who live with diabetes, ValleyCare offers a monthly diabetes support group reviewing various clinical topics, with occasional guest speakers.
- For the nutrition needs of senior members of the community, ValleyCare made presentations in Livermore and Pleasanton on senior nutrition. These educational programs help seniors understand the connection between good nutrition and a long, healthy life.
- The Physical and Sports Medicine Program provides education about fitness, nutrition, and safety, and promotes physical fitness and safe play for the individuals participating in organized sports.

5. PROCESS AND METHODS

Various collaboratives in Alameda and Contra Costa counties have been working together for several years on prior assessments and other projects. The data collection process for this Community Health Needs Assessment (CHNA) took place over a nine-month period as illustrated below.

CHNA Process



Community Assessment Team

The Hospitals are a group of local hospital representatives in Alameda and Contra Costa counties. Hospital members included John Muir Health, Kaiser Permanente, St. Rose Hospital, San Ramon Regional Hospital, Stanford Health Care – ValleyCare, UCSF Benioff Children’s Hospital Oakland, and Washington Hospital Healthcare System, representing twelve hospital facilities.

Qualifications of Consultants

ASR, a nonprofit social research firm, was commissioned to assist with the various assessments. ASR conducted primary research, collected secondary data, synthesized primary and secondary data for a final health needs list, assisted with the hospitals’ prioritization of community health needs, and documented the process and findings in a report.

ASR is well known for its expertise in community assessments. In 2007, the firm won a national award from the Community Indicator Consortium and the Brookings Institution for having the best community assessment project in the country. They accomplish successful assessments by using mixed research methods to help understand the needs and by putting the research into action through designing and facilitating strategic planning efforts with stakeholders.

6. IDENTIFICATION & PRIORITIZATION OF HEALTH NEEDS

The federal definition of community health needs includes the social determinants of health in addition to morbidity and mortality. This broader view takes into consideration the influence of other factors, including income, education, and where a person lives. These factors are shaped by the distribution of money, power, and resources at global, national, and local levels, which are themselves influenced by policy choices. These underlying social and economic factors cluster and accumulate over one’s life, and influence health inequities across different populations and places.⁵ According to the Robert Wood Johnson Foundation’s approach of what creates good health, health outcomes are largely shaped by social and economic factors, followed by health behaviors, clinical care, and the physical environment.⁶ In order to address the bigger picture of what creates good health, health care systems are increasingly extending beyond the walls of medical offices to the places where people live, learn, work, and play.

For the purposes of the CHNA, we define a “health need” as a health outcome and/or the related conditions that contribute to a defined health need. Health needs are identified by the comprehensive identification, interpretation, and analysis of a robust set of primary and secondary data. Other definitions of terms used throughout the report are as follows:

2016 CHNA Definitions

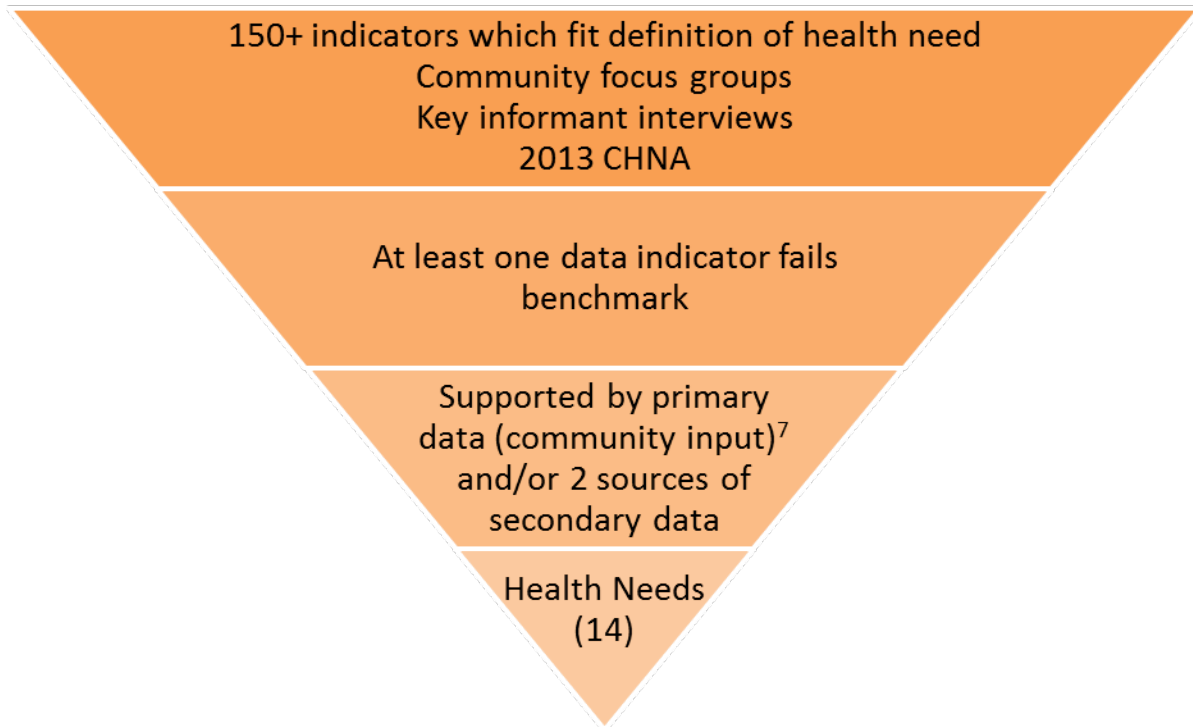
Definition	Example(s)
Health outcome : A snapshot of diseases in a community that can be described in terms of both morbidity (quality of life) and mortality	Diabetes prevalence Diabetes mortality
Health condition : A disease, impairment, or other state of physical or mental ill health that contributes to a poor health outcome	Diabetes
Health driver : A behavioral, environmental, or clinical care factor, or a more upstream social or economic factor that impacts health	Poor nutrition Lack of screenings / diabetes management Access to healthy foods Access to fast food
Health indicator : A characteristic of an individual, population, or environment which is subject to measurement (directly or indirectly)	% with inadequate fruit and vegetable consumption % with blood sugar tests

⁵ <https://www.sccgov.org/sites/sccphd/en-us/Partners/chip/Pages/CHA.aspx>

⁶ <http://www.countyhealthrankings.org/our-approach>

The CHNA assessed community health needs by gathering input from persons representing the broad interests of the community. These persons included local public health departments, those who are medically underserved, low-income individuals, minority populations, and also professionals whose organizations serve or represent the interests of those populations. In addition to this primary qualitative input, quantitative data were also analyzed to identify poor health outcomes, health disparities, and health trends.

2016 CHNA Needs Identification & Prioritization Process



Secondary Data Collection

ASR collected secondary data from the publicly available Community Commons data platform for Alameda and Contra Costa counties. This data platform included over 150 health need indicators and served as a common foundation for statistical data gathering on community health. For the purposes of the CHNA, a health need was defined as a poor health outcome and its associated health driver, or a health driver associated with a poor health outcome where the outcome itself has not yet arisen as a need. In addition, ASR reviewed the most recent and comprehensive Alameda County and Contra Costa County public health-related reports. Other data sources are listed in Attachment 3.

⁷ In order to meet the criterion of being supported by community input, the need must have been mentioned in at least one third of key informant interviews or one half of focus groups.

Specifically related to secondary data collection, the Hospitals requested that ASR examine the following:

- How do data indicators perform compared to Healthy People 2020 targets or against California data?
- Are there disparate outcomes and conditions for people in the community?

Healthy People is an endeavor of the U.S. Department of Health and Human Services, which has provided 10-year national objectives for improving the health of Americans based on scientific data for 30 years. Healthy People sets objectives or targets for improvement for the nation. The most recent set of objectives are for the year 2020 (HP2020) and were updated in 2012 to reflect the most accurate population data available.⁸

ASR compiled the statistical data and provided comparisons with existing benchmarks (Healthy People 2020 and statewide averages).

Information Gaps & Limitations

The Hospitals were limited in their ability to assess some of the identified community health needs due to a lack of secondary data. There were also limitations on how the Hospitals were able to understand the needs of special populations, including the foreign born, the LGBTQ population, and the incarcerated. Due to the small numbers of these community members, many data are statistically unstable and do not lend themselves to predictability.

Quantitative data about the community were particularly scarce for the following issues:

- Bullying
- Dental health (particularly dental caries)
- Consumption of sugar-sweetened drinks
- Elder health
- Disabilities
- Flu vaccines
- Quality of life and stressors
- Police-associated violence
- Human trafficking
- Discrimination and perceptions related to race
- Sexual behaviors
- Substance abuse (particularly, use of illegal drugs and misuse of prescription medication)
- Use of e-cigarettes and related behaviors such as vaping
- Extended data on breastfeeding

⁸ <http://www.healthypeople.gov>

Primary Data (Community Input)

ASR conducted the primary research for the Hospitals using three strategies for collecting community input: interviews with health experts, focus groups with community leaders and stakeholders, and resident focus groups. In order to provide a voice to the community, and in alignment with IRS regulations, the focus groups were targeted at residents who were medically underserved, in poverty, and/or of a minority population.

Focus groups and key informant interviews in Alameda and Contra Costa counties were conducted and centered around four core questions. These questions were modified appropriately for the group (professionals or residents):

- What are the top or “priority” health needs in the community that are not being well-met now (compared to 2013)?
- What are the issues around access to healthcare, and how has the Affordable Care Act impacted access to healthcare for the community?
- What other drivers or barriers are contributing to the health needs that you prioritized?
- For the health needs that you prioritized, what are some possible suggestions, improvements, or solutions?

See Attachment 5 (Community Leaders and Representatives) for the titles and expertise of key stakeholders along with the date and mode of consultation. See Attachment 6 (Primary Data Collection Protocols) for detailed protocols and questions.

Focus Groups

Focus group discussions included ten people on average and lasted one hour. Residents were recruited by the nonprofit host, Open Heart Kitchen, in the Tri-Valley area (which serves low-income residents). The Hospitals also convened a group of leaders of safety net clinics that serve low-income and minority residents in Alameda and Contra Costa Counties to draw on their knowledge of the community.

Two focus groups were held on behalf of the Tri-Valley area between June and October 2015. One group was held with professionals from organizations that serve the focus population, and one was held with residents themselves. Nine professionals and 12 non-professional residents participated in focus groups. In addition to answering the core questions about health priorities and access, focus group participants were asked to share their suggestions for improvement of health, including how new or existing resources could best help, and whether policies could be developed to impact the need.

Details of 2016 CHNA Focus Groups

Population Focus	Resident/ Professional	Focus Group Host/Partner	Date	Number of Participants
Medically underserved, low-income	Resident	Open Heart Kitchen (Livermore)	9/2/15	12
Medically underserved, low-income, minority	Professional	UCSF Benioff Children’s Hospital Oakland	9/2/15	9

Resident Participant Demographics

A total of 12 community members participated in the focus group. All participants were asked to complete an anonymous demographic survey, the results of which are reflected below. All but one filled out a survey.

- Residents lived in the Tri-Valley area: Livermore (82%) and Pleasanton (18%).
- 64% of respondents were White, and 36% reported being of various other ethnicities (Asian, Black, Pacific Islander, multiracial).
- 45% of respondents were adults between the ages of 21 and 55, 27% were over age 55, and the rest declined to state their age.
- One resident (9%) was uninsured, 64% had benefits through Medi-Cal, Medicare, or another public health insurance program, and the rest declined to state their insurance status.
- Of those who responded to a question about income (7 of 11), 100% reported having an annual household income of under \$45,000 per year, which is not much more than the 2014 California Self-Sufficiency Standard for Alameda County for two adults with no children (\$38,817). The majority (86%) of respondents earned under \$25,000 per year, which is below Federal Poverty Level for a family of four. This demonstrates a high level of need among participants in an area where the cost of living is extremely high compared to other areas of California.

Key Informant Interviews

ASR interviewed various professionals who either work in the health field or improve health and quality of life conditions by serving those from IRS-identified, high-need populations and also community leaders or representatives. Experts were interviewed in person or by telephone for approximately one hour. Informants were asked to identify the top needs of their constituencies and to give their perceptions about how access to healthcare has changed in the post-Affordable Care Act environment. These interviews took place in the summer and fall of 2015.

ASR conducted 14 key informant interviews with 20 professionals. In addition to the core questions about health priorities and access described above, informants were asked to explain what barriers to having good health or addressing health needs exist, and to share which solutions may improve health (including existing resources and policy changes).

Data Synthesis

In order to generate a list of health needs, ASR synthesized the secondary quantitative data with the primary data. In order to be listed as a significant community health need, all three of the following criteria needed to be met:

1. The issue must fit the definition of a “health need”: A poor health outcome and its associated health driver, or a health driver associated with a poor health outcome where the outcome itself has not yet arisen as a need.
2. At least one related indicator performs poorly against the Healthy People 2020 (“HP2020”) target or, if no HP2020 target exists, against the state average; if no secondary data are available, the need must meet a minimum threshold of mentions (in at least one third of key informant interviews or one half of focus groups).
3. The issue is suggested or confirmed by more than one source of secondary quantitative and/or primary qualitative data.

A total of 14 health needs (including conditions and drivers) fit all three criteria and were retained as community health needs. The list of needs, in priority order, is found below.

Health Needs Prioritization

In March 2016, Stanford Health Care – ValleyCare convened a group of community and hospital representatives that met to review results of the CHNA data collection and data synthesis and to prioritize the health needs in fulfillment of IRS regulations.

The ValleyCare group prioritized the health needs list (shown in the table below) by applying criteria to the list of 14 health needs. For a detailed breakdown of the prioritization scores by criteria, see Attachment 7.

2016 Health Needs by Prioritization Rank

Health Need	Prioritization Score (on a scale of 1-3)
1. Healthcare access & delivery	2.90
2. Mental health	2.85
3. Obesity, diabetes, healthy eating, active living	2.60
4. Cardiovascular/stroke	2.55
5. Cancer	2.40

Prioritization Criteria

- Is a health need in the Tri-Valley area
- Is a priority for the community
- Affects a relatively large number of individuals (large magnitude)
- Clear disparities exist for some subpopulations or residents of some geographic areas
- Is one in which ValleyCare has the required expertise and human and financial resources to make an impact

Health Need	Prioritization Score (on a scale of 1-3)
6. Substance abuse (ATOD)	2.25
7. Oral health	2.15
8. Maternal & child health	2.05
9. Communicable diseases	2.00
10. Economic security	2.00
11. Violence/injury prevention	1.65
12. Asthma	1.60
13. Unintentional injuries	1.55
14. Climate & health	1.20

Summarized Descriptions: Priority Tri-Valley Area Health Needs

Descriptions of the health needs are included below. Health needs are listed in priority order. The health needs summarized below cite statistical data from the ValleyCare service area (the VCSA) where available. When no VCSA data are available, the region which includes the Tri-Valley and Central Contra Costa County data (TV/CCC) were used. If data in this region were not available, ASR used Alameda County and/or Contra Costa County data. Detailed health profiles of top priority health needs, which include statistical data, are included in the attached health needs profiles (Attachment 9).

1 Health Care Access and Delivery is an identified health need in the VCSA.

In Alameda County, the proportion of residents that reported a delay or difficulty in obtaining care was well above the HP2020 objective. Alameda County does not meet the HP2020 objective for people with a usual source of care. Stark ethnic disparities exist in the uninsured population of TV/CCC. The VCSA falls short of the state benchmark for the rate of Federally Qualified Health Centers. The community shared concerns about many aspects of healthcare access and delivery, including difficulties with navigating the complex health system, difficulties obtaining timely appointments with professionals (due to a perceived lack of clinical providers—especially those that accept Medi-Cal), the need for cultural competence of all health system staff, and difficulties with affording and accessing public transportation.

2 Mental Health is an identified health need in the VCSA.

Although the rate of death due to intentional self-harm (suicide) in the VCSA was lower than the state average, the suicide rate in TV/CCC for Whites was exponentially higher than the rate for Native Hawaiians/Pacific Islanders. However, White adults are also much less likely to report a need for mental health care as compared to other racial and ethnic groups. Severe mental illness ED visits are higher in Alameda County than in the state. The community expressed

concern about the lack of insurance benefits for mental health issues, especially for things like stress and depression. CHNA participants also discussed the difficulty in accessing mental health specialty care, cultural and language barriers, stigma, and the lack of education about mental health and mental health resources. Regarding specific populations, the community is concerned about those who have experienced trauma, as well as youth and specifically LGBTQ youth.

3 Obesity/Diabetes/Healthy Eating, Active Living is an identified health need in the VCSA.

VCSA residents experience similarly high proportions of overweight compared to the state. In Alameda and Contra Costa counties combined, half of both Whites and Blacks are overweight or obese, which is higher than the overall county proportions. A higher percentage of youth in the VCSA have low fruit/vegetable consumption compared to Alameda County and the state average. White youth in Alameda County are much more likely to have low fruit/vegetable consumption as compared to Latino and Black youth. In the VCSA, a higher proportion of residents live in food deserts compared to the state average. There are fewer grocery stores per capita and more fast food restaurants per capita in the VCSA compared to the state. In the VCSA, a higher percentage of the population has a commute over 60 minutes compared to the state. The community expressed concern about diabetes and diabetes management, access to open spaces/safe places to exercise, the expense of buying healthy food, and the need for more education about food resources. The community is most concerned about how the low-income population is impacted by this need.

4 CVD/Stroke is an identified health need in the VCSA.

Heart disease prevalence in the VCSA is no better than the state. In the VCSA, the age-adjusted rate of ischaemic heart disease mortality is much higher than the HP2020 target. TV/CCC data indicate ethnic disparities; compared to those of other races/ethnicities, Latino adults are slightly more likely to have heart disease, the highest rates of heart disease mortality are found among Native Hawaiians/Pacific Islanders and Blacks, and both Blacks and Pacific Islanders experience stroke mortality at much higher rates than the HP2020 objective. Alameda County data show that Blacks have much higher rates of high blood pressure than those of other races/ethnicities. Community input mainly focused on drivers such as food choices and geography (e.g., access to open spaces for exercise, markets with fresh produce). See the health profile on Obesity, Diabetes, and Healthy Eating/Active Living for related information.

5 Cancer is an identified health need in the VCSA.

The overall cancer mortality rates in the VCSA are lower than the state. Black, White, and Pacific Islander residents in TV/CCC have higher mortality rates than the state. The breast cancer incidence rate in TV/CCC is higher than the state, and is also higher than the state for

Whites in the service area. The age-adjusted breast cancer mortality rate in Contra Costa County is higher than the HP2020 objective and even higher for Blacks and Whites in the county. While the overall cervical cancer incidence rate in TV/CCC is no higher than the HP2020 objective, and it is worse for Latinas and White women in the service area. Colorectal and prostate cancer incidence rates are higher in TV/CCC than benchmarks, with Blacks and Whites experiencing these cancers at even higher rates compared to those of other races/ethnicities. The age-adjusted colorectal cancer mortality rate in Contra Costa County is higher than the HP2020 objective and even higher for Blacks countywide. The overall lung cancer incidence rate in TV/CCC is higher than the state; Blacks and Whites in this service area have higher incidence rates than the state as well. Colon cancer screening rates are higher in the VCSA than in the state, but data are not available by ethnicity. Key informants mainly focused on aspects of access to care for cancer (e.g., supply of specialists who accept insurance plans and affordability).

6 Substance Abuse/Tobacco is an identified health need in the VCSA.

The rate of binge drinking in the VCSA is higher than Contra Costa County and the state. Also, VCSA residents' total household expenditures towards alcohol are slightly higher than the state average. The age-adjusted rate of substance abuse-related Emergency Department visits is higher in Alameda County than in the state overall, with stark ethnic disparities apparent (for Blacks, Native Americans/Alaskan Natives, and Whites). Providers who participated in the CHNA are seeing an increase in drug use (especially marijuana and opiates). The community perceives a connection between domestic violence and drug/alcohol abuse. Community members expressed concerns about the lack of effective local treatment services and facilities.

7 Oral Health is an identified health need in the VCSA.

A similar proportion of residents have poor dental health in the VCSA and the state. However, Alameda County data show that a slightly smaller proportion of children in the county have recently visited the dentist compared to the state. Contra Costa County children are slightly more likely to miss one or more school days due to a dental problem than those in the state overall. Community input indicates that dental health specialty care is hard to obtain and expensive, and that dental health is "by far the greatest need" among the homeless. They report that many providers do not accept Denti-Cal and some require cash payment for services. There was concern that there is less access to mobile dental care than before, and there is a lack of treatment options beyond tooth extractions.

8 Maternal and Child Health is an identified health need in the VCSA.

While the infant mortality rate is lower in both counties than in the state, the Black infant mortality rate is disproportionately higher. The proportion of households in the VCSA that

experienced food insecurity, which impacts the health of children and unborn infants, is twice that of the HP2020 target. A key informant emphasized the need for early interventions (such as appropriate attachment/ detachment for mothers and their babies, preschool, and reading) for a better life trajectory. The rate of Head Start Program facilities for the population of children in TV/CCC under age five is well below the state benchmark, which is relevant because access to education is a primary social determinant of health.

9 Economic Security is an identified health need in the VCSA.

In TV/CCC a greater proportion of Latino residents and, specifically, Latino children were living in poverty compared to non-Latino residents and children. A higher percentage of residents in the VCSA experience food insecurity at some point during the year compared to the HP2020 target. A larger proportion of the VCSA population has a commute over 60 minutes compared to the state. The community perceives that jobs that pay enough to afford to live in the area are scarce and that affordable housing is lacking. Also, the community is concerned about homelessness, including the lack of services for basic needs, as well as the lack of education about and fear of the homeless.

10 Communicable Diseases are an identified health need in the VCSA.

The tuberculosis (TB) incidence rate in Alameda County is much higher than the HP2020 target. HIV prevalence among Blacks is higher in TV/CCC than in other ethnic groups in the area. Black patients are also overrepresented among HIV patients discharged from the hospital. The pertussis incidence rate is higher than the state in both counties and has been rising in both over the past three years. The Alameda County Public Health Department notes that the pertussis epidemic persists in the county. There is concern about lower reimbursement rates for vaccination starting to have a negative impact on access to care for these diseases. Key informants are concerned about the increased rates of syphilis among White males and of HIV among transgender women and men who have sex with men (MSM).

11 Violence/Injury Prevention is an identified health need in the VCSA.

The rates of overall violent crime, assaults, and rapes are all higher in the VCSA than in the state. In the TV/CCC area, the rate of domestic violence ED visits among women is also higher than in the state, and school suspensions due to violence are no better than the state. Key informants focused on public safety and violence, including shootings among young men and the lack of safe, walkable neighborhoods. The community perceives a connection between domestic violence, drug/alcohol abuse, mental health issues, and truancy.

12 Asthma is an identified health need in the VCSA.

In the VCSA, adult asthma prevalence exceeds that of the state. In both counties, there are greater proportions of children and teens with asthma compared to the state. Ethnic disparities are seen in TV/CCC, with worse rates of asthma hospital discharges for Blacks and those of “other” ethnicities compared to Whites, Latinos, and Asians. Those in northern parts of the VCSA have the highest asthma hospitalization discharges. Also, poor air quality, which contributes to asthma, is slightly worse in the VCSA than in the state overall. Key informants expressed concern about these geographic disparities and the lack of healthcare access for some residents depending on where they live in the service area.

13 Unintentional Injuries is an identified health need in the VCSA.

The mortality rate for pedestrian accidents in both the VCSA and TV/CCC and was slightly better than the HP2020 goal. However, there were ethnic disparities in TV/CCC. Blacks in TV/CCC have higher rates of pedestrian accident mortality and motor vehicle crash mortality. In Contra Costa County, Blacks have higher rates of death due to unintentional injuries than county residents overall and Californians. In Contra Costa County, Whites have higher rates of hospitalizations due to unintentional injuries than county residents overall and Californians. Key informants discussed excessive motor vehicle crash injuries/deaths in Alameda County.

14 Climate and Health is an identified health need in the VCSA.

The percentages of bad air quality days is slightly higher in the VCSA than in the state. The total number of road miles per acre of land (road network density) contributes to increased use of vehicles and related poor air quality. The VCSA has a higher density of road miles per acre in comparison to the state. In the VCSA, a smaller proportion of the population lives within half a mile of public transit than in the state. Slightly more of the VCSA population commutes alone to work by car compared to the state. In Contra Costa County, the rate of heat-related Emergency Room visits is higher than the state. Asthma prevalence, which is linked to air pollution, is also slightly higher among adults in the VCSA than in the state. Key informant input mainly focused on concerns about air quality and the need for access to open spaces.

7. CONCLUSION

Next steps:

- CHNA adopted by the Finance Committee of the hospital board and made publicly available on SHC-ValleyCare’s website (May 2016).
- Collect community comments on the 2016 CHNA (ongoing, beginning May 2016).
- Select the priority health needs SHC - ValleyCare will address over the next three fiscal years and develop Implementation Strategies to address those needs (August 2016).
- Implementation Strategies adopted by the Finance Committee of the hospital board and made publicly available on SHC – ValleyCare’s website (September 2016).

Stanford Health Care – ValleyCare works to improve community health through its partnerships with hospitals, county agencies and community-based organizations. Stanford Health Care- ValleyCare’s Implementation Strategy and OSHPD Community Benefit reports describe the investments made in the community including programming and partnerships.

8. LIST OF ATTACHMENTS

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|----------------------|---|
| Attachment 1. | IRS Checklist |
| Attachment 2. | Glossary |
| Attachment 3. | Secondary Data Sources |
| Attachment 4. | Data Indicators |
| Attachment 5. | Community Leaders and Representatives |
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| Attachment 7. | Identified and Prioritized Health Needs |
| Attachment 8. | Community Assets and Resources |
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Attachment 1: IRS Checklist

Section §1.501(r)(3) of the Internal Revenue Service code describe the requirements of the CHNA.

Federal Requirements Checklist	Regulation Section Number	Report Section / Attachment
A. ACTIVITIES SINCE PREVIOUS CHNA(s)		
Describes the written comments received on the hospital’s most recently conducted CHNA and most recently adopted implementation strategy.	(b)(5)(C)	Sec. 4
Describes an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility’s prior CHNA(s).	(b)(6)(F)	Sec. 4
B. PROCESS & METHODS		
Background Information		
Identifies any parties with whom the facility collaborated in preparing the CHNA(s).	(b)(6)(F)(ii)	Sec. 5
Identifies any third parties contracted to assist in conducting a CHNA.	(b)(6)(F)(ii)	Sec. 5
Defines the community it serves, which:	(b)(i)	Sec. 3
<ul style="list-style-type: none"> • Must take into account all patients without regard to whether (or how much) they or their insurers pay for care or whether they are eligible for assistance. • May take into account all relevant circumstances including the geographic area served by the hospital, target population(s), and principal functions. • May <i>not</i> exclude medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital draws its patients. 	(b)(3) (b)(6)(i)(A)	Sec. 6
Describes how the community was determined.	(b)(6)(i)(A)	Sec. 3
Describes demographics and other descriptors of the hospital service area.	(b)(3)	Sec. 3
Health Needs Data Collection		
Describes data and other information used in the assessment:	(b)(6)(ii)	Sec. 6
<ul style="list-style-type: none"> a. Cites external source material (rather than describe the method of collecting the data). b. Describes methods of collecting and analyzing the data and information. 	(b)(6)(F)(ii) (b)(6)(ii)	Sec. 6 Att. 3 Sec. 6 Att. 6

Federal Requirements Checklist	Regulation Section Number	Report Section / Attachment
Describes how it took into account input from persons who represent the broad interests of the community it serves in order to identify and prioritize health needs and identify resources potentially available to address those health needs.	(b)(1)(iii) (b)(5)(i) (b)(6)(F)(iii)	Sec. 6 Att. 5
Describes the medically underserved, low-income, or minority populations being represented by organizations or individuals that provide input.	(b)(6)(F)(iii)	Sec. 6 Att. 5
a. At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) or a State Office of Rural Health.	(b)(5)(i)(A)	Sec. 6 Att. 5
b. Members of the following populations, or individuals serving or representing the interests of populations listed below. (Report includes the names of any organizations - names or other identifiers not required.)	(b)(5)(i)(B)	Sec. 6 Att. 5
I. Medically underserved populations		
II. Low-income populations		
III. Minority populations	(b)(5)(i)(B)	
c. Additional sources (optional) – (e.g. healthcare consumers, advocates, nonprofit and community-based organizations, elected officials, school districts, healthcare providers and community health centers).	(b)(5)(ii)	Sec. 6
Describes how such input was provided (e.g., through focus groups, interviews or surveys).	(b)(6)(F)(iii)	Sec. 5 Sec. 6
Describes over what time period such input was provided and between what approximate dates.	(b)(6)(F)(iii)	Sec. 6
Summarizes the nature and extent of the organizations' input.	(b)(6)(F)(iii)	Sec. 6 Att. 6
C. CHNA NEEDS DESCRIPTION & PRIORITIZATION		
Health needs of a community include requisites for the improvement or maintenance of health status both in the community at large and in particular parts of the community (such as particular neighborhoods or populations experiencing health disparities).	(b)(4)	Sec. 6 Att. 9
Prioritized description of significant health needs identified.	(b)(6)(i)(D)	Sec. 6 Att. 9
Description of process and criteria used to identify certain health needs as significant and prioritizing those significant health needs.	(b)(6)(i)(D)	Sec. 6 Att. 7

Federal Requirements Checklist	Regulation Section Number	Report Section / Attachment
Description of the resources potentially available to address the significant health needs (such as organizations, facilities, and programs in the community, including those of the hospital facility).	(b)(4) (b)(6)(E)	Att. 8
D. FINALIZING THE CHNA		
CHNA is conducted in such taxable year or in either of the two taxable years immediately preceding such taxable year.	(a)1	Exec Sum Sec. 7
CHNA is a written report that is adopted for the hospital facility by an authorized body of the hospital facility (authorized body defined in §1.501(r)-1(b)(4)).	(b)(iv)	May 2016
Final, complete, and current CHNA report has been made widely available to the public until the subsequent two CHNAs are made widely available to the public. “Widely available on a web site” is defined in §1.501(r)-1(b)(29).	(b)(7)(i)(A)	May 2016
a. May not be a copy marked “Draft”.	(b)(7)(ii)	
b. Posted conspicuously on website (either the hospital facility’s website or a conspicuously-located link to a web site established by another entity).	(b)(7)(i)(A)	
c. Instructions for accessing CHNA report are clear.	(b)(7)(i)(A)	
d. Individuals with Internet access can access and print reports without special software, without payment of a fee, and without creating an account.	(b)(7)(i)(A)	
e. Individuals requesting a copy of the report(s) are provided the URL.	(b)(7)(i)(A)	
f. Makes a paper copy available for public inspection upon request and without charge at the hospital facility.	(b)(7)(i)(B)	

Attachment 2: Glossary

Abbreviation	Term	Description/Notes
AC	Alameda County	
ATOD	Alcohol, tobacco and other drugs	
BRFSS	Behavioral Risk Factor Surveillance System	Survey implemented by CDC
CA	California	
CCC	Contra Costa County	
CDC	Centers for Disease Control and Prevention	
CDE	California Department of Education	
CDHS	California Department of Health Services	
CDPH	California Department of Public Health	
CHNA	Community Health Needs Assessment	
DHHS	United States Department of Health and Human Services	
DV	Domestic violence	
FPL	Federal poverty level	An annual metric of income levels determined by DHHS.
HIV	Human immunodeficiency virus	Sexually transmitted virus that can lead to AIDS.
HP2020	Healthy People 2020	National, 10-year aspirational benchmarks set by federal agencies & finalized by a federal interagency workgroup under the auspices of the U.S. Office of Disease Prevention and Health Promotion, managed by DHHS.
HUD	United States Department of Housing and Urban Development	
LGBTQI	Lesbian/ Gay/ Bisexual/ Transgender/ Questioning/ Intersex	
PHD	Public health department	

Attachment 3: Secondary Data Sources

- Alameda County Public Health Department. 2014. Alameda County Health Data Profile 2014.
- City of Berkeley Public Health Division. 2013. Health Status Report 2013.
- Contra Costa Health Services and Hospital Council of Northern and Central California. 2010. Community Health Indicators for Contra Costa County.
- U.S. Department of Health and Human Services. 2015. Healthy People 2020. Office of Disease Prevention and Health Promotion, HealthyPeople.gov, <http://www.healthypeople.gov/>. Accessed October and November 2015.
- U.S. Department of Health and Human Services. Various. <http://www.healthyalamedacounty.org/>. Accessed October and November 2015.
- UCLA Center for Health Policy Research. 2015. AskCHIS Neighborhood Edition. Accessed October and November 2015.
- UCLA Center for Health Policy Research. 2015. AskCHIS. Accessed October and November 2015.
- University of Missouri Center for Applied Research and Environmental Systems (CARES). Various. www.communitycommons.org/. Accessed July 2015 through March 2016.

Attachment 4: Data Indicators

Indicator Variable	Data Source
Age 0-4 (Percentage)	US Census Bureau, American Community Survey. 2009-13.
Age 18-24 (Percentage)	US Census Bureau, American Community Survey. 2009-13.
Age 25-34 (Percentage)	US Census Bureau, American Community Survey. 2009-13.
Age 35-44 (Percentage)	US Census Bureau, American Community Survey. 2009-13.
Age 45-54 (Percentage)	US Census Bureau, American Community Survey. 2009-13.
Age 5-17 (Percentage)	US Census Bureau, American Community Survey. 2009-13.
Age 55-64 (Percentage)	US Census Bureau, American Community Survey. 2009-13.
Age 65+ (Percentage)	US Census Bureau, American Community Survey. 2009-13.
Alcoholic Beverage Expenditures, Percentage of Total Food-At-Home Expenditures	Nielsen, Nielsen Site Reports. 2014.
Annual Breast Cancer Incidence Rate (Per 100,000 Pop.)	National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2007-11.
Annual Cervical Cancer Incidence Rate (Per 100,000 Pop.)	National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2007-11.
Annual Colon and Rectum Cancer Incidence Rate (Per 100,000 Pop.)	National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2007-11.
Annual Lung Cancer Incidence Rate (Per 100,000 Pop.)	National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2007-11.
Annual Prostate Cancer Incidence Rate (Per 100,000 Pop.)	National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2007-11.
Assault Injuries Rate (per 100,000 Population)	California EpiCenter data platform for Overall Injury Surveillance. 2011-13.
Assault Rate (Per 100,000 Pop.)	Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2010-12.
Asthma Hospitalizations Age-Adjusted Discharge Rate (Per 10,000 Pop.)	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data, additional data analysis by CARES, 2011, and Alameda County Public Health Department. Alameda County Health Data Profile, 2014, and Contra Costa Health Services and Hospital Council of Northern and Central California, 2010, Community Health Indicators for Contra Costa County.
Asthma Prevalence (Percentage, Adults)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.

Indicator Variable	Data Source
Average Daily School Breakfast Program Participation Rate	US Department of Agriculture, Food and Nutrition Service, USDA - Child Nutrition Program. 2013.
Average Number of Mentally Unhealthy Days per Month	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. 2006-12.
BMI > 30.0 Prevalence (Obese) (Percentage, Adults)	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012.
Breast Cancer Deaths (Rate per 100,000 (age-adjusted))	Contra Costa Health Services and Hospital Council of Northern and Central California. 2010. Community Health Indicators for Contra Costa County.
Cancer, Age-Adjusted Mortality Rate (per 100,000 Population)	University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12.
Childhood (0-14) Asthma Hospitalization Rate (per 100,000 (age-adjusted))	Contra Costa Health Services and Hospital Council of Northern and Central California. 2010. Community Health Indicators for Contra Costa County.
Children and Teens with Asthma (1-17) (Percentage)	Alameda County Public Health Department. Alameda County Health Data Profile, 2014, and Contra Costa Health Services and Hospital Council of Northern and Central California, 2010, Community Health Indicators for Contra Costa County.
Children Who Visited Dentist Within Past 12 Months (Percentage)	Alameda County Public Health Department. Alameda County Health Data Profile. 2014.
Chlamydia Infection Rate (Per 100,000 Pop.)	US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2012.
Cigarette Expenditures, Percentage of Total Household Expenditures	Nielsen, Nielsen Site Reports. 2014.
Colorectal Cancer Deaths Rate (per 100,000 (age-adjusted))	Contra Costa Health Services and Hospital Council of Northern and Central California. 2010. Community Health Indicators for Contra Costa County.
Coronary Heart Disease Hospitalization Rate (per 100,000 (age-adjusted))	Alameda County Public Health Department. Alameda County Health Data Profile. 2014.
Dentists, Rate (per 100,000 Pop.)	US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2013.
Depression (Percentage, Medicare Beneficiaries)	Centers for Medicare, and, Medicaid, Services. 2012.
Diabetes Hospitalizations Age-Adjusted Discharge Rate (Per 10,000 Pop.)	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.
Diagnosed Diabetes Prevalence (Age-Adjusted) (Percentage, Adults)	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012,

Indicator Variable	Data Source
	and Alameda County Public Health Department, Alameda County Health Data Profile, 2014, and Contra Costa Health Services and Hospital Council of Northern and Central California, 2010, Community Health Indicators for Contra Costa County.
Disability (Percentage, Population)	US Census Bureau, American Community Survey. 2009-13.
Domestic Violence Injuries Rate (per 100,000 Population (Females Age 10+))	California EpiCenter data platform for Overall Injury Surveillance. 2011-13.
Drought Weeks (Any) (Percentage)	US, Drought, Monitor. 2012-14.
Estimated Adults Drinking Excessively (Age-Adjusted Percentage)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.
Fast Food Restaurants, Rate (Per 100,000 Population)	US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2011.
Federally Qualified Health Centers, Rate (per 100,000 Population)	US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. June 2014.
Female Population (Percentage)	US Census Bureau, American Community Survey. 2009-13.
Food Insecurity (Percentage, Population)	Feeding, America. 2012.
Fruit / Vegetable Expenditures, Percentage of Total Food-At-Home Expenditures	Nielsen, Nielsen Site Reports. 2014.
Full Immunization at 24 Months (Percentage)	Contra Costa Health Services and Hospital Council of Northern and Central California. 2010. Community Health Indicators for Contra Costa County.
Gini Index Value (Income Inequality)	US Census Bureau, American Community Survey. 2009-13.
Grade 4 ELA Test Score Not Proficient (Percentage)	California, Department of Education., 2012-13.
Grocery Stores, Rate (Per 100,000 Population)	US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2011.
Head Start Programs Rate (Per 10,000 Children Under Age 5)	US Department of Health & Human Services, Administration for Children and Families. 2014.
Heart Disease Prevalence (Percentage, Adults)	University of California Center for Health Policy Research, California Health Interview Survey. 2011-12.
Heart Disease, Age-Adjusted Mortality Rate (per 100,000 Population)	University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12.
Heat-related Emergency Department Visits, Rate (per 100,000 Population)	California Department of Public Health, CDPH - Tracking. 2005-12.
Hemoglobin A1c Test, Annual (Percentage, Medicare Enrollees with Diabetes)	Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2012.

Indicator Variable	Data Source
High Blood Pressure and Not Taking Medication (Percentage, Adults)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10.
High Blood Pressure Prevalence (Percentage)	Alameda County Public Health Department. Alameda County Health Data Profile. 2014.
High School Cohort Graduation Rate	California, Department of Education. 2013.
Hispanic or Latino (Percentage)	US Census Bureau, American Community Survey. 2009-13.
HIV Hospitalizations Age-Adjusted Discharge Rate (per 10,000 Pop.)	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.
Homicide, Age-Adjusted Mortality Rate (per 100,000 Population)	University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12.
Households where Housing Costs Exceed 30% of Income (Percentage)	US Census Bureau, American Community Survey. 2009-13.
HUD-Assisted Units, Rate (per 10,000 Housing Units)	US Department of Housing and Urban Development. 2013.
Inadequate Fruit / Vegetable Consumption (Percentage, Adults)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2005-09.
Inadequate Fruit/Vegetable Consumption (percentage, Population Age 2-13)	University of California Center for Health Policy Research, California Health Interview Survey. 2011-12.
Income at or Below 200% FPL (Percentage, Population)	US Census Bureau, American Community Survey. 2009-13.
Infant Mortality Rate (Per 1, 000 Births)	Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2006-10.
Insured Population Receiving Medicaid (Percentage)	US Census Bureau, American Community Survey. 2009-13.
Intentional Injuries, Rate (per 100,000 Population (Youth Age 13 - 20))	California EpiCenter data platform for Overall Injury Surveillance. 2011-13.
Limited English Proficiency (Percentage, Population Age 5+)	US Census Bureau, American Community Survey. 2009-13.
Linguistically Isolated Population (Percentage)	US Census Bureau, American Community Survey. 2009-13.
Liquor Stores, Rate (Per 100,000 Population)	US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2012.
Live Within 1/2 Mile of a Park (Percentage, Population)	US Census Bureau, Decennial Census. ESRI Map Gallery. 2010.
Live within Half Mile of Public Transit (Percentage, Population)	Environmental Protection Agency, EPA Smart Location Database. 2011.

Indicator Variable	Data Source
Living in a HPSA-Dental (Percentage, Population)	US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. March 2015.
Living in a HPSA-Primary Care (Percentage, Population)	US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. March 2015.
Living in Car Dependent (Almost Exclusively) Cities (Percentage)	Walk Score®. 2012.
Low Birth Weight Births (Percentage)	California Department of Public Health, CDPH - Birth Profiles by ZIP Code. 2011.
Low Food Access (Percentage, Population)	US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010.
Male Population (Percentage)	US Census Bureau, American Community Survey. 2009-13.
Mammogram in Past 2 Year (Percentage, Female Medicare Enrollees)	Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2012.
Median Age	US Census Bureau, American Community Survey. 2009-13.
Mental Health Care Provider Rate (Per 100,000 Population)	University of Wisconsin Population Health Institute, County Health Rankings. 2014.
Missed School Days Due to Dental Problem (At Least One Day) (Percentage)	Contra Costa Health Services and Hospital Council of Northern and Central California. 2010. Community Health Indicators for Contra Costa County.
Mothers Breastfeeding (Any) (Percentage)	California Department of Public Health, CDPH - Breastfeeding Statistics. 2012.
Mothers Breastfeeding (Exclusively) (Percentage)	California Department of Public Health, CDPH - Breastfeeding Statistics. 2012.
Mothers with Late or No Prenatal Care (Percentage)	California Department of Public Health, CDPH - Birth Profiles by ZIP Code. 2011.
Motor Vehicle Accident, Age-Adjusted Mortality Rate (per 100,000 Population)	University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12.
Never Screened for HIV / AIDS (Percentage, Adults)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.
No Air Conditioning (Percentage, Housing Units)	US Census Bureau, American Housing Survey. 2011, 2013.
No High School Diploma (Percentage, Population Age 25+)	US Census Bureau, American Community Survey. 2009-13.
No Leisure Time Physical Activity (Percentage, Population)	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012.
No Motor Vehicle (Percentage, Households)	US Census Bureau, American Community Survey. 2009-13.
Obese Youth (Percentage, Students Tested)	California Department of Education, FITNESSGRAM® Physical Fitness Testing. 2013-14.

Indicator Variable	Data Source
Obesity (Percentage, Adults)	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012, and UCLA Center for Health Policy Research, AskCHIS, 2015.
Occupied Housing Units with One or More Substandard Conditions (Percentage)	US Census Bureau, American Community Survey. 2009-13.
Overweight (Percentage, Adults)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.
Overweight Youth (Percentage, Students Tested)	California Department of Education, FITNESSGRAM® Physical Fitness Testing. 2013-14.
Ozone (O3) - Days Exceeding Standards, Pop. Adjusted Average (Percentage)	Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2008.
Particulate Matter 2.5 - Days Exceeding Standards, Pop. Adjusted Average	Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2008.
Pedestrian Accident, Age-Adjusted Mortality Rate (per 100,000 Population)	University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12.
People Delayed or had Difficulty Obtaining Care (Percentage)	Alameda County Public Health Department. Alameda County Health Data Profile. 2014.
People with a Usual Source of Health Care (Percentage)	Alameda County Public Health Department. Alameda County Health Data Profile. 2014.
Physically Inactive Youth (Percentage, Students Tested)	California Department of Education, FITNESSGRAM® Physical Fitness Testing. 2013-14.
Pneumonia Vaccination (Age-Adjusted) (Percentage, Population Age 65+)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.
Poor Dental Health (Percentage, Adults)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10.
Poor Mental Health (Percentage, Adults 18+)	University of California Center for Health Policy Research, California Health Interview Survey. 2013-14.
Poor or Fair Health (Age-Adjusted) (Percentage, Adults)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.
Population Change, 2000-2010 (Percentage)	US Census Bureau, Decennial Census. 2000 - 2010.
Population Density (Per Square Mile)	US Census Bureau, American Community Survey. 2009-13.
Population Weighted Percentage of Report Area Covered by Tree Canopy	Multi-Resolution Land Characteristics Consortium, National Land Cover Database 2011. Additional data analysis by CARES. 2011.

Indicator Variable	Data Source
Population with HIV / AIDS, Rate (Per 100,000 Pop.)	US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2010.
Potentially Exposed to Unsafe Drinking Water (Percentage, Population)	University of Wisconsin Population Health Institute, County Health Rankings. 2012-13.
Poverty (Percentage, Population)	US Census Bureau, American Community Survey. 2009-13.
Poverty, Children (Percentage, Population Under Age 18)	US Census Bureau, American Community Survey. 2009-13.
Pre-School Enrollment (Percentage, Population Age 3-4)	US Census Bureau, American Community Survey. 2009-13.
Preventable Hospital Events Age-Adjusted Discharge Rate (Per 10,000 Pop.)	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.
Primary Care Physicians, Rate (per 100,000 Pop.)	US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2012.
Rape Rate (Per 100,000 Pop.)	Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2010-12.
Rate of Reported AIDS Cases (per 100,000)	Contra Costa Health Services and Hospital Council of Northern and Central California. 2010. Community Health Indicators for Contra Costa County.
Receiving SNAP Benefits (Percentage, Population)	US Census Bureau, Small Area Income & Poverty Estimates. 2011.
Recreation and Fitness Facilities, Rate (Per 100,000 Population)	US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2012.
Regular Pap Test (Age-Adjusted) (Percentage, Adults Females Age 18+)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.
Robbery Rate (Per 100,000 Pop.)	Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2010-12.
School Expulsion Rate	California Department of Education, California Longitudinal Pupil Achievement Data System (CALPADS). 2013-14.
School Suspension Rate	California Department of Education, California Longitudinal Pupil Achievement Data System (CALPADS). 2013-14.
Screened for Colon Cancer (Age-Adjusted) (Percentage, Adults)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.

Indicator Variable	Data Source
Severe Mental Illness Related Emergency Department Visits (Rate per 100,000)	Alameda County Public Health Department. Alameda County Health Data Profile. 2014.
Smoking Cigarettes (Age-Adjusted) (Percentage, Population)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.
Soda Expenditures, Percentage of Total Food-At-Home Expenditures	Nielsen, Nielsen SiteReports. 2014.
Stroke, Age-Adjusted Mortality Rate (per 100,000 Population)	University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12.
Students Eligible for Free or Reduced Price Lunch (Percentage)	National Center for Education Statistics, NCES - Common Core of Data. 2013-14.
Substance Use Emergency Department Visit Rate (Rate per 100,000 (age-adjusted))	Alameda County Public Health Department. Alameda County Health Data Profile. 2014.
Suicide, Age-Adjusted Mortality Rate (per 100,000 Population)	University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12.
Teen Birth Rate (Per 1, 000 Female Pop. Under Age 20)	California Department of Public Health, CDPH - Birth Profiles by ZIP Code. 2011.
Teens Who Engage in Regular Physical Activity (Percentage)	Alameda County Public Health Department. Alameda County Health Data Profile. 2014.
Total Road Network Density (Road Miles per Acre)	Environmental Protection Agency, EPA Smart Location Database. 2011.
Tuberculosis Incidence Rate (per 100,000)	Alameda County Public Health Department. Alameda County Health Data Profile. 2014.
Unable to Afford Dental Care, Youth (Percentage, Population Age 5-17)	University of California Center for Health Policy Research, California Health Interview Survey. 2009.
Unemployment Rate	US Department of Labor, Bureau of Labor Statistics. 2015 - June.
Uninsured Population (Percentage)	US Census Bureau, American Community Survey. 2009-13.
Vacant Housing Units (Percentage)	US Census Bureau, American Community Survey. 2009-13.
Violent Crime Rate (Per 100,000 Pop.)	Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2010-12.
Walking or Biking to Work (Percentage, Aged 16+)	US Census Bureau, American Community Survey. 2009-13.
Walking/Skating/Biking to School (Percentage, Aged 5-17)	University of California Center for Health Policy Research, California Health Interview Survey. 2011-12.
Weather Observations with High Heat Index Values (Percentage)	National Oceanic and Atmospheric Administration, North America Land Data Assimilation System (NLDAS). Accessed via CDC WONDER. Additional data analysis by CARES. 2014.

Indicator Variable	Data Source
WIC-Authorized Food Stores, Rate (Per 100,000 Population)	US Department of Agriculture, Economic Research Service, USDA - Food Environment Atlas. 2011.
Without Adequate Social / Emotional Support (Age-Adjusted) (Percentage, Adults)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.
Without Dental Insurance (Percentage, Adults)	University of California Center for Health Policy Research, California Health Interview Survey. 2009.
Without Recent Dental Exam (Percentage, Adults)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10.
Without Regular Doctor (Percentage, Total Population)	University of California Center for Health Policy Research, California Health Interview Survey. 2011-12.
Workers Commuting by Car, Alone (Percentage)	US Census Bureau, American Community Survey. 2009-13.
Workers Commuting More than 60 Minutes (Percentage)	US Census Bureau, American Community Survey. 2009-13.
Years of Potential Life Lost, Rate (per 100,000 Population)	University of Wisconsin Population Health Institute, County Health Rankings. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2008-10.
Youth Without Recent Dental Exam (Percentage)	University of California Center for Health Policy Research, California Health Interview Survey. 2013-14.

Attachment 5: Community Leaders and Representatives

The following leaders were consulted for their expertise in the community. They were identified based on their professional expertise and knowledge of target groups* including children, youth, older adults, low-income populations, minorities, and the medically underserved. The coalition included leaders from health systems including the Alameda and Contra Costa Counties' Public Health Departments, local hospital and health care agency leaders and representatives, local government employees, appointed county government leaders, school districts, and nonprofit organizations. *For a description of members of the community who participated in focus groups, please see Section 6, "Primary Data (Community Input)."*

Sector	Organization	Title	Expertise	Target Group Role (Leader/ Representative/ Member)	Target Group Represented*	Consultation Method	Date Consulted (2015)
County Health/Public Health	Contra Costa County Public Health	Epidemiologist	Public health	Leader	1, 2, 3	Interview	06/24/15
Non-Profit	Tri-Valley Haven	Executive Director	Safety/violence	Leader	3	Interview	09/29/15
Education	Livermore Unified School District	Nurse	Education, child health	Representative	1, 3	Interview	09/30/15
County Health	Behavioral Health Services, Contra Costa County	Director	Behavioral health, mental health, homeless	Leader	1, 2, 3	Interview	09/22/15

* Target group represented:

1: Public health knowledge/expertise

2: Federal, tribal, regional, state, or local health departments/agencies

3: Represent target populations: a) medically underserved, b) low-income, c) minority

2016 CHNA | Attachment 5: Community Leaders and Representatives

Sector	Organization	Title	Expertise	Target Group Role (Leader/ Representative/ Member)	Target Group Represented*	Consultation Method	Date Consulted (2015)
County Health/Public Health	Alameda County Public Health	Epidemiologist	Public health	Leader	1, 2, 3	Interview	06/24/15
County Health/Public Health	Alameda County Public Health/Health Care Services	Medical Director	Public health	Leader	1, 2, 3	Interview	08/10/15
County Health/Public Health	Alameda County Public Health/Health Care Services	Director, Public Health Officer	Public health	Leader	1, 2, 3	Interview	08/10/15
Non-Profit	Meals-on-Wheels Senior Outreach	Executive Director	Low-income, underserved, older adults	Leader	3	Interview	08/12/15
County Government	Alameda County Board of Supervisors	Deputy Chief of Staff	County government	Leader	3	Interview	08/21/15
Education	Pleasanton Unified School District	Director	Education	Leader	3	Interview	09/25/15
County Health/Public Health	Alameda County Public Health	Deputy Director	Public health	Leader	1, 2, 3	Interview	08/27/15
County Health	Behavioral Health Services, Alameda County	Director	Mental health, substance use	Leader	1, 2, 3	Interview	08/26/15
Education	San Ramon Valley Unified School District	Student Services Coordinator	Education	Leader	3	Interview	09/15/15

2016 CHNA | Attachment 5: Community Leaders and Representatives

Sector	Organization	Title	Expertise	Target Group Role (Leader/ Representative/ Member)	Target Group Represented*	Consultation Method	Date Consulted (2015)
Education	Livermore Unified School District	Director	Education	Leader	3	Interview	09/30/15
Local Health	Axis Community Health	Sue Compton, Chief Executive Officer	Public health	Leader	1, 3	Interview	08/06/15
Education	Pleasanton Unified School District	Nurse	Education, child health	Leader	1, 3	Interview	09/25/15
Education	Livermore Unified School District	Executive Secretary	Education	Leader	3	Interview	09/30/15
Education	Dublin Unified School District	Director	Education	Leader	3	Interview	10/21/15
Education	Dublin Unified School District	District Nurse	Education, child health	Leader	1, 3	Interview	10/21/15
County Health	Contra Costa Health Services	Assistant Director	Health services, public health	Leader	1, 2, 3	Interview	07/30/15
Local Health	Community Clinic Consortium, Contra Costa & Solano Counties	Project Coordinator	Low-income, access to care	Leader	1, 2, 3	Focus group	9/2/15
Local Health	Alameda Health System	Chief Strategy Officer	Low-income, access to care	Leader	1, 2, 3	Focus group	9/2/15
Local Health	California Children's	Medical Director	Low-income, access to care	Leader	1, 2, 3	Focus group	9/2/15

2016 CHNA | Attachment 5: Community Leaders and Representatives

Sector	Organization	Title	Expertise	Target Group Role (Leader/ Representative/ Member)	Target Group Represented*	Consultation Method	Date Consulted (2015)
	Services, Alameda County						
Local Health	Operation Access	President & Chief Executive Officer	Low-income, access to care	Leader	1, 3	Focus group	9/2/15
Local Health	Asian Health Services	Director of Program Planning & Development	Low-income, access to care, minority	Leader	1, 3	Focus group	9/2/15
Local Health	Alameda Health Consortium	Director of Policy & Planning	Low-income, access to care	Leader	1, 3	Focus group	9/2/15
Local Health	Lifelong Medical Care	Deputy Director	Low-income, access to care, underserved	Leader	1, 3	Focus group	9/2/15
County Health/Public Health	Alameda County Public Health Department, Nurse Family Partnership	Nurse Manager	Low-income, access to care	Leader	1, 2, 3	Focus group	9/2/15
Local Health	La Clinica de la Raza	Director of Medical Operations	Low-income, access to care, minority	Leader	1, 3	Focus group	9/2/15

Attachment 6: Primary Data Collection Protocols

Professionals (Providers) Focus Group Protocol

Introductory remarks

- Welcome and thanks
- What the project is about:
 - We are helping the non-profit hospitals in your area conduct a Community Health Needs Assessment, required by the IRS and the State of California.
 - Identifying unmet health needs in your community, extending beyond patients.
 - Ultimately, to invest in community health strategies that will lead to better health outcomes.
- Why we're here (*put on flipchart page*):
 - Learn about health needs in your community
 - Understand your perspective on healthcare access in the post-Affordable Care Act/Obamacare environment
 - Talk about impact of various other things that influence health
 - Hear from you what community assets that you are already aware of can help with health needs, and what community assets might still be needed

What we'll do with the information you tell us today

- Your responses will be summarized and your name will not be used to identify your comments.
- Notes and summary of all focus group discussions will go to the hospitals.
- The hospitals will make decisions about which needs their individual hospitals can best address, and how the hospitals may collaborate or complement each other's community outreach work.

Focus Group Questions

1. Community Health Needs & Prioritization

When your local hospitals did their Community Health Needs Assessments in 2013, these are the health needs that came up. (*Using a list based on all of the needs identified by any hospital. List is at end of protocol.*) (*Show list on flipchart page.*)

- a. We'd like you to let us know if you think there are any health needs (broadly defined, including social determinants of health) not on this list that should be added. (*Write them on the list.*)
 - i. Overall?
 - ii. Specific needs for groups by gender, age, ethnicity, geography, etc.?

Define unmet health needs: Needs that are not being addressed very well. For example, maybe we don't know how to prevent these problems, or we don't have enough medicines or treatments, or maybe there aren't enough doctors to treat these problems, or maybe health insurance does not cover the treatment. These are unmet because there needs to be more done about this problem.

- b. Please think about the top three from the list (including the added needs, if any) you believe are the most important to address in your community – the needs that still need attention.

You'll find some sticky colored dots on the table; once you've decided which three of these needs you think are the most important, please come on up here and put one sticky dot next to each one of those three.

We will discuss your ideas on how these might be able to be addressed later in our conversation.

- c. Any particular subpopulations that are disproportionately affected? (*Prompt for ethnic minorities, LGBTQ, low-income population, urban vs. rural/geographically isolated, etc.*) Any other trends you are seeing in the past 5 years or so? How are the needs changing? We will discuss your ideas on how these might be able to be addressed later in our conversation.

2. Access to Care

We would like to get your perspective on how access has changed in the post- Affordable Care Act environment.

- a) Based on your observations and interactions with the clients you serve, to what extent are your clients aware of how to obtain health care? (*Explain if needed: Where to find a clinic, how to make an appointment, etc.*)
- b) To what extent are your clients aware of how to obtain health insurance?
- c) What barriers to access still exist? (*Focus on comparison pre- and post-ACA*)
- i. Is the same proportion still medically uninsured/under-insured; or is it a smaller proportion, or a larger proportion than before ACA?
 - ii. Do more people, the same, or fewer people have a primary care physician than before ACA?
 - iii. Are people using the ER as primary care to the same degree, less, or more than before ACA?
 - iv. Is the same proportion of the community facing difficulties affording health care, or is it a smaller proportion, or a greater proportion than before ACA?
- d) Now thinking about the mental health needs in your community, what keeps people from getting the prevention and/or early intervention mental health/counseling services they need?

3. Drivers/Barriers

What other drivers or barriers are contributing to the health needs that you prioritized? We will talk about solutions in just a minute.

Prompts if they are having trouble thinking of anything:

- Transportation
- Housing
- Built environment incl. unsafe neighborhoods, lack of facilities/vendors, proximity to unhealthy things
- Policies/laws
- Cultural norms
- Stigma
- Lack of awareness/education
- SES (income, education)
- Mental health and/or substance abuse issues

- Being victims of abuse, bullying, or crime

4. Suggestions/Improvements/Solutions

Now that we have discussed the most challenging health needs and issues related to access to care, we are going to ask you about some possible solutions. **For the needs you prioritized earlier...**

- a) Are there any policy changes you would recommend that could address these issues?
- b) Are there existing assets or resources available to address these needs that people are not using? Why?
- c) What other assets or resources are needed?

Resource question prompts, if they are having trouble thinking of anything:

<ul style="list-style-type: none"> ▪ Specific new/expanded programs or services? ▪ Increase knowledge/understanding? ▪ Address underlying drivers like poverty, crime, education? ▪ Facilities (incl. hospitals/clinics) 	<ul style="list-style-type: none"> ▪ Infrastructure (transportation, technology, equipment) ▪ Staffing (incl. medical professionals) ▪ Information/educational materials ▪ Funding ▪ Collaborations and partnerships ▪ Expertise
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Concluding Remarks

- Thanks for your time and sharing your perspective
- Confidential notes and summary of discussions to client
- Reminder about what will be done with the information
- The final Community Health Needs Assessment Report will be published in approximately March 2016 on all of the hospitals' websites

Residents (Non-Professionals) Focus Group Protocol

Introductory remarks

- Welcome and thanks
- What the project is about:
 - We are helping the non-profit hospitals in your area conduct a Community Health Needs Assessment, required by the IRS and the State of California.
 - Identifying unmet health needs in your community, extending beyond patients.
 - Ultimately, to invest in community health strategies that will lead to better health outcomes.
- Why we're here (*put on flipchart page*):
 - Learn about health needs in your community
 - Understand your perspective on healthcare access in the post-Affordable Care Act/Obamacare environment
 - Talk about impact of various other things that influence health
 - Hear from you what community assets that you are already aware of can help with health needs, and what community assets might still be needed

What we'll do with the information you tell us today

- Your responses will be summarized and your name will not be used to identify your comments.
- Notes and summary of all focus group discussions will go to the hospitals.
- The hospitals will make decisions about which needs their individual hospitals can best address, and how the hospitals may collaborate or complement each other's community outreach work.

Focus Group Questions

1. Community Health Needs & Prioritization

When your local hospitals did their Community Health Needs Assessments in 2013, these are the health needs that came up. (*Using a list based on all of the needs identified by any hospital. List is at end of protocol.*) (*Show list on flipchart page.*)

- a. We'd like you to let us know if you think there are any health needs (broadly defined, including social determinants of health) not on this list that should be added. (*Write them on the list.*)
 - i. Overall?
 - ii. Specific needs for groups by gender, age, ethnicity, geography, etc.?

Define unmet health needs: Needs that are not being addressed very well. For example, maybe we don't know how to prevent these problems, or we don't have enough medicines or treatments, or maybe there aren't enough doctors to treat these problems, or maybe health insurance does not cover the treatment. These are unmet because there needs to be more done about this problem.

- b. Please think about the top three from the list (including the added needs, if any) you believe are the most important to address in your community – the needs that still need attention.

You'll find some sticky colored dots on the table; once you've decided which three of these needs you think are the most important, please come on up here and put one sticky dot next to each one of those three.

We will discuss your ideas on how these might be able to be addressed later in our conversation.

2. Access to Care

We are interested in hearing from you about your experiences accessing health services in your community.

- a) First, a little about health insurance:
 - i. Have any of you enrolled in health insurance in the last two years...
 - For the first time?
 - After a lapse in insurance?
 - ii. What has kept you from enrolling, or from getting better coverage?
- b) Now, some questions about the “coverage” (benefits) that you do have:
 - i. Do you have more or better insurance “coverage” than you had two years ago, or is it the same, or worse?
 - ii. Are you more likely now, than you were two years ago, to visit a primary care doctor instead of ER or urgent care; or are you just as likely as before; or less likely?
- c) What prevents you from getting the health care you need?
- d) Now thinking about the mental health needs in your community, what keeps people from getting the prevention and/or early intervention mental health/counseling services they need?

3. Drivers/Barriers

What else is influencing the health needs that you prioritized? We will talk about solutions in just a minute.

Prompts if they seem to be having trouble coming up with anything:

- Transportation
- Housing or the built environment incl. unsafe neighborhoods, lack of facilities/vendors, proximity to unhealthy things
- Policies/laws
- Cultural norms
- Stigma
- Lack of awareness/education
- SES (income, education)
- Mental health and/or substance abuse issues
- Being victims of abuse, bullying, or crime

4. Suggestions/Improvements/Solutions

Now that we have identified the most challenging health needs impacting your community, as well as your experiences in accessing health services, we would like to ask you about some possible solutions. **For the needs you prioritized earlier...**

2016 CHNA | Residents (Non-Professionals) Focus Group Protocol

- a) Are there existing assets or resources available to address these needs that people are not using? Why?
- b) What other assets or resources are needed?

Resource question prompts if they are having trouble coming up with anything:

<ul style="list-style-type: none"> ▪ Specific new/expanded programs or services? ▪ Increase knowledge/understanding? ▪ Address underlying drivers like poverty, crime, education? ▪ Facilities (incl. hospitals/clinics) 	<ul style="list-style-type: none"> ▪ Infrastructure (transportation, technology, equipment) ▪ Staffing (incl. medical professionals) ▪ Information/educational materials ▪ Funding ▪ Collaborations and partnerships ▪ Expertise
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Concluding Remarks

- Thanks for your time and sharing your perspective
- Confidential notes and summary of discussions to client
- Reminder about what will be done with the information
- The final Community Health Needs Assessment Report will be published in approximately March 2016 on all of the hospitals’ websites
- *Collect surveys*
- *Pass out incentives and get signed receipts*

Key Informant Interview Protocol

Introduction

What the project is about:

- We are helping the non-profit hospitals in Alameda and Contra Costa Counties conduct a Community Health Needs Assessment, required by the IRS and the State of California.
- Identifying unmet health needs in our community, extending beyond patients.
- Ultimately, to invest in community health strategies that will lead to better health outcomes.

You were chosen to be interviewed for your particular perspective on health in your community (“regarding [topic]” – *if chosen for special topic and not overall perspective on health, identify here*).

What we’ll do with the information you tell us today:

- Your responses will be summarized and your name will not be used to identify your comments.
- Notes and summary of all interviews will go to the hospitals.
- The hospitals will make decisions about which needs their individual hospitals can best address, and how the hospitals may collaborate or complement each other’s community outreach work.

Preamble

Our questions mainly relate to:

1. Health needs
2. Healthcare access in the post-Affordable Care Act environment
3. Other challenges contributing to health needs
4. Suggestions/solutions (both in terms of policies and in terms of local resources)

Interview questions

1. Background

First, please tell me a little about your current role and the organization you work for.

2. Health needs

Next, we would like to get your opinion on the top health needs among those you serve.

- a) In your opinion, which health needs do you believe are the most important to address among those you serve/your constituency?
- b) In your opinion, what are the health needs that are not being met very well right now among those you serve/your constituency?
- c) Are there any specific groups that have greater health needs, or special health needs?
 - i. Differences by gender

- ii. Within specific ethnic groups
- iii. Among different age groups like seniors or children
- iv. Within different parts of the county
- v. Any other specific groups

If they identified more than three health needs, ask question d; if not, go on to section 3.

- d) Which would you say are the most urgent or pressing of all the health needs that you've named?

3. Challenges: Access to healthcare – post-ACA

We would like to get your perspective on how access has changed in the post- Affordable Care Act environment.

- a) Based on your observations and interactions with the clients you serve, to what extent are clients aware of how to obtain health care? *(Explain if needed: Where to find a clinic, how to make an appointment, etc.)*
- b) To what extent are clients aware of how to obtain health insurance?
- c) What barriers to access still exist? *(Focus on comparison pre- and post-ACA)*
 - i. Is the same proportion still medically uninsured/under-insured?
 - ii. Do more people or fewer people have a primary care physician?
 - iii. Are people using the ER as primary care to the same degree?
 - iv. Is the same proportion of the community facing difficulties affording health care?
- d) Now thinking specifically about the mental health needs in your community, what keeps people from getting the prevention and/or early intervention mental health/counseling services they need?

4. Other Challenges

Are there any other drivers or barriers that are contributing to health needs? We will talk about solutions in just a minute.

Prompts if they are having trouble thinking of anything:

- Transportation
- Housing
- Built environment incl. unsafe neighborhoods, lack of facilities/vendors, proximity to unhealthy things
- Policies/laws
- Cultural norms
- Stigma
- Lack of awareness/education
- SES (income, education)

- Mental health and/or substance abuse issues
- Being victims of abuse, bullying, or crime

5. Suggestions/Improvements/Solutions

Now that we have discussed health needs and issues related to access to care, we are going to ask you about some possible solutions. **In order to maintain or improve the health of your community...**

- a) Are there any policy changes you would recommend that could address these issues? Consider those that are readily achievable and politically feasible.
- b) Are there existing resources available to address these needs? If so, why aren't people using them?
- c) What other resources are needed?
- d) Of the resources/solutions to improve health, which do you feel is the most significant improvement needed, second, and third?

Resource question prompts if they are having trouble thinking of anything:

<ul style="list-style-type: none"> ▪ Specific new/expanded programs or services? ▪ Increase knowledge/understanding? ▪ Address underlying drivers like poverty, crime, education? ▪ Facilities (incl. hospitals/clinics) 	<ul style="list-style-type: none"> ▪ Infrastructure (transportation, technology, equipment) ▪ Staffing (incl. medical professionals) ▪ Information/educational materials ▪ Funding ▪ Collaborations and partnerships ▪ Expertise
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Concluding Remarks

- Thanks for your time and sharing your perspective
- Confidential notes and summary of discussions to client
- Reminder about what will be done with the information
- Final CHNA report will be published in Spring 2016 on all of the hospitals' websites

Attachment 7: Identified and Prioritized Health Needs

Raters scored the health need according to how well it meets the criterion.

1=Low/does not meet the criterion | 2=Moderate/meets the criterion | 3=High/strongly meets criterion

Scores were averaged based on five responses gathered by survey March 10, 2016.

Health Need (Listed by ranking)	Criterion Score (1-3)				
	Prioritized	Magnitude/ Scale	Clear Dispari- ties Exist	SHC/VC Can Make Impact	Community Priority
1. Healthcare access & delivery	2.90	2.80	2.80	3.00	3.00
2. Mental health	2.85	3.00	3.00	2.40	3.00
3. Obesity, diabetes, healthy eating, active living	2.60	2.80	3.00	2.60	2.00
4. Cardiovascular/stroke	2.55	2.60	2.80	2.80	2.00
5. Cancer	2.40	2.80	2.80	3.00	1.00
6. Substance abuse (ATOD)	2.25	2.00	2.20	1.80	3.00
7. Oral health	2.15	1.80	1.80	2.00	3.00
8. Maternal & child health	2.05	2.00	2.20	2.00	2.00
9. Communicable diseases	2.00	2.00	2.20	1.80	2.00
10. Economic security	2.00	1.60	2.00	1.40	3.00
11. Violence/injury prevention	1.65	1.80	1.60	1.20	2.00
12. Asthma	1.60	1.80	2.00	1.60	1.00
13. Unintentional injuries	1.55	1.00	2.00	1.20	2.00
14. Climate & health	1.20	1.40	1.40	1.00	1.00

Definitions:

- A. **Magnitude/scale of the need:** The number of people affected by the health need.
- B. **Clear disparities exist:** This refers to differences in health outcomes by subgroups. Subgroups may be based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others.
- C. **ValleyCare expertise/resources:** Stanford Health Care – ValleyCare possesses existing expertise and resources in this particular area, which can be brought to bear in addressing the health need.
- D. **Community priority:** The community prioritizes the issue over other issues on which it has expressed concern, either through prior studies, forums, or CHNA primary data collection. ASR scored this criterion based on the number of times the community prioritized the need through key informant interviews and/or focus groups.

Attachment 8: Community Assets and Resources

The following resources are available to respond to the identified health needs of the community. This list was generated by all 12 hospitals that collaborated on the 2016 CHNA in Alameda and Contra Costa counties.

Overall:

Existing Health Care Facilities

Alta Bates Summit Medical Center

- Oakland
- Berkeley

Contra Costa Regional Medical Center

Eden Medical Center

Ernest Cowell Memorial Hospital

Fern Lodge

Fremont Hospital

Gilmore Hospital

Highland Hospital

John Muir Medical Center

- Concord
- Walnut Creek

John Muir Behavioral Health Center

Kaiser Permanente – Diablo (Antioch and Walnut Creek)

Kaiser Permanente – East Bay (Oakland and Richmond)

Kaiser Permanente – Greater Southern Alameda (Fremont and San Leandro)

Kindred Hospital San Francisco Bay Area

San Leandro Hospital

St. Rose Hospital

San Ramon Regional Medical Center

Stanford Health Care – ValleyCare Medical Center

Sutter Delta Medical Center

Telecare Heritage Psychiatric Health Facility

UCSF Benioff Children’s Hospital – Oakland

U.S. Naval Hospital

Veteran’s Administration Hospital

- Livermore
- Martinez

Washington Hospital

Willow Rock Center (psychiatric)

Existing Federally Qualified Health Centers

Alameda County Health Care Services

- Mobile Van #2 (San Leandro)

Albert J. Thomas Medical Clinic

Alcatraz Avenue Medical Group

Asian Health Services

- 8th Street Satellite
- Webster Street

Axis Community Health

- Livermore
- Pleasanton

Berkeley Primary Care Access Clinic

Casa del Sol

East Oakland Health Center

Frank Kiang Medical Center

La Clinica

- Monument (Concord)
- Pittsburg-Medical
- Oakley

La Clinica de la Raza

- 9th Street, Oakland
- 12th Street, Oakland

Lifelong Ashby Health Center

Lifelong Brookside Community Health Center

- Richmond
- San Pablo

Lifelong Dental Care

Lifelong Dr. William M. Jenkins Pediatric Center

Lifelong Medical Care

- Albany
- East Oakland
- Eastmont
- Howard Daniel Clinic
- Oakland (Supportive Housing Program)
- Richmond

Native American Health Center

Over 60 Health

San Antonio Neighborhood Health Center

Tiburcio Vasquez Health Center

- Union City

- Hayward
- San Leandro

Tri-City Health Center

- Main Street Village, Fremont

West Oakland Health Council

William Byron Rumford Medical Clinic

Other Existing Community Resources and Programs for Each Health Need

Health Need: Asthma

- Abode Services
- Alameda County Lead Prevention Program
- Alameda County Public Health Department Community Services
- Alameda Health Consortium
- Alameda Health System-Newark Wellness (Newark Health Center)
- American Lung Association
- Ashland Free Medical Clinic
- Asthma Start
- Berkeley Public Health Department
- Davis Street Family Resource Center
- Drivers for Survivors
- Eden Youth and Family Center - Hayward Day Labor Center
- EdenFit Supervised Exercise Program
- Fremont Family Resource Center
- Friends of Alameda County Court Appointed Special Advocates
- Grupo VIP Fremont
- Healthy Oakland Healthy Communities
- La Clinica de la Raza
- Lifelong Medical Care Program
- Northern California Breathmobile
- Oakland/Berkeley Community Action to Fight Asthma Program
- RAMP - Regional Asthma Management and Prevention Program, Public Health institute
- REACH Ashland Youth Center
- St. Rose Hospital- Main
- Tiburcio Vasquez Health Center
- Tri-City Health Center
- Tri-City Medical Services
- Washington Hospital and Health Care Services
- Washington Hospital Healthcare System, Respiratory Care
- Washington on Wheels Mobile Health Clinic (W.O.W.)
- Winton Wellness Center (AHS)

Health Need: Cancer

- Alameda Health System-Newark Wellness (Newark Health Center)
- American Cancer Society
- American Lung Association
- Ashland Free Medical Center
- Asian American Cancer Support Network (AACSN)
- Bay Area Cancer Connections
- Breast Cancer Connections
- Breast Cancer Fund
- Cancer Prevention Institute Of California (CPIC) - Cancer Detection Program: Every Woman Counts Call Center
- Davis Street Family Resource Center
- Drivers for Survivors, Inc.
- Family Resource Center
- HERS Breast Cancer Foundation
- La Clinica de la Raza
- Northern California Cancer Center
- Project Open Hand
- REACH Ashland Youth Center
- Tiburcio Vasquez Health Center
- Tri-City Health Center
- Washington Hospital Healthcare System:
 - Cancer Genetics Program (UCSF Affiliated)
 - Community Outreach
 - Lymphedema Services
 - Radiation Oncology Center
 - Sandy Amos, RN Infusion Center
 - Women's Center
- Winton Wellness Center (AHS)
- Women's Cancer Resource Center

Health Need: Cardiovascular Disease and Stroke

- Alameda Health System-Newark Wellness (Newark Health Center)
- Alameda Network of Care
- American Heart Association
- American Stroke Association
- Ashland Free Medical Center
- City of San Leandro Recreation and Human Services- Senior Community Center
- Davis Street Family Resource Center
- East Bay Services to the Developmentally Disabled: Evergreen Senior Center
- Eden Youth and Family Center - Hayward Day Labor Center
- EdenFit Supervised Exercise Program
- La Clinica de la Raza
- REACH Ashland Youth Center
- South Hayward Parish
- St. Rose Hospital- Main Washington on Wheels Mobile Health Clinic
- Stroke Family Support Network
- Tiburcio Vasquez Health Center
- Tri-City Health Center
- Tri-City Medical Services
- Washington Hospital and Health Care Services
- Washington Hospital Healthcare System:
 - Cardiovascular Services
 - Community Outreach
 - Outpatient Diabetes Center
- Washington on Wheels Mobile Health Clinic (W.O.W)
- Winton Wellness Center (AHS)
- YMCA East Bay

Health Need: Climate & Health

- Alameda County local government -Alameda County Climate Action plan
- Bay Area Air Quality Management District
- Communities for a Better Environment (Richmond)
- Emerald Cities Collaborative
- The Ecology Center
- National Resources Defense Council
- Sierra Club – local chapters
- Sunflower Alliance
- Public Health Institute Center for Climate Change and Health
- West County Toxics Coalition

Health Need: Economic Security

- Abode Services
 - HOPE Project Mobile Health Clinic

Health Need: Economic Security

- Project Independence
- Alameda County Community Food Bank
- Alameda County Early Head Start and Head Start
- Alameda County Homeless Project- Hayward (incl. Special Needs Housing)
- Alameda County Housing and Community Development Shelter and Care
- Alameda County Nutrition Services - Women, Infants, and Children (WIC)
- Alameda County Social Services Department
- America Works (ex-convicts)
- Antioch/East Contra Costa Health and Wealth Initiative
- Berkeley City College CalWORKS program
- Berkeley Public Library Adult Literacy Program
- Brighter Beginnings
- Building Blocks for Kids Collaborative
- Building Opportunities for Self-Sufficiency (BOSS)- Short-term Special Needs Housing
- Catholic Charities of the East Bay
- Center for Independent Living Employment Academy
- Centro de Servicios
- Child, Family and Community Services (CFCS)- Southern Alameda County Early Head Start and Head Start
- City of Berkeley Health, Housing and Community Services Department
- City of Dublin Senior Center
- City of Oakland Department of Human Services
- Community Resources for Independent Living (CRIL)
- Computer Technologies Program
- Contra Costa County Employment & Human Services
- Contra Costa County Early Head Start and Head Start
- EBALDC – East Bay Asian Local Development Corporation
- Economic Opportunity Council
- East Bay Community Foundation
- East Bay Community Law Center
- East Bay Green Jobs Corps
- East Oakland Youth Development Center
- East Richmond Youth Development Center
- Eden I&R, Inc.
- Emergency Shelter Program, Inc.
- Ensuring Opportunity Contra Costa
- Fremont Healthy Start (A Program of East Bay Agency for Children)
- Fremont Resource Center
- Friends of Alameda County Court Appointed Special Advocates
- Hope for the Heart- Food Distribution
- Inter-City Services (Veterans Employment Related Assistance, and Workforce Training Program)
- Monument Community Partnership & Michael Chavez Center for Economic Opportunity
- Monument Impact

Health Need: Economic Security

- One Stop Center
- Operation Dignity (veterans)
- Opportunity Junction
- Richmond Health Equity Partnership
- Richmond Works
- San Lorenzo Family Help Center- Ecumenical Food Pantry
- Safe Alternative to Violent Environments (SAVE)
- Salvation Army Hayward:
 - Corps- Food, Clothing, and Donation Services
 - USDA Commodity and Food Programs
- South Hayward Parish:
 - Emergency Food Pantry
 - Hayward Community Action Network
- SparkPoint Bay Point
- The Stride Center
- Tri-City One-Stop Career Center (Employment Development Department)
- Tri-City Volunteers Food Bank & Thrift Store
- Tri-Valley Community Foundation
- Youth Employment Partnership

Health Need: Health Care Access & Delivery, Including Primary and Specialty Care

- Abode Services:
 - HOPE Mobile Health Clinic
- ACMC:
 - Fairmont Campus
 - Winton Wellness Center
- Alameda County Health Care Services – School Health Services
- Alameda County - South County Homeless Project- Hayward - Special Needs Housing
- Alameda Health System-Newark Wellness (Newark Health Center)
- Alzheimer's Services of the East Bay Adult Day Healthcare Center - Hayward Center
- American Diabetes Association
- American Heart Association
- Ashland Free Medical Clinic
- Axis Community Health
- Berkeley Free Clinic
- Birthright of San Lorenzo
- Brighter Beginnings
- Brookside Community Health Center
- Building Opportunities for Self-Sufficiency (BOSS)- Short-term, Special Needs Housing
- Centro de Servicios
- Child, Family, and Community Services (CFCS)- Burke Cal- SAFE Program
- CPIC – Community Education
- Coalition
- Concord RotaCare Clinic

Health Need: Health Care Access & Delivery, Including Primary and Specialty Care

- Contra Costa County Health Services Health Centers
- Deaf Counseling Advocacy and Referral Agency
- East Bay Agency for Children
- Eden Information and Referral
- Eden Medical Center- Outpatient Rehab
- Eden Youth and Family Center:
 - Hayward Day Labor Center
 - New Start Tattoo Removal
- Emergency Shelter Program, Inc.
- Every Woman Counts
- Fremont Resource Center
- George Mark Children’s Home
- Gray Panthers
- Healthy Richmond
- Jewish Family & Children’s Services of the East Bay
- JMH Mobile Health Clinic
- Kaiser:
 - Fremont Medical Center
 - Hayward Medical Center
 - Union City Medical Center
- La Clinica de La Raza
- La Familia – FRC - Fuller
- LIFE Eldercare, Inc. - VIP Rides Program
- LifeLong Medical Care
- Lighthouse Community Center
- Native American Health Center
- Operation Access
- Planned Parenthood:
 - Mar Monte
 - Shasta Pacific
- Pregnancy Choices Clinic
- Ronald McDonald Care Mobile Dental Clinic
- RotaCare Clinic
- Silva Pediatric Medical Clinic
- Second Chance Hayward Center
- Serra Center - Intermediate Care Facility for the Developmentally Disabled - Handicapped (ICF- DDH) and ILS/Supported Living Services
- South Hayward Parish- Hayward Community Action Network
- St. Rose Hospital:
 - Main
 - Silva Pediatric Medical Clinic
 - Women's Center
 - Women's Imaging Center
- St. Vincent de Paul RotaCare Clinic
- Sutter Delta Community Clinic
- The Latina Center
- Tiburcio Vasquez Health Center:
 - Family Support Services

Health Need: Health Care Access & Delivery, Including Primary and Specialty Care

- Hayward Clinic
- School Based Health Services- Logan Health Center
- School Based Health Services- Tennyson Health Center
- Union City Clinic
- Union City Clinic
- Tri-City Health Center:
 - Harm Reduction
 - LGBT Services
 - Teen City Health Clinic
- United Seniors of Oakland and Alameda County
- Respite Care Shelter for the Homeless
- Washington on Wheels Mobile Health Clinic
- Washington Township Medical Foundation

Health Need: Communicable Diseases, Including STIs

- AIDS Project of the East Bay (APEB) Grupo Fremont VIP
- Alameda Health System-Newark Wellness (Newark Health Center)
- APMC- Fairmont Campus (HIV Services)
- Ashland Free Medical Clinic
- Davis Street Family Resource Center
- Lighthouse Community Center- Free HIV Testing
- REACH Ashland Youth Center (LaClinica Services)
- Tiburcio Vasquez Health Center
- Tri-City Health Center - HIV, Hep C and STD Testing
- Washington Hospital Healthcare System

Health Need: Maternal and Infant Health

- Alameda County Nutrition Services - Women, Infants, and Children (WIC)
- Bay Area Communities for Health Education (BACHE)
- Cal-SAFE Horizon School-Age Parent Program
- Child Care Resources and Referral Line
- City of Fremont Youth and Family Services
- Community Child Care Council (4C's) of Alameda County
- First Five of Alameda County
- Fremont Healthy Start (A Program of East Bay Agency for Children)
- LARPD Extended Student Services
- Love Never Fails Mentors for Positive Change
- Planned Parenthood
- St. Rose Hospital – Silva Pediatric Medical Clinic
- Tri-Valley Haven

Health Need: Maternal and Infant Health

- Washington Hospital Healthcare System, Maternal Child Education Center

Health Need: Mental Health

- Abode Services:
 - Greater HOPE (Homeless Outreach and People Empowerment)
 - HOPE Project Mobile Health Clinic
 - Project Independence
 - STAY (Supportive Housing for Transitional Aged Youth)
- ACBHCS:
 - Crisis Response Program
 - Eden Children's Services
 - Geriatric Assessment & Response Team
 - Tri-City Children's Outpatient Services
 - Tri-City Community Support Center
- APMC:
 - John George Psych Pavilion
 - Outpatient Psychiatric Services
- Alameda County Health Care Services Agency
- Alameda County Housing and Community Development Shelter + Care
- Alameda County Tri-City Children and Youth Service
- Alzheimer's Services of the East Bay Adult Day Healthcare Center - Hayward Center
- Ashland Youth Center
- Axis Community Health Adult Behavioral Health Services
- Bay Area Community Services, Inc., including Adult Day Care Services
- Boldly Me
- Building Opportunities for Self-Sufficiency (BOSS):
 - Behavioral Health Care Transitional Housing
 - Short-term Special Needs Housing: South County Homeless Project (Mental Health) – Hayward
- Cal-SAFE - Tri-City Cal-SAFE Program
- Centro de Servicios
- Chabot- Women in Transition
- Child Abuse Listening Interviewing Center - CASA
- Child Family and Community Services (CFCS):
 - Burke Cal-SAFE Program
 - Southern Alameda County Early Head Start and Head Start
- Christian Counseling Centers, Inc.:
 - Fremont Christian Counseling Center
 - Hayward Christian Counseling Center
- City of Berkeley Health, Housing and Community Services Department
- Community Health for Asian Americans
- Concord Family Services Center
- Contra Costa Crisis Center
- Contra Costa Health Services
- Crockett Counseling Center
- Davis Street Family Resource Center
- Deaf Counseling Advocacy and Referral Agency

Health Need: Mental Health

- Early Childhood Mental Health Program
- East Bay Agency for Children- Child Assault Prevention Training Center
- East Bay Services to the Developmentally Disabled- Evergreen Senior Center
- East Bay Community Recovery Project- Hayward Outpatient Division
- Eden I&R, Inc.
- Eden Youth and Family Service’s Tattoo Removal Program
- Emergency Shelter Program, Inc.
- Familias Unidas
- Families Forward
- Family Education and Resource Center (FERC)
- Family Paths:
 - 24-hour Parent Support Hotline
 - Counseling Services
- FCHSD:
 - Fremont Senior Center
 - Youth and Family Services
- Fremont Hospital:
 - 23-Hour Behavioral Crisis Assessment
 - Acute Inpatient Care Program
 - Chemical Dependency Intensive Outpatient Program
- Filipino Advocates for Justice - Youth Development
- George Mark Children’s Home
- Girls Inc.
- GOALS for Women (Oakland)
- HARPD – Matt Jimenez Community Center
- Horizons Family Counseling
 - Cronin House
 - Project Eden
- Jewish Family & Community Services East Bay
- JFK University – Concord Community Counseling Center
- John Muir Health Adolescent, Adult & Children’s Psychiatric Programs
- Kidango, Inc.:
 - Early Head Start/Head Start Programs
 - Mental Health
 - Special Needs/Early Intervention Services
- La Cheim School, Inc.
- La Clinica de la Raza, San Leandro
- La Familia Mental Health Services:
 - Outpatient Counseling Program
- Monument Impact – Mentas Positivas
- Multi Lingual Counseling Center, Inc.
- NAMI (National Alliance on Mental Illness):
 - Alameda County South
 - Contra Costa (National Alliance on Mental Illness)
 - Tri-Valley
- Power Program
- Pregnancy Choices Clinic

Health Need: Mental Health

- Putnam Clubhouse
- REACH Ashland Youth Center
- Safe Alternative to Violent Environments (SAVE) - 24-Hour Crisis Line
- SAVE:
 - Emergency Shelter
 - Individual Counseling and Support Group
- Schuman-Lilies Clinic Fremont
- Second Chance:
 - Anger Management
 - Hayward Center
 - Newark Center
- Seneca Center for Children and Families:
 - Public School-based Outpatient Counseling for HUSD
 - Willow Rock Center 23-hour Crisis Stabilization and Outpatient Services
- South Hayward Parish - Hayward Community Action Network
- St. Rose Hospital- Main
- Telecare Corp.:
 - Morton Bakar Center
 - Villa Fairmont Short Stay Program
 - Willow Rock Center Inpatient Services
- Terra Firma Diversion/Educational Services:
 - Court Ordered Adult Diversion Programs
 - Domestic Violence and Anger Management Classes
- The Latina Center (Richmond)
- Tiburcio Vasquez Health Center:
 - Behavioral Health Center
 - School based health services – Logan Health Center
 - School based health services – Tennyson Health Center
- Tri-City Health Center:
 - HIV/AIDS Care and Treatment Program
 - Women's Services
- Tri-Valley Axis Community Health Adult Behavioral Health Services
- Horizon Family Counseling
- USG – Department of Veterans Affairs (VA) - Fremont Outpatient Clinic
- Victory Outreach - Prison Counseling and Services; Residential Rehab Program - Hayward
- Washington Hospital Healthcare System - Health Connection
- Women on the Way Recovery Center

Health Need: Obesity, Diabetes, Healthy Eating, Active Living

- 18 Reasons
- Abode Services
- ACPHD - WIC
- ACMC- Winton Wellness Center
- Alameda County Community Food Bank
- Alameda County Deputy Sheriffs' Activities League's- Dig Deep

Health Need: Obesity, Diabetes, Healthy Eating, Active Living

- Alameda County Food Bank
- Alameda County Healthcare Services – School Health Services Coalition
- Alameda County Nutrition Services
- Alameda County Office of Education
- Alameda County Public Health Department
- Alzheimer's Services of the East Bay Adult Day Healthcare Center- Hayward Center
- Ambrose Recreation and Park District
- Ashland Free Medical Clinic
- BACS - Adult Day Care Services
- BOSS - Short-term Special Needs Housing: South County Homeless Project (Mental Health) – Hayward
- Bay Point All Stars
- Bay Point Community Foundation
- Berkeley Food and Housing Project
- Boys & Girls Club of the Diablo Valley
- Building Blocks Collaborative
- Building Blocks for Kids Collaborative
- California State University, East Bay's Promise Neighborhood
- Center for Human Development
- Centro de Servicios
- CFCS - Southern Alameda County Early Head Start and Head Start
- Children's Emergency Food Bank
- City of Antioch
- City of Fremont Parks and Recreation Dept.
- City of Livermore
- City of Newark - Senior Center for Adults ages 55
- City of San Leandro Recreation and Human Services- Senior Community Center
- City Slicker Farms
- Commodity and Food Programs
- Community Child Care Council of Alameda County
- Contra Costa Health Services
- Cooking Matters/Three Squares
- East Bay Agency for Children
- East Bay Regional Parks
- East County Health and Wealth Initiative
- East County Kids N Motion
- East County Midnight Basketball
- Eden I&R, Inc.
- Eden Youth and Family Center:
 - Hayward Day Labor Center
 - New Start Tattoo Removal
- EdenFit Supervised Exercise Program
- Emergency Shelter Program, Inc.
- First 5 Contra Costa
- Food Bank of Contra Costa and Solano County
- Fremont Family Resource Center
- FCHSD - Fremont Senior Center
- Get Fit Antioch
- Greater Richmond Interfaith Programs

Health Need: Obesity, Diabetes, Healthy Eating, Active Living

- Healthy and Active Before 5
- Healthy and Livable Pittsburg
- Hope for the Heart- Food Distribution
- JMH Faith & Health Partnership (seven churches offer exercise and active living programs and services, six churches offer healthy food programs and services)
- Kidango, Inc. Early Head Start/Head Start Programs
- La Clinica de la Raza- Healthy Start Clinic- San Lorenzo HS Health Center
- La Familia Counseling Services
- LIFE Eldercare, Inc. - Meals on Wheels
- Livermore Recreation & Park District
- LIFT for Teens
- Loaves and Fishes
- Local Ecology and Agriculture Fremont (LEAF)
- Meals on Wheels:
 - Senior Exercise Program
 - Senior Outreach Services
- Monument Crisis Center
- Monument Impact
- Oakland Food Policy Council
- Open Heart Kitchen
- Pogo Park
- Public Health Institute
- REACH Ashland Youth Center
- Salvation Army:
 - Hayward Corps- Food, Clothing, and Donation Services
 - Hayward Corps- Senior Center
 - Tri-Cities Corps Community Center - USDA Commodity and Food Programs
 - USDA Commodity and Food Programs
- San Leandro Boys and Girls Club
- San Leandro Health and Wellness Center
- San Leandro Unified School District
- San Lorenzo Family Help Center- Ecumenical Food Pantry
- Second Chance - Emergency Shelter
- Senior Support Program of the Tri-Valley
- Service Opportunities for Seniors – Meals on Wheels
- Shelter Inc.
- Silliman Activity and Family Aquatic Center
- Silva Pediatric Medical Clinic
- South Hayward Parish:
 - Emergency Food Pantry
 - Hayward Community Action Network
 - Senior Meal Site
- Spectrum Community Services, Inc.- Senior Nutrition and Activities Program
- St. Rose Hospital- Main
- Tri-City Free Breakfast Program
- Tri-City Health Center
- Tri-City Medical Services
- Tri-Valley Children’s Emergency Food Bank

Health Need: Obesity, Diabetes, Healthy Eating, Active Living

- Tri-Valley Open Heart Kitchen
- Senior Support Program of the Tri-Valley Children’s Emergency Food Bank
- Tiburcio Vasquez Health Center (incl. WIC)
- United Seniors of Oakland and Alameda County
- Urban Tilth
- Village Community Resource Center
- Viola Blythe Community Service Center of Newark
- Washington Hospital and Health Care Services
- Washington Hospital Healthcare System:
 - Community Outreach
 - Diabetes Program
 - Outpatient Diabetes Center
- Washington on Wheels Mobile Health Clinic
- White Pony Express
- YMCA:
 - East Bay
 - Fremont/Newark

Health Need: Oral/Dental health

- Axis Community Health
- Chabot- Las Positas Community College District- Dental Hygiene Clinic
- La Clinica de la Raza
- Ronald McDonald Dental Care Mobile
- Tiburcio Vasquez Health Center- Dental Department
- Tri-City Health Center, Dental Care
- University of the Pacific- Arthur A. Dugoni School of Dentistry- Union City Dental Care Center

Health Need: Substance Abuse (including alcohol, tobacco, and other drugs)

- 12-Step programs (Al-Anon, Alcoholics Anonymous, Narcotics Anonymous)
- A Chance for Freedom
- Abode Services:
 - HOPE Project Mobile Health Clinic
 - Project Independence
- Adult Behavioral Health Services
- Alameda County Health Care Services Agency
- Alameda County Housing and Community Development Shelter + Care
- Alameda County Medical Center Substance Abuse program
- Al-Anon/Alateen- District 15- Oakland/Hayward Area
- Ashland Youth Center
- Axis Community Health (incl. Adult Behavioral Health Services)
- BACS – South County Wellness Center
- Building Opportunities for Self-Sufficiency (BOSS):

Health Need: Substance Abuse (including alcohol, tobacco, and other drugs)

- Behavioral Health Care Transitional Housing
- Short-term Special Needs Housing: South County Homeless Project (Mental Health) – Hayward
- Center for Human Development
- Christian Counseling Centers, Inc. Fremont Christian Counseling Center
- Contra Costa Health Services
- Crossroads Recovery Center
- Davis Street Family Resource Center
- Eden Youth and Family Service’s Tattoo Removal Program
- Emergency Shelter Program, Inc.
- Fremont Hospital:
 - Chemical Dependency Intensive Outpatient Program
- Health Care Transitional Housing
- Horizon Services:
 - Cherry Hill Detox
 - CommPre
 - Project Eden
- HAART- Humanistic Alternative to Addiction – Methadone Maintenance & Detox Program
- John Muir Behavioral Health Center
- La Clinica de la Raza, San Leandro
- Latino Commission on Alcohol and Drug Abuse
- Lighthouse Community Center- 12 Step Meetings
- Narcotics Anonymous
- NAMI Alameda County South
- Neighborhood House
- New Bridge Foundation
- Options Recovery Service
- REACH project, Ashland Youth Center
- Safe Alternatives to Violent Environments (SAVE)
- Second Chance:
 - Hayward Center
 - Newark Center
 - PC 1000 Drug Division
- Terra Firma Diversion/Educational Services:
 - Court Ordered Adult Diversion Programs
 - Drug Relapse Prevention, Drug Testing, and Youth Services
- Tiburcio Vasquez Health Center
- Tri-City Health Center
- Ujima:
 - East
 - West
- Victory Outreach - Prison Counseling and Services; Residential Rehab Program - Hayward
- West Oakland Health Council
- Women on the Way Recovery Center

Health Need: Unintentional Injuries

- Contra Costa Health Services
- Child Passenger Safety Program
- Fall Prevention Program of Contra Costa County

Health Need: Violence and Injury Prevention

- 1,000 Mothers Against Violence
- Afghan Coalition
- Alameda Family Services
- Allen Temple Baptist Church Health and Social Services Ministries
- BAWAR – Bay Area Women’s Against Rape
- Berkeley Youth Alternatives
- Beyond Violence
- Building Blocks for Kids Collaborative
- Building Futures with Women and Children
- Calico Center
- California State University, East Bay’s Promise Neighborhood
- Center for Human Development
- Centro Legal Services
- City of Berkeley Health, Housing and Community Services Department
- City of Richmond Office of Neighborhood Safety
- Community Child Care Council (4C’s) of Alameda County
- Community Violence Solutions
- Family Justice Center
- Family Violence Law Center
- Filipino Advocates for Justice
- First Five Alameda County
- Girls Inc.
- Hayward Unified School District
- Healing Circles of Hope
- Healthy Richmond (sponsored by The California Endowment)
- Herald Family Rebuilding
- Kidpower Teenpower
- La Familia Counseling Services
- Mind Body Awareness Project
- Oakland Unite!
- One Day at a Time
- Passion Society
- Pogo Park
- REACH Ashland Youth Center
- Richmond Police Department
- Ruby’s Place
- RYSE Youth Center
- Victim Witness Assistance

Health Need: Violence and Injury Prevention

- Youth Alive!
- Youth Intervention Network
- Safe Alternatives to Violent Environments (SAVE)
- San Leandro Boys and Girls Club
- San Leandro Education Foundation
- Soulciety
- STAND! for Families Free of Domestic Violence
- Victim Witness Assistance
- Zero Tolerance for Domestic Violence Initiative

Attachment 9: 2016 CHNA Health Needs Profiles

Health needs profiles for all priority health needs are attached:

- Asthma
- Cancer
- Cardiovascular/stroke
- Climate & health
- Communicable diseases
- Economic security
- Healthcare access & delivery
- Maternal & child health
- Mental health
- Obesity, diabetes, healthy eating, active living
- Oral health
- Substance abuse (alcohol, tobacco, and other drugs)
- Unintentional injuries
- Violence/injury prevention

Health profiles are detailed handouts which include statistical data and primary community input collected during the CHNA. Because the CHNA report is focused on identifying health needs, data which indicate a poor health outcome are included. For the most part, the health profiles do not include positive data indicators related to the health topic.

ASR used statistical data from the Stanford Health Care-ValleyCare (ValleyCare) service area where available. The ValleyCare service area is part of the larger Tri-Valley/Central Contra Costa County (TV/CCC) area. When data are not available at the ValleyCare service area level, the health profiles rely on the TV/CCC area or county-level data from Alameda County or Contra Costa County.

Data indicators are compared to either the state rate/proportion or to Healthy People 2020 targets. Healthy People is an endeavor of the U.S. Department of Health and Human Services which has provided 10-year national objectives for improving the health of Americans based on scientific data for 30 years. Healthy People sets objectives or targets for improvement for the nation.

ASR gathered community input for the 2016 Community Health Needs Assessment. The section in the health profiles on community input presents community perceptions. ASR asked community members to share about their experiences and observations, and their comments are not necessarily based on data or statistics.

Please refer to Attachments 3 and 4 for information about the data sources and data indicators included in the health profiles.



Profile of Stanford Health Care – ValleyCare Health Needs

ASTHMA

Why Is It Important?

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath.¹ Risk factors for asthma currently being investigated include having a parent with asthma; sensitization to irritants and allergens; respiratory infections in childhood; and being overweight.

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. The populations with higher rates of asthma include Blacks, people living below the Federal poverty level, children, and people with certain exposures in the workplace.¹ Asthma is considered a significant public health burden and its prevalence has been rising since 1980.¹ Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Why Is It a Community Health Need?

The Stanford Health Care – ValleyCare (ValleyCare) service area is part of the larger Tri-Valley/Central Contra Costa County (TV/CCC) area. When data are not available at the ValleyCare service area level, this profile relies on TV/CCC area or county level data. In the ValleyCare service area, 16% of adults have asthma. In the counties containing the service area, about one in five children have asthma. Black asthma patients and those of “other” or multiple ethnicities account for larger proportions of the TV/CCC area’s hospital discharges.

What Do the Data Show?

- A larger percentage of adults in the ValleyCare service area (16%) have asthma when compared to the state (14% adult asthma prevalence).
- In both Alameda County (19% asthma prevalence ages 0-17) and Contra Costa County (19% asthma prevalence ages 0-14), there are greater proportions of children and teens with asthma compared to the state (15% asthma prevalence ages 1-17).²

¹ *Healthy People 2020*. Office of Disease Prevention and Health Promotion. Web. December 2015.

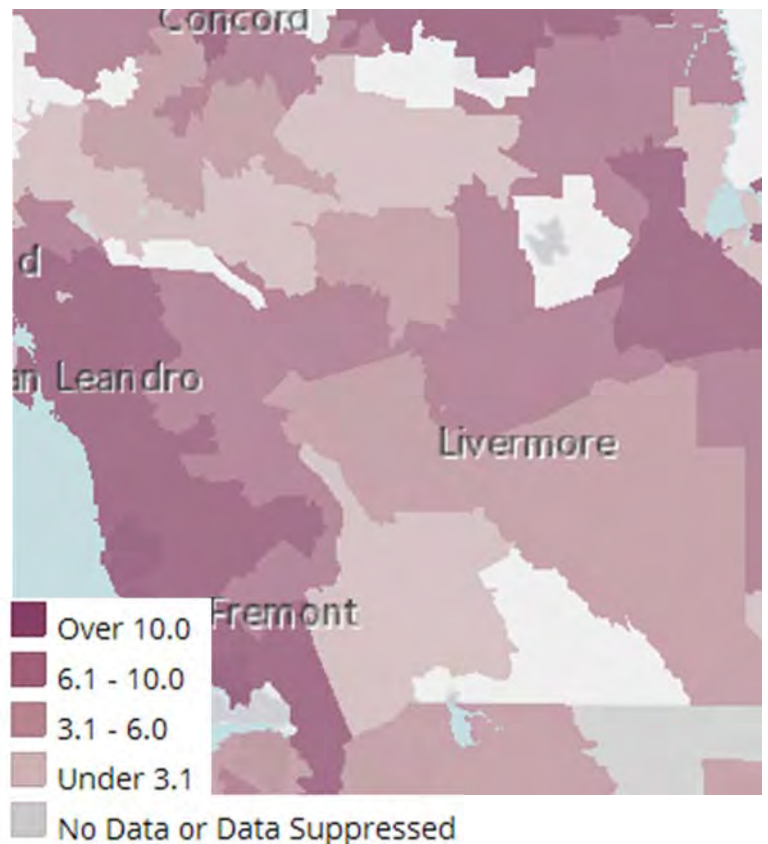
² *Alameda County Health Data Profile*, Alameda County Public Health Department, 2014 and *Community Health Indicators for Contra Costa County*, Contra Costa Health Services, 2010.

**ASTHMA PREVALENCE
TOO HIGH**

Asthma prevalence is higher among adults and children/teens in the service area and/or counties than in the state overall.

- Asthma patients accounted for 0.8% of all hospital discharges in the TV/CCC area compared to 0.9% of all hospital discharges in the state. There are ethnic disparities within the service area: rates are higher among asthma patients who are Black (1.1%) or of “other” or multiple ethnicities (1.1%) compared to White (0.7%), Latino (0.7%), or Asian/Pacific Islander (0.5%) asthma patients.
- There are geographic disparities in asthma hospitalization rates. The northern portions of the ValleyCare service area have the highest asthma hospitalization rates.
- Poor air quality contributes to respiratory issues and overall poor health and is associated with the health impacts of climate change. Air quality, measured as percent of days per year when particulate matter was higher than 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter), is somewhat worse in the ValleyCare service area than in the state overall (4.5% versus 4.2%).

ASTHMA HOSPITAL DISCHARGE RATE PER 10,000, 2011



What Does the Community Say?

- Key informants discussed how where people live impacts their asthma (e.g., air quality, access to care).

Commitment to Improving Community Health

In 2016, in collaboration with 11 other hospitals throughout Alameda and Contra Costa Counties, the Community Health Needs Assessment (CHNA) process identified asthma as one of the top health needs in the community based on statistical data and community input. Each hospital posts its final 2016 CHNA publicly on its website. Each hospital’s Implementation Strategy report describes in detail the investments made in the community, including programming and partnerships.



Profile of Stanford Health Care – ValleyCare Health Needs CANCER

Why Is It Important?

Cancer is a term used for diseases in which abnormal cells divide uncontrollably and can invade other tissues. Cancer cells can spread to other parts of the body through the blood and lymph systems.¹ Cancer is the second most common cause of death in the United States.² Behavioral and environmental factors play a large role in reducing the nation's cancer burden, along with the availability and accessibility of high-quality screening. Nationally, Black men are more likely to get and die from cancer, followed by White and Latino men.³ Among women, White women are more likely to get cancer, and Black women are more likely to die from cancer.³ Complex and interrelated factors contribute to the observed disparities in cancer incidence and death among racial, ethnic, and underserved groups. The most salient factors are associated with a lack of health care coverage and low socioeconomic status (SES).⁴

ETHNIC DISPARITIES IN CANCER RATES

Whites have the highest rates of several types of cancers in the service area.

Why Is It a Community Health Need?

The Stanford Health Care – ValleyCare (ValleyCare) service area is part of the larger Tri-Valley/Central Contra Costa County (TV/CCC) area. When data are not available at the ValleyCare service area level, this profile relies on TV/CCC area or county level data. Cancer incidence rates are close to state and national benchmarks, but incidence and mortality rates show ethnic disparities.

What Do the Data Show?

- The overall cancer mortality rates in the ValleyCare service area are lower than the state (157.1 per 100,000). However, data on the TV/CCC area show that Black, White, and Pacific Islander residents have higher mortality rates than the state. (See table on next page.)
- The breast cancer incidence rate in the TV/CCC area is higher than the state, and the rate is also higher than the state for Whites in the area. (See table on next page.) The age-adjusted breast cancer mortality rate in Contra Costa County (23.0 per 100,000) is higher than the HP2020 objective (20.7) and even higher for Blacks (35.8) and Whites (25.3) in the county.⁵ Comparable data are not available for Alameda County.
 - ➔ The percentage of female Medicare enrollees over age 66 who received at least one mammogram in the past two years is slightly higher for the TV/CCC area (63%) and ValleyCare service area (61%) than the state overall (59%); data are not available by ethnicity or for other age groups.
- While the overall cervical cancer incidence rate in the TV/CCC area is no higher than the HP2020 objective, cervical cancer incidence rates are worse for Latinas and White women in the area. (See table on next page.)
 - ➔ Nearly 79% of adult women in the TV/CCC area and the ValleyCare service area had a Pap test in the past three years, slightly higher than the state figure (78%); data are not available by ethnicity.

¹ *How to Prevent Cancer or Find It Early.* Cancer Prevention and Control, Centers for Disease Control and Prevention. Web. Dec. 2015.

² *Fast Stats, Leading Causes of Death.* Centers for Disease Control and Prevention. Web. Dec. 2015.

³ *Cancer Rates by Race and Ethnicity.* Cancer Prevention and Control, Centers for Disease Control and Prevention. Web. Dec. 2015.

⁴ *Cancer Health Disparities.* National Cancer Institute. Web. Dec. 2015.

⁵ *Community Health Indicators for Contra Costa County.* Contra Costa Health Services. 2010.

- Colorectal and prostate cancer incidence rates are higher in the TV/CCC area than the benchmarks, with Blacks and Whites experiencing these cancers at higher rates than those of other races/ethnicities. (See table below.) The age-adjusted colorectal cancer mortality rate in Contra Costa County (16.5 per 100,000) is higher than the HP2020 objective (14.5) and even higher for Blacks (31.1) countywide.⁵ Comparable data are not available for Alameda County.
 - Over 65% of TV/CCC area and 62% of ValleyCare service area residents over age 50 had a colonoscopy/sigmoidoscopy, compared to only 58% in the state; data are not available by ethnicity.
- The overall lung cancer incidence rate in the TV/CCC area is higher than the state; Blacks and Whites in the service area have higher incidence rates than the state as well. (See table below.)
 - One in ten (11%) ValleyCare service area adults smoke tobacco (compared to 13% in the state). Data are not available by ethnicity.

CANCER DATA COMPARED TO BENCHMARKS

Indicator (per 100,000)	Benchmark	TRI-VALLEY/CENTRAL CONTRA COSTA COUNTY (TV/CCC) AREA					
		Overall	White	Black	Latino	Asian	Pac Isl
Cancer mortality (age-adjusted)	157.1 (CA)	151.4	164.9	216.1	95.0	111.0	158.1
Breast cancer incidence	122.4 (CA)	126.1	134.4	122.1	96.9	N/A	
Cervical cancer incidence (women)	7.1 (HP)	7.0	7.2	6.7	9.4	N/A	
Colorectal cancer incidence	38.7 (HP)	43.1	44.1	54.0	38.6	N/A	
Lung cancer incidence	49.5 (CA)	50.3	53.1	68.2	31.6	N/A	
Prostate cancer incidence (men)	136.4 (CA)	142.0	144.6	215.5	132.3	N/A	

Note: N/A = data not available. HP = Healthy People 2020.

What Did the Community Say?

- Key informants mainly focused on access issues (e.g., supply of specialists, accepting insurance, affordable).

Commitment to Improving Community Health

In 2016, in collaboration with 11 other hospitals throughout Alameda and Contra Costa Counties, the Community Health Needs Assessment (CHNA) process identified cancer as one of the top health needs in the community based on statistical data and community input. Each hospital posts its final 2016 CHNA publically on its website. Each hospital’s Implementation Strategy report describes in detail the investments made in the community, including programming and partnerships.



Profile of Stanford Health Care – ValleyCare Health Needs

CLIMATE AND HEALTH

Why Is It Important?

Maintaining a healthy environment is central to increasing quality of life and years of healthy life. Globally, almost 25% of all deaths and the total disease burden can be attributed to environmental factors.¹ Environmental factors¹ include:

- Exposure to hazardous substances in the air, water, soil, and food
- Natural and technological disasters
- Physical hazards
- The built environment

Poor environmental quality has its greatest impact on people whose health status is already at risk. Consequently, environmental health must address the societal and environmental factors that increase the likelihood of exposure and disease.¹ An emerging issue in environmental health is climate health, which is projected to impact sea level, patterns of infectious disease, air quality, and the severity of natural disasters such as floods, droughts, and storms.

Why Is It a Community Health Need?

The Stanford Health Care – ValleyCare (ValleyCare) service area is part of the larger Tri-Valley/Central Contra Costa County (TV/CCC) area. When data are not available at the ValleyCare service area level, this profile relies on TV/CCC area or county level data. In the ValleyCare service area, the percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard and the density of road miles per acre are both higher than the state. Asthma prevalence, which is linked to air pollution, among adults in the ValleyCare service area is also higher than the state figure.

What Do the Data Show?

- In the ValleyCare service area, the percentages of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard is higher than the state average (4.5% vs. 4.2%, respectively).
- The total number of road miles per acre of land (road network density) contributes to increased use of vehicles and related poor air quality. The ValleyCare service area has a higher density of road miles per acre (2.89) in comparison to the state overall of 2.02.

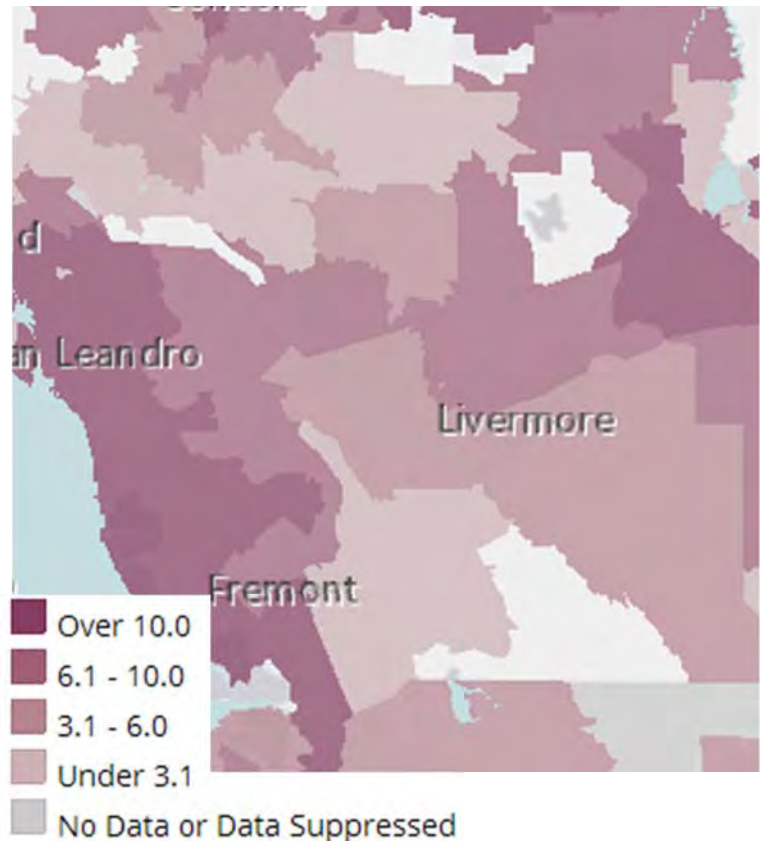
¹ *Healthy People 2020*. Office of Disease Prevention and Health Promotion. Web. December 2015.

AIR QUALITY IS AN ISSUE

In both Alameda County and the ValleyCare service area, the percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard was higher than the state.

ASTHMA HOSPITAL DISCHARGE RATE PER 10,000, 2011

- In the ValleyCare service area, 11% of the population is within half a mile of public transit, lower than the state average of 16%.
- Over three quarters (76%) of the population in the ValleyCare service area commutes alone to work by car compared to 73% for the state.
- In Alameda County, the rate of heat-related Emergency Room visits (7.1 per 100,000) is lower than the overall state rate (11.1 per 100,000). In Contra Costa County (11.2 per 100,000), the rate is higher than the state.
- Asthma prevalence, which is linked to air pollution, is slightly higher among adults in the ValleyCare service area (16%) than the state figure (14%).



What Does the Community Say?

- Key informants mainly focused on air quality and access to open spaces.

Commitment to Improving Community Health

In 2016, in collaboration with 11 other hospitals throughout Alameda and Contra Costa Counties, the CHNA process identified climate as one of the top health needs in the community based on statistical data and community input. Each hospital posts its final 2016 Community Health Needs Assessment (CHNA) publicly on its website. Each hospital's Implementation Strategy report describes in detail the investments made in the community, including programming and partnerships.



Profile of Stanford Health Care – ValleyCare Health Needs

COMMUNICABLE DISEASES

Why Is It Important?

Communicable diseases are diseases that are primarily transmitted through direct contact with an infected individual or their discharge (such as blood or semen). Communicable diseases remain a major cause of illness, disability, and death. People in the United States continue to get diseases that are vaccine preventable. Viral hepatitis, influenza, and tuberculosis (TB) remain among the leading causes of illness and death in the United States and account for substantial spending on the related consequences of infection.¹

Communicable diseases are closely monitored to identify outbreaks and epidemics, provide preventive treatment and/or targeted education programs, and to allocate resources effectively.

Why Is It a Community Health Need?

The Stanford Health Care – ValleyCare (ValleyCare) service area is part of the larger Tri-Valley/Central Contra Costa County (TV/CCC) area. When data are not available at the ValleyCare service area level, this profile relies on TV/CCC area or county level data. In Alameda County, the HIV prevalence rate is higher than the state, and the statistics show disparities for Black residents. Also, the tuberculosis rate is much higher than the HP2020 objective, and pertussis cases have been rising in Alameda County. The community also expressed concern about pertussis.

What Do the Data Show?

- The tuberculosis (TB) incidence rate per 100,000 residents in Alameda County is 7.9, much higher than the HP2020 objective of 1.0.² No comparable data are available for Contra Costa County.
- The pertussis incidence rate (per 100,000) has been rising over the past three years to 25.1 in Alameda County and 42.8 in Contra Costa County, compared to 29.3 for the state.³
- HIV patients accounted for 0.08% of all hospital discharges in the TV/CCC area, compared to 0.14% of all hospital discharges in the state; Black HIV patients comprised 0.61% of all hospital discharges in the TV/CCC area.

¹ *Healthy People 2020*. Office of Disease Prevention and Health Promotion. Web. December 2015.

² Healthy Communities Institute. 2015. *Healthy Alameda County*. Web. November 2015.

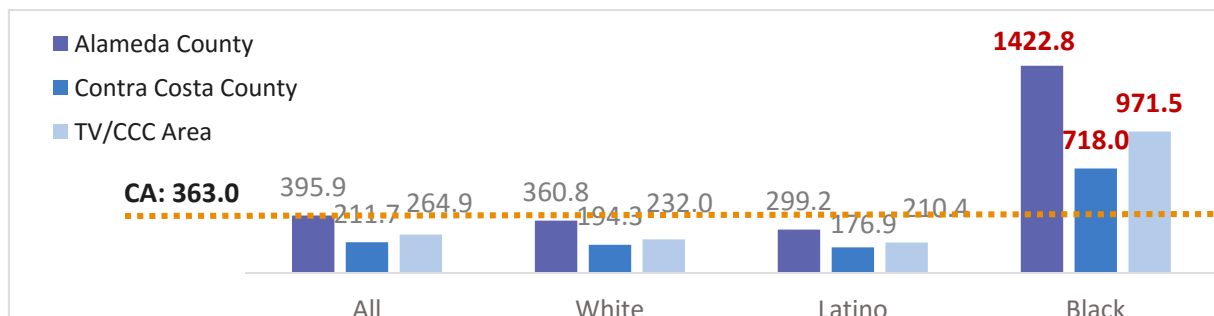
³ *Pertussis Report*. California Department of Public Health. Web. October 2015.

HIV/AIDS CONTINUES TO BE A CONCERN

A larger proportion of Alameda County residents have HIV compared to the state overall, and Black residents of the counties and Walnut Creek service area have disproportionately higher rates.

- The HIV prevalence rate is lower in the TV/CCC area (264.9 per 100,000) than in the state (363.0); however, the HIV prevalence rate among Black residents is disproportionately higher in both Alameda and Contra Costa Counties as well as in the TV/CCC area.

HIV PREVALENCE RATE BY ETHNICITY, 2010



What Did the Community Say?

- The Alameda County Public Health Department notes “the pertussis epidemic is continuing in California and Alameda County.” There is concern about lower reimbursement rates for vaccination starting to have a negative impact on access.
- Key informants discussed increased rates of syphilis among White males and of HIV among men who have sex with men (MSM) and among transgender women.

Commitment to Improving Community Health

In 2016, in collaboration with 11 other hospitals throughout Alameda and Contra Costa Counties, the CHNA process identified infectious diseases as one of the top health needs in the community based on statistical data and community input. Each hospital posts its final 2016 Community Health Needs Assessment (CHNA) publicly on its website. Each hospital’s Implementation Strategy report describes in detail the investments made in the community, including programming and partnerships.



Profile of Stanford Health Care – ValleyCare Health Needs CARDIOVASCULAR DISEASE/STROKE

Why Is It Important?

Nationally, more than 1 in 3 adults (81.1 million) live with one or more types of cardiovascular disease.¹ In addition to being the first and third leading causes of death, heart disease and stroke result in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year.¹ There are significant disparities based on gender, age, race/ethnicity, geographic area, and socioeconomic status in the prevalence of risk factors, access to timely treatment, treatment outcomes, and mortality.

The primary risk factors¹ for heart disease and stroke that are controllable include:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

These risk factors cause changes in the heart and blood vessels that over time can lead to heart attacks, heart failure, and strokes. It is imperative to address risk factors early in life to prevent complications of chronic cardiovascular disease. *See the health profile on **Obesity, Diabetes, and Healthy Eating/Active Living** for information about these particular risk factors. Other risk factors are addressed in this health profile.*

Why Is It a Community Health Need?

The Stanford Health Care – ValleyCare (ValleyCare) service area is part of the larger Tri-Valley/Central Contra Costa County (TV/CCC) area. When data are not available at the ValleyCare service area level, this profile relies on TV/CCC area or county level data. In the TV/CCC area and the ValleyCare service area, mortality rates due to ischaemic heart disease are higher than the HP2020 objective, and some ethnic groups in the TV/CCC area have disproportionately higher rates than others. Also, the percentage of those with hypertension in the county is slightly higher than the state average.

What Do the Data Show?

- Six percent of all adults in the ValleyCare service area have heart disease, no worse than the state overall (6%). In the TV/CCC area, 5% of adults have heart disease and Latino adults (6%) are more likely than adults of other ethnicities to have heart disease.
- Four in ten Alameda County Blacks have high blood pressure (hypertension), which is much higher than those of other ethnicities.² In the county overall just one quarter (25%) of residents have high blood pressure, which is below the state overall (27%).²

¹ *Healthy People 2020*. Office of Disease Prevention and Health Promotion. Web. December 2015.

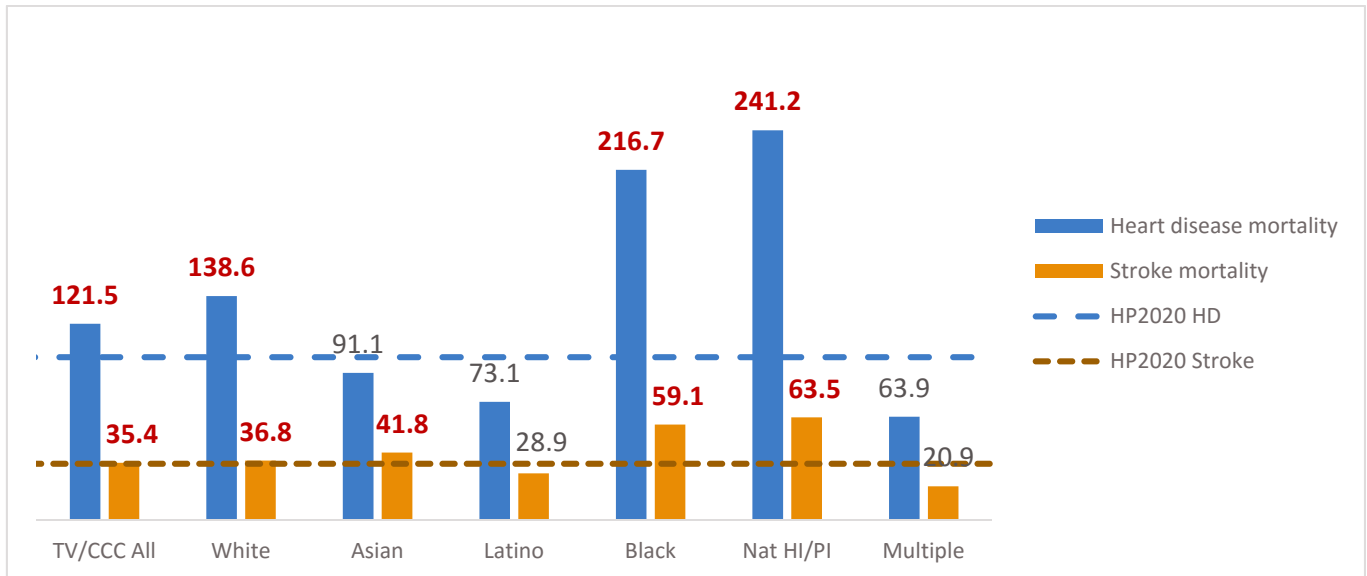
² *Alameda County Health Data Profile*, Alameda County Public Health Department, 2014

ETHNIC DISPARITIES IN CVD & STROKE DEATHS

Blacks and Pacific Islanders disproportionately die from heart disease and stroke than those of other races/ethnicities.

- In the ValleyCare service area, the age-adjusted rates of ischaemic heart disease mortality (118.2 per 100,000) is much higher than the HP2020 objective (100.8). Regarding race/ethnicity, TV/CCC data show ethnic disparities in heart disease mortality, with the highest rates found among Native Hawaiians/Pacific Islanders (241.2) and Blacks (216.7).
- The ValleyCare service area has a lower rate of stroke mortality per 100,000 (32.4) than the HP2020 target (34.8). However, Blacks and Pacific Islanders in the TV/CCC area experience stroke mortality at much higher rates (59.1 and 63.5, respectively) than the HP2020 objective.

TV/CCC AREA MORTALITY RATES PER 100,000, AGE-ADJUSTED, 2010-12



What Does the Community Say?

- The community mainly focused on drivers such as food choices and geography (e.g., access to open spaces for exercise, markets with fresh produce). See the health profile on **Obesity, Diabetes, and Healthy Eating/Active Living** for more information.

Commitment to Improving Community Health

In 2016, in collaboration with 11 other hospitals throughout Alameda and Contra Costa Counties, the CHNA process identified cardiovascular disease and stroke as one of the top health needs in the community based on statistical data and community input. Each hospital posts its final 2016 Community Health Needs Assessment (CHNA) publically on its website. Each hospital's Implementation Strategy report describes in detail the investments made in the community, including programming and partnerships.



Profile of Stanford Health Care – ValleyCare Health Needs HEALTHCARE ACCESS & DELIVERY

Why Is It Important?

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone.¹

Components of access to care include: coverage, services, and timeliness. Limited access to health care impacts people's ability to reach their full potential, negatively affecting their quality of life. As reflected in the community comments, barriers to services include: high cost, not enough

providers, and lack of awareness of how to access resources. As illustrated in the data below, these barriers to accessing health services lead to unmet health needs, delays in receiving appropriate care, inability to get preventive services, and hospitalizations that could have been prevented.

ETHNIC DISPARITIES IN UNINSURED POPULATION

About 1 in 5 Tri-Valley/Contra Costa service area Latinos and Pacific Islanders are uninsured compared to 1 in 20 White residents.

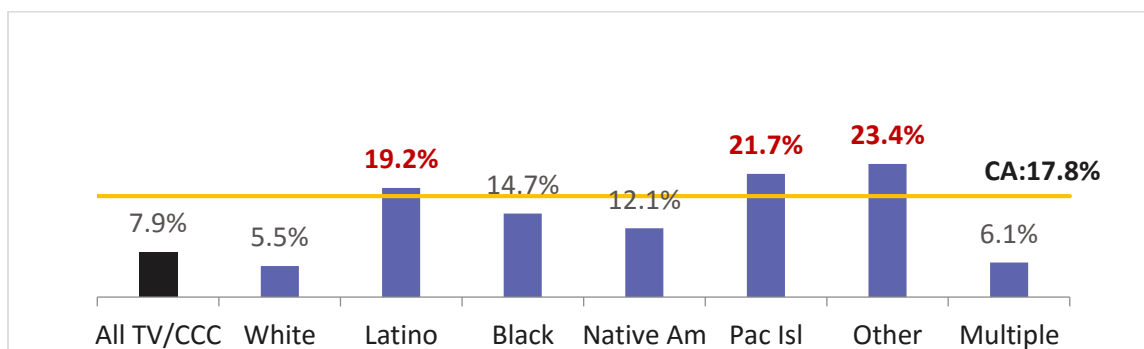
Why Is It a Community Health Need?

The Stanford Health Care – ValleyCare (ValleyCare) service area is part of the larger Tri-Valley/Central Contra Costa County (TV/CCC) area. When data are not available at the ValleyCare service area level, this profile relies on TV/CCC area or county level data. In the TV/CCC area, ethnic disparities are seen in the proportions of residents who are uninsured. Countywide, Alameda rates of those who have had difficulty obtaining care and those who are lacking a source of care do not meet Healthy People 2020 (HP2020) targets. In Contra Costa County and the ValleyCare service area, the number of Federally Qualified Health Centers is well below the state average.

What Do the Data Show?

- Stark ethnic disparities exist in the uninsured population of the TV/CCC area. (See chart.) Overall 8% of residents are uninsured in the TV/CCC area. In the ValleyCare service area, 7% are uninsured.

PERCENT OF RESIDENTS UNINSURED



¹ Healthy People 2020. Office of Disease Prevention and Health Promotion. Web. December 2015.

- In Alameda County, 14% of residents reported a delay or difficulty in obtaining care, which was well above the HP2020 objective of 4%.²
- While more than eight in ten Alameda County residents (88%) have a usual source of care, this is less than the HP2020 target (95%).²
- The ValleyCare service area falls short of the state benchmark in the rate of Federally Qualified Health Centers (2.0 per 100,000 for the state compared to 1.1 per 100,000 in the ValleyCare service area).

What Does the Community Say?

- It is difficult to navigate the complex health system, especially for new immigrants, young people, people who are low-income, and those who are undocumented. For the populations who only recently got access to healthcare through ACA, the “health-seeking behaviors are different and learning to navigate the system is rough.”
- Insurance and co-pays are too high, so the low-income population may delay care and issues may go undiagnosed. There is a lack of awareness/education among residents of how to access available, low-cost resources.
- There are not enough health clinicians (including dentists and mental health professionals). Also, too few accept Medi-Cal. Access to specialty care is also challenging because of a lack of proximity and long waits. Health professionals in focus groups said that providers are not trained to think about “whole-person care,” which makes a medical home model harder to implement.
- Professionals report that systems are not well-coordinated and that there is fragmentation and a lack of shared data systems among agencies.
- There are concerns about cultural competence of all health system staff; patients fear accessing care due to previous bad experiences. One key informant noted that cultural competence can also be thought of in terms of knowing how to engage with those who have mental illnesses.
- Many said that using the Emergency Department is faster than getting an appointment with a PCP.
- Getting to/from appointments is difficult when patients are relying on public transportation. The cost of transportation is an issue for low-income residents.

Commitment to Improving Community Health

In 2016, in collaboration with 11 other hospitals throughout Alameda and Contra Costa Counties, the CHNA process identified healthcare access & delivery as one of the top health needs in the community based on statistical data and community input. Each hospital posts its final 2016 Community Health Needs Assessment (CHNA) publically on its website. Each hospital’s Implementation Strategy report describes in detail the investments made in the community, including programming and partnerships.

² Healthy Alameda County. Web. December 2015.



Profile of Stanford Health Care – ValleyCare Health Needs

ECONOMIC SECURITY

Why Is It Important?

An individual's health-related behaviors, surrounding physical environments, and health care all contribute significantly to how long and how well we live. However, none of these factors is as important to population health as are the social and economic environments in which we live, learn, work, and play. These economic and social conditions are referred to as the "social determinants of health." Research has increasingly shown how strongly social and economic conditions determine population health and differences in health among subgroups, much more so than medical care. For example, research shows that poverty in childhood has long-lasting effects limiting life expectancy and worsening health for the rest of the child's life, even if social conditions subsequently improve.¹ By working to establish policies that positively influence economic and social conditions, we can improve health for large numbers of people in ways that can be sustained over time.²

MORE THAN 1 IN 10 LACK FOOD SECURITY

In the service areas and in both Alameda and Contra Costa Counties, between 13% - 16% of residents experienced food insecurity in the prior year.

Why Is It a Community Health Need?

The Stanford Health Care – ValleyCare (ValleyCare) service area is part of the larger Tri-Valley/Central Contra Costa County (TV/CCC) area. When data are not available at the ValleyCare service area level, this profile relies on TV/CCC area or county level data. Residents in the ValleyCare service area experience food insecurity at rates which fail Healthy People 2020 targets. Ethnic disparities are seen in the proportions of people living in poverty in the TV/CCC area.

What Do the Data Show?

- In the TV/CCC area a greater proportion of Latino residents (12%), and Latino children specifically (26%), were living in poverty compared to non-Latino residents (5%) and children (7%). In the ValleyCare service area, 4% residents and 4% of children were living in poverty.
- A higher percentage of Latino adults in the TV/CCC area did not have a high school diploma (24%) compared to non-Latino adults (3%) which is worse than the state (19%) and the US (14%). In the ValleyCare service area, 6% of adults did not have a high school diploma.
- Sixteen percent of the population in the ValleyCare service area has a commute over 60 minutes, compared to 10% for the state.

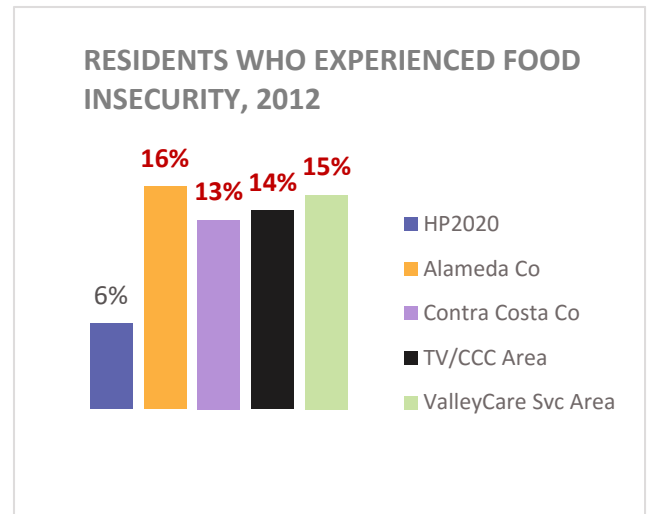
¹ *Social Determinants of Health: How Social and Economic Factors Affect Health.* County of Los Angeles Public Health. 2013.

² *Healthy People 2020.* Office of Disease Prevention and Health Promotion. Web. December 2015.

- A higher percentage of residents in the ValleyCare service area (15%), TV/CCC area (14%), Alameda County (16%), and Contra Costa County (13%) experience food insecurity at some point during the year, compared to the HP2020 target of 6%.

What Does the Community Say?

- Good jobs, in which people make enough to afford to live in the area, are scarce.
- Affordable housing is needed; the cost of housing limits people's ability to pay for everything else (including healthcare). Multiple families are living in single family homes.
- The community perceives there to be more socio-economic disadvantage amongst Latinos and Blacks.
- Homelessness is of concern:
 - ↳ Not enough services for basic needs (e.g., safe and dry places for homeless people to sleep; food banks).
 - ↳ People need more education about the homeless (some have fear/hostility towards the homeless).
 - ↳ Homeless children miss school more often.
 - ↳ Health issues are much harder to manage when you are homeless.



Commitment to Improving Community Health

In 2016, in collaboration with 11 other hospitals throughout Alameda and Contra Costa Counties, the CHNA process identified economic security as one of the top health needs in the community based on statistical data and community input. Each hospital posts its final 2016 Community Health Needs Assessment (CHNA) publically on its website. Each hospital's Implementation Strategy report describes in detail the investments made in the community, including programming and partnerships.



Why Is It Important?

Improving the well-being of mothers, infants, and children is an important public health goal. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system.¹ The topic area of maternal and child health addresses a wide range of conditions, health behaviors, and health systems indicators that affect the health, wellness, and quality of life of women, children, and families. Data indicators that measure progress in this area include low birth-weight, infant mortality, teen births, breastfeeding, and access to prenatal care. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and interconception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential.¹

ETHNIC DISPARITIES IN INFANT MORTALITY

The infant mortality rate shows ethnic disparities and the Black infant mortality rate is higher than the state average.

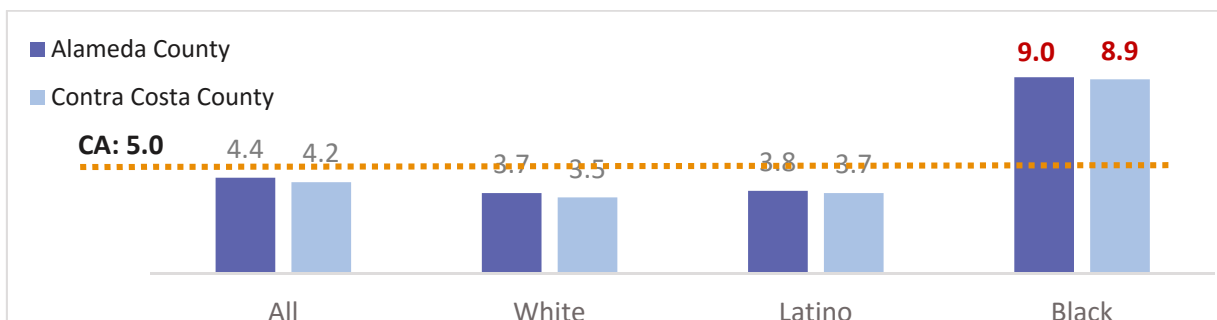
Why Is It a Community Health Need?

The Stanford Health Care – ValleyCare (ValleyCare) service area is part of the larger Tri-Valley/Central Contra Costa County (TV/CCC) area. When data are not available at the ValleyCare service area level, this profile relies on TV/CCC area or county level data. In the TV/CCC area, the infant mortality rate and proportion of households with children that are below 100% of the federal poverty level (FPL) show ethnic disparities.

What Do the Data Show?

- While the infant mortality rate is lower in Alameda (4.4) and Contra Costa (4.2) counties than in the state (5.0), the Black infant mortality rate is disproportionately higher (9.0 and 8.9, respectively).

INFANT MORTALITY RATE BY ETHNICITY, 2006-10



¹ Healthy People 2020. Office of Disease Prevention and Health Promotion. Web. December 2015.

- A similar proportion of children born in the ValleyCare service area had low birthweight when compared to the state (7%).
- Head Start Program enrollment is relevant because access to education is a primary social determinant of health and is associated with increased economic opportunity, access to social resources (i.e., food access, and spaces and facilities for physical activity), and positive health status and outcomes. There were 2.0 per 10,000 children under the age of five in the TV/CCC area that attended a Head Start Program facility, below the state benchmark (6.3).
- While the overall proportion of households with children that are below 100% FPL in the TV/CCC area is well below the state average (7% versus 22%), Black households with children are much more likely to be below 100% FPL (21%). This is also true for Latino and Native Hawaiian/Pacific Islander households with children (26% and 22%, respectively) in the TV/CCC area. In the ValleyCare service area, 4% of households with children are below 100% FPL.
- Food insecurity is associated with chronic diseases such as hypertension, diabetes, and obesity. It is also a sign of other community vulnerabilities, such as poverty, lack of access to social services, and insufficient food systems. Compared to the Healthy People 2020 benchmark (6%), more than twice the proportion of households in the ValleyCare service area experienced food insecurity in the prior year (15%).

What Did the Community Say?

- One key informant felt that early intervention is key to a better life trajectory, including appropriate attachment/detachment for mothers and their babies, preschool, and reading.

Commitment to Improving Community Health

In 2016, in collaboration with 11 other hospitals throughout Alameda and Contra Costa Counties, the CHNA process identified maternal and child health as one of the top health needs in the community based on statistical data and community input. Each hospital posts its final 2016 Community Health Needs Assessment (CHNA) publically on its website. Each hospital's Implementation Strategy report describes in detail the investments made in the community, including programming and partnerships.



Profile of Stanford Health Care – ValleyCare Health Needs

MENTAL HEALTH

Why Is It Important?

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges.¹ Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society.

Mental health plays a major role in people’s ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people’s ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person’s ability to participate in treatment and recovery.¹

Why Is It a Community Health Need?

The Stanford Health Care – ValleyCare (ValleyCare) service area is part of the larger Tri-Valley/Central Contra Costa County (TV/CCC) area. When data are not available at the ValleyCare service area level, this profile relies on TV/CCC area or county level data. While the rate of suicide in Contra Costa County is higher than the Healthy People 2020 (HP2020) target, in the ValleyCare service area and the TV/CCC area, the rate is slightly lower. In the TV/CCC area, Whites are disproportionately more likely to commit suicide, but much less likely to report the need for mental health care, than those of other ethnicities.

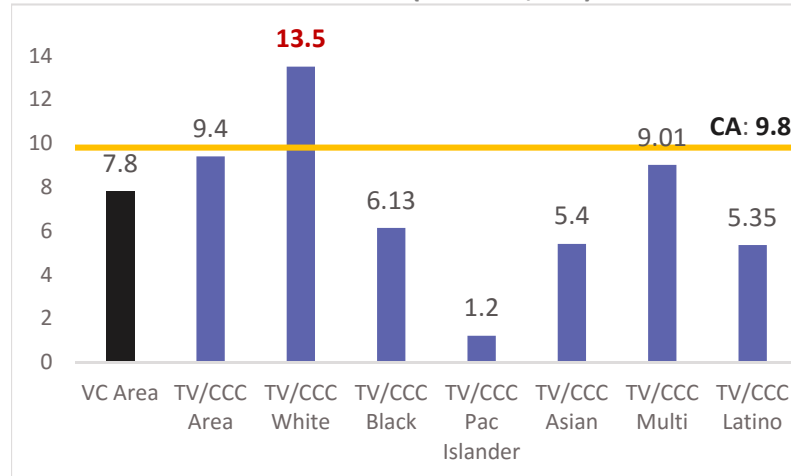
What Do the Data Show?

- As shown in the chart, the suicide rate in the ValleyCare (“VC”) and TV/CCC areas are lower than in the state.
- However, race/ethnicity data in the TV/CCC show disparities; the suicide rate for Whites is highest while the rates are lowest among Native Hawaiians/Pacific Islanders.

SUICIDE HIGHEST FOR WHITE RESIDENTS

White residents are ten times more likely than Pacific Islanders and twice as likely as Blacks to commit suicide.

AGE-ADJUSTED SUICIDE RATE (PER 100,000) BY ETHNICITY



¹ Healthy People 2020. Office of Disease Prevention and Health Promotion. Web. December 2015.

- White adults are much less likely to report a need for mental health care as compared to other racial and ethnic groups. For example, in the TV/CCC area, 16% of Whites reported a need for mental health care during the past 12 months, compared to 21% of Blacks and 28% of Latinos.
- Severe mental illness Emergency Department visits are higher in Alameda County (408.5 per 100,000) than in the state (301.7 per 100,000).² No comparable data are available for Contra Costa County.

What Does the Community Say?

- **Motivation and Stigma:** Stigma around seeing a mental health counselor causes people to deny or hide issues. Some people do not prioritize mental health and seek help only in crisis.
- **Coverage/affordability:** Lack of insurance and the high cost of co-payments and prescriptions are keeping people from obtaining care. There is little coverage for things like stress management.
- **Access:** Mental health specialty care is hard to obtain due to expense, a lack of local facilities/providers, and long waits—especially for the low-income population. Providers mentioned that it is problematic that mandatory hospitalization (a “5150”) is the only emergency response; they felt a lower bar for getting help is needed.
- **Low referrals:** There are too few mental health referrals from law enforcement and physicians.
- **Education:** The community (including physicians) lacks education about mental health and where to go for help.
- **Youth:** Rising concerns for kids (depression, suicide); also, parental pressure to be high-achieving can lead to feelings of low self-worth and loneliness. Parents deny that kids need help. LGBTQ youth need more support. Trauma is a growing issue (ACES) which only a few are trained to handle.
- One key informant stated, “Incarceration is not a solution to mental health issues.”

Commitment to Improving Community Health

In 2016, in collaboration with 11 other hospitals throughout Alameda and Contra Costa Counties, the CHNA process identified mental health as one of the top health needs in the community based on statistical data and community input. Each hospital posts its final 2016 Community Health Needs Assessment (CHNA) publicly on its website. Each hospital’s Implementation Strategy report describes in detail the investments made in the community, including programming and partnerships.

² Healthy Alameda County. Web. December 2015.



Profile of Stanford Health Care – ValleyCare Health Needs OBESITY/DIABETES/HEALTHY EATING, ACTIVE LIVING

Why Is It Important?

Healthy diets and achievement and maintenance of healthy body weight reduces the risk of chronic diseases and promotes health. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, health care organizations, and communities.¹ For example, having healthy food available and

affordable in food retail and food service settings allows people to make healthier food choices. When healthy foods are not available, people may settle for foods that are higher in calories and lower in nutritional value.² Creating and supporting healthy food environments allows people to make healthier choices and live healthier lives.

Why Is It a Community Health Need?

The Stanford Health Care – ValleyCare (ValleyCare) service area is part of the larger Tri-Valley/Central Contra Costa County (TV/CCC) area. When data are not available at the ValleyCare service area level, this profile relies on TV/CCC area or county level data. In the ValleyCare service area, a higher percentage of residents are overweight compared to the state. Populations of color are much more likely to be overweight in Alameda and Contra Costa Counties. The environment may play a factor; nearly a quarter of residents live in a food desert,³ and the ValleyCare service has a lower rate of grocery stores but a higher rate of fast food restaurants than in the state overall.

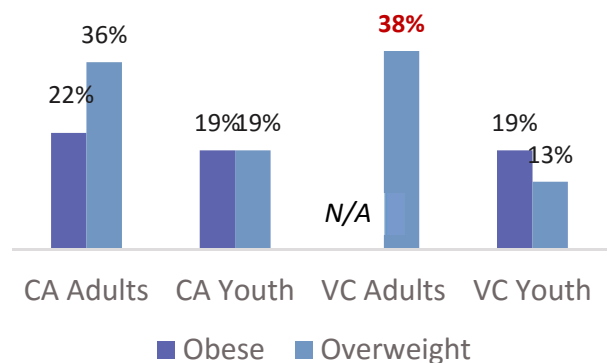
What Do the Data Show?

- Over one-third of ValleyCare service area residents are overweight, which is similar to the state and Alameda and Contra Costa counties. No adult obesity data were available for the ValleyCare service area. (See chart.)
- In Alameda and Contra Costa counties combined, half of Whites (51%) and Blacks (56%) are overweight or obese, compared to 22% for Latinos and 45% overall.⁴

OBESITY A CONCERN FOR ADULTS

In the ValleyCare service area, over one-third of adults is overweight .

PERCENT OF RESIDENTS THAT ARE OVERWEIGHT OR OBESE



¹ Healthy People 2020. Office of Disease Prevention and Health Promotion. Web. December 2015.

² Healthy Food Environments. Centers for Disease Control and Prevention. Web. December 2015.

³ A low-income census tract where a substantial share of residents has low access to a supermarket or large grocery store.

⁴ Healthy Alameda County. Web. December 2015; Community Health Indicators for Contra Costa County. Contra Costa Health Services. 2010.



- In the ValleyCare service area, eight in ten (80%) Medicare enrollees with diabetes had an annual exam (Hemoglobin A1c Test), slightly lower than the state average of 81%.
- Access to healthy food is an issue:
 - ➔ Nearly one quarter (24%) of residents in the ValleyCare service area live in areas designated as a food desert, which is higher than the state average (14%).
 - ➔ There are 16.4 grocery stores per 100,000 residents in the ValleyCare service area, lower than the state average of 21.5.
 - ➔ There are 86.6 fast food restaurants per 100,000 residents in the ValleyCare service area, higher than the state average of 74.5.
- Given the access issues, perhaps unsurprisingly, a higher percentage of youth in the ValleyCare service area (53%) and youth in Alameda County (60%) have low fruit/vegetable consumption compared to the state average of 47%. White youth in Alameda County are much more likely to have low fruit/vegetable consumption as compared to Latino and Black youth.
- Physical exercise is also an issue: In the ValleyCare service area, 16% of the population has a commute over 60 minutes, compared to 10% for the state. Additionally, 76% of the population in the ValleyCare service area commutes to work by car alone, compared to 73% for the state.

What Does the Community Say?

- The community has concerns about this health need, especially for the low-income population.
- **Food:** Participants in focus groups and key informant interviews said that it is cheaper to buy fast food or starchy, unhealthy food than fresh, healthy food. Several mentioned concerns about “super-sizing” food (larger portions). Concerns also arose around nutrition for the homeless population. Finally, participants stated that residents need more education/information about CAL-Fresh, food banks, etc.
- Respondents noted that it is hard in some areas to access open spaces/safe places to exercise.
- Diabetes and diabetes management is still a big concern.
- Community members need more education around healthy living generally.

Commitment to Improving Community Health

In 2016, in collaboration with 11 other hospitals throughout Alameda and Contra Costa Counties, the CHNA process identified obesity, diabetes, and healthy eating/active living as some of the top health needs in the community based on statistical data and community input. Each hospital posts its final 2016 Community Health Needs Assessment (CHNA) publically on its website. Each hospital’s Implementation Strategy report describes in detail the investments made in the community, including programming and partnerships.



Profile of Stanford Health Care – ValleyCare Health Needs

ORAL HEALTH

Why Is It Important?

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, chew, swallow, and make facial expressions to show feelings and emotions.¹ However, oral diseases, from cavities to oral cancer, cause pain and disability. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health.¹ Health behaviors that can lead to poor oral health include: tobacco use, excessive alcohol use, and poor dietary choices. Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures. There are also social determinants that affect oral health. People with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of oral diseases. Additionally, people with disabilities and other health conditions are more likely to have poor oral health.

KIDS WITH DENTAL PROBLEMS MISS SCHOOL

8% of Contra Costa children have missed a day or more of school due to a dental problem.

Health behaviors that can lead to poor oral health include: tobacco use, excessive alcohol use, and poor dietary choices. Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures. There are also social determinants that affect oral health. People with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of oral diseases. Additionally, people with disabilities and other health conditions are more likely to have poor oral health.

Why Is It a Community Health Need?

The Stanford Health Care – ValleyCare (ValleyCare) service area is part of the larger Tri-Valley/Central Contra Costa County (TV/CCC) area. When data are not available at the ValleyCare service area level, this profile relies on TV/CCC area or county level data. Statistical data show similar proportions and rates of poor oral health access, utilization, and dental problems compared with the state. However, the community expressed concern about the lack of access to oral and dental health services for the community.

What Do the Data Show?

- In the ValleyCare service area, 10% of residents had poor dental health, which is similar to the state average (11%).
- Nearly one in four (24%) ValleyCare service area adults had *not* had a recent dental exam, which is better than in the state overall (31%).
- Eighty-two percent of children in Alameda County had visited the dentist within the past 12 months, lower than the state proportion of 85%.²
- In Contra Costa County, 8% of children missed one or more school days due to a dental problem, slightly higher than in the state overall (7%).³

¹ *Healthy People 2020*. Office of Disease Prevention and Health Promotion. Web. December 2015.

² *Healthy Alameda County*. Web. December 2015.

³ *Community Health Indicators for Contra Costa County*. Contra Costa Health Services. 2010.

What Does the Community Say?

- Dental health specialty care is hard to obtain (expensive, too distant, long waits), especially for the low-income population. Dental health is “by far the greatest need” among the homeless.
- Many providers don’t accept Denti-Cal/Medi-Cal or certain other insurance plans due to a low reimbursement rate and excessive paperwork; won't see residents with these plans. Many providers require cash for services.
- There are not enough providers to serve Medi-Cal and Denti-Cal patients.
- There is less access to mobile dental care than before.
- Lack of treatment options is an issue; the only option offered to many is extraction.

Commitment to Improving Community Health

In 2016, in collaboration with 11 other hospitals throughout Alameda and Contra Costa Counties, the CHNA process identified oral health as one of the top health needs in the community based on statistical data and community input. Each hospital posts its final 2016 Community Health Needs Assessment (CHNA) publically on its website. Each hospital’s Implementation Strategy report describes in detail the investments made in the community, including programming and partnerships.



Profile of Stanford Health Care – ValleyCare Health Needs

SUBSTANCE ABUSE

Why Is It Important?

The abuse of substances, including alcohol, tobacco, and other drugs, has a major impact on individuals, families, and communities. For example, smoking and tobacco use cause many diseases, such as cancer, heart disease, and respiratory diseases.¹ The effects of substance abuse contribute to costly social, physical, mental, and public health problems. These problems include, but are not limited to: teenage pregnancy, domestic violence, child abuse, motor vehicle crashes, HIV/AIDS, crime, and suicide.²

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have shifted the research community's perspective on substance abuse. Substance abuse is now understood as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.²

Why Is It a Community Health Need?

The Stanford Health Care – ValleyCare (ValleyCare) service area is part of the larger Tri-Valley/Central Contra Costa County (TV/CCC) area. When data are not available at the ValleyCare service area level, this profile relies on TV/CCC area or county level data. Statistical data show higher proportions of binge drinking and household expenditures for alcohol compared with the state averages. The community expressed concern about increases in drug use and lack of access to treatment.

What Do the Data Show?

- The rate of binge drinking in the ValleyCare service area is 19%, higher than Contra Costa County (17%) and the state average of 17%.
- Close to 15% of ValleyCare service area residents' total household expenditures are towards alcohol, slightly higher than the state average (13%) (see map on next page).
- Tobacco usage in the ValleyCare service area is 11%, similar to California (13%), Contra Costa County (12%), and Alameda County overall (11%).

¹ Smoking and Tobacco Use, Health Effects. Centers for Disease Control and Prevention. Web. December 2015.

² Healthy People 2020. Office of Disease Prevention and Health Promotion. Web. December 2015.

BINGE DRINKING RATES HIGHER THAN STATE

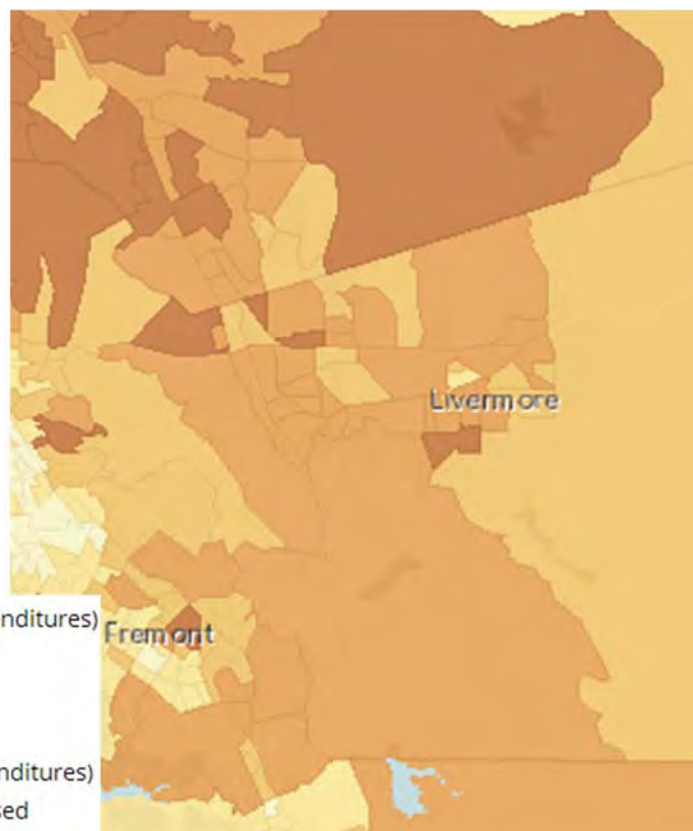
The binge drinking rate in the ValleyCare service area is higher than in Contra Costa County and the state overall.

- The age-adjusted rate of substance abuse-related Emergency Department visits per 100,000 is higher in Alameda County (1501.1) than in the state overall (1234.1), with ethnic disparities apparent (4405.5 for Blacks, 2161.1 for Native Americans/Alaskan Natives, and 1645.8 for Whites).³

ALCOHOLIC BEVERAGE EXPENDITURES AS A PERCENTAGE OF FOOD-AT-HOME EXPENDITURES, NATIONAL RANK BY CENSUS TRACT

What Does the Community Say?

- Providers are seeing an increase in drug use: Marijuana is used more often now that it's legal; education needed. More people are on opiates, often related to pain management.
- People use drugs/alcohol to self-medicate and cope with issues.
- The community perceives a connection between domestic violence and drug/alcohol abuse.
- Youth substance use is often not addressed "until it's too late."
- Concerns about treatment: Facilities are far away and hard to get to. Services to help people quit aren't good and are expensive. Treatment facilities just lock people up; when they're let out, they start using again. Some feel religious component of certain treatment options may drive people away.
- There are no court mandates to treatment facilities - just Alcoholics Anonymous or Narcotics Anonymous (although at least these are available and easy to access).



Commitment to Improving Community Health

In 2016, in collaboration with 11 other hospitals throughout Alameda and Contra Costa Counties, the CHNA process identified substance abuse (alcohol, tobacco, and other drugs) as one of the top health needs in the community based on statistical data and community input. Each hospital posts its final 2016 Community Health Needs Assessment (CHNA) publically on its website. Each hospital's Implementation Strategy report describes in detail the investments made in the community, including programming and partnerships.

³ Healthy Communities Institute. 2015. *Healthy Alameda County*. Web. November 2015.



Profile of Stanford Health Care – ValleyCare Health Needs

UNINTENTIONAL INJURIES

Why Is It Important?

Unintentional injuries are defined as those not purposely inflicted, and they are most often the result of accidents. The most common unintentional injuries result from motor vehicle crashes, falls, poisonings, suffocations, and drowning. Although most unintentional injuries are predictable and preventable, they are a major cause of premature death and lifelong disability. More adults ages 15-44 die as a result of unintentional injuries than from any other cause.¹

Unintentional injury is the sixth leading cause of death for all ages both in the U.S. and California.²

ACCIDENTS MORE COMMON FOR SOME

Data show ethnic disparities for unintentional injuries, including motor vehicle crashes and pedestrian accidents.

Why Is It a Community Health Need?

The Stanford Health Care – ValleyCare (ValleyCare) service area is part of the larger Tri-Valley/Central Contra Costa County (TV/CCC) area. When data are not available at the ValleyCare service area level, this profile relies on TV/CCC area or county level data. Rates of unintentional injuries in the county show that in some cases residents are more likely to suffer an unintentional injury than Californians overall. Ethnic disparities are also evident in the data.

What Do the Data Show?

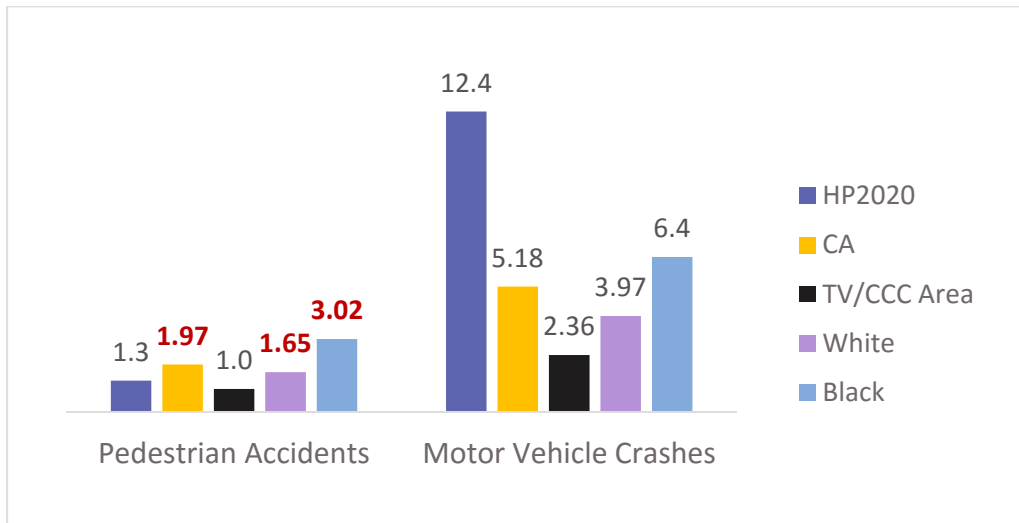
- The mortality rates for pedestrian accidents in both the larger TV/CCC area and the ValleyCare service area (1.0 per 100,000 and 0.8 per 100,000) were lower than the HP2020 goal (1.3); however there were ethnic disparities in the TV/CCC area. Blacks in the TV/CCC area have higher rates of pedestrian accident mortality and motor vehicle crash mortality (see chart on next page).
- In Contra Costa County, Blacks have higher rates of death due to unintentional injuries (43.2 per 100,000) than county residents overall (26.7) and Californians generally (36.4). However, Whites have higher rates of *hospitalizations* due to unintentional injuries (723.7 per 100,000) than county residents overall (537.1) and Californians (552.1).³

¹ Society for Public Health Education (SOPHE) Unintentional Injury and Violence Prevention, <http://www.sophe.org/ui/injury-unintentional.shtml>

² California Department of Public Health. <https://www.cdph.ca.gov/programs/ohir/Pages/UnInjury2010Background.aspx>

³ Community Health Indicators for Contra Costa County. Contra Costa Health Services. 2010.

UNINTENTIONAL INJURY MORTALITY RATES PER 100,000



What Does the Community Say?

- One key informant discussed excessive motor vehicle crash injuries/deaths in Alameda County.

Commitment to Improving Community Health

In 2016, in collaboration with 11 other hospitals throughout Alameda and Contra Costa Counties, the CHNA process identified unintentional injuries as one of the top health needs in the community based on statistical data and community input. Each hospital posts its final 2016 Community Health Needs Assessment (CHNA) publically on its website. Each hospital's Implementation Strategy report describes in detail the investments made in the community, including programming and partnerships.



Profile of Stanford Health Care – ValleyCare Health Needs VIOLENCE/INJURY PREVENTION

Why Is It Important?

Violence and intentional injury contributes to poorer physical health for victims, perpetrators, and community members. In addition to direct physical injury, victims of violence are at increased risk of depression, substance abuse disorders, anxiety, reproductive health problems, and suicidal behavior, according to the World Health Organization’s “World Report on Violence and Health.”¹ Crime in a neighborhood causes fear, stress, unsafe feelings, and poor mental health. In one study, individuals who reported feeling unsafe to go out in the day were 64% more likely to be in the lowest quartile of mental health.² Witnessing and experiencing violence in a community can cause long term behavioral and emotional problems in youth. For example, a study in the San Francisco Bay area showed that youth who were exposed to violence showed higher rates of self-reported PTSD, depressive symptoms, and perpetration of violence.³

**VIOLENCE CRIME RATES
ALARMING**

Rates of some violent crime in the ValleyCare service area and/or the county are worse than California overall, including homicide.

Why Is It a Community Health Need?

The Stanford Health Care – ValleyCare (ValleyCare) service area is part of the larger Tri-Valley/Central Contra Costa County (TV/CCC) area. When data are not available at the ValleyCare service area level, this profile relies on TV/CCC area or county level data. The ValleyCare service area and/or its surrounding counties have worse rates of violence compared to the state. Also, ethnic disparities are evident in homicide rates.

What Do the Data Show?

The rates of violent crimes, including assaults, are higher in the ValleyCare service area than in the state. In the TV/CCC area, the rate of domestic violence ER visits among women is also higher than in the state, and the school suspension rate, a statistic associated with engagement with the juvenile justice system, is no better than the state.

INDICATORS OF VIOLENCE

Indicator (per 100,000 except where noted)	California	Alameda County	Contra Costa County	ValleyCare Service Area
Overall violent crime rate	425.0	723.5	396.6	635.2
School suspensions rate (per 100 students)	4.0	3.4	5.0	4.1*
Assault rate	249.4	327.1	232.4	301.5
Rape rate	21.0	30.9	16.3	26.9
Adult homicide mortality rate	5.2	8.5	7.6	1.1
Domestic violence rate (non-fatal emergency department visits per 100,000 females aged 10+)	9.5	12.1	12.3	12.1*

Note: * = no data were available for the ValleyCare service area; data presented represents the larger TV/CCC area.

What Does the Community Say?

- Key informants focused on public safety and violence, including shootings among young men and the lack of safe, walkable neighborhoods.
- The community perceives a connection between domestic violence and drug/alcohol abuse. A connection was also made between domestic violence and truancy.
- Domestic violence providers are seeing more mental health issues among victims. Trauma is a concern, especially for youth.
- There are fewer area facilities now where rape assessments can be done.

Commitment to Improving Community Health

In 2016, in collaboration with 11 other hospitals throughout Alameda and Contra Costa Counties, the CHNA process identified violence/injury prevention as one of the top health needs in the community based on statistical data and community input. Each hospital posts its final 2016 Community Health Needs Assessment (CHNA) publically on its website, and describes in detail the investments made in the community, including programming and partnerships.

¹ Krug, E.G., Dalhberg, L.L., Mercy, J.A., Zwi, A.B., & Lozano, R. (Eds.). (2002). World report on violence and health. World Health Organization, Geneva, Switzerland. Retrieved from

http://www.who.int/violence_injury_prevention/violence/world_report/en/summary_en.pdf

² Guite, H.F., Clark, C., & Ackrill, G. (2006). The impact of the physical and urban environment on mental well-being. *Public Health* 120:1117-1126 as cited in Human Impact Partners. Retrieved from

http://www.humanimpact.org/evidencebase/category/violent_crime_in_a_community_impacts_physical_and_mental_health

³ Perez-Smith, A.M., Albus, K.E., & Weist, M.D. (2001). Exposure to violence and neighborhood affiliation among inner-city youth. *Journal of Clinical Child Psychology*, 30(4):464-472; 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, as cited in Human Impact Partners retrieved from http://www.humanimpact.org/evidencebase/category/violent_crime_in_a_community_impacts_physical_and_mental_health