

2022 Community Health Needs Assessment



Kaiser Permanente Oakland Medical Center

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Kaiser Permanente Oakland Medical Center 2022 Community Health Needs Assessment

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Kaiser Permanente Oakland Medical Center 2022 Community Health Needs Assessment

Summary

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America's leading health care providers and nonprofit health plans.

Every three years Kaiser Permanente Oakland Medical Center conducts a community health needs assessment (CHNA). The CHNA process is driven by a commitment to improve health equity and is intended to be transparent, rigorous, and collaborative. Our Community Health team has identified and prioritized needs unique to our service area, based on community-level secondary data and input from those who represent the broad interests of the community. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

For the 2022 CHNA, Kaiser Permanente Oakland Medical Center has identified the following significant health needs, in priority order:

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

To address those needs, Kaiser Permanente Oakland Medical Center has developed an implementation strategy (IS) for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources. The CHNA report and three-year IS are publicly available at <https://www.kp.org/chna>.

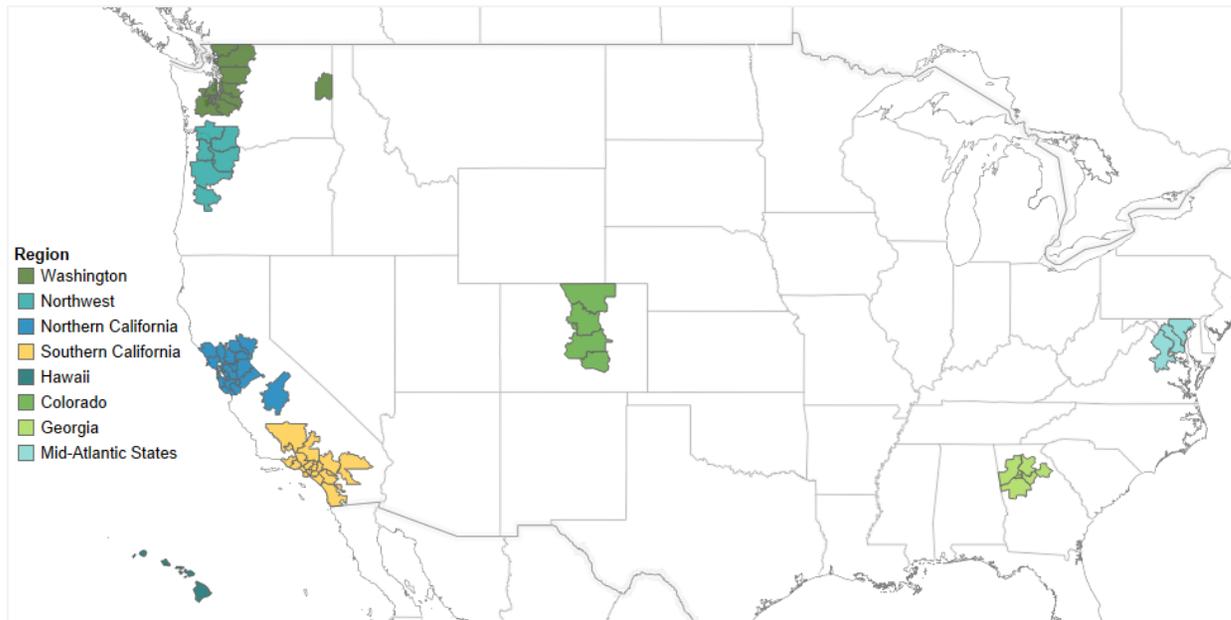
Introduction/background

About Kaiser Permanente

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America’s leading health care providers and nonprofit health plans.

Kaiser Permanente is committed to helping shape the future of health care. Founded in 1945, Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve 12.5 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

Kaiser Permanente regions and CHNA service areas



About Kaiser Permanente Community Health

At Kaiser Permanente, we recognize that where we live and how we live has a big impact on our health and well-being. Our work is driven by our mission: to provide high-quality, affordable health care services and to improve the health of our members and our communities. It's also driven by our heritage of prevention and health promotion, and by our conviction that good health is a fundamental right.

As the nation's largest nonprofit, integrated health system, Kaiser Permanente is uniquely positioned to improve the health and wellbeing of the communities we serve. We believe that being healthy isn't just a result of high-quality medical care. Through our resources, reach, and partnerships, we are addressing unmet social needs and community factors that impact health. Kaiser Permanente is accelerating efforts to broaden the scope of our care and services to address all factors that affect people's health. Having a safe place to live, enough money in the bank, access to healthy meals and meaningful social connections is essential to total health. Now is a time when our commitment to health and values compel us to do all we can to create more healthy years for everyone. We also share our financial resources, research, nurses and physicians, and our clinical practices and knowledge through a variety of grantmaking and investment efforts.

As we reflect on how 2020 changed the world, we must recognize that communities everywhere are coping with unprecedented challenges magnified by the COVID-19 pandemic and a renewed struggle for racial equity and social justice.

Through our continued focus on expanding our community health approach we laid the foundation for an acceleration of work to meet the challenges posed by the public health crises we now face. We dedicated ourselves to improving the social health of our 12.5 million members and the millions of people who live in the communities we serve.

Learn more about Kaiser Permanente Community Health at <https://about.kaiserpermanente.org/community-health>.

Kaiser Permanente's approach to community health needs assessment

The Affordable Care Act (ACA) was enacted in March 2010 to make health insurance available to more people, expand the Medicaid program, and support innovative medical care delivery to lower health care costs. The ACA also requires that nonprofit hospitals conduct a community health needs assessment (CHNA) every three years and develop an implementation strategy (IS) in response to prioritized needs.

Kaiser Permanente's CHNA process is driven by a commitment to improve health equity. Our assessments place a heavy emphasis on how the social determinants of health — including structural racism, poverty, and lack of access to health-related resources such as affordable housing, healthy food, and transportation — are affecting the health of communities. By analyzing community-level data and consulting individuals with deep and broad knowledge of health disparities, the Community Health team in each Kaiser Permanente service area has identified and prioritized needs unique to the community served. Each service area has developed an IS for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources.

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

Community served

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

Oakland service area

● Kaiser Permanente hospital ● Kaiser Permanente medical offices



Oakland service area demographic profile

Total population:	596,457
American Indian/Alaska Native	0.3%
Asian	26.6%
Black	15.2%
Hispanic	16.7%
Multiracial	5.1%
Native Hawaiian/other Pacific Islander	0.3%
Other race/ethnicity	0.4%
White	35.4%
Under age 18	17.4%
Age 65 and over	14.5%

Impact of structural racism in our communities

The American Public Health Association — along with hundreds of public health departments and other government agencies across the U.S. — has declared racism a public health crisis. By structuring opportunity and assigning value based on how a person looks, racism operates at all levels of society and denies many individuals and communities the opportunity to attain their highest level of health. Racism is a driving force in social determinants of health like housing, education, and employment, and is a barrier to achieving health equity.

The inequality and disparities that have existed for people of historically underrepresented groups, such as communities of color, women, and low-income communities, have been made more visible by the COVID-19 pandemic. Data show that Hispanic, Black, and Indigenous populations are disproportionately affected by the disease and its economic impacts. In addition to the health crisis and amplification of existing health disparities, COVID-19 has also brought troubling reports of bias and discrimination against Asian Americans and others.

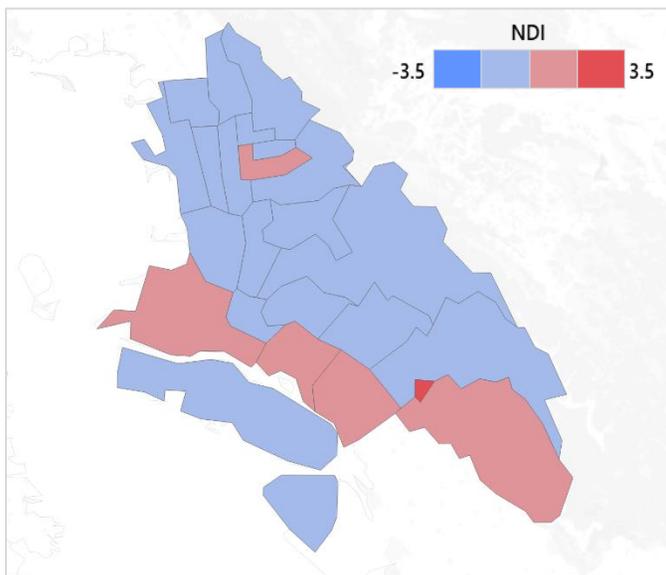
Since summer 2020, we've witnessed a raising of the consciousness of Americans and the world to a reality that we can no longer ignore: the treatment of Black Americans in our country is unacceptable. This is a moment in time when we must stand together against the racism and social injustice that remain endemic in our society and create long-term trauma that damages individuals' and communities' physical, mental, and social health. By pairing an acknowledgment of history with community-level data, we can work together to address the impacts of racism and discrimination.

Neighborhood disparities in the Oakland service area

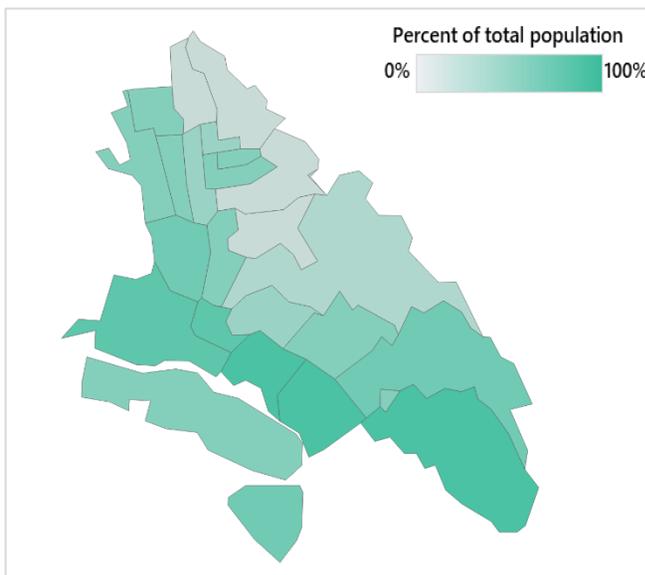
The Neighborhood Deprivation Index (NDI) is a validated scale comprised of several of the social factors associated with lack of opportunity to be as healthy as possible. These measures are proxies for underlying determinants that disproportionately affect communities of color, including lack of employment opportunities, racist policies and practices, and unequal treatment by educational and criminal justice systems.

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

OAKLAND SERVICE AREA Neighborhood Deprivation Index



People of color



Kaiser Permanente's CHNA process

The CHNA process allows Kaiser Permanente to better understand the unique needs, stories, and opportunities to advance health and health equity in each of our communities. We are committed to gathering community perspectives on the disproportionate impacts of the COVID-19 pandemic as well as the impact of structural racism. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

Identifying the highest priority needs for CHNA with an equity lens informs our community investments and helps us develop strategies aimed at making long-term, sustainable change, allowing us to deepen the strong relationships we have with other organizations that are working to improve community health. For the purposes of the CHNA, Kaiser Permanente defines a “health need” as a health outcome and/or the related conditions that contribute to a defined health need.

Hospitals and other partners that collaborated on the CHNA

Hospitals

John Muir Health, Sutter Health, UCSF Benioff Children's Hospital Oakland

Other organizations

Alameda County Public Health Department

Consultants who were involved in completing the CHNA

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

Methods used to identify and prioritize needs

Secondary data

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

Community input

In addition to reviewing the secondary data available through the CHNA data platform, and in some cases other local sources, each Kaiser Permanente service area collected primary data through key informant interviews with individuals and groups of individuals. To identify issues that most impact the health of the community, Kaiser Permanente Oakland Medical Center Community Health reached out to local public health experts, community leaders with expertise on local health needs, and individuals with knowledge and/or lived experience of racial health

disparities. If available, insights from community partners' primary data collection were also considered in the assessment of needs. For a complete profile of community input, see Appendix B.

Written comments

Kaiser Permanente provides the public an opportunity to submit written comments on the service area's previous CHNA reports through CHNA-communications@kp.org. This email will continue to allow for written community input on the service areas' most recently conducted CHNA report.

As of the time of this CHNA report development Kaiser Permanente Oakland Medical Center had not received written comments about the previous CHNA report. Kaiser Permanente will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate Kaiser Permanente Oakland Medical Center staff.

Identifying priority health needs

Each Kaiser Permanente service area analyzed and interpreted the primary and secondary data and used a set of criteria to determine what constitutes a health need in the community, including severity and magnitude of the need and evidence of clear disparities or inequities. Once all the community health needs were identified, they were prioritized, based on the criteria, resulting in a list of significant community health needs.

In conjunction with this report, Kaiser Permanente Oakland Medical Center has developed an implementation strategy (IS) for the priority health needs it will address. These strategies will build on Kaiser Permanente's assets and resources, as well as evidence-based strategies, wherever possible. The IS will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the IS will be posted publicly on our website, <https://www.kp.org/chna>.

Identification and prioritization of the community's health needs

Process for identifying community needs in the Oakland service area

Before beginning the prioritization process, Kaiser Permanente Oakland Medical Center Community Health chose a set of criteria to use in prioritizing the list of health needs:

- **Severity and magnitude of need:** Includes how measures compare to national or state benchmarks, relative number of people affected, impact of COVID-19 on the need.
- **Community prioritizes the issue over other issues**
- **Clear disparities or inequities:** Differences in health factors or outcomes by geography, race/ethnicity, economic status, age, gender, or other factors

Measures in the Community Health Data Platform were clustered into 16 potential health needs, which formed the backbone of a prioritization tool to identify significant health needs in each service area. The prioritization tool aligned data collection methods with the set of criteria and could be customized to reflect important considerations in each community.

For secondary data, a score was assigned to each need (4: very high, 3: high, 2: medium, 1: lower) based on how many measures were more than 20 percent worse than national and/or state benchmarks. Themes from key informant interviews and other primary data sources were identified, clustered, and assigned scores on the same scale. Both the data platform and primary data informed scores for geographic, racial/ethnic, and other disparities.

In conversations with Kaiser Permanente Oakland Medical Center Community Health stakeholders, each data collection method was assigned a weight, based on rigor of the data collection method, relative importance in ranking of needs (such as clearly identified racial disparities), and other considerations. Weighted values for each potential need were summed, converted to a percentile score for easy comparison, and then ranked highest to lowest to determine the five significant health needs.

Description of prioritized significant health needs in the Oakland service area

1. Income & employment: Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time. Residents of the Oakland service area experience higher unemployment rates and greater levels of income inequality compared with the state. Oakland service area youth experience higher rates of being neither in school nor working compared with the state, and some neighborhoods suffer alarmingly high rates of poverty. Disproportionality is found among youth not in school and not working, with higher prevalence in ZIP codes that tend to have higher Black populations. In 2020, unemployment impacted ZIP codes with higher Black populations compared with the Oakland service area in general. Key informants reported that because of the COVID-19 pandemic, many people lost their jobs and some communities were disproportionately affected, such as people of color, and people with undocumented status.

2. Housing: Having a safe place to call home is essential for the health of individuals and families. Soaring housing costs across the Bay Area push affordable housing out of reach for many, including those in the Oakland service area. Residents in the Oakland service area experience high housing burden, measured as a household that spends more than 50 percent of their income on housing, and high rates of overcrowded housing compared to California. Overcrowded households are households where the number of people outnumber the number of rooms. Neighborhoods of West Oakland, Chinatown and Downtown, San Antonio, Fruitvale, and East Oakland, along with Central, Downtown, and South Berkeley, tend to experience higher rates of severe housing burden than other regions of the Oakland service area. Key informants noted the growing number of homeless encampments, especially in the city of Oakland and that transgender people, Black persons, and older adults face discrimination when they try to rent an apartment, and those identified in more than one of these groups have the hardest time.

3. Access to care: Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone. Despite record high rates of insured populations for the state of California at the end of 2021, many residents still lack adequate access to care. Within Alameda County, which contains the Oakland service area, rates of physicians and dentists are higher than state and national rates. Despite higher unemployment rates and greater income inequality compared with the state, Medi-Cal participation rates are lower in the Oakland service area compared to the nation and the state, and neighborhoods of color, including Hispanic neighborhoods and Black neighborhoods have higher rates of uninsured populations, including uninsured children, worse outcomes for COVID-19 including higher rates death and lower vaccination rates, as well as higher rates of infant mortality, a key measure to maternal care. Key informants reported barriers to accessing care such as transportation, the cost of insurance and health care.

4. (tie) Community safety: The level of risk of violence and injury in a community affects the ability of its residents to prosper and thrive. Community safety issues including gun violence, premature death by injury, and pedestrian accident death present major health barriers in the Oakland service area, especially for Black populations. Premature death, particularly due to injuries from gun violence, work-related incidents, and car crashes is higher in the Oakland service area compared to Alameda County. Between 2016 and 2020, the injury death rate was twice as high for Black residents of the Oakland service area than for the Oakland service area overall. According to key informants, the COVID-19 pandemic and shelter-in-place orders increased gun violence, domestic violence, and anti-Asian hate crimes.

4. (tie) Mental & behavioral health: Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities. One reason for concern is higher suicide rates in the Oakland service area than Alameda County. Further evidence indicates that American Indian residents in the Oakland service area experience a rate of deaths of despair — those due to suicide, drug overdose, and alcoholism — five times higher than the service area in general. Another reason for concern is that Alameda County seventh graders report being bullied at school more often than CA state seventh graders. Black and Asian high school aged youth report being bullied at higher rates than youth of other ethnicities. Key informants reported that residents are traumatized due to over-policing, anti-Asian hate crimes, fear of being deported, and intergenerational trauma. Informants cited evidence that COVID-19 exacerbated the mental and behavioral health needs in the Oakland service area, highlighting how youth and older adults experienced isolation because of the shelter-in-place orders.

Health need profiles

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

Health need profile: Income & employment



Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time.

People with steady employment are less likely to have an income below poverty level and more likely to be healthy.

Currently around 11 percent of people living in Kaiser Permanente communities — and 14 percent of children — live in poverty. Those not having enough resources to meet daily needs such as safe housing and enough food to eat are more likely to experience health-harming stress and die at a younger age.

Americans with lower incomes are more likely to live in neighborhoods lacking access to healthy food and safe physical activity and have higher exposure to environmental pollutants. Compared to white Americans, those who identify as Black, Hispanic, or American Indian are more likely to have lower incomes, fewer educational opportunities, and shorter life expectancies.

Income inequality has been increasing over recent decades. During the first year of the COVID-19 pandemic, higher levels of economic inequality were associated with higher levels of COVID incidence and deaths.

Residents of the Oakland service area experience higher unemployment rates¹ and greater levels of income inequality² compared with the state. Oakland service area youth experience higher rates of being neither in school nor working compared with the state, and some neighborhoods suffer alarmingly high rates of poverty.²

- In 2020, unemployment impacted the areas with ZIP codes 94601 (24%), 94607 (23%), and 94612 (22%) more substantially than the Oakland service area in general (15%) (see figure below).¹
- Youth not in school and not working tends to be more prevalent in ZIP codes with higher Black populations, with the highest rate in ZIP code 94702 (14%) (see figure below).²

Key informants reported that the COVID-19 pandemic financially impacted people who were already experiencing poverty or living near the poverty level. Because of the COVID-19 pandemic, many people lost their jobs and informants highlighted that some communities were disproportionately affected, such as people of color, and people with undocumented status. These were also the same populations that were more likely to be frontline workers and more at-risk of a COVID-19 infection.

The informants shared that before the COVID-19 pandemic certain populations found it harder to get a job and were being paid less (e.g., transgender women, people with physical disabilities, and the Hispanic population) and this became even worse during the pandemic. Other populations that the informants highlighted as having a difficult time finding a job are older adults, people who were formerly incarcerated, and youth.

Due to loss of income, the informants shared that residents had to choose between paying rent, buying food, or paying for health care. This created a huge spike in the need for food and people accessing food banks.

The economy has impacted many people especially because many people were left without jobs, and currently they do not want to return to work due to the incentives they received, they now prefer to stay at home, that is impacting our economy.

– Hispanic focus group participant

The informants shared that residents working in low-wage jobs often make too much to qualify for Medi-Cal but make too little to be able to afford private insurance, and so remain uninsured. Not being able to pay for basic needs results in feelings of shame, trauma, stress, depression, and even suicide for some. Informants advocated for employers to provide jobs with livable wages and health care.

The informants suggested investing in more job training in the Oakland service area. They also promoted universal basic income, describing that it will help people be able to live in the Oakland service area and help to balance inequities of structural racism.

The Latino population was one of the hardest hit populations due to COVID. They had to go into work, with increased risk of exposure, or they lost their jobs and source of income.

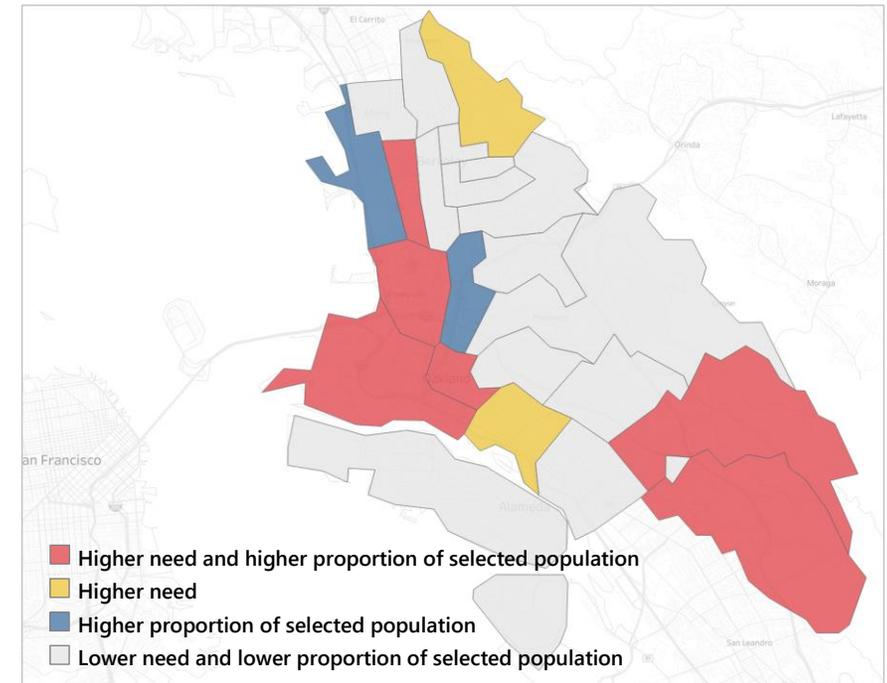
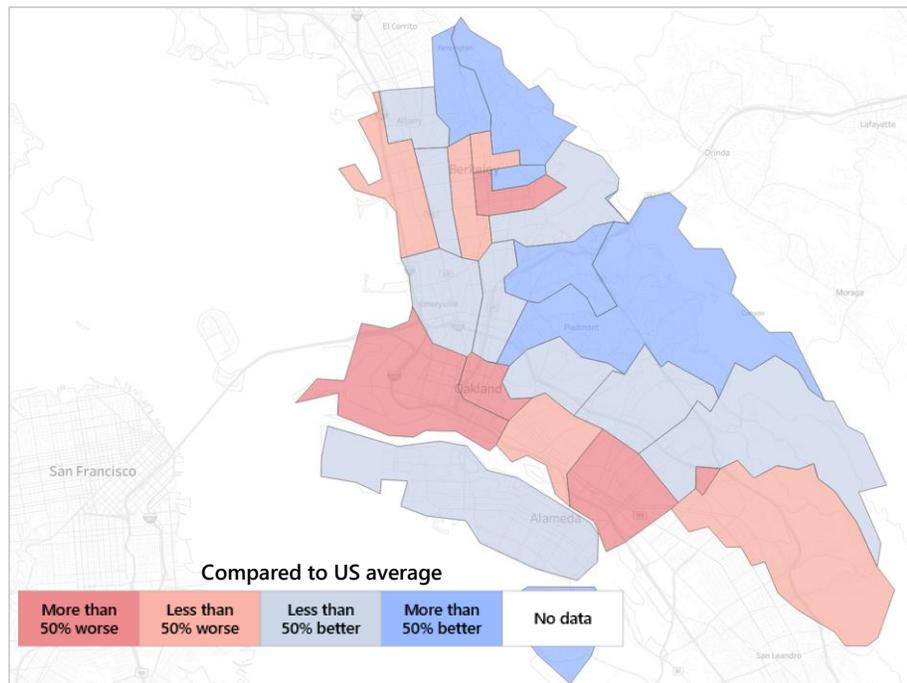
– Nonprofit organization leader

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

Areas shaded red are ZIP codes with a higher Black population and a higher rate of young people not in school and not working, relative to other ZIP codes in the Oakland service area. Additional areas of high rates of youth not in school and not working are shaded yellow.

UNEMPLOYMENT RATE, OAKLAND SERVICE AREA, 2020

Areas shaded red are ZIP codes with a higher unemployment rate relative to other ZIP codes in the Oakland service area.



Source and Notes: Kaiser Permanente Community Health Data Platform

¹ Esri Demographics, 2020

Health need profile: Housing



Having a safe place to call home is essential for the health of individuals and families.

American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Because of historic discriminatory lending policies and some current lending practices, people of color — especially Black community members — have been denied the opportunity to purchase a home, leading to enduring inequities.

Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Black and Hispanic renters in particular are more likely to live in cost-burdened households and face housing instability. Job loss associated with the COVID-19 pandemic, coupled with expiration of the federal eviction moratorium, has made many renters' situation even more precarious.

Homelessness across the U.S. was on the rise before the pandemic, including for families with children. In 2020, the number of single adults living outdoors exceeded the number living in shelters for the first time. Even more moved outside because of the pandemic, leading to a crisis in street homelessness in many American cities.

Soaring housing costs across the Bay Area push affordable housing out of reach for many, including those in the Oakland service area. Residents in the Oakland service area experience high housing burden and high rates of overcrowded housing compared to California.¹

- Neighborhoods of West Oakland, Chinatown and Downtown, San Antonio, Fruitvale, and East Oakland, along with Central, Downtown, and South Berkeley, tend to experience higher rates of severe housing burden, measured as a household that spends more than 50 percent of their income on housing, than other regions of the Oakland service area (see figure below).¹
- Overcrowded households are households where the number of people outnumber the number of rooms. ZIP code 94601, which includes the Fruitvale neighborhood, experiences an overcrowded housing rate of 21 percent, compared to six percent for the Oakland service area in general (see figure below).¹

Key informants felt strongly that there is not enough affordable housing in the Oakland service area. They noted the growing number of homeless encampments, especially in the city of Oakland. In addition, they shared that other residents are struggling to afford the homes in which they currently live. Informants also raised concerns about gentrification and rising housing prices in the cities of Oakland and Berkeley.

According to the informants, some populations are struggling more than others. In particular, they shared that transgender people, Black persons, and older adults face discrimination when they try to rent an apartment, and those identified in more than one of these groups have the hardest time. Many noted that there are increasing numbers of older adults experiencing homelessness and that foster youth often face unstable housing.

The informants pointed out that without shelter, already vulnerable populations are at even higher risk of experiencing significant challenges as a result of crises like COVID-19 and wildfires. For example, during the COVID-19 shelter-in-place mandate many programs and services did not go to homeless encampments to provide much needed health and wellness checks or distribute food.

When trans people show up for housing it doesn't matter if we have all the papers and meet all the requirements. People see that, they're not going to rent it to you. There's housing discrimination that happens toward trans people, especially Black trans people.

– Transgender focus group participant

Informants emphasized the importance of the relationship between housing, mental health, and substance use. For example, they shared that during the COVID-19 shelter-in-place mandate, people experiencing homelessness who were provided hotel-style housing with wrap-around services (including primary care, mental health, and case management) were much more likely to move into stable housing. Therefore, informants felt it is important to continue to offer individual housing units with on-site resources and services, in addition to investing in permanent housing.

If folks aren't being stably housed, it affects their whole health, and that's been a huge issue here in Alameda County, specifically Oakland. It's affecting people's health across the board. That's why we're seeing a lot of disparities with health, mental health, substance use, because of housing.

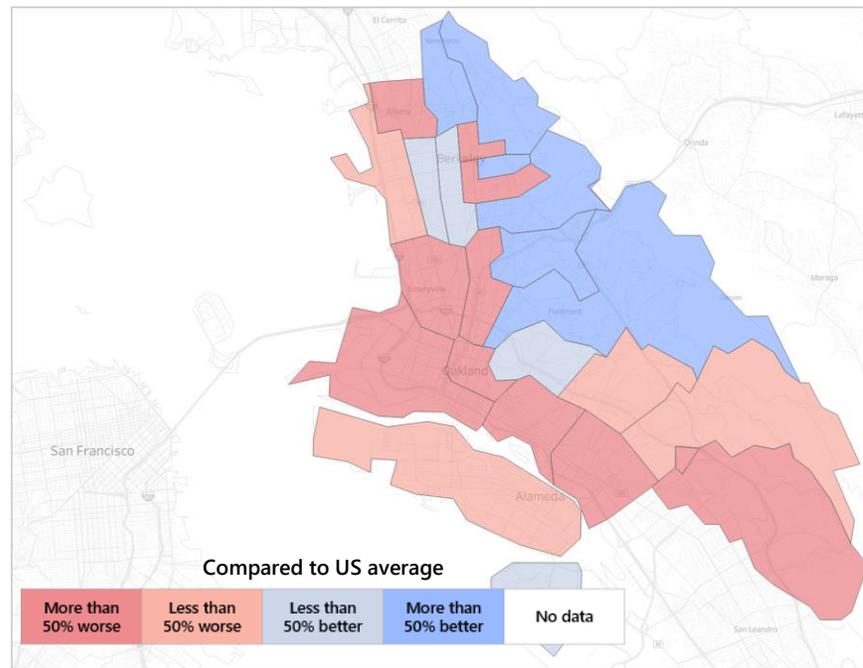
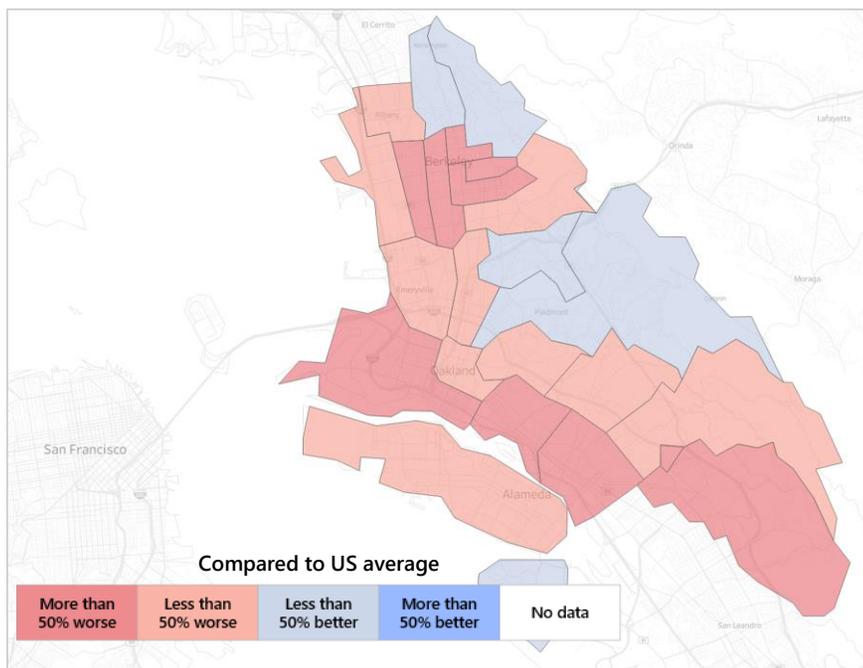
– LGBTQ focus group participant

SEVERE HOUSING BURDEN, OAKLAND SERVICE AREA, 2015-2019

Areas shaded red are ZIP codes with a higher severe housing burden relative to other ZIP codes in the Oakland service area.

OVERCROWDED HOUSING, OAKLAND SERVICE AREA, 2015-2019

Areas shaded red are ZIP codes with a higher overcrowded housing rate relative to other ZIP codes in the Oakland service area.



¹ American Community Survey, 2015-2019

Health need profile: Access to care



Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone.

The Affordable Care Act (ACA) helped extend insurance coverage to many previously uninsured individuals and families, especially in Medicaid expansion states. Still, families with low income and people of color are more likely to be uninsured, and even with the ACA, many find insurance to be unaffordable.

Health insurance coverage increases use of preventive services and helps ensure people do not delay seeking medical treatment. Having an adequate number of primary care resources in a community also is important, including federally qualified health centers (FQHCs), which serve patients regardless of ability to pay.

Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources.

Furthermore, the COVID-19 pandemic has disrupted health care for millions of Americans as health care resources were diverted from primary and preventive care, with telehealth becoming an increasingly important source of care. Existing racial and health inequities have been brought to light by the pandemic, with people of color accounting for disproportionate shares of COVID-19 cases, hospitalizations, and deaths.

The Oakland service area has fewer uninsured residents compared with other areas of the state, but some measures such as Medi-Cal enrollment are lower despite higher levels of poverty.¹

- The Oakland service area has lower Medi-Cal enrollment rates (32 percent) than both the state (38 percent) and the nation (35 percent), despite a poverty rate of 14 percent for the service area, which is higher than the state rate (13 percent).¹
- ZIP code 94601, which includes the neighborhoods of Fruitvale and Central East Oakland, has higher Hispanic populations (53 percent) and higher rates of uninsured children (5 percent) compared to the Oakland service area in general (17 percent of Hispanic and 3 percent of uninsured children) (see figure below).^{1,2}
- Rates of infant mortality are 200 percent worse for Multiracial infants (10.5 per 1,000 live births) and 165 percent worse for Black infants (9.2 per 1,000 live births), compared with the Oakland service area rate (3.5 per 1,000 live births).³

Key informants agreed that access to care is a top priority in the Oakland service area. They appreciated that community clinics are easily accessible and that their staff reflect the cultural diversity of the community. However, informants highlighted that, in East Oakland in particular, there are no major hospitals, pharmacies, or specialty-care services and without personal transportation it is difficult to access these needed services.

Informants mentioned other barriers to accessing care, such as the cost of insurance and health care. In addition, LGBTQ community members were choosing to go without health care because they reported being judged and misgendered. During the height of the COVID-19 pandemic, a lot of preventative health did not happen, especially for people who are unsheltered, according to informants. They noted that there is distrust in the COVID-19 vaccine, especially in the Black and Hispanic communities.

Informants spoke about the limited dental services in the Oakland service area and people who are undocumented cannot get dental insurance. Informants shared stories about people who have serious dental pain that are not getting care or they are going to the ER to be treated.

When you come to the clinic and they are misgendering you in 2021, you're not coming back.

– Transgender focus group participant

Informants suggested that health care providers employ mobile health vans or pop-up clinics to increase access in communities. Informants also reported that telehealth appointments are helpful for some, but for those without access to internet or a private space, other options need to be available. They mentioned that all services (including websites and forms) need to be offered in multiple languages, especially in Asian languages. In addition, they suggested that providers be trained in cultural humility.

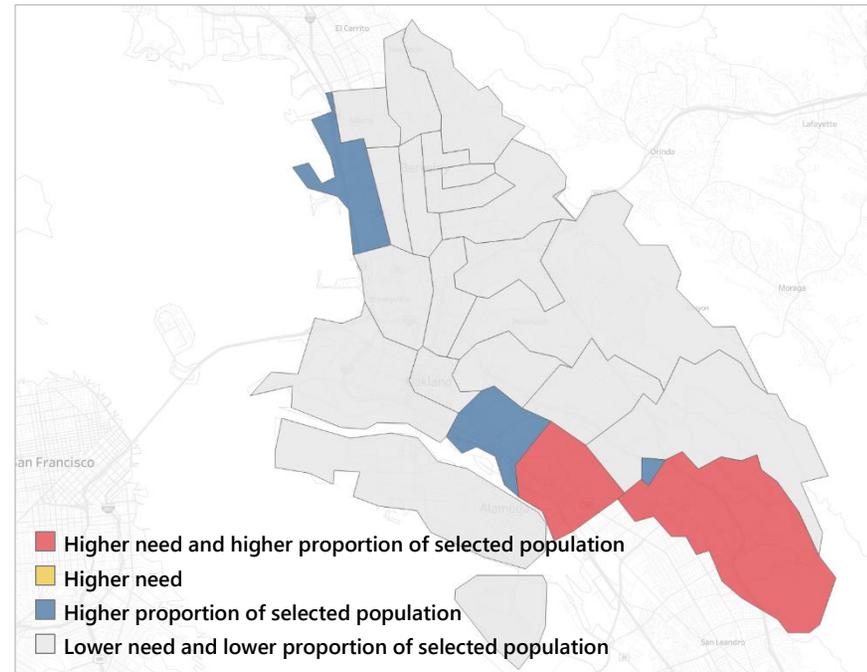
Informants recommended utilizing case managers to direct people to various resources. They also proposed cross-sector partnerships between hospitals and nonprofit organizations to integrate services, to include other methods of care such as healthy food and acupuncture, and to increase access to care and utilization. Informants highlighted the “food as medicine” model as an example of a collaborative model that addresses multiple needs, especially if the food is grown locally.

The issue is more about access to health care people would choose for themselves. For example, community clinics, although there is cultural congruency in these community clinics, folks do not have the capacity to access specialty care.

– Nonprofit organization leader

PERCENT UNINSURED CHILDREN, OAKLAND SERVICE AREA, 2015-2019

Areas shaded **red** are ZIP codes with a **higher Hispanic population** and a **higher uninsured children rate** relative to other ZIP codes in the Oakland service area.



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

¹ American Community Survey, 2015-2019

² Esri Demographics, 2020

³ Alameda County Public Health, California Comprehensive Birth & Death Files, 2016-2020

Health need profile: Community safety



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

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

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

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

Community safety issues including gun violence, premature death by injury, and pedestrian accident death present major health barriers in the Oakland service area, especially for Black populations (see table below).¹

- Premature death, particularly due to injuries from gun violence, work-related incidents, and car crashes is higher in the Oakland service area (45.9 per 100,000 people) compared to Alameda County (40.3 per 100,000 people) (see table below).¹
- Between 2016 and 2020, the injury death rate was twice as high for Black residents of the Oakland service area (95.5 per 100,000 people) than for the Oakland service area overall (45.9 per 100,000 people) (see table below).¹
- The motor vehicle crash death rate is two and a half times higher (12.9 per 100,000 people) for Black residents compared with both the Oakland service area and the rate for Alameda County (both 5.3 per 100,000 people) (see table below).¹

Key informants reported that violence disproportionately affects young, Black men. They noted the connection between mental health (especially trauma, depression, stress, and anxiety) and community safety (i.e., violence) and that individuals and communities that have experienced trauma (including inter-generational trauma) are more likely to suffer from poor mental health. Informants shared stories of how over-policing is making people, especially people of color and LGBTQ communities, afraid to walk down the street. At the same time, other informants spoke about victims of violence not being able to call the police because they cannot speak English (e.g., monolingual Cantonese).

Informants relayed that crime was getting better. For example, shootings were down in the city of Oakland until the COVID-19 pandemic marked a period of increased gun violence. They also noted that due to shelter-in-place orders, domestic violence increased because people were stuck inside with their abusers. Informants spoke about the violent attacks and hate crimes perpetrated upon Asian people that left residents scared to access health care or leave their homes.

Shootings are up 70 percent. Oakland saw sustained progress over 10 years and that progress is wiped out. Violence is both a symptom and cause of mental health issues. Forty-four percent of people who get shot will get shot again within a year.

– Nonprofit organization leader

Because of the connection between unemployment and violence, informants suggested investing in education and workforce training to prevent violence. They proposed putting out prevention messages in the community, such as billboards, to try to change social norms. They also suggested investing in proven violence intervention programs.

I'm being a Black trans woman. It's always an issue of whether we're going to make it home today to see our family, because somebody could easily tip us off, or somebody could easily use us as a target. That comes from people wearing a typical all-blue uniform, supposed to be protecting us, can easily take our lives. You have to look at that. Are we really safe in our own community? Because even the people that are supposed to protect us could easily take us without question.

– LGBTQ focus group participant

INJURY DEATHS, MOTOR VEHICLE CRASH DEATHS, PEDESTRIAN ACCIDENT DEATHS, OAKLAND SERVICE AREA, 2016-2020

Values in **red** are more than 20% higher than the Oakland service area rate; values in **blue** are more than 20% lower.

	Injury Deaths	Motor Vehicle Crash Death	Pedestrian Accident Death
Alameda County	40.3	5.3	1.6
Oakland service area	45.9	5.3	1.9
Black	95.5	12.9	3.2
Hispanic	45.9	6.1	NA
White	42.9	3.0	1.2
Asian	19.8	3.3	1.9

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

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

Health need profile: Mental & behavioral health



Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities.

Anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Hispanic Americans.

Those facing challenges related to lower economic opportunity often experience high levels of stress in their daily lives, coupled with fewer resources for coping. Children and youth experiencing stress have an increased likelihood of poorer mental and physical health.

Deaths of despair — those due to suicide, drug overdose, and alcoholism — are on the rise, and males, American Indian/Alaska Native people, and those who are unemployed are at greater risk.

Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. At the same time, rapid adoption of digital platforms for behavioral health services has helped reduce barriers to in-person mental health care.

Suicide rates are higher in the Oakland service area than Alameda County,¹ and high school aged youth who are of Black and Asian ethnicities report being bullied at higher rates than youth of other ethnicities.² The racial disparities around youth connectedness and safety² coupled with the disparities in suicide, drug overdose, and alcoholism¹ suggest a need to equitably address mental and behavioral health services and programs, especially for youth.

- Seventh graders in Alameda County report being bullied at school nearly 40 percent more often than seventh graders in the state of California. The percent of seventh graders experiencing bullying in Alameda County is 36 percent and is much higher for the seventh graders who identify as Black or Asian (46 percent) in Alameda County compared to the state average (26 percent).²
- Black students in Oakland, Berkeley, and Alameda Unified School Districts, compared to students of other race and ethnicities, report the lowest rates of school connectedness, which measures feeling close to people, safe, and happy at school. This rate tends to decrease even further as students move from seventh to eleventh grade (see table below).²
- American Indian residents in the Oakland service area experience a rate of deaths of despair — those due to suicide, drug overdose, and alcoholism — five times higher (151.1 per 100,000 people) than the Oakland service area in general (31.5 per 100,000 people).¹

Key informants agreed that mental and behavioral health is a critical need in the Oakland service area. They reported that residents are traumatized due to over-policing, anti-Asian hate crimes, fear of being deported, and intergenerational trauma. Others are suffering from mental health illness due to lack of housing. The informants explained that as a result of these stressors, residents are turning to substance use, suicide, and violence.

The informants stated that those particularly affected by mental and behavioral health and trauma are Black and Hispanic persons, smaller ethnic groups like Burmese and Mongolian residents, youth, and LGBTQ communities. They cited evidence that COVID-19 pandemic exacerbated the mental and behavioral health needs in the Oakland service area, highlighting how youth and older adults experienced isolation because of the shelter-in-place orders.

This is the number one need among communities of color. Mental health services are really impacted. There is not enough services, and it is not as affordable for low-income families.

– Nonprofit organization leader

The informants shared that many residents are deterred from accessing mental and behavioral health services because of the associated stigma; and when people do try to access services there is a three to six month wait list. This wait is longer if someone is seeking counseling in Spanish and even longer for languages such as Arabic, Amharic, and Mam. Therefore, the informants advocated for hiring more mental and behavioral health providers, especially bilingual and bicultural therapists that mirror the population. They also recommended investing in more school therapists that are able to counsel youth regardless of their insurance.

The informants felt that it was important to get mobile care out to people experiencing homelessness and to homebound older adults. They suggested implementing the Adverse Childhood Experiences (ACEs) screening to detect and prevent additional trauma. Other informants suggested destigmatizing mental health. They proposed spreading messages that people do not have to manage mental health on their own, and to use community approaches (besides traditional one-on-one therapy) that may resonate more with people of color.

It's no secret that folks in Oakland have experienced so much trauma and intergenerational trauma, yet there is still so much stigma in accessing mental health services. It's expensive, so people won't access it. It's not being addressed until it's at that point where there is no other option.

– Nonprofit organization leader

SCHOOL CONNECTEDNESS FOR BLACK STUDENTS, BY COUNTY AND OAKLAND SERVICE AREA UNIFIED SCHOOL DISTRICTS, 2017-2020

Values in **red** are more than 20% lower than the Alameda County rate for students of all race and ethnicities.

	Alameda County (All race/ethnicities)	Alameda County	Alameda USD	Berkeley USD	Oakland USD
7 th grade	62%	56%	52%	49%	52%
9 th grade	57%	50%	NA	38%	47%
11 th grade	53%	44%	61%	38%	44%

Percent of students by grade; data not available for all population groups

Source: California Healthy Kids Survey

School connectedness: The percent of students agreeing with the following five statements: 'I feel close to people at this school.' 'I am happy to be at this school.' 'I feel like I am a part of this school.' 'The teachers at this school treat students fairly.' 'I feel safe in my school.'

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

² California Health Kids Survey, 2017-2019

Community resources potentially available to respond to health needs

The CHNA process included an identification of existing community assets and resources to address health needs. The Oakland service area includes community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations that address many community health needs.

Key resources available to respond to the identified health needs of the community are listed in Appendix C.

Kaiser Permanente Oakland Medical Center 2019 Implementation Strategy evaluation of impact

In the 2019 IS process, all Kaiser Permanente service areas planned for and drew on a broad array of resources and strategies to improve the health of our communities, such as grantmaking, in-kind resources, and partnerships, as well as several internal Kaiser Permanente programs including charitable health coverage, health professional training, and research. In addition to our direct spend, we also leveraged assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. This comprehensive approach includes activities around supplier diversity, socially responsible investing, and environmental stewardship.

Kaiser Permanente Oakland Medical Center's 2019 Implementation Strategy (IS) report identified activities to address significant health needs prioritized in the 2019 CHNA report. The impact of those activities is described in this section; the complete 2019 IS report is available at <https://www.kp.org/chna>.

Kaiser Permanente Oakland Medical Center 2019 Implementation Strategy priority health needs

1. Health care access and delivery
2. Behavioral health
3. Economic security

2019 Implementation Strategy evaluation of impact by health need

Grants to community-based organizations are a key part of the contributions Kaiser Permanente makes each year to address identified health needs, and we prioritize work intended to reduce health disparities and improve health equity. Kaiser Permanente also serves the community through programs to improve access to care, including Medicaid, charitable health coverage, and medical financial assistance. At the time this CHNA report was completed, Kaiser Permanente Oakland Medical Center Community Health had information on the impact of these activities from 2020 and 2021 and will continue to monitor strategies implemented in 2022.

Kaiser Permanente Oakland Medical Center addresses community health needs in multiple ways, including grantmaking, access to care programs, and socially responsible investing. Several of those activities during 2020-2021 are highlighted in the table below.

Additionally, the Kaiser Permanente Northern California Region has funded significant contributions to the East Bay Community Foundation in the interest of funding effective long-term, strategic community benefit initiatives. During 2020-2021 a portion of money managed by this foundation was used to award 31 grants totaling \$32,855,878 in service of 2019 IS health needs in the Oakland service area.

One example of a key accomplishment in response to our 2019 IS includes support for programs that offer basic skills and other training and employment assistance to vulnerable populations (re-entry, immigrant, domestic violence survivors, unhoused) to address economic security. Rising Sun Center for Opportunity's Opportunity Build Program is expected to help 40 jobseekers build pathways to economic security by training

and preparing them for family-sustaining, rewarding careers in the union construction trades and supporting them on their career journey. Of the individuals in the program, 85 percent are expected to graduate from the program, and 60 percent of job placements in union jobs.

As the health and economic toll of COVID-19 continued to mount, Kaiser Permanente accelerated efforts to broaden the scope of our care and services to address all factors that affect people’s health. For example, in 2020 Kaiser Permanente provided grants totaling \$6.3 million to strengthen COVID-19 prevention and response for people experiencing homelessness across our regions and service areas. Throughout 2021, Kaiser Permanente continued to play a critical leadership role in responding to the evolving needs of our members and community during the pandemic. For example, Kaiser Permanente allocated \$392,500 in the Oakland service area to deploy grassroots strategies to increase uptake in COVID-19 vaccines among communities disproportionately impacted by the pandemic, remove barriers to access, and address misinformation about vaccine safety and efficacy. For example, with its \$50,000 grant, Street Level Health brought COVID-19 vaccines to day laborers through its six pop-up clinics held at street corners and parking lots and provided 1,042 vaccinations to day laborers and their families.

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

Health care access and delivery

Care and coverage: Kaiser Permanente Oakland Medical Center ensures health access by serving those most in need of health care through Medicaid, the Children’s Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, and medical financial assistance.

	Individuals served		Amount	
	2020	2021	2020	2021
Medicaid, CHIP and other government-sponsored programs	11,730	13,821	\$16,647,823	\$7,370,943
Charitable Health Coverage	59	56	N/A	\$285
Medical Financial Assistance	11,061	7,070	\$11,656,485	\$7,810,120
Total care & coverage	22,850	20,947	\$28,304,308	\$15,168,913

Other health care access and delivery strategies: During 2020-2021, 36 grants were awarded to community organizations, for a total investment of \$1,6243,711 to address health care access and delivery in the Oakland service area.

Examples and outcomes of most impactful other strategies

COVID-19 Vaccine Equity in Fruitvale and East Oakland Residents

Street Level Health Project was awarded \$50,000 to address inequitable access barriers that prevent timely vaccinations. The program is expected to serve about 4,200 individuals by increasing vaccination rates among the communities hardest hit by the pandemic, which includes primarily the Latino and Maya Mam community.

Healthcare Access and Outreach Education Program

Street Level Health Project was awarded \$25,000 to provide integrated services through a health screening model, create linkages to health navigation in response to social determinants of health, and create accessibility to healthy food and nutrition health education. The program is expected to serve about 3,100 individuals by connecting education and resources in regards to COVID-19 and overall general health and wellness to support culturally and linguistically the response to reducing the numbers of COVID-19 in the highest impacted ZIP codes in Oakland.

Medi-Cal Outreach and Equity (MOE) Project

La Clínica de La Raza, Inc. was awarded \$25,000 to continue to strengthen its clinical, financial, and operational capacity to meet the evolving needs of its patients through increasing access to care via Medi-Cal education and outreach. The program is expected to serve about 350 children and young adults who primarily identify as Latinx and Black and live in communities hardest hit by the pandemic in the Alameda County COVID-19 priority ZIP code areas in Oakland, California, including Fruitvale (94601), San Antonio (94606), and East Oakland (94621/9460).

Behavioral health

During 2020-2021, 30 grants were awarded to community organizations, for a total investment of \$4,123,318 to address behavioral health in the Oakland service area.

Examples and outcomes of most impactful strategies

Support for Families Emerging from the Pandemic: Children Re-Entering School and ACES

BANANAS, Inc. was awarded \$25,000 to support parents with preschool and school-age children who have been impacted by the challenges brought on or intensified by the pandemic and other adverse childhood experiences. The program is expected to serve about 56 extremely low to moderate income families living and or working in Northern Alameda County who are seeking support, skills, and tools to help themselves and their children.

Healthy, Wealthy, & Wise

Community & Youth Outreach Inc was awarded \$25,000 to provide culturally relevant and trauma-informed cognitive behavioral therapy (CBT) to young people in Oakland at the highest risk of being involved in gun violence. The program is expected to serve about 50 young people in Oakland by providing intensive case management, combined with CBT, to help young people reduce their risk for violence and recidivism and improve their educational, employment, and health outcomes.

Economic security

During 2020-2021, 59 grants were awarded to community organizations, for a total investment of \$3,357,887 to address economic security in the Oakland service area.

Examples and outcomes of most impactful strategies

Building Opportunities for Self-Sufficiency

Building Opportunities for Self-Sufficiency Step Up Permanent Supportive Housing was awarded \$500,000 over two years to support housing retention and promote long-term health and wellness for people experiencing homelessness in Oakland. The program is expected to serve 39 individuals by providing permanent housing units and on-site services including case management, mental health, employment/benefits, peer support/socialization, and life skills activities.

Opportunity Build: A Pathway to Quality Jobs and Economic Opportunity

Rising Sun Center for Opportunity was awarded \$25,000 to provide job training programs and related wraparound services to help unemployed and underemployed individuals access good jobs. The program is expected to serve about 40 individuals and help them to prepare for employment, apply for and secure jobs, and thrive at work.

Nutrition Delivered

The Berkeley Food Network was awarded \$25,000 to reach more food insecure seniors and disabled adults living in Berkeley and Albany. The program is expected to serve about 2,600 seniors and disabled adults by expanding our food-assistance services in a targeted and planful manner through Mobile Pantry and Home Delivery programs.

Appendix

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

Appendix A: Secondary data sources

Kaiser Permanente Community Health Data Platform

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

Additional secondary data sources

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

Appendix B. Community input

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

12	Key Informant Interview	Day Break Adult Day Center & Alameda County Age-friendly Coalition	2	Older adults	Leaders	8/3/2021
13	Key Informant Interview	East Bay Asian Local Development Corporation (EBALDC)/Berkeley Food and Housing Project/Bay Area Community Services (BACS)	3	Residents experiencing or at the risk of homelessness	Leaders	8/24/2021
14	Key Informant Interview	East Oakland Collective	1	Older adults, people with disabilities, food insecure residents	Leader	8/20/2021
15	Key Informant Interview	Eden Housing Resident Services, Inc.	1	Older adults with lower incomes, families, and persons with disabilities	Representative	8/17/2021
16	Key Informant Interview	Family Support Services	1	Caregivers with children	Leader	8/12/2021
17	Key Informant Interview	Fred Finch Youth Center & Lincoln	5	Youth, especially Hispanic and Black youth	Leader, Representatives	7/29/2021
18	Key Informant Interview	Health Care Services Agency (HCSA) Homeless and Coordination & Everyone Home	2	Residents experiencing homelessness	Leader, Representative	8/19/2021
19	Key Informant Interview	HOPE Collaborative	1	Residents with lower income, are food insecure, youth	Representative	7/26/2021
20	Key Informant Interview	NAMI	2	Families and residents impacted by mental illness	Leaders	7/30/2021
21	Key Informant Interview	Oakland Unified	1	School-aged youth (K-12)	Leader	8/19/2021
22	Key Informant Interview	Ombudsman/Empowered Aging	1	Older adults in residential care and skilled nursing facilities	Leader	8/23/2021
23	Key Informant Interview	Pacific Center for Human Growth	1	LGBTQ populations, including youth and older adults	Representative	9/29/2021
24	Key Informant Interview	Partnership for Trauma Recovery	1	Refugees and asylum seekers	Leader	8/18/2021
25	Key Informant Interview	Planting Justice	1	Residents who were incarcerated, people with lower income	Leader	7/22/2021
26	Key Informant Interview	Roots Health Center	1	Black residents of East Oakland	Representative	7/23/2021

27	Key Informant Interview	Rubicon	1	Adults and parents with children experiencing unemployment and underemployment	Leader	7/26/2021
28	Key Informant Interview	Side by Side (TAY)	1	Transitional Age Youth	Representative	8/31/2021
29	Key Informant Interview	SparkPoint	3	Residents with lower income, especially people of color, including Asian, South Asian, Indian, Hispanic, and women of color	Representatives	8/6/2021
30	Key Informant Interview	Unity Council	1	Food insecure or unemployed adults, children, and older adult populations	Leader	9/1/2021
31	Key Informant Interview	Urban Peace Movement	1	Black residents and youth	Representative	9/1/2021
32	Key Informant Interview	Youth Alive!	1	Survivors of community and gun violence, especially youth in Northern Alameda County	Leader	8/16/2021
33	Focus Group	Oakland residents, conducted by Alameda County Public Health Department	8	Hispanic women with children	Members	9/8/2021
34	Focus Group	Oakland residents, conducted by Alameda County Public Health Department	12	Older adults (65 and over)	Members	9/2/2021
35	Focus Group	Oakland residents, conducted by Alameda County Public Health Department	9	LGBTQ adults	Members	10/1/2021
36	Focus Group	Oakland residents, conducted by Alameda County Public Health Department	13	Cantonese adults	Members	10/6/2021
37	Focus Group	Oakland residents, conducted by Alameda County Public Health Department	8	Vietnamese adults	Members	10/7/2021
38	Focus Group	Oakland residents, conducted by Alameda County Public Health Department	10	Transgender adults	Members	10/21/2021
39	Focus Group	Oakland/San Leandro residents, conducted by Alameda County Public Health Department	11	Indigenous Mam families with young children	Members	9/30/2021

Appendix C. Community resources

Identified need	Resource provider name	Summary description
Multiple needs	Bay Area Community Services (BACS)	The mission of the Bay Area Community Services is to uplift under-served individuals and their families by doing whatever it takes. BACS envisions a world where all people are healthy, safe, and engaged in community wellness. http://www.bayareacs.org
Access to care	La Clínica de la Raza	The mission of La Clínica de La Raza is to improve the quality of life of the diverse communities we serve by providing culturally appropriate, high-quality, and accessible health care for all. https://laclinica.org/
	LifeLong Medical Care	LifeLong Medical Care provides high-quality health, dental, and social services to under-served people of all ages; creates models of care for the elderly, people with disabilities and families; and advocates for continuous improvements in the health of our communities. www.lifelongmedical.org
Community safety	Youth ALIVE!	Since 1991, as mentors, youth leaders, counselors, case managers, intervention specialists and violence interrupters, Youth ALIVE! has worked to help violently wounded people heal themselves and their community. Their mission is to prevent violence and create young leaders. https://www.youthalive.org/about/
Housing	Abode Services	Abode Services' mission is to end homelessness by assisting low-income, un-housed people, including those with special needs, to secure stable, supportive housing and to be advocates for the removal of the causes of homelessness. http://www.abodeservices.org
Income & employment	Rubicon Programs	Rubicon's mission is to transform East Bay communities by equipping people to break the cycle of poverty. Recognized as a national leader in workforce development, Rubicon supports this mission by providing individualized one-on-one career advising, job attainment and retention support, financial education, wellness support services, legal services, and opportunities to build positive community connections to very low-income people who face significant barriers to achieving economic mobility. http://www.rubiconprograms.org
	Alameda County Community Food Bank	Alameda County Community Food Bank passionately pursues a hunger-free community. Alameda County Community Food Bank — Feeding America's 2016-2017 Food Bank of the Year — has been at the forefront of hunger relief efforts in the Bay Area since 1985. http://www.accfb.org
Mental & behavioral health	Bay Area Community Services (BACS)	The mission of the Bay Area Community Services is to uplift under-served individuals and their families by doing whatever it takes. BACS envisions a world where all people are healthy, safe, and engaged in community wellness. http://www.bayareacs.org