ALTA BATES SUMMIT MEDICAL CENTER

2019 Community Health Needs Assessment

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1. Executive Summary

COMMUNITY HEALTH NEEDS ASSESSMENT BACKGROUND

The Patient Protection and Affordable Care Act (ACA), which was enacted March 23, 2010, includes requirements for nonprofit hospitals that wish to maintain their tax-exempt status. Regulations finalized December 31, 2014, also provide guidance related to section 501(r) of the Internal Revenue Code. These regulations mandate that all nonprofit hospitals conduct a Community Health Needs Assessment (CHNA) every three years. The CHNA must be done by the last day of a hospital's taxable year, and hospitals must make the CHNA report widely available to the public. The CHNA must also include input from experts in public health, local health departments, and the community. The community must include representatives of minority, low-income, medically underserved, and other high-need populations.[1]

California Legislative Senate Bill 697, enacted in 1994, stipulates that private nonprofit hospitals submit an annual report to the Office of Statewide Health Planning and Development that shall include, but not be limited to, a description of the activities that the hospital has undertaken to address identified community needs within its mission and financial capacity. Additionally, hospitals shall describe the process by which they involved community groups and local government officials in helping identify and prioritize the needs to be addressed. This community needs assessment shall be updated at least once every three years.[2]

The 2019 CHNA is the third such assessment completed since the ACA was enacted. It builds upon the information and understanding that resulted from previous assessments. The latest CHNA process, completed in fiscal year 2019 and described in this report, was conducted collaboratively by 14 local hospitals in Alameda and Contra Costa counties ("the Hospitals") in compliance with current legal requirements.

The 2019 CHNA will serve as the basis for implementation strategies that are required to be filed with the IRS as part of the hospital organization's 2019 Form 990, Schedule H, four and a half months into the next taxable year.[2]

PROCESS AND METHODS

The Hospitals began work on the 2019 CHNA in the spring of 2018. The goal was to collectively gather community feedback, understand existing data about health status, and prioritize local health needs.

Community input was obtained during the summer and fall of 2018 through key informant interviews with local health experts and focus groups with community leaders, representatives, and residents.

Secondary data were obtained from a variety of sources. (*See Attachment 4: Secondary Data Sources for a complete list.*) Secondary data were collected for Alameda County as a whole and, in many cases,

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[1] U.S. Federal Register (2014). Department of the Treasury, Internal Revenue Service, 26 CFR Parts 1, 53, and 602. Vol. 79, No. 250, December 31, 2014. Retrieved November 2019 from https://www.govinfo.gov/content/pkg/FR-2014-12-31/pdf/2014-30525.pdf

[2] California Office of Statewide Health Planning and Development (1998). Not-for-Profit Hospital Community Benefit Legislation (Senate Bill 697), Report to the Legislature. Retrieved November 2019 from https://oshpd.ca.gov/wp-content/uploads/2018/07/SB-697-Report-to-the-Legislature-Community-Benefit.pdf

also for the subregion of Northern Alameda County—Alta Bates Summit Medical Center's primary service area—separately. (*See map on page 13.*)

In November 2018, the Hospitals identified health needs by synthesizing primary qualitative research (community input) and secondary quantitative data (statistics), and then filtering those needs against a set of criteria. Needs were then prioritized by using a second set of criteria. (*See Section 6: Identification and Prioritization of Community Health Needs for details.*) In February 2019, Sutter Health, John Muir Health, and Kaiser Permanente convened a meeting with key leaders in Alameda County, including representatives from the Alameda County Office of Education, Alameda County Public Health Department, Alameda Health Consortium, Bay Area Regional Health Inequities Initiative, and East Bay Community Foundation. Meeting participants individually ranked the health needs according to their interpretation of the criteria. Rankings were then averaged across all participants to obtain a final rank order of the health needs. The results of the prioritization appear below.

For the purposes of this assessment, the Hospitals did not limit the definition of "community health" to traditional measures. Historically, health assessments have focused on statistics related to specific ailments or medical conditions such as asthma, cancer, diabetes, heart disease, and stroke. Although these data are significant, they do not take into account factors that influence health. For this CHNA, the Hospitals also considered various social and environmental determinants of health, including access to healthcare, affordable housing, child care, education, and employment. This broader approach reflects Alta Bates Summit Medical Center's view that many factors influence people's health, and it is essential to consider these factors to adequately understand and address the community's health needs.

2019 PRIORITIZED HEALTH NEEDS

Based on the previously described prioritization process, a ranked list of the most pressing community health needs for Alta Bates Summit Medical Center's service area emerged. These nine health needs, listed in priority order (from highest to lowest), are:

- **Behavioral Health.** The community prioritized behavioral health, which refers to both mental health and substance use, as its top health need. Depression and stress were the most common issues raised in interviews and focus groups with local residents, health experts, and service providers. They identified trauma (including the generational impact of discrimination and institutional racism) and adverse childhood experiences as causes of behavioral health problems. Alameda County mental health statistics underscore the community's concerns: The rates of emergency room (ER) visits for severe mental illness and substance use, respectively, are significantly higher in the county than the state averages. Mental health hospitalizations for children and youth countywide are also significantly higher—and increasing.
- **Housing and Homelessness.** The community ranked safe and healthy housing as a high priority. Residents and service providers worried about the growing number of people in unstable housing situations and the displacement of families. Some suggested that the imbalance of new jobs (many) and new housing units (few) is fueling the housing crisis. In Northern Alameda County, the crisis is the worst in parts of Oakland, said experts, some of whom raised concerns about the declining African American population due to displacement. County data reveal additional issues: The median rent in the county is significantly higher than the state average—and increasing. Possibly due to high cost of rent, the proportion of local children living in crowded housing has been increasing as well. Poor housing quality is associated with childhood asthma prevalence; child and youth asthma diagnoses and

hospitalizations in Alameda County are significantly higher than the state benchmarks. The presence of lead, a toxic metal, in homes is troublesome: Blood lead levels for children and youth in Alameda County exceed the state average. Meanwhile, more people than ever lack a roof over their heads. The overall number of individuals experiencing homelessness in Alameda County increased in the 2017 point-in-time count, as did the number of unsheltered children, youth, and young adults.

- **Economic Security.** This health need consists of food insecurity, risk of homelessness, and employment issues. In focus groups, residents emphasized that local jobs often do not pay enough to afford the high cost of living in Alameda County. Various participants observed that people working low-wage jobs cannot afford to miss work to see a doctor. They also said the stress that comes from economic instability seriously contributes to poor mental health. Statistics show that many county residents struggle financially. The percentage of people living in poverty in the Northern Alameda County region surpasses the state average, and the percentage of older adults living in poverty countywide has been increasing. Significant disparities between ethnic groups exist in educational attainment, rate of uninsured individuals, and people living in poverty. All of these factors influence economic security.
- **Community and Family Safety.** Community and family safety ranked as one of the top health needs in Northern Alameda County. Focus group and interview participants most frequently talked about domestic violence. Participants worried most about children and youth, especially when it came to being bullied, becoming victims of violence, and acting out trauma. Some participants described Oakland as a hub for human trafficking, including the trafficking of minors. Statistically, Northern Alameda County's overall rates of domestic violence hospitalization and violent crime are significantly higher than the state average. So too are the countywide rates of adult jail admission, youth felony arrest, and homicide. Ethnic disparities exist as well. For example, in Oakland, African American residents experience the use of force by law enforcement at a rate nearly 25 times that of White residents. Meanwhile, Alameda County's ER visits and deaths due to unintentional injury are increasing. Traumatic injury (intentional and unintentional) hospitalizations among children and youth, firearm fatalities (intentional and unintentional), bicycle-involved collisions, and motor vehicle crash ER visits all exceed state benchmarks.
- **Healthcare Access and Delivery.** The community expressed strong concerns about this health need, including the affordability of care and the lack of access to specialty care, especially for Medi-Cal patients. CHNA participants called for greater language support, culturally appropriate healthcare services, and whole-person care. Statistically, a smaller proportion of county residents have a regular source for primary care, and a larger proportion delay or have difficulty obtaining care, compared to Healthy People 2020 aspirational goals.[3] Poor access to healthcare is associated with higher rates of many health conditions—including asthma, cancer, heart disease/stroke, and sexually transmitted infections (STIs)—because it precludes preventive screenings and early treatment. The Alameda County public health expert interviewed noted an increase in sexually transmitted infections (STIs), especially HIV infections among African American males. Residents identified a lack of health education and the high costs of testing as barriers to preventing the spread of STIs. Statistical data shed light on the community's

[3] Healthy People, an endeavor of the U.S. Department of Health and Human Services, provides 10-year national objectives for improving the health of Americans. The current set of objectives is for the year 2020. http://www.healthypeople.gov

concerns: Incidence rates of chlamydia and gonorrhea among Alameda County youth overall are higher than the state average, and among the county's African American youth, they are substantially higher. Countywide rates of syphilis have been rising since 2009. Adult asthma prevalence in Northern Alameda County is significantly worse than the California benchmark, and the rates of asthma diagnoses and hospitalizations for children and youth countywide are significantly higher than the state average. Childhood cancer diagnoses have been slowly rising in Alameda County since 2003. Cancer mortality in Northern Alameda County is much higher among local African American residents, and somewhat higher among the local White residents, than the state benchmark. Countywide, cervical cancer incidence significantly exceeds the state benchmark among Latinas. Ethnic disparities also exist in screenings for breast and colorectal cancer. In Alameda County overall, congestive heart failure hospitalizations surpass the state benchmark, as do stroke hospitalizations in Northern Alameda County. African American residents disproportionately die from stroke compared to residents of other ethnicities.

- **Education and Literacy.** Ethnic disparities and inadequate career training emerged in community discussions of education and literacy. Youth in Northern Alameda County discussed ethnic disparities in education, expressing concern that students of color do not receive the same quality of K–12 education as White students. The county's public health expert interviewed emphasized that both K–12 and higher education often do not prepare residents for jobs that provide a living wage. Limited literacy is correlated with low educational attainment, which is in turn associated with poor health outcomes. In Alameda County, statistics show that a larger than (state) average proportion of children live in linguistically isolated households.[4] This, combined with the comparatively high cost of child care for children ages 0–5, means that children in the county may have greater barriers to literacy than kids elsewhere. Additionally, a smaller proportion of local students graduate high school on time than the state average.
- **Healthy Eating/Active Living.** This health need combines access to healthy food and recreation, food insecurity, diabetes, obesity, nutrition, diet, and fitness. Public health experts identified the lack of access to recreation and healthy food in certain areas ("food deserts") as drivers of poor community health. Parents discussed having difficulty encouraging their children to modify their behaviors to lose weight. Fast food consumption countywide is increasing. Meanwhile, the percentage of local individuals experiencing food insecurity surpasses the state average. Food insecurity leads to unhealthy eating. Poor diet and exercise habits can contribute to and exacerbate health conditions such as diabetes and obesity. The rate of diabetes hospitalization among children and youth countywide is above the state average and increasing. The rate of diabetes management in the Northern Alameda County area is lowest among African American patients. Among Alameda County students, Latinx 5th graders and Pacific Islander 7th graders are least likely to meet the fitness standards. In addition, obesity in Northern Alameda County is highest among Pacific Islander youth and among African American adults. Countywide, overall obesity-related hospitalizations are increasing.
- **Transportation and Traffic.** Many CHNA participants discussed transportation as a barrier to seeing the doctor and getting to work, and they expressed frustration with the costs and limitations (such as the lack of frequency or service in some areas) of public transportation in Alameda County, particularly BART. Northern Alameda County has a significantly higher density

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[4] Defined as a household where no one 14 years old or older speaks English "very well." U.S. Census Bureau. American Community Survey, 5-Year Estimates, 2012–2016.

of roads than the state average, pollution from which can exacerbate asthma and other health conditions. In Oakland, African American residents were over three times less likely than White residents to have access to a vehicle. Countywide, the rates of bicycle-involved collisions and ER visits for motor vehicle crashes are significantly higher than the state average. The latter rate is increasing.

- **Climate/Natural Environment.** Feedback from the community about the environment primarily related to poor air quality, which they attributed to pollution and identified as a cause of asthma. They noted that highways, as well as traffic at the Port of Oakland, contribute to air pollution in Northern Alameda County. Statistics back up the community's assertions: The respiratory hazard index in the area is significantly worse than the state average. In the city of Oakland, the overall pollution burden (air, water, etc.) in majority-Asian census tracts is significantly higher than the pollution burden in majority-White census tracts.

For additional details, including statistical data and sources, see Section 7: Summarized Descriptions of 2019 Prioritized Health Needs and Attachment 5: Secondary Data Tables.

NEXT STEPS

After making this CHNA report publicly available by December 31, 2019, Alta Bates Summit Medical Center will solicit feedback and comments about the report until two subsequent CHNA reports have been posted online.[5] The hospital will also develop an implementation plan based on the CHNA results, which will be filed with the IRS by May 15, 2020.

[5] https://www.sutterhealth.org/for-patients/community-health-needs-assessment

2. Background

In 2018, 14 local hospitals in Alameda and Contra Costa counties ("the Hospitals") collaborated for the purpose of identifying critical health needs of the community. Alta Bates Summit Medical Center worked with its partners to conduct an extensive community health needs assessment (CHNA). The 2019 CHNA builds upon earlier assessments conducted by the Hospitals.

PURPOSE OF CHNA REPORT AND AFFORDABLE CARE ACT REQUIREMENTS

The Affordable Care Act (ACA) provided guidance at a national level for CHNAs for the first time when enacted on March 23, 2010. Federal requirements included in the ACA stipulate that hospital organizations under 501(c)(3) status must adhere to new 501(r) regulations, one of which is conducting a community health needs assessment every three years. The CHNA report must document how the assessment was done, including the community served, who was involved in the assessment, the process and methods used to conduct the assessment, and the community health needs that were identified and prioritized as a result of the assessment. Final requirements were published in December 2014.

Traditionally, health needs assessments have studied data on mortality, morbidity, and health risks related to specific diseases or conditions, such as asthma, cancer, diabetes, heart disease, and stroke. The ACA expanded the scope of "community health needs assessment" to include social determinants of health, such as access to healthcare, affordable housing, child care, education, and employment. This broader approach reflects Alta Bates Summit Medical Center's view that many factors influence people's health, and it is essential to consider them all in order to adequately understand and address the community's health needs.

Beyond providing a national set of standards and definitions related to community health needs, the ACA has had an impact on upstream health influences. For example, the ACA created more incentives for healthcare providers to focus on disease prevention by lowering or eliminating co-payments for preventative screenings. Through the ACA, funding has also been established to support community-based prevention (efforts to stop people from having an illness or health condition) and early intervention (detecting and mitigating conditions in their earliest stages).

SB 697 AND CALIFORNIA'S HISTORY WITH PAST ASSESSMENTS

California Senate Bill 697, enacted in 1994, requires private nonprofit hospitals to conduct a community needs assessment and to consult with the community on a plan to address the identified health needs. An assessment must be conducted every three years. Hospitals are also required to submit an annual report to the California Office of Statewide Health Planning and Development that describes the strategies that hospitals engaged in to address the identified community needs.

The 2019 CHNA meets state and federal requirements.

BRIEF SUMMARY OF THE 2016 CHNA CONDUCTED

Alta Bates Summit Medical Center's 2016 CHNA report is posted on the Community Benefit page of the Sutter Health's website.[6]

The community health needs identified and prioritized through the 2016 CHNA process were:

1. Access to Mental, Behavioral, and Substance Abuse Services
2. Safe and Violence-Free Environment
3. Access to Affordable, Healthy Food
4. Health Education and Health Literacy
5. Access to Basic Needs, such as Housing and Employment
6. Access to Quality Primary Care Health Services

WRITTEN PUBLIC COMMENTS ON THE 2016 CHNA

Community feedback on Alta Bates Summit Medical Center's 2016 CHNA report was solicited on Sutter Health's website. At the time the 2019 CHNA report was completed, Alta Bates Summit Medical Center had not received written comments about the 2016 CHNA report. The hospital will continue to track submissions and ensure that all relevant comments are reviewed and addressed by appropriate staff.

Alta Bates Summit Medical Center welcomes comments from the public on the 2019 Community Health Needs Assessment. Written comments on any CHNA report may be submitted by:

- Emailing the Sutter Health System Office Community Benefit department at SHCB@sutterhealth.org
- Sending a letter via U.S. mail to the hospital's address: 3012 Summit Street, 3rd Floor, Oakland, CA 94609, ATTN: Community Benefit.
- Leaving a note in-person at the hospital's Information Desk.

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[6] https://www.sutterhealth.org/pdf/for-patients/chna/absmc-2016-chna.pdf

3. About Alta Bates Summit Medical Center

Alta Bates Summit Medical Center, part of the Sutter Health Network, offers comprehensive services designed to meet the healthcare needs of the diverse communities of the greater East Bay Area. The medical center is the East Bay's largest private, nonprofit hospital, with three campuses in Berkeley and Oakland.

Alta Bates Summit's 100-year tradition of commitment and service continues today, with recognition as one of the nation's top hospitals for clinical excellence and patient safety.

COMMUNITY BENEFIT

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

Community benefit:

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

COMMUNITY SERVED

The Internal Revenue Service defines the community served as individuals who live within the hospital's service area. This includes all residents in a defined geographic area and does not exclude low-income or underserved populations.

Alta Bates Summit Medical Center's campuses are located in the cities of Berkeley and Oakland in the Northern Alameda County (N-AC) region of Alameda County. Alta Bates Summit Medical Center's hospital service area includes 25 ZIP codes surrounding the hospital and its neighboring communities.[7] As previously noted, the medical center collaborated on the 2019 CHNA with other healthcare facilities serving the N-AC region. Thus, the local data gathered for the assessment represent residents across the service areas of the participating hospitals, which include the cities of Alameda, Albany, Berkeley, Emeryville, Oakland, and Piedmont.

The map on the next page (Figure 1) shows the alignment of the N-AC region with Alta Bates Summit Medical Center's service area.

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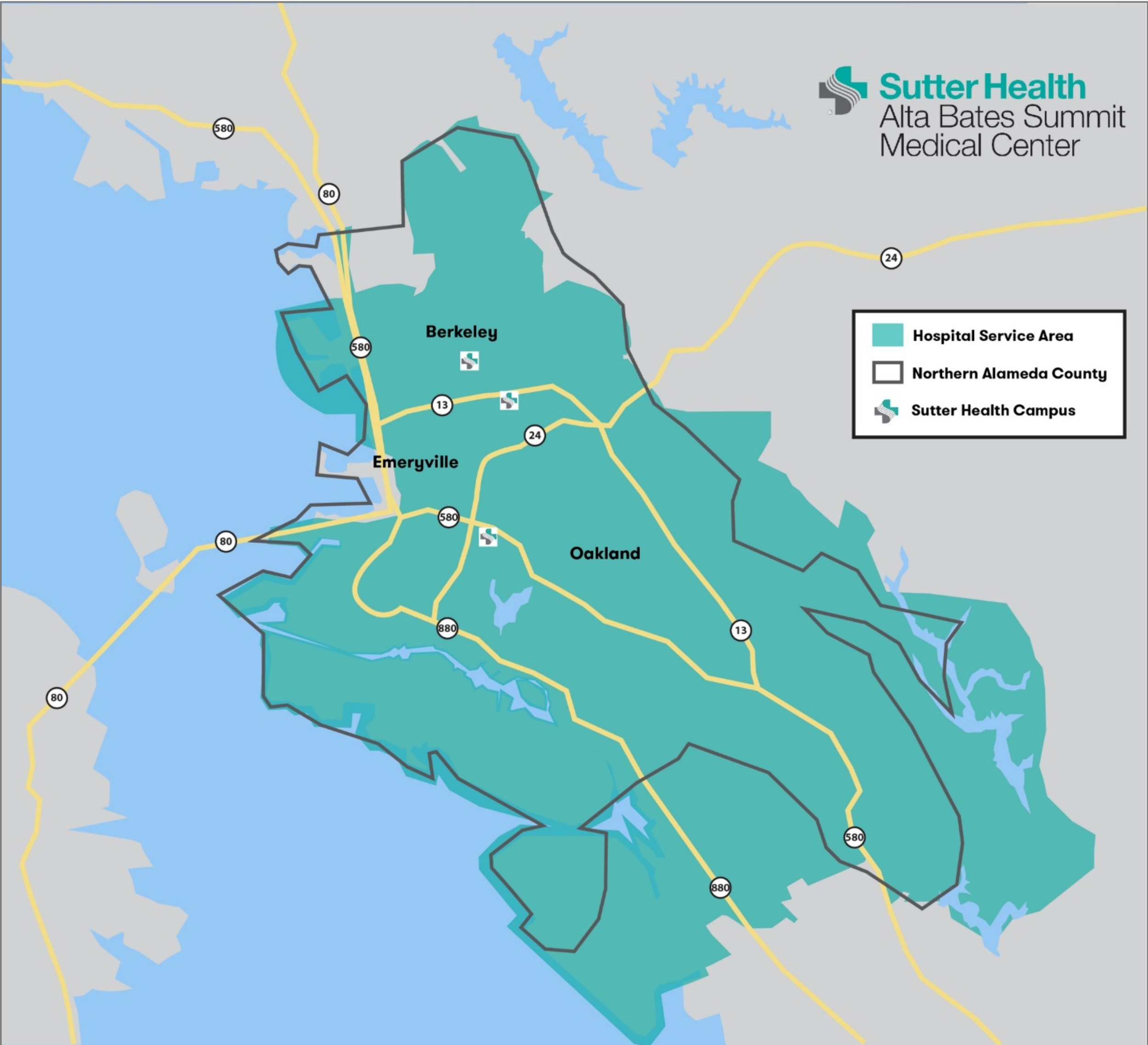
[7] The hospital's service area covers ZIP codes 94501, 94601, 94602, 94603, 94605, 94606, 94607, 94608, 94609, 94610, 94611, 94612, 94613, 94618, 94619, 94621, 94702, 94703, 94704, 94705, 94707, 94708, 94709, 94710, and 94720.

Figure 1. Alta Bates Summit Medical Center Service Area Map, Northern Alameda County



DEMOGRAPHICS

The U.S. Census estimates a population of 587,090 in the Northern Alameda County region (Table 1). White residents comprise the largest ethnic group (40 percent) in N-AC, and the Asian subpopulation is the second-largest (20 percent).

TABLE 1. DEMOGRAPHICS, NORTHERN ALAMEDA COUNTY

Ethnicity		Socioeconomic Data	
Total population	587,090	Families living in poverty (<100% federal poverty level)	16.6%
White	40.0%	Children in poverty	18.8%
Asian	20.3%	Unemployment	2.9%
Latinx[8]	17.0%	Uninsured population	9.0%
African American	16.2%	Adults with no high school diploma	12.1%
Pacific Islander/Native Hawaiian	0.5%		
Native American/Alaska Native	0.3%		
Some other race	0.4%		
Multiple races	5.3%		

Source: U.S. Census Bureau (2016), American Community Survey, 5-Year Estimates, 2012–2016.

Income has a significant impact on health outcomes in the community. The median household income in Alameda County is about $80,000, which is higher than in California (about $66,000) but lower than in neighboring Contra Costa County ($83,000).[9] As shown on the next page (Figure 2), more than four in 10 residents live in households with incomes of $100,000 or more, about one fourth in households with incomes between $50,000 and $100,000, and about one third below $50,000. By comparison, the 2018 Self-Sufficiency Standard for a two-adult family with two children in Alameda County was about $98,300.[10]

Despite the fact that 41 percent of households earn $100,000 or more per year, nearly 20 percent of Alameda County residents live below 150 percent of the federal poverty level.[11] In N-AC, 17 percent of the total population lives below 100 percent of the federal poverty level, and 19 percent of children live below the poverty level (Table 1). Approximately 9 percent of people in N-AC are uninsured.[12]

Housing costs are high: The 2018 median home sale price was $799,000, and the median rent was $3,232 per month in Alameda County.[13]

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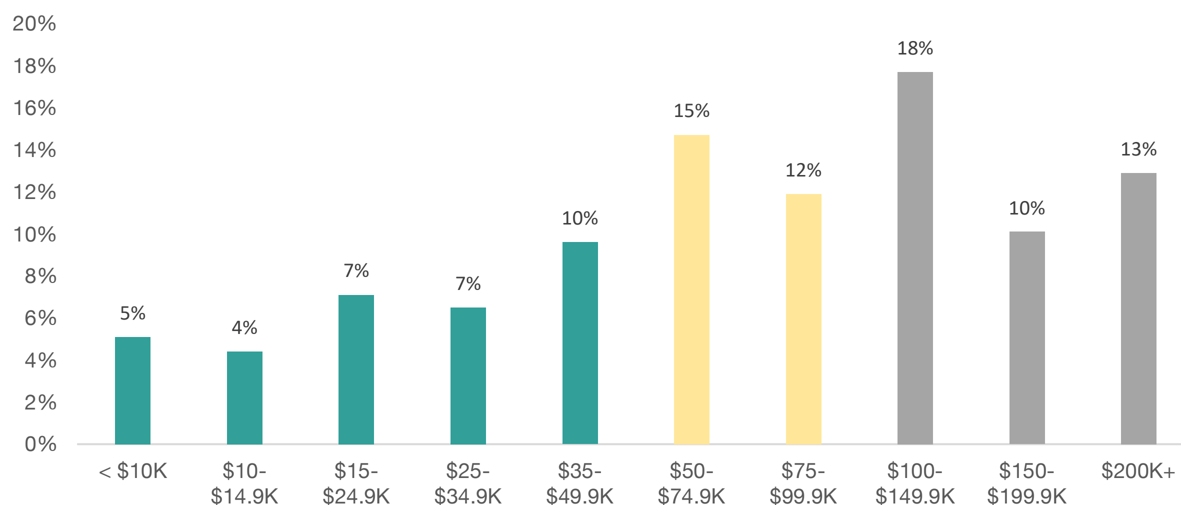
[8] The term "Latinx" is employed as a gender-neutral way to refer to Latin American and Hispanic individuals of any race.
[9] U.S. Census Bureau. (2016). American Community Survey, 5-Year Estimates, 2012–2016.
[10] The Insight Center for Community Economic Development. (2018). *Self-Sufficiency Standard Tool.* Retrieved December 2018 from https://insightcced.org/tools-metrics/self-sufficiency-standard-tool-for-california/
[11] U.S. Census Bureau. (2017). American Community Survey, 5-Year Estimates, 2013–2017.
[12] U.S. Census Bureau. (2016). American Community Survey, 5-Year Estimates, 2012–2016.
[13] Zillow, data through November 30, 2018: https://www.zillow.com

FIGURE 2. HOUSEHOLDS BY INCOME RANGE, ALAMEDA COUNTY



Percentages do not add to 100 percent because of rounding. Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2012–2016. Table S1901.

AREA DEPRIVATION INDEX

For 20 years, the U.S. Health Resources and Services Administration has used the Area Deprivation Index (ADI) to gauge the lack of basic necessities in communities. The ADI measures social vulnerability by combining 17 indicators of socioeconomic status, including income, employment, education, and housing conditions. The ADI has been linked to health outcomes such as 30-day hospital readmission rates, cardiovascular disease deaths, cervical cancer incidence, cancer deaths, and all-cause mortality.

The ADI is a standardized score, with 100 being the mean. Most—more than 99 percent—of U.S. communities score between 40 and 160. The ADI score of 96.3 for the Northern Alameda County region[14] was calculated using Census Block Group level data (Table 2).[15] The most deprived census tracts are shown in **dark orange** in the map (Figure 3) on page 17. Based on the ADI score, the area was determined to be in the 45th percentile. (Percentiles range from 0 to 100, with an ADI percentile of 50 indicating the national midpoint.) In general, the higher the percentile, the greater the deprivation. The exceptions are home value, monthly home costs, and gross rent, where a lower percentile indicates higher costs.

The 17 indicators that make up the index, along with the value for Northern Alameda County and for California as a whole, appear on the next page (Table 2). For most indicators, a lower score and percentile is desired. Area percentiles and indicator values that are worse than those of California are noted in **bold red**.

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[14] For the ADI and percentile scores, the Northern Alameda County area comprises only the cities/towns of Alameda, Albany, Berkeley, Emeryville, Oakland, and Piedmont.

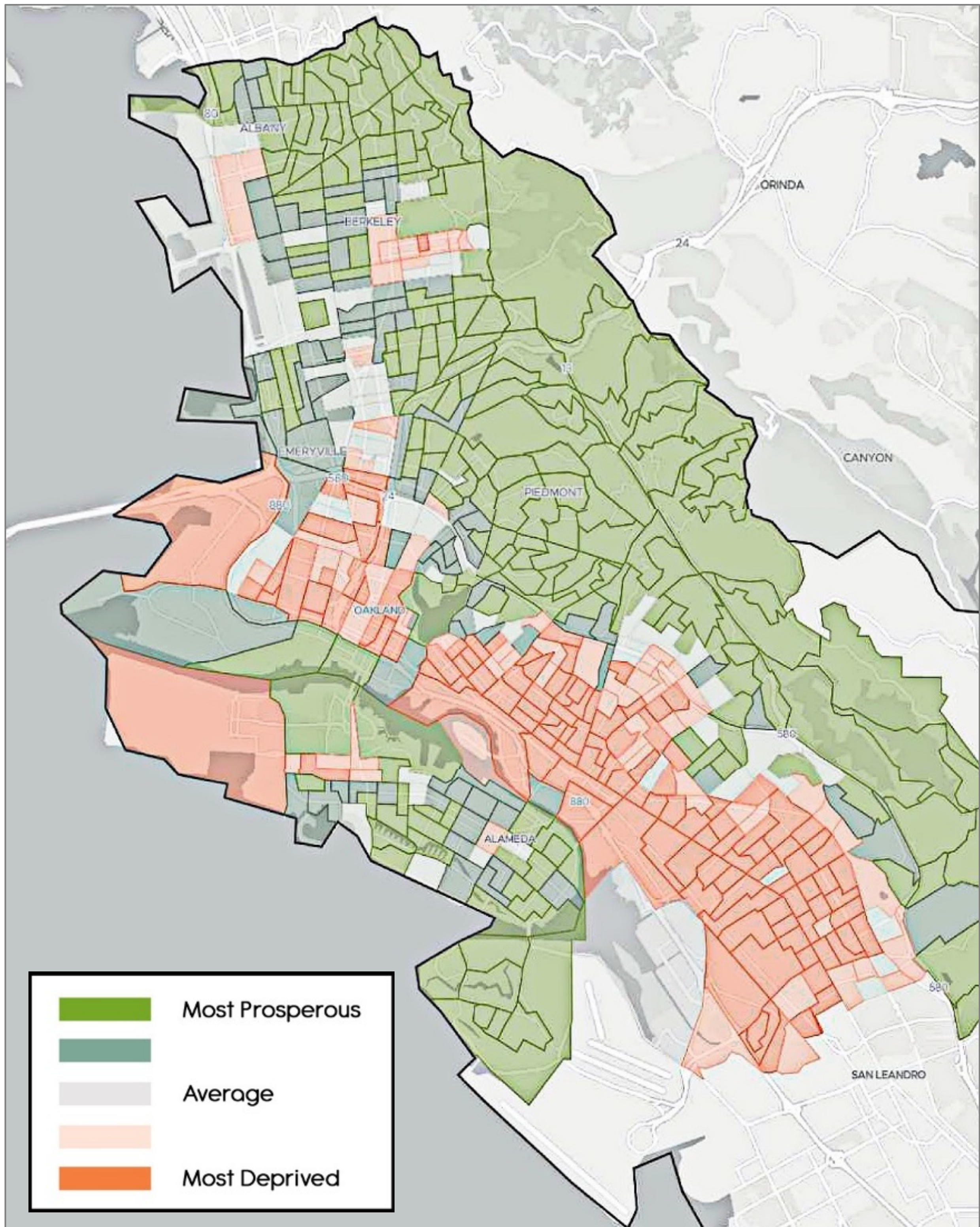
[15] A Census Block Group is smaller than a Census Tract, but larger than a Census Block. In urban areas, a Census Block is generally equivalent to a city block, but in suburban and rural areas may be defined by the Census in other ways. A Census Block Group encompasses multiple, usually contiguous, Census Blocks. (U.S. Census Bureau. 2018. Geography Program Glossary.)

Table 2. Area Deprivation Index, Northern Alameda County

Indicator Name	N-AC Percentile	N-AC Value	CA Percentile	CA Value
Area Deprivation Index	**45**	**96.3**	**49**	**98.1**
Families below poverty level	**66**	**12.5%**	64	11.9%
High school diploma/GED, adults ≥ age 25	66	85.6%	74	81.9%
Owner-occupied housing units	**79**	**42.0%**	68	54.1%
Households without a motor vehicle	**83**	**16.2%**	62	7.5%
Crowded households (>1 person per room)	86	6.6%	89	8.3%
Households without complete plumbing	**72**	**0.8%**	52	0.4%
Households without a landline or mobile phone	**64**	**2.5%**	59	2.2%
Income disparity (log scale)	**46**	**2.5**	36	2.2
Median family income	26	$84,138	32	$74,913
Median gross rent	**20**	**$1,317**	17	$1,313
Median home value	7	$597,914	11	$441,468
Median monthly home cost	**18**	**$2,054**	20	$1,768
Population below 150% of poverty threshold	**61**	**26.8%**	59	25.9%
Single parent households with children < age 18	48	16.6%	67	23.8%
Less than high school education, adults ≥ age 25	79	8.0%	84	10.0%
Unemployment, ≥ age 16	66	8.3%	68	8.9%
Employed in white collar occupations, ≥ age 16	31	69.5%	47	60.5%

Source: Community Commons, using U.S. Census Bureau, American Community Survey data (2013–2017), and Census Block Group level data (BroadStreet 2018).

FIGURE 3. AREA DEPRIVATION INDEX MAP, NORTHERN ALAMEDA COUNTY



Source: Community Commons, using U.S. Census Bureau, American Community Survey data (2013–2017), and Census Block Group level data (BroadStreet 2018).

4. Assessment Team

HOSPITALS AND OTHER PARTNER ORGANIZATIONS

Community benefit managers from Alta Bates Summit Medical Center and three other hospitals in Northern Alameda County ("the N-AC Hospitals") contracted with Actionable Insights in 2018 to conduct the Community Health Needs Assessment in 2019.

The hospitals that partnered with Alta Bates Summit Medical Center in Northern Alameda County were:

- John Muir Health
- Kaiser Permanente–East Bay Area (Kaiser Foundation Hospital—Oakland)
- UCSF Benioff Children's Hospital Oakland

IDENTITY AND QUALIFICATIONS OF CONSULTANTS

Actionable Insights (AI), LLC, an independent local research firm, completed the CHNA. For this assessment, AI assisted with CHNA planning, conducted primary research, collected secondary data, synthesized primary and secondary data, facilitated the process of identifying community health needs and assets, assisted with determining the prioritization of community health needs, and documented the processes and findings into a report.

Actionable Insights helps organizations discover and act on data-driven insights. The firm specializes in research and evaluation in the areas of health, STEM (science, technology, engineering, and math) education, youth development, and community collaboration efforts. AI conducted community health needs assessments for over 25 hospitals during the 2018–2019 CHNA cycle. More information about AI is available on its website.[16]

[16] http://actionablellc.com/

5. Process and Methods

The hospitals in the Northern Alameda County region ("the N-AC Hospitals") worked in collaboration on the primary and secondary data requirements of the CHNA. The CHNA data collection process took place over seven months and culminated in separate reports written for each of the N-AC Hospitals in the spring of 2019. The phases of the process are depicted below.

SECONDARY DATA COLLECTION

AI analyzed more than 300 quantitative health indicators to assist the four N-AC Hospitals in understanding the health needs and assessing their priority in the community. AI collected data from existing sources using the Community Commons[17] data platform and other online sources, such as the California Department of Public Health and the U.S. Census Bureau. The decision to include these additional data was made, and these data were collected, by the N-AC Hospitals. The N-AC Hospitals, as a group, determined that these additional data would bring greater depth to the CHNA in the community. When trend data and/or data by ethnicity were available, they were reviewed to enhance understanding of the issue(s).

As a further framework for the assessment, the N-AC Hospitals—in collaboration with other healthcare facilities in Alameda and Contra Costa counties ("the Hospitals") requested that AI address the following questions in its analysis:

- How do these indicators perform against accepted benchmarks (Healthy People 2020 objectives and statewide averages)?
- Are there disparate outcomes and conditions for people in the community?

Healthy People, an endeavor of the U.S. Department of Health and Human Services, provides 10-year national objectives for improving the health of Americans. Based on scientific data spanning 30 years, these national objectives serve as targets for improvement. The most recent set of objectives is for the year 2020 (HP2020). Year 2030 objectives are currently under development.[18]

For details on specific sources and dates of the data used, see Attachment 4: Secondary Data Sources, and Attachment 6: Secondary Data Indicators Index.

[17] Community Commons is a web-based resource funded in part by Kaiser Permanente as a way to support community health needs assessments and community collaboration. The platform includes a focused set of community health indicators that allow users to understand what is driving health outcomes in certain neighborhoods. The platform provides the capacity to view, map and analyze these indicators as well as understand ethnic disparities and compare local indicators with state and national benchmarks. http://www.chna.org

[18] U.S. Department of Health and Human Services. Healthy People 2020. http://www.healthypeople.gov

INFORMATION GAPS AND LIMITATIONS

A lack of secondary data limited AI and the N-AC Hospitals in their ability to fully assess some of the identified community health needs. Information gaps and limitations included:

- Adult use of illegal drugs and misuse/abuse of prescription medications (opioids, etc.)
- Alzheimer's disease and dementia diagnoses
- Breastfeeding practices at home
- Community infrastructure (sewerage, electrical grid, etc.) adequacy
- Data broken out by Asian subgroups
- Diabetes among children
- Experiences of discrimination among vulnerable populations
- Health of undocumented immigrants
- Hepatitis C
- Mental health disorders
- Oral/dental health
- Suicide among LGBTQ youth

COMMUNITY INPUT

Actionable Insights conducted the primary research for this assessment. AI used three strategies for collecting community input: key informant interviews with health experts, focus groups with professionals, and focus groups with residents.

Primary research protocols generated by AI in collaboration with the Hospitals in Alameda and Contra Costa counties were based on facilitated discussion among the hospitals' representatives about what they wished to learn during the 2019 CHNA. The Hospitals sought to build upon prior CHNAs by focusing the primary research on the community's perception of mental health (identified as a major health need in the 2016 CHNA) and their experience with healthcare access and delivery (also identified as a major health need in 2016). Relatively little timely quantitative data exist on these subjects.

AI recorded each interview and focus group as a standalone piece of data. Recordings were transcribed, and then the team used qualitative research software tools to analyze the transcripts for common themes. AI also tabulated how many times health needs had been prioritized by each of the focus groups or described as a priority in key informant interviews. The N-AC Hospitals used this tabulation to help assess community health priorities.

Through the key informant interviews and focus groups, AI solicited input from 36 residents and 68 community leaders and representatives. The leaders and representatives worked either in the healthcare field or in community-based organizations focused on improving health and quality of life conditions by serving those from IRS-identified high-need populations.[19]

See Attachment 2: Community Leaders, Representatives, and Members Consulted for the names, titles, and expertise of these leaders and representatives along with the date and mode of consultation (focus group or key informant interview). See Attachment 1: Qualitative Research Protocols for protocols and questions.

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[19] The IRS requires that community input include the low-income, minority, and medically underserved populations.

KEY INFORMANT INTERVIEWS

Between June and August 2018, AI conducted primary research via key informant interviews with 16 local and/or regional experts from various organizations.

These experts included individuals from the public health department, community clinic managers, and clinicians. Interviews were conducted in person or by telephone for approximately one hour. AI asked interviewees:

- What are the most important/pressing health needs in the local area?
- What drivers or barriers are impacting the top health needs?
- To what extent is healthcare access a need in the community?
- To what extent is mental health a need in the community?
- What policies or resources are needed to impact health needs?

FOCUS GROUPS

Input From Professionals and Community Leaders

Seven focus groups were conducted from July to September 2018 with a total of 54 professionals and community leaders (Table 3). The questions were the same as those used with key informant interviewees.

TABLE 3. DETAILS OF FOCUS GROUPS WITH PROFESSIONALS

Topic or Population	Focus Group Host/Partner	Date	Number of Participants
Behavioral/mental health professionals (frontline staff)	Seneca	7/31/2018	8
Professionals who serve individuals experiencing homelessness	Alameda County Healthcare for the Homeless	8/21/2018	10
School health professionals who serve K–12 students	Oakland Unified School District	8/29/2018	8
Professionals who serve undocumented individuals	Unity Council	9/13/2018	5
Safety net clinicians and related providers	Kaiser Permanente Northern California	9/14/2018	5
Health disparities and inequities	Kaiser Foundation Hospital–Oakland	9/21/2018	6
Professionals who serve youth	Kaiser Foundation Hospital–Oakland	9/21/2018	12

Input From Residents

AI conducted two resident focus groups with a total of 36 residents in August and September 2018 (Table 4). The discussions centered around the same five questions asked of the key informant interviewees, which AI modified appropriately for each audience. Nonprofit hosts such as Youth Radio recruited participants for the groups. To give a voice to the community, and in alignment with IRS regulations, the focus groups targeted residents who are medically underserved, low-income, or of a minority population.

Table 4. Details of Focus Groups With Residents

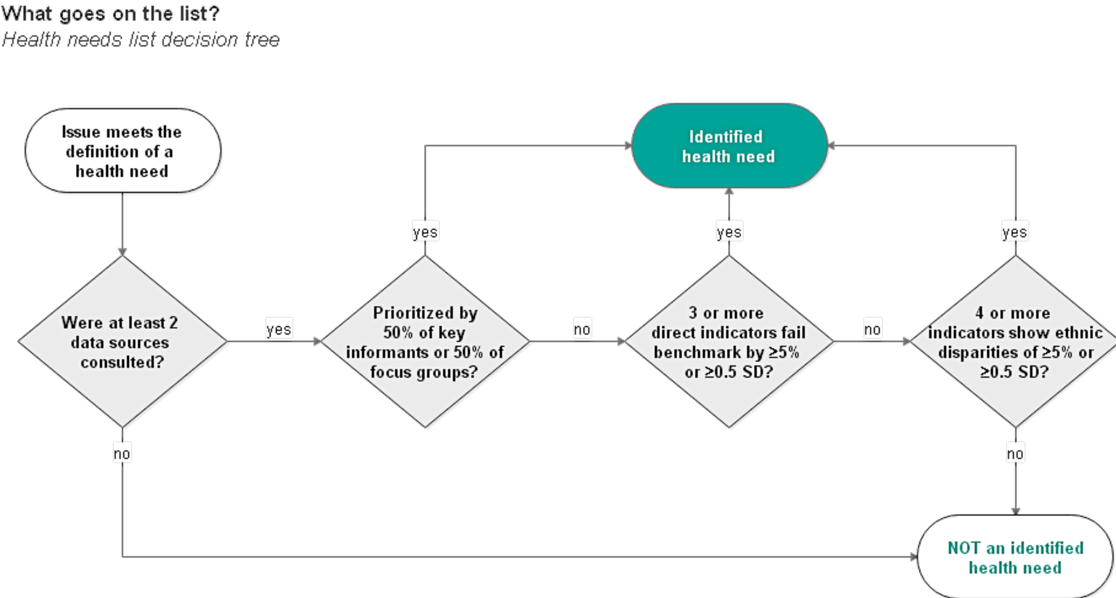
Population	Focus Group Host/Partner	Date	Number of Participants
Health coaches — peers of medically underserved individuals	Alameda County Health Coach Program	8/2/2018	5
Youth	Youth Radio	9/28/2018	31

6. Identification and Prioritization of Community Health Needs

PROCESS OF IDENTIFYING COMMUNITY HEALTH NEEDS

In the analysis of quantitative and qualitative data, many health issues surfaced. To be identified as one of the community's prioritized health needs, an issue had to meet certain criteria, as depicted in Figure 4 below. (*For terms and definitions, see the Legend below the diagram and the Definitions box on the next page.*)

FIGURE 4. COMMUNITY HEALTH NEEDS IDENTIFICATION CRITERIA



LEGEND

- A **benchmark** is either the California state average or the Healthy People 2020 aspirational goal (when available), whichever is more stringent.
- A **data source** is either a statistical data set, such as those found throughout the California Cancer Registry, or a qualitative data set, such as the material resulting from the interviews and focus groups conducted by Actionable Insights.
- A **direct indicator** is a statistic that explicitly measures a health need. For example, the lung cancer incidence rate is a direct indicator of the cancer health need, while the percentage of the population that currently smokes cigarettes is not a direct indicator of the cancer health need.

CRITERIA

1. Meets the definition of a "health need." (*See Definitions box at right.*)
2. At least two data sources were consulted.
3. a. Prioritized by at least half of key informant interviewees or focus groups.
   b. If not (a), three or more direct indicators fail the benchmark by ≥5 percent or show a ≥0.5 standard deviation.
   c. If not (b), four or more indicators must show ethnic disparities of ≥5 percent or a ≥ 0.5 standard deviation.

Actionable Insights (AI) analyzed information (including qualitative data from focus groups and key informant interviews) on a variety of issues, then synthesized that information and applied the criteria described above to evaluate whether each issue qualified as a prioritized community health need.

In 2019, this process led to the identification of nine health needs that fit all three criteria. The list of needs, in priority order, appears on the next page.

For more information about each health need, including statistical data and sources, see Attachment 5: Secondary Data Tables.

DEFINITIONS

Health condition: A disease, impairment, or other state of physical or mental health that contributes to a poor health *outcome*.

Health driver: A behavioral, environmental, or clinical care factor, or a more upstream social or economic factor that impacts health. May be a social determinant of health.

Health indicator: A characteristic of an individual, population, or environment which is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or population.

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.

Health outcome: A snapshot of diseases in a community that can be described in terms of both morbidity (quality of life) and mortality (death).

PROCESS OF PRIORITIZING COMMUNITY HEALTH NEEDS

The IRS Community Health Needs Assessment (CHNA) requirements state that hospital facilities must identify and prioritize significant health needs of the community. As described in the Process and Methods section, AI solicited qualitative input from focus group and interview participants about which needs they thought were the highest priority (most pressing). The N-AC Hospitals used this input to identify the significant health needs listed in this report. Therefore, the health needs list itself reflects the health priorities of the community.

In February 2019, John Muir Health, Kaiser Permanente, and Sutter Health collaboratively convened a meeting with key leaders in Alameda County, including representatives from the Alameda County Office of Education, Alameda County Public Health Department, Alameda Health Consortium, Bay Area Regional Health Inequities Initiative, and East Bay Community Foundation. At the meeting with these representatives, Actionable Insights presented the results of the 2019 CHNA to the attendees and facilitated the prioritization of the health needs by the participants.

Participants considered a set of criteria in prioritizing the list of health needs. The criteria chosen by the N-AC Hospitals before beginning the prioritization process were:

- **Clear disparities or inequities:** This refers to differences in health outcomes by subgroups. Subgroups may be based on geography, language, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others.
- **Community priority:** This refers to the extent to which the community prioritizes the issue over other issues about which it has expressed concern during the CHNA primary data collection process. This criterion was ranked by Actionable Insights based on the frequency with which the community expressed concern about each health outcome.
- **Magnitude/scale of the need:** This refers to the number of people affected by the health need.
- **Multiplier effect:** This refers to the idea that a successful solution to the health need has the potential to solve multiple problems.
- **Severity of need:** This refers to how severe the health need is (such as its potential to cause death or disability) and its degree of poor performance against relevant benchmarks.

Participants individually ranked the health needs according to their interpretation of the criteria. Rankings were then averaged across all participants to obtain a final rank order of the health needs.

The 2019 health needs for Alta Bates Summit Medical Center, listed in priority order (from highest to lowest), are:

1. **Behavioral Health**
2. **Housing and Homelessness**
3. **Economic Security**
4. **Community and Family Safety**
5. **Healthcare Access and Delivery**
6. **Education and Literacy**
7. **Healthy Eating/Active Living**
8. **Transportation and Traffic**
9. **Climate/Natural Environment**

Summary descriptions of each appear in Section 7: Summarized Descriptions of 2019 Prioritized Health Needs, which starts on the next page.

7. Summarized Descriptions of 2019 Prioritized Health Needs

BEHAVIORAL HEALTH

The community prioritized behavioral health, which includes mental health and substance use, as a top health need for the East Bay in over half of all focus groups and key informant interviews.

Mental Health

What Is the Issue?

While there is no single definition, researchers agree that the minimum elements of well-being include: having positive emotions or moods, not feeling overwhelmed by negative emotions, and experiencing life satisfaction, fulfillment, and "positive function." Well-being looks beyond happiness to include one's ability to:[20]

- View the past, present, and future in a positive perspective
- Have positive relationships with parents, siblings, life partners, and peers who can provide support in difficult times
- Find and engage in activities that absorb the individual in the present moment
- Understand and feel the greater impact of personal actions and activities
- Have goals, ambitions, and achievements that provide a sense of satisfaction, pride, and fulfillment

Mental health—emotional and psychological well-being, along with the ability to cope with normal, daily life—is key to personal well-being, healthy relationships, and the ability to function in society.[21] Mental health and the maintenance of good physical health are closely related. Common mental health disorders such as depression and anxiety can affect one's ability for self-care. Likewise, chronic diseases can lead to negative impacts on an individual's mental health.[22] Mental health issues affect a large number of Americans. The Mayo Clinic estimates that roughly 20 percent of the adult U.S. population in 2015 was coping with a mental illness.[23]

Why Is It a Health Need?

Behavioral health is one of the needs about which the community expressed the strongest concerns. Depression and stress were the most common issues raised. Focus group participants and key informant interviewees in Alameda County discussed the co-occurrence of mental health and substance use conditions. The community identified trauma and adverse childhood experiences (ACEs) as drivers of behavioral health problems. A number of CHNA participants described the impact of discrimination and institutionalized racism as generational trauma, which has contributed to inequitable health outcomes.

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[20] Centers for Disease Control and Prevention. (2016). *Health-Related Quality of Life: Well-Being Concepts*.
[21] Office of Disease Prevention and Health Promotion. (2018). *Mental Health and Mental Disorders*.
[22] Lando, J., & Williams, S. (2006). A Logic Model for the Integration of Mental Health Into Chronic Disease Prevention and Health Promotion. *Preventing Chronic Disease.* 2006 Apr; *3*(2): A61.
[23] Centers for Disease Control and Prevention. (2018). *Learn About Mental Health*.

Mental health statistics for adults are of concern; selected mental health statistics are shown in Table 5. A significantly larger proportion of adults in the county, compared to the state, need help for mental health issues. The emergency room (ER) visit rate for severe mental illness is significantly higher in the county than the state. Additionally, social isolation may be a driver for poor mental health; statistics indicate that a larger percentage of older adults in Alameda County live alone than the state average.

Table 5. Selected Mental Health Statistics

Indicator	Indicator Type	Value	State Avg.
Adults Needing Help for Behavioral Health Issue (AC) (AskCHIS)	percent	**18.5**	16.4
Domestic Violence Hospitalizations (N-AC) (CHNA.org)	rate	**5.7**	4.9
Homicide (AC) (CHR)	rate	**8.0**	5.0
Mental Health Hospitalization, Children Ages 5–14 (AC) (Kidsdata.org)	rate	**2.8**	2.5
Mental Health Hospitalization, Youth Ages 15–19 (AC) (Kidsdata.org)	rate	**11.8**	9.8
Older Adults Living Alone (AC) (HAC.org)	percent	**24.3**	23.1
School Connectedness: Low, 11th Graders (AC) (CHKS)	percent	**13.5**	12.5
School Connectedness: Low, 9th Graders (AC) (CHKS)	percent	**12.7**	11.5
Severe Mental Illness ER Visits (AC) (HAC.org)	rate	**489.3**	320.0
Time in Foster Care (Median Months) (AC) (Kidsdata.org)	number	**17.6**	15.6

Values in bold are the least favorable. Rates are per 100,000 except where noted. See Attachment 5 for full descriptions and sources of all indicators.

Mental health statistics for children and youth suggest a need for an increased focus on addressing the issue. Mental health hospitalizations for children and youth in Alameda County are significantly higher than benchmarks—and increasing. Levels of school connectedness (which, when low, have been shown to be associated with depression and suicidal ideation[24]) are significantly lower than state benchmarks for Alameda County ninth and 11th graders. Children in foster care experience poor mental health at a much higher rate than the general population.[25] In the county, the rate of children in foster care and the median time in foster care are both rising slightly. Moreover, the median number of months that children spend in foster care in Alameda County is higher than the state median.

Domestic violence and homicide negatively affect the mental health of victims and their families; homicide can also impact the mental health of other residents.[26] Domestic violence hospitalizations are significantly higher in Northern Alameda County (N-AC) than the state average. In Oakland, rates are

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[24] See, for example, Joyce, H. D., & Early, T. J. (2014). The Impact of School Connectedness and Teacher Support on Depressive Symptoms in Adolescents: A Multilevel Analysis. *Children and Youth Services Review*, 39, 101–107. See also: Marraccini, M. E., & Brier, Z. (2017). School Connectedness and Suicidal Thoughts and Behaviors: A Systematic Meta-analysis. *School Psychology Quarterly*, *32*(1), 5–21.

[25] National Conference of State Legislatures. (2016). *Mental Health and Foster Care*.

[26] City of Oakland. (2018). *Equity Indicators Report*.

highest for the African American population, followed by the Latinx population.[27] Similarly, the county homicide death rate is significantly higher than the state rate. In Oakland, rates are highest for African American residents, followed by Latinx residents.

Ethnic disparities exist across multiple mental health indicators for youth, including cyberbullying (Pacific Islander youth fare the worst), depression-related feelings (the highest proportion of youth experiencing such feelings are Latinx and Pacific Islander), school connectedness (African American youth feel the least connected), and suicidal ideation (Native American youth fare the worst) (Table 6). Among adults, the rate of suicide in the local area is higher than the benchmark for Whites only.

Table 6. Selected Mental Health Race/Ethnicity Statistics

Indicator	Indicator Type	Bench mark	White	Afr Am	Asian	Pac Isl	Nat Am	Other	Multi Race	Hisp / Lat (Any Race)
Cyberbullied More Than Once (AC) (CHKS)	percent	#	7.6%	**9.3%**	6.7%	**14.0%**	**9.6%**	**11.5%**	**10.2%**	**11.4%**
Depression-Related Feelings (AC) (CHKS)	percent	#	25.9%	**27.2%**	25.4%	**38.4%**	**33.1%**	23.9%	**30.5%**	**34.2%**
School Connectedness: Low (AC) (CHKS)	percent	#	6.9%	**14.1%**	**7.0%**	**7.9%**	**10.1%**	**11.4%**	**10.7%**	**12.0%**
Seriously Considered Suicide (AC) (CHKS)	percent	#	20.1%	14.6%	14.4%	**21.0%**	**24.0%**	12.0%	18.8%	19.4%
Suicide Deaths (N-AC) (CHNA.org)	rate	10.2 (HP)	**14.1**	5.9	5.7					4.4

Values in bold are the least favorable. Rates are per 100,000 except where noted. Blank cells indicate that data were unavailable.
 # Benchmarks available only by grade. Ethnicity data available only in the aggregate. Comparison category is White.
"HP" denotes the Healthy People 2020 aspirational goal.
See Attachment 5 for full descriptions and sources of all indicators.

[27] Note, statistics for the city of Oakland do not have state benchmarks associated with them and are therefore not shown in data tables.

Substance Use

What Is the Issue?

The use of substances such as alcohol, tobacco, and drugs (both legal and illegal) affects not only the individuals using them, but also their families and communities. Smoking cigarettes, for instance, can harm nearly every organ in the body and cause a variety of diseases, including heart disease.[28] Exposure to secondhand smoke can create health problems for nonsmokers.[29] Opioid medications, which are highly addictive pain relievers, have been widely misused and in 2017 were declared the subject of a public health emergency.[30] Substance use can lead or contribute to other costly social, physical, mental, and public health problems, including domestic violence, child abuse, suicide, auto accidents, and HIV/AIDS.[31] In recent years, advances in research have resulted in effective evidence-based strategies to treat various addictions. Brain imaging technology and the development of targeted medications have helped to shift the perspective of the research community with respect to substance use. Increasingly, substance use is seen as a condition that can develop into a chronic illness requiring lifelong treatment and monitoring.[32]

Why Is It a Health Need?

Substance use falls within the category of behavioral health. Focus group participants and key informant interviewees countywide discussed the co-occurrence of mental health and substance use conditions.

The rate of ER visits related to substance use is significantly higher in Alameda County than the California average (Table 7)—and rising. However, opioid prescription drug claims in the local area are lower than the state average.

Table 7. Selected Substance Use Statistics

Indicator	Indicator Type	Value	State Avg.
Adults Needing Help for Behavioral Health Issue (AC) (AskCHIS)	percent	**18.5**	16.4
Beer, Wine, and Liquor Stores (per 10,000) (N-AC) (CHNA.org)	rate	**1.7**	1.1
Excessive Drinking (N-AC) (CHNA.org)	percent	30.6	**33.4**
Opioid Prescription Drug Claims (N-AC) (CHNA.org)	percent	5.9	**7.0**
Recent Marijuana Use, 11th Graders (AC) (CHKS)	percent	**21.0**	18.0
Substance Use ER Visits (AC) (HAC.org)	rate	**1,642.7**	1,275.4

Values in bold are the least favorable. See Attachment 5 for full descriptions and sources of all indicators.

[28] Centers for Disease Control and Prevention, (2018). *Health Effects of Cigarette Smoking.*
[29] American Lung Association. (2017). *Health Effects of Secondhand Smoke.*
[30] U.S. Department of Health and Human Services. (2019). *What Is the U.S. Opioid Epidemic?*
[31] World Health Organization. (2018). *Management of Substance Abuse.*
[32] Office of Disease Prevention and Health Promotion. (2018). *Substance Abuse.*

Among 11th graders in the county, recent marijuana use is significantly higher than the state average. Marijuana use is highest among African American youth, while alcohol and other drug use is highest among Latinx youth (Table 8). Alcohol retail density is suggestive of policy and environmental factors that affect binge drinking.[33] Although binge drinking in Northern Alameda County (N-AC) is lower than the state benchmark, the number of stores per capita selling beer, wine, and liquor in the local area is significantly higher than the state average (Table 7).

TABLE 8. SELECTED SUBSTANCE USE RACE/ETHNICITY STATISTICS

Indicators	Indicator Type	Bench-mark	White	Afr Am	Asian	Pac Isl	Nat Am	Other	Multi-Race	Hisp / Lat (Any Race)
Recent Alcohol/Drug Use (AC) (CHKS)	percent	#	23.1%	**27.1%**	9.9%	20.3%	15.7%	16.4%	22.0%	**28.5%**
Recent Marijuana Use (AC) (CHKS)	percent	#	13.1%	**21.5%**	4.8%	12.8%	**13.3%**	10.6%	**15.2%**	**17.7%**

Values in bold are the least favorable.
 # Benchmarks available only by grade. Ethnicity data available only in the aggregate. Comparison category is White.
See Attachment 5 for full descriptions and sources of all indicators.

HOUSING AND HOMELESSNESS

What Is the Issue?

The U.S. Department of Housing and Urban Development defines housing as affordable when it costs no more than 30 percent of a household's income. The expenditure of greater sums can result in the household being unable to afford other necessities such as food, clothing, transportation, and medical care.[34] The physical condition of a home, its neighborhood, and the cost of rent or mortgage are strongly associated with the health, well-being, educational achievement, and economic success of those who live inside.[35] Further, a 2011 study by Children's Health Watch found that "[c]hildren in families that have been behind on rent within the last year are more likely to be in poor health and have an increased risk of developmental delays than children whose families are stably housed."[36]

Homelessness is correlated with poor health in that either poor health can lead to homelessness or homelessness can lead to poor health.[37] People experiencing homelessness have been shown to have more healthcare issues than people who aren't, suffer from preventable illnesses at a greater rate,

[33] Community Commons. https://www.communitycommons.org/chna/
[34] U.S. Department of Housing and Urban Development. (2018). *Affordable Housing.*
[35] Pew Trusts/Partnership for America's Economic Success. (2008). *The Hidden Costs of the Housing Crisis.* See also: The California Endowment. (2015). *Zip Code or Genetic Code: Which Is a Better Predictor of Health?*
[36] Children's Health Watch. (2011). Behind Closed Doors: The Hidden Health Impacts of Being Behind on Rent.
[37] National Health Care for the Homeless Council. (2011). Care for the Homeless: Comprehensive Services to Meet Complex Needs.

experience longer hospital stays, and have a greater risk of premature death.[38] A National Health Care for the Homeless study found that the average life expectancy for a person without permanent housing was at least 25 years less than that of the average U.S. citizen.[39]

Why Is It a Health Need?

Maintaining safe and healthy housing was identified as a top community priority. Recent increases in housing costs especially affect renters and people with low and/or fixed incomes. Key informant interviewees and focus group participants strongly linked housing and mental health, indicating that the stress of maintaining housing is negatively impacting adults and children.

The community also recognized the connection between housing and physical health, stating that households have spent less on food and medical care in recent years due to the increased cost of housing. The health of those experiencing homelessness was of concern to a wide variety of experts and resident groups, as they are at greater risk of poor health outcomes.

Concerns about the increasing number of unstably housed individuals and the displacement of families in the East Bay, including those with children, also emerged in discussions. Experts cited a lack of strong tenant protections (and a lack of knowledge about protections that may exist) in the community. Alameda County's public health expert expressed the need for strong tenant protections to keep residents from being displaced.

Focus group participants suggested that the imbalance of jobs and housing (many new jobs, mostly in the knowledge economy, but few new housing units, especially affordable ones) was a major driver of the housing crisis. In Northern Alameda County (N-AC), experts indicated that the housing crisis is the worst in the areas of Oakland adjacent to San Leandro. Some expressed specific concern about the declining African American population due to displacement by higher-income workers who can afford higher rents and mortgages.

The median rent in the county is significantly higher than the state average (Table 9)—and has been increasing. Also, the proportion of Alameda County renters spending more than 30 percent of their household income on rent has been rising since 2006. Possibly due to high rents, the proportion of children living in crowded housing has been rising in the county.

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[38] O'Connell, J.J. (2005). Premature Mortality in Homeless Populations: A Review of the Literature. Nashville, TN: National Health Care for the Homeless Council.
[39] National Coalition for the Homeless. (2009). *Health Care and Homelessness.*

TABLE 9. SELECTED HOUSING AND HOMELESSNESS STATISTICS

Indicator	Indicator Type	Value	State Avg.
Asthma Diagnoses, Children Ages 1–17 (AC) (Kidsdata.org)	percent	**20.1**	15.2
Asthma Hospitalizations, Children Ages 0–4 (per 10,000) (AC) (Kidsdata.org)	rate	**36.9**	19.6
Asthma Hospitalizations, Children/Youth Ages 5–17 (per 10,000) (AC) (Kidsdata.org)	rate	**12.7**	7.7
Elevated Blood Lead Levels in Children Ages 0–5 (AC) (Kidsdata.org)	percent	**0.3**	0.2
Elevated Blood Lead Levels in Children/Youth Ages 6–20 (AC) (Kidsdata.org)	percent	**0.5**	0.3
Median Rent, 2 Bedrooms (AC) (Zilpy)	dollars	**2,595**	2,150

Values in bold are the least favorable. See Attachment 5 for full descriptions and sources of all indicators.

Poor housing quality (e.g., evidence of leaks, mold, and pests) is associated with childhood asthma prevalence and asthma-related emergency room visits.[40] Child and youth asthma diagnoses and hospitalizations are significantly higher in the county than the state benchmarks (Table 9). Lead in the home environment is another poor housing condition that is of particular danger to children, whose bodies are still developing and thus are more sensitive to such toxic substances.[41] Blood lead levels for children and youth in Alameda County are higher than the state average.

The number of individuals experiencing homelessness in Alameda County increased from 2015 to 2017 in the point-in-time count, and there was also specifically a rise in the number of unsheltered homeless children, youth, and young adults. The population experiencing homelessness in the county is disproportionately African American (Table 10).

TABLE 10. SELECTED HOUSING AND HOMELESSNESS RACE/ETHNICITY STATISTICS

Indicator	Indicator Type	Bench-mark	White	Afr Am	Asian	Pac Isl	Nat Am	Other	Multi-Race	Hisp / Lat (Any Race)
Homeless Population (AC) (PIT)	percent	#	30%	**49%**			3%		15%	17%

Values in bold are the least favorable. Blank cells indicate that data were unavailable.
 # Benchmarks not available. Comparison category is White.
See Attachment 5 for full descriptions and sources of all indicators.

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[40] Urban Institute. (2017). The Relationship Between Housing and Asthma Among School-Age Children.

[41] California Environmental Health Tracking Program. (2015). *Costs of Environmental Health Conditions in California Children*. Public Health Institute.

ECONOMIC SECURITY

What Is the Issue?

Our health-related behaviors, physical environment, and access to quality healthcare are all determinants of how long and how well we live. The most important determinants of population health, however, are our economic and social environments.[42] Strong economic environments are supported by the presence of high-quality schools and an adequate concentration of well-paying jobs.[43] A link exists between higher income and/or social status and better health. Numerous studies have found that access to government assistance programs such as SNAP (formerly referred to as food stamps) results in better long-term health and social outcomes.[44] As the World Health Organization notes, "the context of people's lives determine[s] their health."

Beneficial social environments are shaped by existence of accessible community resources and safe and socially connected (close-knit) neighborhoods. Further, a secure social support system (families, friends, communities) plays a significant role in healthier populations.[43, 45]

Childhood poverty has long-term effects. Even when economic and social environments later improve, childhood poverty still results in poorer long-term health outcomes.[46] The establishment of policies that positively influence economic and social conditions can improve health for a large number of people in a sustainable fashion over time.[47]

Why Is It a Health Need?

In addition to housing, overall economic security was one of the top priorities of the community. With regard to this need, key informant interviewees and focus group participants discussed concerns about food insecurity, risk of homelessness, and employment. Residents emphasized that although plenty of jobs may exist in Northern Alameda County (N-AC), these jobs do not pay enough considering the high cost of living. Although unemployment may appear to be low in the N-AC region, rates by neighborhood show that the population in several areas experiences high unemployment, some experts noted.

The community made the connection between poverty and poor health outcomes. Focus group participants suggested that people with lower incomes may have a harder time securing basic needs and accessing healthcare (*see the Healthcare Access and Delivery description*). A number of participants observed that people working low-wage jobs are among those who can least afford to miss work in order to attend to their health. These participants also cited the stressors of economic instability as one of the most pressing drivers of poor mental health (*see the Behavioral Health description*).

The percentage of older adults living in poverty in Alameda County has been increasing. Also, the cost of infant and preschool child care is significantly higher in the county than the state average (Table 11).

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[42] County of Los Angeles Public Health. (2013). Social Determinants of Health: How Social and Economic Factors Affect Health.
[43] Prevention Institute. (2015). Making the Case with THRIVE: Background Research on Community Determinants of Health.
[44] Center on Budget and Policy Priorities. (2018). Economic Security, Health Programs Reduce Poverty and Hardship, With Long-Term Benefits.
[45] National Research Council & Institute of Medicine. (2013). Physical and Social Environmental Factors. *U.S. Health in International Perspective: Shorter Lives, Poorer Health.* Woolf, S.H., & Aron, L., editors. Washington, D.C.: National Academies Press.
[46] World Health Organization. (2018). *The Determinants of Health.*
[47] Office of Disease Prevention and Health Promotion. (2018). *Social Determinants of Health.*

Table 11. Selected Economic Security Statistics

Indicator	Indicator Type	Value	State Avg.
Cost of Infant Child Care, Annually, Child Care Center (AC) (Kidsdata.org)	dollars	**15,435**	13,327
Cost of Preschool Child Care, Annually, Child Care Center (AC) (Kidsdata.org)	dollars	**11,113**	9,106
Unemployment (N-AC) (CHNA.org)	percent	2.9	**4.0**

Values in bold are the least favorable. See Attachment 5 for full descriptions and sources of all indicators.

There are significant ethnic disparities in economic security among area residents (Table 12). For example, the highest proportions of adults in the local area without a high school diploma exist among the Latinx population and residents of "Other" ethnicities.[48] For various age groups (children, older adults, and overall population), the highest proportion of residents in poverty in the N-AC region are Native American. More residents of "Other" ethnicities than any other group are uninsured.

Finally, access to a car is associated with better access to school and work. Education and employment are both necessary to achieving economic security. In Oakland, African American residents were more than three times less likely than White residents to have access to a vehicle.

Table 12. Selected Economic Security Race/Ethnicity Statistics

Indicator	Indicator Type	Bench mark	White	Afr Am	Asian	Pac Isl	Nat Am	Other	Multi Race	Hisp / Lat (Any Race)
Adults With No High School Diploma (N-AC) (CHNA.org)	percent	17.9%	2.3%	11.2%	**21.5%**	10.1%	17.4%	**39.4%**	7.6%	**31.7%**
Children Below 100% FPL (N-AC) (CHNA.org)	percent	21.9%	5.0%	**34.0%**	18.1%	13.9%	**44.9%**	**32.9%**	13.2%	**28.4%**
Older Adults Below 100% FPL (AC) (HAC.org)	percent	10.3%	6.1%	**13.0%**	**13.6%**	10.8%	**14.8%**	**10.5%**	**11.6%**	**10.5%**
Population Below 100% FPL (N-AC) (CHNA.org)	percent	15.8%	9.3%	**24.9%**	**20.1%**	**20.8%**	**30.2%**	**24.9%**	14.8%	**22.0%**
Uninsured Population (N-AC) (CHNA.org)	percent	12.6%	4.9%	10.5%	8.3%	10.5%	**18.9%**	**21.3%**	8.1%	**18.3%**

Values in bold are the least favorable. See Attachment 5 for full descriptions and sources of all indicators.

[48] "Other" is a U.S. Census category for ethnicities not specifically called out in data sets. Individuals responding to the census may self-identify as one or more of the following: White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander. People who identify their origin as Hispanic, Latinx, or Spanish may be of any race. https://census.gov

COMMUNITY AND FAMILY SAFETY

Crime and Intentional Injury

What Is the Issue?

Crime, violence, and intentional injury are related to poorer physical and mental health for the victims, the perpetrators, and the community at large.[49] Crime in a neighborhood causes fear, stress, feelings of being unsafe, and poor mental health. In one study, individuals who reported feeling unsafe to go out during the day were much more likely to experience poor mental health.[50] As reported by the World Health Organization, even apart from any direct physical injury, victims of violence have been shown to suffer from a higher risk of depression, substance use, anxiety, reproductive health problems, and suicidal behavior.[51] Additionally, exposure to violence has been linked to negative effects on people's mental health, including post-traumatic stress disorder, as well as a greater propensity to exhibit violent behavior themselves.[52]

Why Is It a Health Need?

With regard to sources of intentional injury, key informant interviewees and focus group participants most frequently talked about domestic violence. They also discussed violent crime in general. Residents reported they have seen an increase in violence. Human trafficking was mentioned as a community concern. Oakland was described as a hub for human trafficking, in which a large proportion of victims are minors.

Mental health, including trauma, came up often in discussions about crime and intentional injury. A number of participants described the impact of discrimination and racially motivated violence on mental health. Various CHNA participants mentioned police violence/brutality as an important issue related to discriminatory and racially motivated violence that harms safety, especially for African Americans.

Participants expressed the most concern about children and youth, particularly around the issues of being bullied online and in-person, becoming victims of violence, and acting out trauma. A significantly greater proportion of 11th graders in Alameda County, compared to the state average, perceive their schools as unsafe (Table 13). The community recognized the connection between unsafe neighborhoods and the lack of outdoor play or other physical activities.

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[49] Krug, E.G., Mercy, J.A., Dahlberg, L.L., & Zwi, A.B. (2002). The World Report on Violence and Health. *The Lancet*, *360*(9339), 1083–1088.
[50] Guite, H.F., Clark, C., & Ackrill, G. (2006). The Impact of the Physical and Urban Environment on Mental Well-Being. *Public Health*, *120*(12), 1117-1126.
[51] World Health Organization. (2017). *10 Facts About Violence Prevention*.
[52] 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.

Table 13. Selected Crime/Intentional Injury Statistics

Indicator	Indicator Type	Value	State Avg.
Assault Injury ER Visits (AC) (HAC.org)	rate	**422.2**	322.6
Domestic Violence Hospitalizations (N-AC) (CHNA.org)	rate	**5.7**	4.9
Homicide (AC) (CHR)	rate	**8.0**	5.0
Jail Admissions, Ages 15–64 (AC) (Vera)	rate	**4,356.6**	3,805.9
Juvenile Felony Arrests, Ages 10–17 (per 1,000) (AC) (Kidsdata.org)	rate	**5.6**	5.3
*School Perceived as Unsafe/Very Unsafe, 11th Graders (AC) (CHKS)	percent	**7.3**	6.5
Violent Crimes (N-AC) (CHNA.org)	rate	**716.8**	402.7

Values in bold are the least favorable. Rates are per 100,000 except where noted. See Attachment 5 for full descriptions and sources of all indicators.

The rate of violent crimes was significantly higher in the local area than the benchmark (Table 13). Also, jail admission rates among adults (ages 15–64) and juvenile felony arrest rates among youth (ages 10–17) were both significantly higher in Alameda County than the state average, although the latter has been declining. The use of force by law enforcement in Oakland shows disparities between different ethnic populations, with African American residents experiencing use of force at a rate nearly 25 times that of White residents, and Latinx residents experiencing use of force at a rate nearly seven times that of White residents.

Domestic violence hospitalization rates are significantly higher in Northern Alameda County (N-AC) than the state average (Table 13). In Oakland, rates are highest for the African American population, followed by the Latinx population. Similarly, the homicide death rate is significantly higher in the county than the state rate. In Oakland, rates are highest for African American residents followed by Latinx residents. The rate of emergency room visits for injuries from assaults is higher in Alameda County compared to the state average.

Ethnic disparities exist across multiple crime and intentional injury indicators for children and youth in Alameda County (Table 14), including: cyberbullying (Pacific Islander youth fare the worst); in-person bullying at school (Pacific Islander and Native American youth fare the worst); fear of being beaten up at school (the highest proportion who experience this fear are Pacific Islander youth); gang membership (the highest proportion of gang members are among Native American and African American youth); school climate (Latinx and African American youth are most likely to attend schools they perceive as unsafe); juvenile felony arrests (African American youth are arrested in much higher proportion than others); and substantiated child abuse and neglect (African American children and youth fare the worst).

Table 14. Selected Crime/Intentional Injury Race/Ethnicity Statistics

Indicator	Indicator Type	Bench-mark	White	Afr Am	Asian	Pac Isl	Nat Am	Other	Multi-Race	Hisp / Lat (Any Race)
Bullied at School (AC) (CHKS)	percent	#	37.5%	**38.5%**	33.0%	**46.4%**	**45.6%**	**37.8%**	**40.5%**	37.3%
Cyberbullied More Than Once (AC) (CHKS)	percent	#	7.6%	**9.3%**	6.7%	**14.0%**	**9.6%**	**11.5%**	**10.2%**	**11.4%**
Fear of Being Beaten Up at School (AC) (CHKS)	percent	#	11.8%	11.1%	**12.3%**	**19.0%**	**18.8%**	**15.9%**	**15.7%**	**17.0%**
Gang Membership (AC) (CHKS)	percent	#	3.6%	**6.7%**	**4.0%**	**4.9%**	**8.2%**	**5.9%**	**5.2%**	**5.9%**
Juvenile Felony Arrests (per 1,000) (AC) (Kidsdata.org)	rate	5.3	2.3	**25.0**				1.2		**5.4**
School Perceived as Unsafe/Very Unsafe (AC) (CHKS)	percent	#	4.3%	**8.6%**	**4.8%**	**7.9%**	**6.9%**	**5.4%**	**7.0%**	**8.8%**
Substantiated Child Abuse and Neglect (per 1,000) (AC) (Kidsdata.org)	rate	8.2	2.0	**10.3**	0.8*					2.8

Values in bold are the least favorable. Blank cells indicate that data were unavailable.
 # Benchmarks available only by grade. Ethnicity data available only in the aggregate. Comparison category is White.
** Statistic is for Asian/Pacific Islander combined.*
See Attachment 5 for full descriptions and sources of all indicators.

Unintended Injuries/Accidents

What Is the Issue?

The most common unintended injuries or accidents worldwide are motor vehicle crashes, drowning, falls, fires and burns, and poisonings.[53] In 2016, unintentional injury was the third leading cause of death overall in the United States.[54] The most common unintended injuries causing death in the U.S. are falls, traffic accidents, and poisonings (including overdose of prescription medications).[55, 56] Although most unintended injuries are predictable and preventable, they are a major cause of premature death and lifelong disability.[57]

Common among older adults, falls are a growing concern, because the percentage of the U.S. population 65 years old and older is projected to double—from 46 million to 98 million people—between now and 2060, which means nearly one in every four Americans will be a senior citizen.[58] Unintended injuries are also the leading cause of death and hospitalization in California for children 16 years old and younger.[59]

Why Is It a Health Need?

Key informant interviewees and focus group participants expressed the most concern about unintentional injuries occurring among children and youth. Most community input about this health need came from experts, who cited unintentional injuries as a leading cause of death for both children and older adults. Experts emphasized the need for prevention of falls among seniors (often occurring in the home) and children (specifically from open windows). Motor vehicle crashes were also noted, with related mention of the use of car seats to prevent injuries to young children if collisions should occur.

Overall, Alameda County's rates of unintentional injury emergency room (ER) visits and deaths are increasing. Specifically, the county rate of traumatic injury hospitalizations (whether intentional or unintentional) among children and youth is significantly higher than the benchmark (Table 15). The county rate of fatalities from firearms (whether intentional or unintentional) also significantly exceeds the state rate. Additionally, the rate of bicycle-involved collisions in Alameda County is significantly higher than the state average. Finally, the county rate of motor vehicle crash ER visits is significantly higher than the California rate—and rising.

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

[54] Centers for Disease Control and Prevention. (2017). *Mortality in the United States, 2016.*

[55] Centers for Disease Control and Prevention. (2017). *Accidents or Unintentional Injuries.*

[56] National Safety Council. (2018). Unintentional Injuries Are the #1 Cause of Death From Infancy to Middle Age.

[57] Office of Disease Prevention and Health Promotion. (2018). *Injury and Violence Prevention.*

[58] Population Reference Bureau. (2016). *Aging in the United States.*

[59] California Department of Public Health, (2018). *Child Passenger Safety (CPS) in California.*

Table 15. Selected Unintended Injuries/Accidents Statistics

Indicator	Indicator Type	Value	State Avg.
Bicycle-Involved Collisions (AC) (HAC.org)	rate	**43.4**	35.1
Firearm Fatalities (AC) (CHR)	rate	**9.0**	8.0
Motor Vehicle Crash ER Visits (AC) (HAC.org)	rate	**809.3**	747.3
Traumatic Injury Hospitalizations, Children Ages 0–17 (AC) (Kidsdata.org)	percent	**1.6**	1.1

Values in bold are the least favorable. See Attachment 5 for full descriptions and sources of all indicators.

HEALTHCARE ACCESS AND DELIVERY

Healthcare access and delivery was a high priority of the community. This need is associated with many different health conditions, including asthma, cancer, heart disease/stroke, and sexually transmitted infections (STIs).

What Is the Issue?

Access to comprehensive, quality healthcare is important for health and for increasing the quality of life for everyone.[60] Components of access to care include insurance coverage, adequate numbers of primary and specialty care providers, and timeliness. Components of delivery of care include quality, transparency, and cultural competence/cultural humility. Limited access to healthcare and compromised healthcare delivery negatively affect health and quality of life. As reflected in statistical and qualitative data gathered for the community health needs assessment, barriers to receiving quality care include high cost and lack of appointment availability, lack of insurance coverage, and lack of cultural competence on the part of providers. These barriers lead to unaddressed health needs, delays in receiving appropriate care, and an inability to obtain preventive services.

Why Is It a Health Need?

The community expressed strong concern about healthcare access and delivery. Focus group participants and key informant interviewees discussed issues related to health insurance access, affordability of care (including deductibles), and the lack of access to specialists (including geriatric care), especially for Medi-Cal patients. Access to behavioral health services was of particular concern; the community indicated that the behavioral health workforce was of insufficient size to adequately address the demand.

Many focus group participants and key informant interviewees said they were alarmed by the healthcare access barriers faced by immigrants who are either ineligible for Medi-Cal due to their immigration status, or fearful of being deported if they access services for which they are eligible. With regard to healthcare delivery for these populations, the community often identified the need for greater language support, culturally appropriate healthcare services, and whole-person care (i.e., integration of physical

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[60] Office of Disease Prevention and Health Promotion. (2015). http://www.healthypeople.gov

and behavioral health care with services that address the social determinants of health). Additionally, experts described the difficulty experienced by LGBTQ residents, especially transgender individuals, in finding medical professionals sensitive to their needs.

A smaller proportion of Alameda County's residents had a usual source for primary care, and a larger proportion delayed or had difficulty obtaining care, than the Healthy People 2020 aspirational goals (Table 16). Also, the proportion of the county's population that has a usual source for healthcare has been declining since 2005. Although the local community has high rates of available primary care physicians, dentists, and mental health providers compared to the state benchmark, there is significantly poorer access to nurse practitioners, physician assistants, and professionals other than doctors countywide. These non-physician practitioners can be key to providing access to timely, effective care; when there are fewer of these professionals, access to and quality of care may suffer.

Table 16. Selected Healthcare Access and Delivery Statistics

Indicator	Indicator Type	Value	State Avg.
Asthma Hospitalizations, Medicare Beneficiaries (per 10,000) (N-AC) (CHNA.org)	rate	**3.0**	2.4
Dentists (N-AC) (CHNA.org)	rate	89.4	**80.3**
Have Usual Source of Healthcare (AC) (HAC.org)	percent	**87.5**	95.0 (HP)
Mental Health Providers (N-AC) (CHNA.org)	rate	513.4	**288.7**
Non-Physician PCPs (AC) (HAC.org)	rate	**47**	52
People Delayed/Did Not Receive "Other Medical" Care (AC) (HAC.org)	percent	**8.3**	4.2 (HP)
Premature Death, Racial/Ethnic Disparity Index (N-AC) (CHNA.org)	number	**50.1**	36.8
Primary Care Physicians (N-AC) (CHNA.org)	rate	106.8	**78.1**
Students per School Nurse (AC) (Kidsdata.org)	number	**5,442**	2,784
Students per School Speech/Language/Hearing Specialist (AC) (Kidsdata.org)	number	**1,466**	1,263

Values in bold are the least favorable. Rates are per 100,000 except where noted. See Attachment 5 for full descriptions and sources of all indicators.

Good access to primary care, which can provide preventative services and support chronic disease management, can forestall the need for avoidable emergency room (ER) visits and hospitalizations, such as for asthma exacerbations.[61] In Alameda County, the rate of avoidable ER visits of all kinds has been rising. The rate of asthma hospitalizations among Medicare beneficiaries in the local community is significantly higher than the state rate (Table 16). In terms of specialty care, the ratios of students to

[61] Pourat, N., Davis, A. C., Chen, X., Vrungos, S., & Kominski, G. F. (2015). In California, Primary Care Continuity Was Associated with Reduced Emergency Department Use and Fewer Hospitalizations. *Health Affairs*. *34*(7), 1113-1120.

school nurses and to school-based speech, language, and hearing specialists are much worse in the county than the state overall.

More residents of "Other" ethnicities are uninsured than any other group in Northern Alameda County (Table 17). With regard to inequitable health outcomes, the index of premature death based on ethnicity (i.e., premature death for non-Whites versus Whites) is significantly worse locally compared to the state. Disease management, particularly for chronic conditions, is a factor in the likelihood of premature death.[62] In Northern Alameda County, the rate of diabetes management is the lowest among the African American population. Countywide, the rates of both acute and chronic preventable hospitalizations are highest for African American residents.

Access to a vehicle is associated with better access to medical appointments. In Oakland, African American residents were over three times less likely than White residents to have access to a vehicle.

Table 17. Selected Healthcare Access and Delivery Race/Ethnicity Statistics

Indicator	Indicator Type	Bench mark	White	Afr Am	Asian	Pac Isl	Nat Am	Other	Multi Race	Hisp / Lat (Any Race)
Acute Preventable Hospitalizations (AC) (HAC.org)	rate	500.6	489.4	**681.5**	274.3*		299.0			370.8
Chronic Preventable Hospitalizations (AC) (HAC.org)	rate	787.0	673.8	**2,055.1**	425.2*		684.6			632.2
Diabetes Management (Hemoglobin A1c Test), Medicare Beneficiaries (N-AC) (CHNA.org)	percent	81.8%	83.4%	**68.6%**						
Uninsured Population (N-AC) (CHNA.org)	percent	12.6%	4.9%	10.5%	8.3%	10.5%	**18.9%**	**21.3%**	8.1%	**18.3%**

Values in bold are the least favorable. Blank cells indicate that data were unavailable.
** Statistic is for Asian/Pacific Islander combined.*
See Attachment 5 for full descriptions and sources of all indicators.

[62] Bauer, U. E., Briss, P. A., Goodman, R. A., & Bowman, B. A. (2014). Prevention of Chronic Disease in the 21st Century: Elimination of the Leading Preventable Causes of Premature Death and Disability in the USA. *The Lancet*. *384*(9937), 45–52.

Asthma and Respiratory Conditions

What Is the Issue?

Respiratory disorders affect a person's ability to breathe. Asthma, chronic obstructive pulmonary disorder (COPD), pneumonia, and lung cancer are among the most common respiratory disorders.[63] Asthma is an inflammation of the airways that causes them to swell and narrow, characterized by episodes of reversible breathing problems.[64] Symptoms range from mild to life-threatening. Asthma attacks can cause a range of issues from simple wheezing to extreme breathlessness.[65] According to the American Lung Association, "the most common risk factors for developing asthma [are] having a parent with asthma, having a severe respiratory infection as a child, having an allergic condition, or being exposed to certain chemical irritants or industrial dusts in the workplace."[66]

Why Is It a Health Need?

Asthma hospitalizations overall, and for children and youth separately, are significantly worse in Alameda County than the statewide averages (Table 18). In the county, asthma diagnoses for children and youth are significantly worse than the benchmark—and increasing. Asthma prevalence among adults in the local area is significantly worse than benchmarks. The average cost of asthma hospitalization is significantly higher in the county than the state.

TABLE 18. SELECTED ASTHMA STATISTICS

Indicator	Indicator Type	Value	State Avg.
Asthma Diagnoses, Children Ages 1–17 (AC) (Kidsdata.org)	percent	**20.1**	15.2
Asthma Hospitalizations, All Ages (per 10,000) (AC) (Kidsdata.org)	rate	**10.5**	7.6
Asthma Hospitalizations, Children Ages 0–4 (per 10,000) (AC) (Kidsdata.org)	rate	**36.9**	19.6
Asthma Hospitalizations, Children/Youth Ages 5–17 (per 10,000) (AC) (Kidsdata.org)	rate	**12.7**	7.7
Asthma Prevalence, Adults (N-AC) (CHNA.org)	percent	**16.1**	14.8
Average Charge per Asthma Hospitalization (AC) (CDPH)	dollars	**41,610**	39,860
Respiratory Hazard Index (N-AC) (CHNA.org)	number	**2.6**	2.2

Values in bold are the least favorable. See Attachment 5 for full descriptions and sources of all indicators.

Asthma can be exacerbated by pollution. The community identified poor air quality as a driver of asthma. The respiratory hazard index in Northern Alameda County is significantly worse than the state average

[63] U.S. National Library of Medicine. (2018) *Lung Disease.*
[64] The Mayo Clinic. (2018). *Asthma Overview.*
[65] Centers for Disease Control and Prevention. (2018).
[66] American Lung Association. (2018). *Asthma Risk Factors.* 2018.

(Table 18). Specifically, in Oakland, the overall (air, water, etc.) pollution burden in majority-Asian census tracts is significantly higher than the pollution burden in majority-White census tracts.

Among various ethnic groups in the county, asthma emergency room (ER) visits and hospitalizations are highest for African American residents (Table 19). In Oakland, asthma ER visits among children are over 10 times higher in the African American population, and nearly three times higher in the Latinx population than in the White population.

Table 19. Selected Asthma Race/Ethnicity Statistics

Indicators	Indicator Type	Bench-mark	White	Afr Am	Asian	Pac Isl	Nat Am	Other	Multi-Race	Hisp / Lat (Any Race)
Asthma ED Visits, All Ages (per 10,000) (AC) (CDPH)	rate	49.5	32.7	**227.6**	20.5*					**57.0**
Asthma Hospitalizations, All Ages (per 10,000) (AC) (CDPH)	rate	7.6	5.0	**31.2**	5.3*					**11.0**

Values in bold are the least favorable. Blank cells indicate that data were unavailable.
** Statistic is for Asian/Pacific Islander combined.*
See Attachment 5 for full descriptions and sources of all indicators.

Cancer

What Is the Issue?

Cancer is a generic term used to describe a condition in which abnormal cells divide uncontrollably, invading and killing healthy tissue. These abnormal cells can metastasize to other parts of the body via the blood and lymph systems. With more than 100 kinds of cancer,[67] it is the second leading cause of death in the U.S., following heart disease.[68] High-quality screening can serve to reduce cancer rates; however, a variety of complex factors contribute to disparities in cancer incidence and death rates among different ethnic, socioeconomic, and otherwise vulnerable groups. While personal, behavioral, and environmental factors are significant (e.g., smoking, exposure to known carcinogens), the most important risk factors for cancer are lack of health insurance and low socioeconomic status.[69]

Why Is It a Health Need?

Childhood cancer diagnoses have been slowly rising in Alameda County since 2003 (Table 20). They are highest among White children and youth (Table 21). Prostate cancer incidence is slightly higher in the local area than the state average. Cancer mortality is much higher than the benchmark among the local

[67] Centers for Disease Control and Prevention. (2018). *How to Prevent Cancer or Find It Early*.
[68] Centers for Disease Control and Prevention. (2017). *Leading Causes of Death*.
[69] National Cancer Institute. (2018). *Cancer Disparities*.

area's African American population, and somewhat higher among the local White population. Cervical cancer incidence significantly exceeds the benchmark among the Alameda County Latina population.

Table 20. Selected Cancer Statistics

Indicator	Indicator Type	Value	State Avg.
Prostate Cancer Incidence (per 100,000) (CHNA.org)	rate	**110.9**	109.2

Values in bold are the least favorable. See Attachment 5 for full descriptions and sources of all indicators.

In Northern Alameda County, the African American population is less likely to have been screened for breast cancer (i.e., have had a mammogram) than the White population (Table 21). Countywide, the multiracial population—people who identify as being of two or more races/ethnicities—is the least likely group to have been screened for colorectal cancer, followed by the Asian population.

Table 21. Selected Cancer Race/Ethnicity Statistics

Indicator	Indicator Type	Bench mark	White	Afr Am	Asian	Pac Isl	Nat Am	Other	Multi Race	Hisp / Lat (Any Race)
Breast Cancer Screening (Mammogram), Female Medicare Beneficiaries (N-AC) (CHNA.org)	percent	59.7%	62.1%	**55.6%**						
Cancer Deaths (N-AC) (CHNA.org)	rate	147.3	**154.5**	**190.2**	102.8		75.9			112.7
Cervical Cancer Incidence (AC) (HAC.org)	rate	7.3	6.9	7.0	5.1*					**9.9**
Childhood Cancer Diagnoses, Ages 0–19 (AC) (Kidsdata.org)	rate	17.4	**19.4**	14.0	16.9*					15.1
Colon Cancer Screening, Adults Ages 50+ (AC) (HAC.org)	percent	68.1%	72.2%	76.0%	**62.3%***		**65.7%**		**50.4%**	81.2%

Values in bold are the least favorable. Blank cells indicate that data were unavailable.
** Statistic is for Asian/Pacific Islander combined.*
See Attachment 5 for full descriptions and sources of all indicators.

Heart Disease and Stroke

What Is the Issue?

Nationally, some 84 million people suffer from a form of cardiovascular disease.[70] According to the Centers for Disease Control and Prevention, heart disease is the number one killer for both men and women, while stroke is the fifth leading cause of death and a significant cause of serious disability for adults. It is estimated that the current annual direct and indirect costs of cardiovascular disease and stroke are approximately $315 billion and increasing annually.[71, 72] Recent research has established that disparities exist between minority and non-minority cardiovascular health outcomes across the U.S.[73]

Although some risk factors for heart disease and stroke (age, race/ethnicity, gender) are not controllable, others (high blood pressure, high cholesterol, obesity, excessive alcohol consumption, smoking, an unhealthy diet, lack of physical activity) can be controlled. Left untreated, these risk factors can lead to changes in the heart and blood vessels. Over time, those changes can lead to heart attacks, heart failure, strokes, and other forms of cardiovascular disease.[74] Addressing risk factors early in life can help in preventing chronic cardiovascular disease.[75]

Why Is It a Health Need?

In Alameda County, congestive heart failure hospitalizations are higher than the California benchmark (Table 22). Substance use can negatively affect cardiovascular and cerebrovascular health. The rate of substance use emergency room visits is significantly higher in Alameda County than the average rate for California—and increasing. (*See also the Healthy Eating/Active Living description.*)

In addition, stroke hospitalizations in Northern Alameda County exceed the state benchmark. Locally, African American residents disproportionately die from stroke compared to residents of other ethnicities (Table 23).

TABLE 22. SELECTED HEART DISEASE AND STROKE STATISTICS

Indicator	Indicator Type	Value	State Avg.
Congestive Heart Failure Hospitalizations (AC) (HAC.org)	rate	**195.9**	174.1
Stroke Hospitalizations, Medicare Beneficiaries (per 1,000) (N-AC) (CHNA.org)	rate	**7.9**	7.4
Substance Use ER Visits (AC) (HAC.org)	rate	**1,642.7**	1,275.4

Values in bold are the least favorable. See Attachment 5 for full descriptions and sources of all indicators.

[70] Johns Hopkins Medicine. (2018). *Cardiovascular Disease Statistics.*
[71] Centers for Disease Control and Prevention. (2017). *Heart Disease Facts.*
[72] Centers for Disease Control and Prevention. (2018). *Stroke.*
[73] Graham, G. (2015). Disparities in Cardiovascular Disease Risk in the United States. *Current Cardiology Reviews, 11*(3): 238–245.
[74] American Heart Association. (2017). *What Is Cardiovascular Disease?*
[75] The Mayo Clinic. (2016). Strategies to Prevent Heart Disease.

Table 23. Selected Heart Disease and Stroke Race/Ethnicity Statistics

Indicator	Indicator Type	Bench-mark	White	Afr Am	Asian	Pac Isl	Nat Am	Other	Multi-Race	Hisp / Lat (Any Race)
Stroke Deaths (N-AC) (CHNA.org)	rate	35.4	35.2	**52.5**	31.3					33.0

Values in bold are the least favorable. Blank cells indicate that data were unavailable.
See Attachment 5 for full descriptions and sources of all indicators.

Sexually Transmitted Infections

What Is the Issue?

As is the case with other infectious diseases, sexually transmitted infections (STIs) are spread via contact with an infected person or that person's bodily fluids (e.g., blood, semen). Left untreated, some STIs can be fatal (HIV) or can affect fertility (syphilis, chlamydia, gonorrhea). The stigma of STIs such as genital herpes can lead to mental health issues.[76] As is the case with other infectious diseases, a variety of agencies monitor STIs, identify outbreaks/epidemics, and provide vaccines and educational programs.[77] This proactive approach is less costly than treating STIs and their related consequences.

Why Is It a Health Need?

The Alameda County public health expert interviewed noted an increase in STIs, especially HIV infections among African American males. Stigma and lack of specific health education were cited as possible barriers to preventing the spread of STIs. In Northern Alameda County, residents identified both the lack of health education about STIs and the high costs of testing as barriers to preventing the spread of STIs.

The overall incidence rates of gonorrhea and HIV in Alameda County are significantly higher than the state benchmarks (Table 24), and the former has been increasing. The incidence rates of chlamydia and gonorrhea among youth are also higher. Among African American youth, the rates are five and 10 times higher, respectively, than the benchmark (Table 25). Finally, the rates of syphilis have been rising countywide since 2009.

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[76] Merin, A., & Pachankis, J. (2011). The Psychological Impact of Genital Herpes Stigma. *Journal of Health Psychology*, *16*(1):80–90.
[77] U.S. Government Accountability Office. (2004). Emerging Infectious Diseases: Review of State and Federal Disease Surveillance Efforts.

Table 24. Selected STI Statistics

Indicator	Indicator Type	Value	State Avg.
Chlamydia Incidence Among Youth Ages 10–19 (AC) (Kidsdata.org)	rate	**810.4**	709.2
Gonorrhea Incidence (AC) (HAC.org)	rate	**186.7**	164.3
Gonorrhea Incidence Among Youth Ages 10–19 (AC) (Kidsdata.org)	rate	**203.5**	121.2
HIV Incidence (AC) (HAC.org)	rate	**16.3**	12.7

Values in bold are the least favorable. Rates are per 100,000 except where noted. See Attachment 5 for full descriptions and sources of all indicators.

Table 25. Selected STI Race/Ethnicity Statistics

Indicator	Indicator Type	Bench-mark	White	Afr Am	Asian	Pac Isl	Nat Am	Other	Multi-Race	Hisp / Lat (Any Race)
Chlamydia Incidence Among Youth Ages 10–19 (AC) (Kidsdata.org)	rate	709.2	443.2	**3,727.6**	206.8*					548.3
Gonorrhea Incidence Among Youth Ages 10–19 (AC) (Kidsdata.org)	rate	121.2	40.9	**1,257.1**	28.1*					84.0

Values in bold are the least favorable. Rates are per 100,000 except where noted. Blank cells indicate that data were unavailable.
** Statistic is for Asian/Pacific Islander combined.*
See Attachment 5 for full descriptions and sources of all indicators.

EDUCATION AND LITERACY

What Is the Issue?

Literacy is generally understood to mean the ability to read and write, although the term also includes skills related to listening, speaking, and using numbers (numeracy). Limited literacy is correlated with low educational attainment, which is associated with poor health outcomes. Individuals at risk for low English literacy include immigrants, people living in households where English is not spoken, and individuals with minimal education.[78]

Pre-school education is positively associated with readiness for and success in school, as well as long-term economic benefits for individuals and society, including greater educational attainment, higher income, and lower engagement in delinquency and crime.[79] Educational attainment, along with

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[78] Office of Disease Prevention and Health Promotion. (2018). *Language and Literacy.* https://www.healthypeople.gov
[79] Barnett, W.S., & Hustedt, J.T. (2003). Preschool: The Most Important Grade. *Educational Leadership*, *60*(7):54–57.

employment rates and household income, are key indicators that show the economic vitality of an area and the buying power of individuals, including their ability to afford basic needs, such as housing and healthcare.

The relationship between educational attainment and employment, wages, and health have been well documented. Individuals with at least a high school diploma do better on a number of measures than high school dropouts, including income, health outcomes, life satisfaction, and self-esteem.[80] The National Poverty Center reports that increased education is associated with decreased rates of most acute and chronic diseases.[81] Additionally, research has found that wealth among families in which the head of household has a high school diploma is 10 times higher than that of families in which the head of household dropped out of high school.[82] Moreover, the majority of jobs in the U.S. require more than a high school education.[80]

Why Is It a Health Need?

A wide variety of key informant interviewees and focus group participants discussed concerns regarding education and academic achievement. Academic achievement came up most often as a driver of stable employment and sufficient wages, two components of economic security. The public health expert interviewed emphasized that both K–12 education and higher education often do not prepare residents for jobs that provide a living wage. Youth in Northern Alameda County discussed ethnic disparities in education, expressing concern that students of color do not receive the same quality of K–12 education as White students.

A larger proportion of children in Alameda County live in linguistically isolated households compared to the state average. This combined with the comparatively high cost of preschool may cause Alameda County children to face greater barriers to literacy than children elsewhere. (The proportion of local 4th-graders reading at or above proficiency is on par with the relatively low state average.) Student expulsions exceed the state average.

TABLE 26. SELECTED EDUCATION AND LITERACY STATISTICS

Indicator	Indicator Type	Value	State Avg.
Children in Linguistically Isolated Households (AC) (Kidsdata.org)	percent	**11.5**	10.5
Cost of Preschool Child Care, Annually, Child Care Center (AC) (Kidsdata.org)	dollars	**11,113**	9,106
Expulsions (per 100 enrolled students) (N-AC) (CHNA.org)	rate	**0.09**	0.08
On-Time High School Graduation (N-AC) (CHNA.org)	rate	**77.2**	82.9
Reading at or Above Proficiency, 4th Graders (N-AC) (CHNA.org)	percent	44.0	**43.9**
Students per Academic Counselor (AC) (Kidsdata.org)	number	**827**	792

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80 Insight Center for Community Economic Development. (2014). www.insightcced.org

81 Cutler, D.M., & Lleras-Muney, A. (2006). National Bureau of Economic Research. *Education and Health: Evaluating Theories and Evidence* (No. w12352).

82 Gouskova, E. & Stafford, F. (2005). Trends in Household Wealth Dynamics, 2001–2003. *Panel Study of Income Dynamics. Technical Paper Series, 05–03.*

Values in bold are the least favorable. See Attachment 5 for full descriptions and sources of all indicators.

In Alameda County, the ratio of students to academic counselors is worse than the state ratio overall. The student-teacher ratio has been getting worse since 2008 (Table 26). A smaller proportion of local students graduate high school on time than their peers statewide.

Ethnic disparities are evident in education and literacy-related indicators (Table 27). Teen pregnancy is a factor that can interrupt or end a youth's educational trajectory. African American girls in Alameda County have significantly higher rates of teen pregnancy than girls of other ethnicities. Countywide, African American youth are also overrepresented among high school dropouts, pass high school exit exams in lower proportions than students of other ethnicities, and are underrepresented among high school graduates completing college prep courses. In Oakland, African American youth are more than twice—and Latinx youth almost twice—as likely as White youth to have never taken a high school Advanced Placement course. Latinx youth and African American youth are two and four times more likely, respectively, than White youth to be chronically absent from Oakland schools.

Table 27. Selected Education and Literacy Race/Ethnicity Statistics

Indicator	Indicator Type	Bench mark	White	Afr Am	Asian	Pac Isl	Nat Am	Other	Multi Race	Hisp / Lat (Any Race)
High School Dropout (Adjusted) (AC) (Kidsdata.org)	percent	10.7%	5.8%	**18.3%**	3.9%	**13.6%**		3.6%†	7.4%	**13.5%**
High School Graduates Completing College Prep Courses (AC) (Kidsdata.org)	percent	43.4%	58.8%	**36.1%**	74.9%	**39.7%**	50.0%	56.8%†	56.3%	**42.5%**
Passed High School Exit Exam, English (AC) (HAC.org)	percent	85%	94%	**74%**	93%	**80%**	**82%**	91%†	87%	**79%**
Passed High School Exit Exam, Math (AC) (HAC.org)	percent	85%	95%	**69%**	96%	**77%**	**77%**	93%†	89%	**78%**
Teen Births (per 1,000 females ages 15–19) (AC) (Kidsdata.org)	rate	23.2	4.7	**28.3**	2.2*				11.4	**25.3**

Values in bold are the least favorable. Blank cells indicate that data were unavailable.
† Statistic is for Filipino population.
** Statistic is for Asian/Pacific Islander combined.*
See Attachment 5 for full descriptions and sources of all indicators.

HEALTHY EATING/ACTIVE LIVING

Healthy eating/active living was identified as a top health need by the community. This need comprises access to food and recreation, food insecurity, diabetes and obesity, and nutrition, diet, and fitness.

Access to Food and Recreation

What Is the Issue?

The U.S. Surgeon General's Vision for a Healthy and Fit Nation 2010 report described how different elements of a community can support residents' healthy lifestyles. The various components of the physical environment, including sidewalks, bike paths, parks, and fitness facilities that are "available, accessible, attractive and safe," all contribute to the extent and type of residents' physical activities.[83] Presence of local stores with fresh produce support healthy eating. Residents are more likely to experience food insecurity in communities where fewer supermarkets exist, grocery stores are farther away, and there are limited transportation/transit options.[84]

The CDC recommends policies and environments that support behaviors aimed at achieving and maintaining healthy weight in settings such as workplaces, educational institutions, healthcare facilities, and communities.[85] For example, the availability of healthy and affordable food in retail and cafeteria-style settings allows individuals to make better food choices throughout the day. Otherwise, people may settle for caloric foods of low nutritional value.[86]

Why Is It a Health Need?

Public health experts in Alameda County identified the lack of access to recreation and healthy food in certain areas ("food deserts") as drivers of poor community health.

Focus group participants cited a lack of safe public spaces and community centers where residents can engage in recreational activities and exercise. While some neighborhoods have parks, many of them are not used because residents fear becoming victims of crime. Some parks lacked appropriate exercise equipment, while others offered no programs to encourage or teach residents to exercise. Parents specifically mentioned the lack of free exercise and sports programs as a barrier to physical activity for children.

With regard to food access, residents described difficulty accessing grocery stores that carry fresh food, the preponderance of fast food restaurants, and their dismay with the unhealthy food served at schools and provided by food banks.

The food environment index in Northern Alameda County is slightly worse than the state index, and the number of stores per capita selling beer, wine, and liquor is significantly higher locally than the state average (Table 28).

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[83] Centers for Disease Control and Prevention. (2009). *Healthy Places*.
[84] Healthy People 2020. (2018). *Food Insecurity*.
[85] Healthy People 2020. (2015). *Nutrition and Weight Status*.
[86] Centers for Disease Control and Prevention. (2015). *Healthy Food Environments*.

TABLE 28. SELECTED ACCESS TO FOOD AND RECREATION STATISTICS

Indicator	Indicator Type	Value	State Avg.
Beer, Wine, and Liquor Stores (per 10,000) (N-AC) (CHNA.org)	rate	**1.7**	1.1
Food Environment Index (N-AC) (CHNA.org)	number	**7.7**	7.8

Values in bold are the least favorable. See Attachment 5 for full descriptions and sources of all indicators.

Food Insecurity

What Is the Issue?

Food insecurity is defined as the "lack of consistent access to enough food for an active, healthy life."[87] Hunger and food insecurity are related but distinct concepts; hunger is the physical discomfort related to "prolonged, involuntary lack of food," while food insecurity refers to a "lack of available financial resources for food at the household level." Measurements of various levels of food insecurity, from marginal to low or very low, include anxiety about food insufficiency, household food shortages, reduced "quality, variety, or desirability" of food, diminished nutritive intake, and "disrupted eating patterns."[88, 89]

According to the U.S. Department of Agriculture, approximately one in eight Americans—more than one third of whom were children—experienced food insecurity in 2017. Individuals who are food-insecure may be more likely to experience various poor health outcomes/health disparities, including obesity. Children who experience food insecurity are also at greater risk for developmental complications and/or delays compared to children who are food-secure. In addition, food insecurity may have a detrimental impact on children's mental health.[90]

Why Is It a Health Need?

Community participants specifically mentioned food insecurity, and often expressed the perception that healthy food is more expensive than fast food and packaged foods.

Overall, food insecurity is higher in the local area than the state average (Table 29). Additionally, the percentage of food-insecure children in Alameda County who are ineligible for government assistance surpasses the benchmark. Of all students countywide, African American students are least likely to have eaten breakfast (Table 30).

TABLE 29. SELECTED FOOD INSECURITY STATISTICS

Indicator	Indicator Type	Value	State Avg.
Food Insecure Children Ineligible for Assistance (AC) (HAC.org)	percent	**41**	33
Food Insecurity (N-AC) (CHNA.org)	percent	**14.9**	13.4

Values in bold are the least favorable. See Attachment 5 for full descriptions and sources of all indicators.

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[87] U.S. Department of Agriculture, Economic Research Service. (2018). *Food Security in the U.S.*
[88] Feeding America. (2018). *What Is Food Insecurity?*
[89] U.S. Department of Agriculture, Economic Research Service. (2018). *Definitions of Food Security.*
[90] Healthy People 2020. (2018). *Food Insecurity.*

TABLE 30. SELECTED FOOD INSECURITY RACE/ETHNICITY STATISTICS

Indicator	Indicator Type	Bench-mark	White	Afr Am	Asian	Pac Isl	Nat Am	Other	Multi-Race	Hisp / Lat (Any Race)
Did Not Eat Breakfast (AC) (CHKS)	percent	#	26.0%	**41.6%**	25.2%	**40.5%**	**34.9%**	**29.4%**	**36.8%**	**40.8%**

Values in bold are the least favorable.
 # Benchmarks available only by grade. Ethnicity data available only in the aggregate. Comparison category is White.
See Attachment 5 for full descriptions and sources of all indicators.

Diabetes

What Is the Issue?

Diabetes refers to a category of diseases that affects how the body uses glucose (blood sugar), the body's primary source of fuel. Type 1 diabetes and type 2 diabetes are chronic,[91] with type 2 diabetes accounting for roughly 90 percent of all diagnosed cases and type 1 diabetes accounting for approximately 5 percent. Gestational diabetes accounts for the rest. The Centers for Disease Control and Prevention (CDC) estimates that 30 million people in the U.S. have diabetes, and that an additional 84 million U.S. adults are pre-diabetic. The more serious health complications of diabetes include heart disease, stroke, kidney failure, adult-onset blindness, and lower-extremity amputations.[92]

While type 1 diabetes is generally believed to be caused by a combination of genetic and environmental factors and cannot be prevented, type 2 diabetes and pre-diabetes (higher-than-normal blood glucose levels) are the result of the body losing its ability to generate sufficient insulin to maintain and regulate a healthy blood sugar level, the CDC notes. Risk factors for type 2 diabetes include being physically inactive, being overweight, being age 45 or older, having a close family member with type 2 diabetes, and having pre-diabetes. Additionally, certain ethnic groups (African American, Latinx, Native American, Pacific Islanders, and some Asian groups) are at a higher risk of type 2 diabetes.

As the seventh leading cause of death in the U.S., diabetes is costly. The CDC estimates the annual medical costs and lost work/wages attributable to diabetes is in excess of $300 billion annually, and overall medical costs for those diagnosed with diabetes are twice as high as for those who do not have diabetes.

Why Is It a Health Need?

Most focus group and key informant interviewee feedback signaled a need for more community health education to increase the practice of healthy eating and active living as a means to prevent obesity, diabetes, high blood pressure, and other chronic diseases. Health education can support the behavioral and lifestyle changes that are needed to manage chronic conditions. Culturally appropriate health education may be lacking, according to CHNA participants.

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[91] The Mayo Clinic. (2018). *Diabetes Overview.*

[92] Centers for Disease Control and Prevention. (2018). *Diabetes Quick Facts.*

The rate of diabetes hospitalization among children and youth is higher for the county than the state and is rising in Alameda County (Table 31). The rate of diabetes management in the county is lowest among African American patients (Table 32).

TABLE 31. SELECTED DIABETES STATISTICS

Indicator	Indicator Type	Value	State Avg.
Diabetes Hospitalizations, Children Ages 0–17 (AC) (Kidsdata.org)	percent	**1.6**	1.4

Values in bold are the least favorable. See Attachment 5 for full descriptions and sources of all indicators.

TABLE 32. SELECTED DIABETES RACE/ETHNICITY STATISTICS

Indicator	Indicator Type	Bench-mark	White	Afr Am	Asian	Pac Isl	Nat Am	Other	Multi-Race	Hisp / Lat (Any Race)
Diabetes Management (Hemoglobin A1c Test), Medicare Beneficiaries (N-AC) (CHNA.org)	percent	81.8%	83.4%	**68.6%**						

Values in bold are the least favorable. Blank cells indicate that data were unavailable.
See Attachment 5 for full descriptions and sources of all indicators.

Obesity

What Is the Issue?

Taking in more calories than are burned through normal activity and exercise causes the excess calories to be stored as fat.[93] When one's weight is higher than the healthy standard for one's height, an individual is described as overweight or obese. Both conditions are measured by body mass index (BMI), a metric ratio of weight divided by the square of height.[94] Risk factors of obesity, in addition to unhealthy diet and inactivity, include genetic factors, underlying medical issues, family behavior, social and economic factors, and hormonal changes due to lack of sleep, pregnancy, or age. The side effects of certain medications can also contribute to obesity.[93]

Further, food insecurity and obesity often co-exist because "both are consequences of economic and social disadvantage." That is, low-income populations often face a lack of access to affordable, healthy food and instead have access to cheaper food that generally has higher calories but is nutritionally poor. Additionally, stress, disordered eating, lower access to recreation, and greater exposure to advertising for unhealthy products (e.g., fast food, soda) increase the likelihood of obesity among food-insecure individuals.[95]

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[93] The Mayo Clinic. (2018). *Obesity*.
[94] Centers for Disease Control and Prevention. (2018). *Overweight and Obesity*.
[95] Food Research & Action Center. (2015). *Food Insecurity and Obesity*.

Nearly one in five children and nearly two in five adults in the U.S. are obese.[94] Being obese or overweight increases an individual's risk for diabetes, hypertension, stroke, and cardiovascular disease. Obesity can also contribute to poor mental health (anxiety, depression, low self-esteem), stigma, and social isolation. Among children and youth, obesity can also increase the likelihood of bullying.[93, 94]

Why Is It a Health Need?

Most focus group and key informant interview feedback was related to the need for more community health education in order to promote healthy eating and active living, which would help prevent obesity, diabetes, high blood pressure, and other chronic diseases. Culturally appropriate health education may be lacking, according to CHNA participants. Parents specifically discussed having difficulty encouraging their children to practice healthy eating and active living in order to lose weight.

Obesity-related hospitalizations are increasing in Alameda County. Locally, obesity is highest among Pacific Islander youth and African American adults (Table 33).

Table 33. Selected Obesity Race/Ethnicity Statistics

Indicator	Indicator Type	Bench-mark	White	Afr Am	Asian	Pac Isl	Nat Am	Other	Multi-Race	Hisp / Lat (Any Race)
Obesity (Adult) (N-AC) (CHNA.org)	percent	26.5%	18.2%	**34.2%**	8.9%					**27.9%**
Obesity (Youth) (N-AC) (CHNA.org)	percent	20.1%	5.9%	**22.6%**	8.5%	**42.5%**	0.0%	13.4%†	11.5%	**24.1%**

Values in bold are the least favorable. Blank cells indicate that data were unavailable.
† Statistic is for Filipino population.
See Attachment 5 for full descriptions and sources of all indicators.

Nutrition, Diet, and Fitness

What Is the Issue?

The benefits of fitness and a healthy, nutritious diet are commonly known and well-documented. As noted by the Centers for Disease Control and Prevention, "physical activity fosters normal growth and development, can reduce the risk of various chronic diseases, and can make people feel better, function better, and sleep better."[96] Getting regular exercise can help people of all ages combat obesity, reduce the risk of cardiovascular disease, type 2 diabetes, some kinds of cancer, and a host of other physical issues.[97] Regular exercise can also help to strengthen bones and muscles, prevent falls for older adults, and increase an individual's chances of living longer.[97, 98]

Likewise, the benefits of a healthy diet include preventing high cholesterol and high blood pressure, reducing the risks of developing diseases including cancer and diabetes, and helping to reduce the risks of obesity, osteoporosis, and dental cavities.[99] For children and adolescents, a nutritious diet helps with growth and bone development, as well as improved cognitive function.[100]

Despite these well-known benefits most people, young and old alike, do not meet the recommended healthy food and exercise guidelines. Most significantly, a poor diet and lack of regular exercise can lead to childhood and adult obesity, a serious and costly health concern in the U.S. that often results in some of the leading causes of preventable death.[101] The early prevention of obesity is vital because the likelihood of obese children becoming obese adults is believed to increase from about 20 percent at 4 years old to 80 percent by adolescence.[102]

Why Is It a Health Need?

The community connected healthy eating and active living to good mental health. Residents, however, noted that the relatively lower cost and convenience of unhealthy grocery items and fast food, makes buying and preparing fresh food less likely for busy families. Additionally, experts discussed the fact that few people walk or bike to work because they have long commutes.

Residents talked about the lack of motivation and lack of time to exercise (busyness), the high cost of gym memberships and sports or exercise programs, and the inconvenient times of exercise classes. Parents specifically discussed having difficulty encouraging their children to practice healthy eating and active living in order to lose weight. The Latinx population was mentioned frequently as a population of particular concern for conditions related to diet and physical activity.

Youth populations with the highest levels of physical inactivity in the local area are Pacific Islanders (Table 34). Among Alameda County's students, fifth graders who are Latinx, and seventh and ninth

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[96] Centers for Disease Control and Prevention. (2018). *Physical Activity Basics.*
[97] The Mayo Clinic. (2016). Exercise: 7 Benefits of Regular Physical Activity.
[98] Harvard Health Publishing/Harvard Medical School. (2013). Balance Training Seems to Prevent Falls, Injuries in Seniors.
[99] U.S. Department of Agriculture. (2016). *Why Is It Important to Eat Vegetables?*
[100] World Health Organization. (2018). Early Child Development: Nutrition and the Early Years.
[101] Centers for Disease Control and Prevention. (2016). *Childhood Obesity Causes and Consequences*. See also: Centers for Disease Control and Prevention. (2018). *Adult Obesity Causes and Consequences*.
[102] Stanford Health Care, https://stanfordhealthcare.org/medical-conditions/healthy-living/obesity/prevention.html

graders who are Pacific Islander, are least likely to meet the fitness standards. Finally, fast food consumption is increasing in Alameda County.

Table 34. Selected Nutrition, Diet, and Fitness Race/Ethnicity Statistics

Indicator	Indicator Type	Bench-mark	White	Afr Am	Asian	Pac Isl	Nat Am	Other	Multi-Race	Hisp / Lat (Any Race)
Physical Inactivity (Youth) (N-AC) (CHNA.org)	percent	37.8%	18.5%	**52.0%**	22.5%	**54.1%**	0.0%	33.1%†	**41.4%**	**48.1%**
Students Meeting Fitness Standards, 5th Graders (AC) (Kidsdata.org)	percent	24.9%	38.2%	**21.0%**	36.9%	**20.9%**		30.2%†	35.8%	**18.2%**
Students Meeting Fitness Standards, 7th Graders (AC) (Kidsdata.org)	percent	31.4%	42.7%	**23.3%**	45.7%	**17.2%**	34.2%	38.7%†	39.5%	**22.4%**
Students Meeting Fitness Standards, 9th Graders (AC) (Kidsdata.org)	percent	34.8%	45.8%	**22.6%**	45.5%	**16.3%**	34.9%	38.7%†	**33.7%**	**20.3%**

Values in bold are the least favorable. Blank cells indicate that data were unavailable.
† Statistic is for Filipino population.
See Attachment 5 for full descriptions and sources of all indicators.

TRANSPORTATION AND TRAFFIC

What Is the Issue?

In the U.S. in 2010, 13.6 million motor vehicle crashes killed nearly 33,000 people and injured 3.9 million more, at an estimated cost to the U.S. economy of $242 billion. The major contributors to motor vehicle crashes include drunk driving, distracted driving, speeding, and not using seat belts.[103] Increased road use is correlated with increased motor vehicle accidents,[104] while more traffic (road congestion) causes travel delays, greater fuel consumption, and higher greenhouse gas emissions via vehicle exhaust.[103] Vehicle exhaust is a known risk factor for heart disease, stroke, asthma, and cancer. Thus, it is important to monitor the miles traveled by vehicles over time to better understand the various potentially adverse health consequences.[105] The benefits of active transportation such as walking or riding a bicycle include improving health, saving money by not having to purchase a car or gasoline, and reducing impact on the environment. Combining alternative transport with traffic countermeasures can both improve health and reduce traffic-related injuries in communities.

Why Is It a Health Need?

Many key informant interviewees and focus groups discussed transportation as a barrier to seeing the doctor and getting to work. The community talked about the difficulty of using public transportation to get to East Bay locations because of poor reliability, limited bus and BART lines, long public transit travel times, and expensive fares (especially for BART). Some CHNA participants described the fear of becoming a victim of a crime at BART stations, while others stated that access for the disabled (i.e., working elevators) is unreliable at BART stations.

Northern Alameda County has a significantly higher density of roads than the state average (Table 35). Higher road network density is associated with higher levels of air pollution from traffic, which affects asthma and other health conditions and also can exacerbate heat events (because the amount of asphalt contributes to heat island effects).

TABLE 35. SELECTED TRANSPORTATION AND TRAFFIC STATISTICS

Indicator	Indicator Type	Value	State Avg.
Bicycle-Involved Collisions (AC) (HAC.org)	rate	**43.4**	35.1
Motor Vehicle Crash ER Visits (AC) (HAC.org)	rate	**809.3**	747.3
Road Network Density (miles of road per square mile of land) (N-AC) (CHNA.org)	rate	**21.6**	2.0

Values in bold are the least favorable. Rates are per 100,000 except where noted. See Attachment 5 for full descriptions and sources of all indicators.

[103] U.S. Department of Transportation, National Highway and Traffic Safety Administration. (2015). *The Economic and Societal Impact of Motor Vehicle Crashes, 2010 (Revised*), DOT HS 812 013. 2015 (revised). See also: Centers for Disease Control and Prevention. (2017). *Motor Vehicle Safety: Cost Data and Prevention Policies*, which suggests that the figures have not changed significantly since 2010.
[104] Cohen, P. (2014, October 8). Miles Driven and Fatality Rate: U.S. States, 2012. Sociological Images [web log].
[105] Health Matters in San Francisco. (2008). *Heavy Traffic Can Be Heartbreaking.*

The rate of bicycle-involved collisions in Alameda County is significantly higher than the state average (Table 35). The rate of motor vehicle crash emergency room visits is also significantly higher than average—and increasing. African American residents in Oakland are over three times less likely than White residents to have access to a car.

CLIMATE/NATURAL ENVIRONMENT

What Is the Issue?

Living in a healthy environment is critical to an individual's quality of life and physical health. The Office of Disease Prevention and Health Promotion reports that globally nearly 25 percent of all deaths and diseases can be attributed to environmental issues. Those environmental issues include air, water, food, and soil contamination, as well as natural and technological disasters.[106] For those whose health is already compromised, exposure to negative environmental issues can compound their problems.[107] Therefore, it follows that any effort to improve overall health must include consideration of those societal and environmental factors that increase the likelihood of exposure and disease. The recent reports on climate change highlight the importance of considering environmental health in the context of climate health, which is projected to have an increasing impact on sea levels, air quality, patterns of infectious diseases, and the severity of natural disasters, such as fires, floods, and droughts.[108]

Why Is It a Health Need?

Feedback from the community about the environment was primarily related to poor air quality, which was attributed to pollution. Key informant interviewees and focus group participants identified poor air quality as a driver of asthma. They also pointed to climate change as the cause of severe weather events and wildfires and noted that nearby freeways, as well as traffic at the Port of Oakland, contribute to air pollution.

The respiratory hazard index in Northern Alameda County is significantly worse than the state average (Table 36). Specifically, in Oakland, the overall pollution burden (air, water, etc.) in majority-Asian census tracts is significantly higher than the pollution burden in majority-White census tracts. Asthma prevalence among adults in Northern Alameda County is also significantly worse than benchmarks. Asthma can be exacerbated by heat and pollution. Additionally, asthma hospitalizations are significantly worse for children and youth in the Alameda County than the state benchmarks.

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[106] Office of Disease Prevention and Health Promotion. (2018). *Environmental Health*.
[107] Morris, G., & Saunders, P. (2017). The Environment in Health and Well-Being. *Oxford Research Encyclopedias.*
[108] U.S. Global Change Research Program. (2018). *Fourth National Climate Assessment.*

Table 36. Selected Climate/Natural Environment Statistics

Indicator	Indicator Type	Value	State Avg.
Asthma Hospitalizations, Children Ages 0–4 (per 10,000) (AC) (Kidsdata.org)	rate	**36.9**	19.6
Asthma Hospitalizations, Children/Youth Ages 5–17 (per 10,000) (AC) (Kidsdata.org)	rate	**12.7**	7.7
Asthma Prevalence, Adults (N-AC) (CHNA.org)	percent	**16.1**	14.8
Elevated Blood Lead Levels in Children Ages 0–5 (AC) (Kidsdata.org)	percent	**0.3**	0.2
Elevated Blood Lead Levels in Children/Youth Ages 6–20 (AC) (Kidsdata.org)	percent	**0.5**	0.3
Respiratory Hazard Index (N-AC) (CHNA.org)	number	**2.6**	2.2

Values in bold are the least favorable. See Attachment 5 for full descriptions and sources of all indicators.

Finally, lead in the environment is of particular danger to children, whose bodies are still developing and thus more sensitive to such toxic substances.[109] Lead can be found in air and soil, as well as consumed through food or water. The Centers for Disease Control and Prevention highlights various sources of lead, including paint, gasoline, plumbing, and artificial turf.[110] Blood lead levels for children and youth are higher in Alameda County than the state average (Table 36).

For additional details, including sources and other statistical data, see Attachment 5: Secondary Data Tables.

[109] California Environmental Health Tracking Program. (2015). Public Health Institute. *Costs of Environmental Health Conditions in California Children*.

[110] Centers for Disease Control and Prevention. (2015). *Sources of Lead.*

8. Community Assets and Resources

The following healthcare facilities serve Northern and Southern Alameda County. *For additional providers, see Attachment 3: Community Assets and Resources.*

HOSPITALS

- Alameda County Medical Center
- Alameda Health System Alameda Hospital
- Alameda Health System Highland Hospital
- Alameda Health System San Leandro Hospital
- John Muir Health
- Kaiser Foundation Hospital–Oakland
- Kaiser Foundation Hospital–San Leandro
- St. Rose Hospital
- Sutter Health Alta Bates Summit Medical Center
- Sutter Health Eden Medical Center
- UCSF Benioff Children's Hospital Oakland
- Washington Hospital Healthcare System

FEDERALLY QUALIFIED HEALTH CENTERS

- Asian Health Services
- Davis Street
- La Clínica
- LifeLong Medical Care
- Native American Health Center
- Tiburcio Vásquez Health Center
- Tri-City Health Centers (and Mobile Clinic)
- West Oakland Health

OTHER HEALTH CLINICS

- Ashland Free Medical Clinic
- Center for Elder Independence
- Order of Malta Clinic
- Roots Community Health Center
- RotaCare Clinic

9. Evaluation Findings: 2017–2019 Implemented Strategies

The final regulations issued by the Department of Treasury on December 29, 2014, regarding nonprofit hospitals conducting CHNAs require that each hospital's CHNA report include: "… 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) (p. 78969)."[111]

Prior to this report, Alta Bates Summit Medical Center conducted its most recent CHNA in 2016.

The 2016 CHNA identified six community health needs. Working within its mission and capabilities, Alta Bates Summit Medical Center selected the following needs to address in its community benefit implementation strategy:

1. Access to Mental, Behavioral, and Substance Abuse Services
2. Health Education and Health Literacy
3. Access to Basic Needs, Such as Housing and Employment
4. Access to Quality Primary Care Health Services

See Attachment 7 for a detailed evaluation of the impact of actions taken by Alta Bates Summit Medical Center to address the health needs identified in the 2016 CHNA.

[111] U.S. Department of the Treasury, Internal Revenue Service. (December 31, 2014). *Federal Register*, Vol. 79, No. 250.

10. Conclusion

Alta Bates Summit Medical Center collaborated with partners in Northern Alameda County ("the N-AC Hospitals") to meet the requirements of the federally mandated CHNA by pooling expertise, guidance, and resources for a shared 2019 assessment. By gathering secondary data and conducting new primary research with other healthcare facilities, the N-AC Hospitals were able to collectively understand the community's perception of health needs and prioritize health needs with an understanding of how the data for each compare to state and other benchmarks.

Next Steps for Alta Bates Summit Medical Center:

- Ensure the 2019 CHNA is adopted by the hospital board and made publicly available on the Community Benefit page of Sutter Health's website by December 31, 2019.[112]
- Monitor community comments on the CHNA report (ongoing).
- Select priority health needs to address using a set of criteria.
- Develop strategies to address priority health needs (independently or with partner hospitals).
- Ensure strategies are adopted by the hospital board and filed with the IRS by May 15, 2020.

[112] https://www.sutterhealth.org/community-benefit

11. List of Attachments

1. Qualitative Research Protocols
2. Community Leaders, Representatives, and Members Consulted
3. Community Assets and Resources
4. Secondary Data Sources
5. Secondary Data Tables
6. Secondary Data Indicators Index
7. Evaluation Findings: Impact of 2017–2018 Implemented Strategies
8. IRS Checklist

Attachment 1. Qualitative Research Protocols

Key Informant Protocols: Professionals

Prior to key informant interviews, professionals were provided the 2016 CHNA health needs list (Table 37) to consider.

Table 37. 2016 Health Needs List

Health Need	Examples
Asthma	-
Cancer	-
Heart Disease and Stroke	-
Obesity, Diabetes, Fitness and Diet/Nutrition	Healthy eating, active living
Access to Food and Recreation	Safe food supply, access to fresh food, food security, places to recreate, exercise
Maternal and Infant Health	Premature births, infant mortality, prenatal care
Sexually Transmitted Infections	Gonorrhea, chlamydia, HIV
Communicable Diseases	TB, flu, salmonella (separate from STIs)
Oral/Dental Health	-
Unintended Injuries (accidents)	Car and pedestrian accidents, falls, drownings
Behavioral Health	Stress, depression, suicide, drug/alcohol/tobacco addiction
Community and Family Safety	Child/partner abuse, bullying, violent crime, human trafficking
Economic Security	Income, employment, education
Housing and Homelessness	Safe, clean and affordable housing
Climate/Natural Environment	Extreme weather, environmental contaminants
Transportation and Traffic	Safe, reliable, accessible
Healthcare Access and Delivery (both primary and specialty care)	Health insurance, cost of medicine, availability of providers, quality of care, availability of appointments, patients being treated with respect

Introduction – 5 min.

- Welcome and thanks
- What the project is about:
    - Identifying health needs in our community (called the Community Health Needs Assessment or CHNA)
    - Required of all non-profit hospitals in the U.S. every three years
    - The hospitals who serve Alameda and Contra Costa County residents are working together to meet this requirement. Those hospitals include John Muir Health, Kaiser Permanente, St. Rose Hospital, Stanford Health Care - ValleyCare, Sutter Health, UCSF Benioff Children's Hospital-Oakland, and Washington Hospital Healthcare System
    - Will inform investments that hospitals make to address community needs
- Scheduled for one hour - does that still work for you?
- Today's questions:
    - Most important health needs in [geographic sub-area]
    - Your perspective on [expertise area]
    - Which populations may have different or worse needs or experiences
    - Your suggestions for improvement
- What we'll do with the information you tell us today:
    - Notes will go to hospitals
    - Hospitals will make decisions about which needs they can best address, and how they may collaborate/complement each other's community work
    - Would like to record so that we can get the most accurate record possible
    - Will not share the audio itself
    - Can keep anything confidential, even whole interview. Let me know any time.
    - Permission to record?
- Any questions before I begin? *[If interviewer does not have the answer, commit to finding it and sending later via email.]*

Health Needs Prioritization – 6–10 min.

Part of our task today is to find out which health needs you think are most important to the local population you serve. You may want to take a look at the list of health needs we sent you, many of which the community came up with when the hospitals did the Community Health Needs Assessment in this area in 2016. You can see that some of them are health conditions, and others reflect the social determinants of health (housing, education, cost of living, environment, etc.).

Thinking specifically about [geographic sub-area] …

1. **Are there any needs that should be added to the list?**

2. **Which three needs (2016 and others added) do you believe <u>the local people you serve</u> feel are the most <u>*important*</u> to address here in the next few years? [See table above.]**

Health Needs Discussion, Including Expertise Area – 20 min.

I am going to take you through a few questions about each of these needs.

3. **When you think about [health need 1]…**
    - What barriers exist to seeing better health in this area?

Prompts for barriers if they are having trouble thinking of anything: Income, language, culture/stigma, lack of awareness/education, policies/laws, budget cuts, lack of community resources, transportation, housing, addiction, stress, being victims of abuse/ bullying/crime

- What impact do these barriers have on people's health?

4. **Which groups, if any, are more affected by this health need than others?**
   Prompts if not already discussed: Differences by age, ethnicity, education level, sexual orientation, disability status, income (affecting housing and transportation), language, immigration status, etc.
5. **What trends, if any, have you seen in the last three years?** [Repeat 3-5 for each health need they prioritized.]
6. **[Only if their expertise was not related to one or more of the needs chosen by interviewee:]**
   You were invited to share your expertise/experience about [e.g., senior health]. Let's talk a little about that; how does it relate to the community's health needs?

Only If Not Chosen as a Need: Access to Care – 5 min.

We know that access to care impacts all aspects of health. Access includes not only having insurance and being able to afford co-pays/premiums, but also having a primary care physician versus using urgent care or the ER, and being able to get timely appointments with various providers.

7. **Would you say that healthcare access [related to your specific expertise and/or population you serve] is sufficient or not? If not, what issues do you see?**
8. **What differences do you see, if any, among various groups in your work?**
   Prompts if needed: Differences by age, ethnicity, education level, sexual orientation, disability status, income (affecting housing and transportation), language, immigration status, etc.

Only If Not Chosen as a Need: Behavioral Health – 5 min.

In recent assessments, behavioral health arose as a top health need. By behavioral health, we mean everything ranging from sub-clinical issues like stress to severe mental illness, and including substance use/addiction.

9. **Do you agree? In your opinion, what are the specific behavioral health needs in our community?**
   Prompts if needed: Stress, depression, addiction; suicide; stigma; behavioral health care access
10. **In what ways might people who are struggling with behavioral health issues be doing worse than others when it comes to health?**
    Prompt if needed: Behavioral health issues driving other health needs?

Suggestions/Improvements/Solutions – 5–10 min.

In addition to what we have already talked about…

11. **What are some existing assets, services, or strategies that are working well in the community to address these needs?**
    Prompts if needed: Particular community-based organizations, their programs/ services, hospitals and health care – specific offerings, specific social services
12. **What types of assets, services, or strategies does the community need more of to address these needs?**

Prompts if needed*:* Preventive care? Deep-end services? Workforce changes? Are there any quick wins or low-hanging fruit?

13. **What new/revised policies or other public health approaches are needed, if any?**

[Time permitting] Additional comments

We thank you so much for answering our questions. In the few minutes we have left, is there anything else you would like us to add regarding community health needs?

Closing

OK, if anything occurs to you later that you would like to add to this interview, please just let us know. Thank you for contributing your expertise and experience to the CHNA. You can look for the hospital CHNAs to be made publicly available in 2019.

Focus Group Protocols

During focus groups, facilitators presented the 2016 CHNA List. (*See Table 37 on the first page of this attachment; at the recommendation of a public health officer, in focus groups with residents, "Behavioral Health" was called "Mental Health."*) Questions found in these protocols refer to that list.

FOCUS GROUPS WITH PROFESSIONALS OR COMMUNITY REPRESENTATIVES

Introduction – 6 min.

- Welcome and thanks
- Introductions (everyone says their name, role, and organization, incl. facilitators)
- What the project is about:
    - Nonprofit hospitals' Community Health Needs Assessment required by IRS. Hospitals collaborating on East Bay CHNA work include: John Muir Health, Kaiser Permanente, St. Rose Hospital, Stanford Health Care-ValleyCare, Sutter Health, UCSF Benioff Children's Hospital-Oakland, and Washington Hospital Healthcare System
    - Identifying important health needs in our community
    - Ultimately, to plan on how to address health needs now and in future
- Today's questions (refer to agenda flipchart page)
- Introductions (facilitators, participants: names and organizations)
- Confidentiality:
    - When we are finished with all of the focus groups, we will look at all of the transcripts and summarize the things we learn.
    - Would like to record so that we can be sure to get your words right.
    - Now that we have introduced ourselves, we will only use first names here to preserve your anonymity. However, if you want to keep a comment anonymous, you may not want to name your organization.
    - We also will pull out some quotes so that the hospitals can hear your own words. We will not use your name when we give them those quotes.
    - Transcripts will go to hospitals if that is OK with you.
    - Permission to record?
- What we'll do with the information you tell us today:

  - Hospitals will report the assessment to the IRS
  - Hospitals will use information for planning future investments
- Logistics
  - We will end at ___:___.
  - It is my job to move us along to stay on time. I may interrupt you; I don't mean any disrespect, but it is important to get to all of the questions and get you out in time.
  - Cell phones: On vibrate; please take calls outside.
  - Bathroom location.
- Guidelines: It's OK to disagree, but be respectful. We want to hear from everyone. Really want your opinions and perspectives, even – especially! – if they aren't the same as everyone else's.

Health Needs Prioritization – 10 min.

You are here to share your experience as a professional serving [e.g., seniors, persons experiencing homelessness, young adults, etc.].

Part of our task today is to find out which health needs you think are most important to the local population you serve. This poster has a list of the health needs, many of which the community came up with when the hospitals did the Community Health Needs Assessment in this area in 2016.

[Read all of the needs aloud from flipchart and define where needed (e.g. "Access and Delivery" means insurance, having a primary care physician, preventive care instead of ED, being treated with dignity and respect, wait times, etc.).]

1. **Are there any that you think should be added to the list?**
2. **Please think about the three from the list you believe the local people you serve feel are the most important to address here in the next 3–4 years.**

    What we would like you to do is to take the three sticky dots you have there and use them to vote for three health needs that you think are the most important, to the local population you serve, to address in the next few years. We really want your perspective and opinion of the local population's feelings; it's totally OK if your opinion differs from others' in the room. Then we will discuss the results.

   [When participants have voted, start audio recorder.]

3. **Summarize voting results.** [Explain that we will spend the rest of our time reflecting on these three top priorities.]

Health Needs Discussion, Including Expertise Area – 20 min.

4. **When you think about [health need1]…**
    - What barriers exist to seeing better health in this area?

    Prompts for barriers if they are having trouble thinking of anything: Income, language, culture/stigma, lack of awareness/education, policies/laws, budget cuts, lack of community resources, transportation, housing, addiction, stress, being victims of abuse/ bullying/crime
    - What impact do these barriers have on people's health?

5. **Which groups, if any, are more affected by this health need than others?**
   Prompts if not already discussed: Differences by age, ethnicity, education level, sexual orientation, disability status, income (affecting housing and transportation), language, immigration status, etc.
6. **What trends, if any, have you seen in the last three years?** [Repeat questions 4-6 for each of the top health needs prioritized by the group.]
7. **[Only if their expertise was not related to one or more of the needs chosen:]** You are here to share your expertise/experience about [e.g., senior health]. Let's talk a little about that; how does it relate to the community's health needs?

Only If Not Voted a Top Need: Access to Care – 5 min.

We know that access to care impacts all aspects of health. Access includes not only having insurance and being able to afford co-pays/premiums, but also having a primary care physician versus using urgent care or the ER, and being able to get timely appointments with various providers.

8. **Would you say that healthcare access related to [the specific population you serve] is sufficient? Why or why not?**
9. **What differences do you see, if any, among various groups in your work?**
   Prompts: Differences by age, ethnicity, education level, sexual orientation, disability status, income (affecting housing and transportation), language, immigration status, etc.

Only If Not Voted a Top Need: Behavioral Health – 5 min.

In recent assessments, behavioral health arose as a top health need. By behavioral health, we mean everything ranging from stress to severe mental illness, and including substance use/addiction.

10. **Do you agree? In your opinion, what are the specific behavioral health needs in our community?**
    Prompts if needed: Stress, depression, addiction; suicide; stigma; behavioral health care access
11. **In what ways might people who are struggling with behavioral health issues be doing worse than others when it comes to health?**
    Prompt if needed: Behavioral health issues driving other health needs?

Suggestions/Improvements/Solutions – 5-10 min.

In addition to what we have already talked about…

12. **What are some existing assets, services, or strategies that are working well in the community to address these needs?**
    Prompts if needed: Particular community-based organizations, their programs/ services, hospitals and health care – specific offerings, specific social services
13. **What types of assets, services, or strategies does the community need more of to address these needs?**
    Prompts if needed*:* Preventive care? Deep-end services? Workforce changes? Are there any quick wins or low-hanging fruit?
14. **What new/revised policies or other public health approaches are needed, if any?**

Closing – 5 min.

- Thank you
- Repeat - What we will do with the information
- Look for CHNA reports to be publicly available in 2019

FOCUS GROUPS WITH LOCAL RESIDENTS

Introduction – 6 min.

- Welcome and thanks
- Introductions (all say name and, if comfortable, where they work, including facilitators)
- What the project is about:
    - Nonprofit hospitals' Community Health Needs Assessment (CHNA) required by IRS. Hospitals collaborating on East Bay CHNA work include: John Muir Health, Kaiser Permanente, St. Rose Hospital, Stanford Health Care - ValleyCare, Sutter Health, UCSF Benioff Children's Hospital-Oakland, and Washington Hospital Healthcare System
    - Identifying important health needs in our community
    - Hospitals will plan how to address health needs now and in future
- Today's questions (refer to agenda flipchart page)
- Confidentiality:
    - Would like to record so that we can be sure to get your words right.
    - We will only use first names here – you will be anonymous.
    - Transcripts will go to hospitals if that is OK with you.
    - When we are finished with all of the focus groups, we will read all of the transcripts and summarize the things we learn. We will also use some quotes so that the hospitals can read your own words. We will not use your name when we give them those quotes.
    - Is anyone not OK with recording? [remember to start audio recorder!]
- What we'll do with the information you tell us today:
    - Hospitals will report the assessment to the IRS
    - Hospitals will use information for planning future investments
- Logistics
    - We will end at ___:___.
    - It is my job to move us along to stay on time. I may interrupt you; I don't mean any disrespect, but it is important to get to all of the questions and get you out in time.
    - Cell phones: On vibrate; please take calls outside.
    - Bathroom location
    - Incentives – please sign the sheet
- Guidelines: It's OK to disagree, but be respectful. We want to hear from everyone. Really want your personal opinions and perspectives, even – especially! – if they aren't the same as everyone else's.

Imagining a Healthy Community – 5 min.

Take a moment to picture, in your mind, a healthy community. [Pause].

1. **When you imagine a healthy community, what does it look like?**

    Prompt if needed: What makes a community healthy?

Health Needs Prioritization – 10 min.

Part of our task today is to find out which health needs you think are most important. This poster has a list of the health needs, many of which the community came up with when the hospitals did the Community Health Needs Assessment in this area in 2016.

[Read all of the needs aloud from flipchart and define where needed (e.g. “Access and Delivery” means insurance, having a primary care physician, preventive care instead of ED, being treated with dignity and respect, wait times, etc.).]

2. **Are there any that should be added to the list?**
3. **Please think about the three from the list you personally believe are the most *important* to address here in the next few years.**

    What we would like you to do is to take the three sticky dots you have there and use them to vote for three health needs that you think are the most important to address in the next 3-4 years. We really want your personal perspective and opinion; it’s totally OK if it’s different from others’ here in the room. Then we will discuss the results of your votes.

4. **Summarize voting results. [Explain that we will spend the rest of our time reflecting on these three top priorities.]**

Understanding the Needs – 15 min.

5. **When you think about [health need1]…**
    - What barriers exist to people getting healthy or staying healthy?
      Prompts for barriers if they are having trouble thinking of anything: Income, language, culture/stigma, lack of awareness/education, policies/laws, budget cuts, lack of community resources, transportation, housing, addiction, stress, being victims of abuse/ bullying/crime
    - What impact do these barriers have on people’s health?
    - When you think about this need, are any groups of people worse off than others? If so, which groups?

    Prompts for groups if they are having trouble thinking of anything: Children, youth, adults, seniors; specific ethnicities [e.g., Latinx, Southeast Asian, Pacific Islanders]; low-income; monolingual non-English speakers; LGBTQ

6. **Do you think that things have been getting better, stayed the same, or gotten worse, in the last three years or so? [If things have changed: How?]**

[Repeat questions 5 and 6 for each of the top health needs prioritized by the group.]

Only If Not Voted a Top Need: Access to Care – 5–10 min.

7. **What about healthcare access?**
    - Is everyone able to get health insurance for their needs?
    - Is everyone able to afford to pay for health services and medication?
    - Is everyone able to get to the doctors they need when they need to?
    - Do people mostly have a primary care doctor, or do they mostly use urgent care or the ER instead? [*If the latter:* Why?]
    - What about specialists? Are people able to see one when they need it?

Only If Not Voted a Top Need: Mental Health – 5-10 min.

8. **What about mental health? Mental health was one of the top health needs last time. By mental health, we mean everything ranging from stress, substance use, and depression, to serious mental illness.**
9. **In your opinion, what are the specific mental health needs in our community?**
   Prompt if needed: Conditions like stress, depression, addiction; outcomes like suicide; concerns about stigma; access to mental health care
10. **Do you think that people who are struggling with mental health issues are doing worse than others when it comes to these other health issues we have listed? If so, how? [Elicit drivers.]**

Equity and Cultural Humility – 15 min.

11. **Do you think that everyone in our community is getting the same health care, and has the same access to care? If not, what are the barriers for them?**
    Prompt: Think about all of the people in our community… children, youth, adults, seniors… some have different ethnicities, languages, sexual orientations, and religions. They may be disabled or be low-income or be experiencing homelessness. It could also be people from different geographic parts of the community have different experiences.

Suggestions/Improvements/Solutions – 5-10 min.

In addition to what we have already talked about…

12. **What are some resources, services, or strategies that are working well in the community to address these needs?**
    Prompts if needed: Certain community-based organizations or their programs/ services, specific hospitals and/or health care programs/services, specific social services
13. **What types of resources, services, or strategies, if any, does the community need more of to address these needs?**
    Prompt if needed: Preventive care? Deep-end services? Workforce changes?
14. **What kinds of changes could those in charge here in the community make to help all of us stay healthy?**

Closing – 5 min.

- Thank you
- Repeat - What we will do with the information
- Incentives – **after you turn in the demographic survey**

Attachment 2. Community Leaders, Representatives, and Members Consulted

Actionable Insights conducted the primary qualitative research for Alta Bates Summit Medical Center's 2019 Community Health Needs Assessment. The research firm used three strategies for collecting community input: key informant interviews with health experts, focus groups with professionals, and focus groups with residents.

The community leaders, representatives, and members consulted by AI were chosen for their expertise and/or for belonging to an IRS high-need population (low-income, minority, medically underserved, etc.). Research participants included residents as well as leaders and representatives of county health systems, local government, nonprofit organizations, and healthcare facilities. Overall, AI solicited input from 36 community members and 68 community leaders and representatives in Northern Alameda County. Their names, target groups represented, and other details appear in Tables 38–46.

Table 38. Community Leaders: Key Informant Interviewees

Name, Title, Agency	Topic	Target Group(s) Represented	Date Interviewed
Leronne Armstrong, Deputy Chief, Oakland Police Department	Community and family safety (law enforcement)	Low-income, Minority	7/18/2018
Gloria Bruce, Executive Director, East Bay Housing Organizations	Affordable housing	Low-income	8/8/2018
Dr. Aaron Chapman, Medical Director, Behavioral Health Care Services of Alameda County	Behavioral health	Medically underserved	8/13/2018
Colleen Chawla, Director, Alameda County Health Care Services	Healthcare access	Medically underserved	8/16/2018
Dr. Kathleen Clanon, Medical Director, Alameda County Health Care Services	Whole person health	Medically underserved	6/29/2018
Leslie Ewing, Executive Director, Pacific Center	LGBTQ population needs	Medically underserved, Minority	8/16/2018
Dr. Tony Iton, Senior Vice President, California Endowment	Social determinants of health	Low-income, Minority	8/8/2018
Katherine Jones, Director, Adult & Older Adult System of Care, Behavioral Health Care Services of Alameda County	Behavioral health	Low-income, Medically underserved	8/13/2018

Name, Title, Agency	Topic	Target Group(s) Represented	Date Interviewed
Bonnie Lovette, RN MS PNP, Injury Prevention Coordinator, Trauma Services, UCSF Benioff Children's Hospital Oakland; Founder, Chair Childhood Injury Prevention Network, Bay Area (CIPN-BA); member, Alameda County Child Death Review Team	Injuries, children	Medically underserved	7/19/2018
Anne Marks, Executive Director, Youth Alive	Community and family safety	Low-income, Minority	8/3/2018
Dr. Melanie Moore, Executive Director, All In Alameda County	Food insecurity	Low-income	7/19/2018
Dr. Erica Pan, Director, Division of Communicable Disease Control and Prevention, Alameda County Public Health Department	Infectious diseases	Health department representative	7/13/2018
Ralph Silber, Executive Director, Alameda Health Consortium	Needs of medically underserved population	Medically underserved	7/25/2018
Kristin Spanos, Chief Executive Officer, First 5 Alameda County	Needs of children ages 0–5	Low-income	8/20/2018
James Wagner, Deputy Director, Behavioral Health Care Services of Alameda County	Behavioral health	Medically underserved	8/13/2018
Kimi Watkins-Tartt, Deputy Director, Public Health, Alameda County Public Health Department	Public health	Health department representative	7/23/2018

Table 39. Community Leaders: Behavioral/Mental Health Focus Group Participants

Date Held	**7/31/2018**
Host	**Seneca**
Target Group(s) Represented	**Medically underserved**
Number of Participants	**8***
Participant Name, Title, Agency	Jessica Eschman, LCSW, Program Director, Willow Rock Crisis Stabilization Unit (Seneca Family of Agencies) Louisa Kornblatt, MSW Intern, PHF, Seneca Melissa Lawton, CSU Assistant Director, Seneca Johanna Paillet-Growl, Willow Rock Crisis Stabilization Unit Supervisor, Seneca Amrit Sandhu, WRC PHF-RN Supervisor, Telecare Ilene Yasemsky, Clinical Director PHF, Seneca

* Participant names withheld upon request.

Table 40. Community Leaders: Needs of Individuals Experiencing Homelessness Focus Group Participants

Date Held	**8/21/2018**
Host	**Alameda County Healthcare for the Homeless**
Target Group(s) Represented	**Low-income, medically underserved**
Number of Participants	**10***
Participant Name, Title, Agency	Noha Aboelata, MD, Chief Executive Officer, Roots Community Health Center
Date Held	Doug Biggs, Executive Director, Alameda Point Collaborative
	Jia Min Cheng, Staff Attorney/Project Manager, Bay Area Legal Aid
	Brenda Goldstein, Director of Psychosocial Services, Lifelong Medical
	Carol Johnson, Executive Director, St. Mary's Center
	Jamie Ramirez, Pop Up Care Village Program Director, Lava Mae
	Ann Rubinstein, Managing Attorney, Homeless Action Center
	Steven Weiss, Regional Managing Attorney for Social Security, Bay Area Legal Aid
	Bonnie Wolf, Project Director, Alameda Senior Housing and Medical Respite Center, Alameda Point Collaborative

Table 41. Community Leaders: Health of K–12 students Focus Group Participants

Date Held	**8/29/18**
Host	**Oakland Unified School District**
Target Group(s) Represented	**Medically underserved**
Number of Participants	**8***
Participant Name, Title, Agency	Eden Balde, School Nurse, Oakland Unified School District
	Ozella Faison-Burns, BSN, RN, PHN, Credentialed School Nurse, Oakland Unified School District
	Sherry Kassenbrock, School Nurse, Oakland Unified School District
	Edson Nunes da Silva, School Nurse, Oakland Unified School District
	Barbara Parker, Health Services Coordinator, Oakland Unified School District
	Coreen Steigerwald, School Nurse, Oakland Unified School District
	Samantha Wong, School Nurse, Oakland Unified School District

* Participant names withheld upon request.

TABLE 42. COMMUNITY LEADERS: NEEDS OF UNDOCUMENTED INDIVIDUALS FOCUS GROUP PARTICIPANTS

Date Held	**9/13/18**
Host	**Unity Council**
Target Group(s) Represented	**Low-income, Medically underserved, Minority**
Number of Participants	**5***
Participant Name, Title, Agency	Gabriela Galicia, Executive Director, Street Level Health Project
	Edgar Salazar, Day Labor Employment Advocate, Oakland Workers Collective

TABLE 43. COMMUNITY LEADERS: NEEDS OF INDIVIDUALS UTILIZING SAFETY NET CLINICS FOCUS GROUP PARTICIPANTS

Date Held	**9/14/18**
Host	**Kaiser Permanente Northern California**
Target Group(s) Represented	**Low-income, medically underserved**
Number of Participants	**5***
Participant Name, Title, Agency	Kendolyn Hindsman, Patient Services Manager, Lifelong Medical
	Julia Liou, Chief Deputy of Administration, Development, Asian Health Services
	Sara Rounsaville, West Oakland Health
	Gale Taylor, Chief Operating Officer West Oakland Health

TABLE 44. COMMUNITY LEADERS: NEEDS OF YOUTH FOCUS GROUP PARTICIPANTS

Date Held	**9/21/2018**
Host	**Kaiser Foundation Hospital-Oakland**
Target Group(s) Represented	**Low-income, Minority**
Number of Participants	**12***
Participant Name, Title, Agency	Karen Bohlke, Director of Government and External Affairs, Martin Luther King Jr. Freedom Center
	Shawana Booker, Director, Youth Uprising
	Eric Erhoff, Program Coordinator, Project Avary
	Nedra Ginwright, MS, Chief Flourish Officer, Flourish Agenda
	Wesley Hingano, Case Manager, Oakland High School
	Lailan Huen, API Student Achievement, Oakland Unified School District
	Rob Jackson, Executive Director, Beats Rhymes & Life
	JG Larochette, Founder & Executive Director, Mindful Life Project
	Kieran McMonagle, LMFT, Clinical Program Manager AC/SF, First Place for Youth
	Jamal Mitchell, Care Champion, The Hidden Genius Project
	Tiffani Parrish, Case Manager, Youth Radio

* Participant names withheld upon request.

TABLE 45. COMMUNITY LEADERS: HEALTH DISPARITIES AND INEQUITIES FOCUS GROUP PARTICIPANTS

Date Held	**9/21/2018**
Host	**Kaiser Foundation Hospital-Oakland**
Target Group(s) Represented	**Low-income, Medically underserved, Minority**
Number of Participants	**6**
Participant Name, Title, Agency	Charise Fong, Chief Operating Officer, East Bay Asian Local Development Corporation Anthony Galace, Director of Health Equity, The Greenlining Institute Romi Hall, Associate Director, East Bay Asian Local Development Corporation Melissa Jones, Executive Director, Bay Area Regional Health Inequities Initiative (BARHII) Anita Kumar, Manager, East Bay Asian Local Development Corporation Ellen Wu, Executive Director, Urban Habitat

TABLE 46. COMMUNITY RESIDENTS: FOCUS GROUP PARTICIPANTS

Host	Population	Total Participants*	Target Groups Represented	Date Held
Alameda County Health Coach Program	Health coaches – peers of medically underserved individuals	5	Medically underserved, Minority	8/2/2018
Youth Radio	Youth	31	Low-income, Minority	9/28/2018

* Community residents participated on the condition of anonymity.

Attachment 3. Community Assets and Resources

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

Healthcare Facilities and Agencies

The following healthcare facilities are available in Northern and Southern Alameda County.

HOSPITALS

- Alameda County Medical Center
- Alameda Health System Alameda Hospital
- Alameda Health System Highland Hospital
- Alameda Health System San Leandro Hospital
- John Muir Health
- Kaiser Foundation Hospital–Oakland
- Kaiser Foundation Hospital–San Leandro
- St. Rose Hospital
- Sutter Health Alta Bates Summit Medical Center
- Sutter Health Eden Medical Center
- UCSF Benioff Children's Hospital Oakland
- Washington Hospital Healthcare System

FEDERALLY QUALIFIED HEALTH CENTERS

- Asian Health Services
- Davis Street
- La Clínica
- LifeLong Medical Care
- Native American Health Center
- Tiburcio Vásquez Health Center
- Tri-City Health Centers (and Mobile Clinic)
- West Oakland Health

OTHER HEALTH CLINICS

- Ashland Free Medical Clinic
- Center for Elder Independence
- Order of Malta Clinic
- Roots Community Health Center
- RotaCare Clinic

Assets and Resources by Identified Health Need

BEHAVIORAL HEALTH

Resource Name	Summary Description	Website
Alameda County Behavioral Health Care Services	Provides services to maximize the recovery, resilience and wellness of all eligible Alameda County residents who are developing or experiencing serious mental health, alcohol or drug concerns	http://www.acbhcs.org/
Alameda County Housing and Community Development	Develops housing and programs to serve the county's low- and moderate-income, homeless, and disabled populations	https://www.acgov.org/cda/hcd/
Alameda County Social Services Agency	Provides benefits programs through cash assistance and CalFresh ("food stamps"), CalWORKs (assistance for families with children), General Assistance, and Medi-Cal Health Insurance	https://www.alamedasocialservices.org/public/index.cfm
Alameda Health System	Aims to extend care, wellness, and prevention to all members of the community	http://www.alamedahealthsystem.org/
Al-Anon	12-step program for adult relatives and friends of alcoholics or someone coping with alcoholism	https://al-anon.org/
Alateen	12-step program for teen relatives and friends of alcoholics or someone coping with alcoholism	https://al-anon.org/for-members/group-resources/alateen/
Alcoholics Anonymous	12-step program for individuals who need help with alcohol addiction or excessive drinking	https://www.aa.org/
Beats, Rhymes and Life	Engages youth in Oakland to use hip-hop and self-expression as a form of therapy to facilitate healing	http://brl-inc.org/
Boldly Me	Helps people with differences due to birth conditions, medical treatments, injury, disease, and self-perception heal from emotional trauma	http://www.boldlyme.org/
Center for Healthy Schools and Communities, REACH Ashland Youth Center	Provides youth programs in the areas of arts, recreation, education, career development, and health and wellness	https://reachashland.org/
Center for Human Development	Facilitates the growth and strengthening of communities by providing services for at-risk youth, individuals, and families	http://chd-prevention.org/

Resource Name	Summary Description	Website
City of Berkeley Department of Health Services	Provides services to monitor the health of the community, prevent epidemics and the spread of disease, protect against environmental hazards, respond to disasters, and promote and encourage healthy behaviors	https://www.cityofberkeley.info/publichealth/
Crisis Support Services of Alameda, County 24-Hour Crisis Line	Gives round-the-clock telephone support to people coping with difficult circumstances or emotions, or suicidal thoughts or feelings	https://www.crisissupport.org/programs/crisis-line/
CURA, Inc.	Helps individuals experiencing difficulties with substance abuse achieve sobriety, health, and wellness	https://www.curainc.com/Home.html
East Bay Agency for Children	Offers comprehensive services designed to reduce the incidence/impact of adverse childhood experiences and other traumas	http://www.ebac.org/
Eden I&R, Inc.	Serves as a centralized source of health, housing, and human services information	http://edenir.org/
Family Education and Resource Center	Specializes in supportive services for caregivers and families of children, teenagers, adults, and older adults with mental illness	http://askferc.org/
Family Paths 24-Hour Parent Support Hotline	Provides free, confidential counseling and information to anyone in need of parenting support as well as referrals to nearly 900 community resources	https://familypaths.org/what-we-do/24-hour-parent-support/
Flourish Agenda	Strives to help youth of color flourish	https://flourishagenda.com/
Gamblers Anonymous	12-step program for people coping with a gambling addiction	http://www.gamblersanonymous.org/ga/
George Mark Children's Home	Offers round-the-clock skilled pediatric nursing, fun activities for children with complex medical conditions, transitional care, end-of-life care, respite care, and bereavement care	https://georgemark.org/
Girls, Inc.	Runs programs designed to empower and inspire girls and young women	https://girlsinc.org/
Horizon Services, Inc.	Provides preventive, educational, and therapeutic services and environments for individuals, families, and the community	https://www.horizonservices.org/
Jewish Family & Community Services East Bay	Promotes the well-being of individuals and families of all ages, races, and religions with essential mental health and social services at every stage of life	https://jfcs-eastbay.org/

Resource Name	Summary Description	Website
Kidango, Inc.	Runs free and reduced-cost pre-school/ child care centers	https://www.kidango.org/
La Familia Counseling Services	Supplies mental health and community support services to underserved multicultural communities	https://www.lafamiliacounseling.org/
Lincoln	Provides children with support and services, from an early age through high-school graduation	http://lincolnfamilies.org/
Mindful Life Project	Empowers underserved children to gain self-awareness, confidence, self-regulation and resilience through mindfulness and other transformative skills	http://www.mindfullifeproject.org/
Narcotics Anonymous	12-step program for individuals coping with substance abuse or drug addiction	https://www.na.org/
National Alliance on Mental Illness	Offers education, support, and advocacy for people affected by mental illness	http://www.namiacs.org/
Niroga	Offers programs in schools to strengthen resilience and empathy, using trauma-informed Dynamic Mindfulness	https://www.niroga.org/
Overeaters Anonymous	12-step program for people coping with compulsive overeating, undereating, food addiction, anorexia, bulimia, binge eating and/or excessive exercising	https://oa.org/
Pacific Center for Human Growth	Delivers LGBTQ-proficient mental health and wellness services to enhance the well-being of community members	http://pacificcenter.org/
Partnership for Trauma Recovery	Addresses the psychosocial impacts of trauma among international survivors of human rights abuses through culturally aware, trauma-informed, and linguistically accessible mental-health care, clinical training, and policy advocacy	https://traumapartners.org/
Second Chance, Inc.	Offers individual and group substance abuse treatment	https://secondchanceinc.com/
Seneca Center	Provides a comprehensive continuum of school, community-based and family-focused treatment services for children and families experiencing high levels of trauma who are at risk for family disruption or institutional care for the children	https://www.senecafoa.org/
Side by Side	Helps youth overcome traumas caused by adversity and embrace resilience	https://www.sidebysideyouth.org/

Resource Name	Summary Description	Website
Women on the Way Recovery Center	Helps women who have limited resources or are experiencing homelessness recover from substance abuse through housing, treatment, and aftercare support	https://www.rehab.com/women-on-the-way-recovery-center-phase-one/6416443-r
YMCA of the East Bay	Offers a variety of programs through its five health and wellness centers, 20-plus child care sites, a teen center, and three camps	https://ymcaeastbay.org/

CLIMATE/NATURAL ENVIRONMENT

Resource Name	Summary Description	Website
Alameda County Citizens' Climate Lobby	Engages in grassroots activities to stabilize the climate and advocates for the transition from dirty to clean energy	https://citizensclimatelobby.org/
Communities for a Better Environment	Builds the power and capacity of people of color in urban communities burdened by pollution to advocate for their health and the betterment of their community	http://www.cbecal.org/
Earth Team	Empowers youth to become lifelong environmental stewards: Students learn about sustainability, environmental restoration, climate change, waste reduction, and watersheds	http://www.earthteam.net/
Ecology Center	Strives to reduce the environmental impact of residents of urban areas by promoting education and action around sustainable practices	https://ecologycenter.org/
Greenbelt Alliance	Advocates for the protection of the greenbelt of natural and agricultural lands in the Bay Area	https://www.greenbelt.org/
Movement Generation Justice and Ecology Project	Facilitates movement building in low-income communities of color around issues such as climate and ecological justice	https://movementgeneration.org/
Pacific Institute	Creates solutions to address issues relating to water use	https://pacinst.org/
Rising Sun Center for Opportunity	Provides green training, employment, and residential energy-efficiency services	https://risingsunopp.org
Transform	Aims to address social inequity and climate change by shaping policies around public transportation that encourage transit and affordable housing development	http://www.transformca.org/
The Watershed Project	Inspires Bay Area communities to understand, appreciate, and restore their local watersheds	http://thewatershedproject.org/

COMMUNITY AND FAMILY SAFETY

Resource Name	Summary Description	Website
A Safe Place	Provides domestic violence shelter and services	https://www.asafeplace.org/
Afghan Coalition	Supports and empowers Afghani refugee families, women, and youth to achieve health and wellness	https://www.afghancoalition.org/
Alameda County Deputy Sheriffs' Activities League	Collaborates with residents on initiatives that reduce crime and improve community health	https://www.acdsal.org/
Alameda County Family Justice Center	Ensures the safety, healing, and self-empowerment of victims of interpersonal violence through supportive services related to counseling, trauma recovery, and resource referral	http://www.acfjc.org/
Alameda Family Services	Offers programs to improve the emotional, psychological, and physical health of children, youth and families	https://www.alamedafs.org/
Alternatives in Action	Offers school and community programs for youth	https://www.alternativesinaction.org/
Bananas	Supports families and individuals with children by providing referrals to child care, education around imbursement for child care, and workshops for parents	https://bananasbunch.org/
Bay Area Women Against Rape	Addresses the issue of sexual assault by providing support services to survivors and leading education efforts in the community around the topic	https://www.bawar.org
Berkeley Youth Alternatives	Helps at-risk youth through programs that emphasize education, health and well-being, and economic self-sufficiency	https://www.byaonline.org/
Building Futures	Provides a continuum of care through residential programs, crisis lines, and case management to help county residents build a future free of violence and homelessness	http://www.bfwc.org/
Calico Center	Works with law enforcement officers, child welfare workers, prosecutors, and other professionals to achieve justice for abused children by investigating abuse allegations and eliciting testimony from children	https://www.calicocenter.org/

Resource Name	Summary Description	Website
Center for Healthy Schools and Communities, REACH Ashland Youth Center	Empowers youth living in poverty to be healthy, resilient, and successful by offering programs around recreation, education, childhood development, literacy, art, career and employment, and health and wellness	http://achealthyschools.org/reach-ashland-youth-center.html
Center for Human Development	Facilitates the growth and strengthening of communities by providing services for at-risk youth, individuals, and families	http://chd-prevention.org/
City of Berkeley Department of Health Services	Provides a wide array of services to monitor the health of the community, to prevent epidemics and the spread of disease, to protect against environmental hazards, to respond to disasters, and to encourage healthy behaviors	https://www.cityofberkeley.info/public health/
Community and Youth Outreach	Provides outreach, mentoring, case management, and support to high-risk youth and young adults	http://www.cyoinc.org/
Community Violence Solutions	Works to end sexual assault and family violence by providing services to survivors of sexual assault or abuse and their families	https://cvsolutions.org/
Eden I&R, Inc.	Serves as a centralized source of health, housing, and human services information	http://edenir.org/
Eden Youth and Family Center	Provides services to promote the health and socioeconomic well-being of children, youth, and families	http://www.eyfconline.org/
Exonerated Nation	Helps exonerated formerly incarcerated individuals transition to life outside prison	https://exoneratednation.org/
First 5 Alameda County	Offers continuous prevention and early intervention programs that promote optimal health and development, narrow disparities and improve the lives of children ages 0–5 and their families	http://www.first5alameda.org/
Fresh Lifelines for Youth	Prevents juvenile crime and incarceration through legal education, leadership training, and one-on-one mentoring	https://flyprogram.org/
Girls, Inc.	Runs programs designed to empower and inspire girls and young women	https://girlsinc.org/

Resource Name	Summary Description	Website
Immigration Institute of the Bay Area	Helps immigrants, refugees, and their families settle in the community by providing legal-aid services as well as education and community engagement opportunities	https://iibayarea.org/
Koreatown Northgate (KONO)	Ensures the district (Telegraph Avenue from 20th to 35th Streets in Oakland) is safe, clean, and promoted	https://www.koreatownnorthgate.org/
The Latina Center	Focuses on uplifting the health and growth of the Latinx community by providing leadership and personal development opportunities	https://thelatinacenter.org/
Narika	Helps domestic violence survivors with advocacy, support, and education	https://www.narika.org/
Oakland Unite!	Targets the highest-risk community members and neighborhoods, with programs focused on interrupting violence as it is occurs and preventing future violence	http://oaklandunite.org/
Project Avary	Runs a program that meets the unique emotional needs of children with a parent in prison, starting at ages 8–11 and continuing for 10 years	http://www.projectavary.org/
Reentry Success Center	Supports formerly incarcerated individuals in transitioning back into the community	http://reentrysuccess.org/
Ruby's Place	Offers women, men, transgender people, and accompanied minors who have been affected by domestic violence or human trafficking with shelter, case management, therapy, and housing services	http://www.rubysplace.org/wp/
Safe Alternatives to Violent Environments	Supports victims of domestic violence through providing shelter, support and educational opportunities	https://save-dv.org/
San Leandro Boys and Girls Club	Provides a variety of recreational programs for boys and girls (including teens), also after-school kinder care in elementary schools	http://bgcsl.org/
STAND! for Families Free of Domestic Violence	Strives to break the cycle of violence in families impacted by domestic violence and child abuse by providing services around therapy, crisis lines and educational opportunities	http://www.standffov.org/

Resource Name	Summary Description	Website
Youth Alive!	Works to prevent violence, and helps violently wounded people heal themselves and their community	http://www.youthalive.org/
Youth Uprising	Engages youth in East Oakland in leadership opportunities to drive the health and economic growth of the community	https://www.youthuprising.org/

ECONOMIC SECURITY

Resource Name	Summary Description	Website
Alameda County Community Food Bank	Partners with and provides food to local charities, pantries, and nonprofits, which pass out groceries and food items (*Website has a search function to find multiple food resources in any city in Alameda County; use that for the most up-to-date resources*)	http://foodnow.net/food-today/
Alameda County Food Resources	Lists community groups providing food assistance	https://www.needhelppayingbills.com/html/alameda_county_food_banks.html
Alameda County Nutrition Services – Women, Infants, and Children (WIC)	Promotes healthy eating via nutrition advice, help with breastfeeding, referrals to services, and special checks to buy healthy food items	http://www.acphd.org/wic.aspx
Alameda County Social Services Agency	Provides benefits programs through cash assistance and CalFresh ("food stamps"), CalWORKs (assistance for families with children), General Assistance, and Medi-Cal Health Insurance	https://www.alamedasocialservices.org/public/index.cfm
Bay Area Legal Aid	Increases access to the civil justice system through legal assistance for low-income individuals	https://baylegal.org/
Building Opportunities for Self-Sufficiency	Operates programs and services designed to empower homeless, poor, and disabled individuals to become self-sufficient	https://self-sufficiency.org/
Catholic Charities of the East Bay	Offers services to aid youth, children, and families facing difficulties with immigration, eviction, literacy, or surviving traumatic violence	http://www.cceb.org/

Resource Name	Summary Description	Website
City of Berkeley Health, Housing, and Community Services Department	Works to improve the quality of life for individuals and families in Berkeley through innovative policies, effective services, and strong community partnerships	https://www.cityofberkeley.info/dhs/
City of Oakland Department of Human Services	Collaborates with a diverse group of local organizations to provide a services in the community	https://www.oaklandca.gov/departments/department-of-human-services
Community Resources for Independent Living	Focuses on providing disabled individuals with peer-based resources and advocacy to improve their lives and their ability to navigate their environment	http://www.crilhayward.org/
East Bay Asian Local Development Corporation	Works with and for the diverse populations of the East Bay to build healthy, vibrant, and safe neighborhoods through community development	https://ebaldc.org/
East Bay Community Law Center	Addresses the underlying causes of poverty and economic and racial inequality to improve opportunities in economic security, education, health and welfare, housing, and immigration	https://ebclc.org/
East Bay Works	Partners with job centers, economic developers, support service providers, and educational entities to provide benefits and services to employers, job seekers and youth ages 16–24 at no cost	http://www.eastbayworks.com/
East Oakland Youth Development Center	Develops the social and leadership capacities of youth and young adults ages 6–24 so that they are prepared for employment, higher education, and leadership roles	http://eoydc.org/
Eden I&R, Inc.	Serves as a centralized source of health, housing, and human services information	http://edenir.org/
First Place for Youth	Supports youth, particularly those in foster care, in developing self-sufficiency and a sense of purpose by offering housing and case-management services	https://www.firstplaceforyouth.org
Hayward Day Labor Center	Enables low-income, mostly migrant workers in the East Bay achieve self-sufficiency	http://daylaborcenter.org/

Resource Name	Summary Description	Website
LIFE Eldercare, Inc.	Offers Meals on Wheels, transportation, friendly visitors, and fall prevention for the elderly	https://lifeeldercare.org
OneChild	Helps youth take action against sex trafficking through education, advocacy, mobilization, and survivor care and empowerment	https://www.onechild.ca/
Rising Sun Center for Opportunity	Provides green training, employment, and residential energy-efficiency services	https://risingsunopp.org
Rubicon Programs	Equips East Bay residents with resources to break the cycle of poverty	http://rubiconprograms.org/
Unity Council	Helps families and individuals build wealth and assets through sustainable economic, social, and neighborhood development programs	https://unitycouncil.org/
Youth Spirit Artworks	Engages homeless and low-income individuals in artistic jobs and training to help them develop skills, experience, and self-confidence	http://youthspiritartworks.org/

EDUCATION AND LITERACY

Resource Name	Summary Description	Website
Alameda County Early Head Start and Head Start	Provides child development and family support services to facilitate children's health and education	https://www.alamedafs.org/hs-ehs.html
California State University, East Bay, Hayward Promise Neighborhood	Through collaborative partnership, offers over 35 programs that serve residents, families, children, and students in the Hayward area to ensure educational success and a safe, healthy, thriving community	http://www.haywardpromise.org/
Community Child Care Council (4C's) of Alameda County	Strengthens children and families by helping parents find and pay for affordable child care	https://www.4c-alameda.org
Hidden Genius Project	Focuses on increasing diversity in the workforce and transforming communities by mentoring black male youth in technology creation, entrepreneurship, and leadership skills	http://www.hiddengeniusproject.org/

SCHOOL DISTRICTS IN ALAMEDA COUNTY

School District	Location	Website
Alameda USD	Alameda	https://alamedausd-ca.schoolloop.com/
Albany USD	Albany	https://www.ausdk12.org/
Berkeley USD	Berkeley	https://www.berkeleyschools.net/
Castro Valley USD	Castro Valley	https://www.cv.k12.ca.us/
Emeryville USD	Emeryville	https://emeryusd.k12.ca.us/
Hayward USD	Hayward	https://www.husd.us/
San Leandro USD	San Leandro	https://www.sanleandro.k12.ca.us/
San Lorenzo USD	San Lorenzo	https://www.slzusd.org/
Oakland USD	Oakland	https://www.ousd.org/
Piedmont USD	Piedmont	http://www.piedmont.k12.ca.us/

HEALTHCARE ACCESS AND DELIVERY

Resource Name	Summary Description	Website
Alameda County Healthcare for the Homeless	Increases access to quality healthcare for homeless individuals through free health centers and mobile clinics that provide primary care, substance abuse treatment, and other services	https://www.achch.org/
Alameda County Housing & Community Development	Supports the preservation and development of affordable housing for low- and moderate-income residents	https://www.acgov.org/cda/hcd/
American Diabetes Association	Educates people about ways to live healthier lives and support friends and loved ones living with diabetes	http://www.diabetes.org/in-my-community/local-offices/san-francisco-california/
American Heart Association	Strives to prevent and cure heart disease	https://www.heart.org/en/affiliates/california/greater-bay-area
Bay Area Communities for Health Education	Collaborates with parents and schools on comprehensive sexuality education	https://bacheinfo.org/
Bay Area Legal Aid	Improves access to the civil justice system through legal assistance for low-income individuals	https://baylegal.org/

Resource Name	Summary Description	Website
California Department of Health Care Services	Helps low-income and disabled people get access to affordable, integrated, high-quality healthcare, including medical, dental, mental health, and substance use treatment services, as well as long-term care	https://www.dhcs.ca.gov/Pages/default.aspx
Center for Healthy Schools and Communities	Provides integrated health and wellness services (medical, dental, behavioral health, health education, and youth development) in 29 school health centers throughout Alameda County	http://achealthyschools.org/school-health-centers.html
Eden I&R, Inc.	Connects individuals in need with human services agencies	http://edenir.org/
George Mark Children's Home	Provides pediatric nursing and other support services to children with complex medical conditions	https://georgemark.org/
Operation Access	Enables Bay Area healthcare providers to donate surgical and specialty care to people in need	https://www.operationaccess.org/
Planned Parenthood Northern California	Delivers comprehensive sexual and reproductive health services	https://www.plannedparenthood.org/planned-parenthood-northern-california
Ronald McDonald Care Mobile Dental Clinic	Provides pediatric health services for underserved populations through health education and treatment and referral services	https://www.rmhc.org/ronald-mcdonald-care-mobile
Women's Cancer Resource Center	Helps women with cancer improve their quality of life through education, practical assistance, and support services	https://www.wcrc.org/
United Seniors of Oakland and Alameda County	Offers programs for older adults	https://www.usoac.org/

HEALTHY EATING/ACTIVE LIVING

Also see Economic Security for resources related to food insecurity.

Resource Name	Summary Description	Website
Acta Non Verba	Provides urban farming opportunities for children, youth, and families in East Oakland to deepen their understanding of nutrition, food production, and healthy living, and strengthen their ties to the community	https://anvfarm.org/
Alameda County Community Food Bank	Pursues a hunger-free community by conducting food distribution services, CalFresh outreach, youth and student nutrition programs, and mobile produce stands at health-delivery centers	https://www.accfb.org/
Alameda County Deputy Sheriffs' Activities League	Collaborates with Alameda County adults and youth on initiatives to reduce crime and improve community health	https://www.acdsal.org/
Alameda County Nutrition Services–Women, Infants, and Children (WIC)	Promotes healthy eating at public events, conducts cooking demonstrations, teaches nutrition and cooking classes, provides nutrition education, plants gardens, and develops and implements healthy food and beverage standards	http://www.acphd.org/nutrition-services
Alameda County Public Health Department	Offers community-based activities that engage residents and local partners in the planning, evaluation, and implementation of health activities	http://www.acphd.org/
Alameda County Social Services Agency	Provides benefits programs through cash assistance and CalFresh ("food stamps"), CalWORKs (assistance for families with children), General Assistance, and Medi-Cal Health Insurance	https://www.alamedasocialservices.org/public/index.cfm
City Slicker Farms	Reinforces self-sustaining access to food through urban farming, education, and recreation	http://www.cityslickerfarms.org/
East Bay Agency for Children	Offers comprehensive services designed to reduce the incidence and impact of adverse childhood experiences and other traumas	http://www.ebac.org/
East Bay Regional Parks District	Manages multiple parks in the East Bay that offer outdoor activities	https://www.ebparks.org/
Eden Youth and Family Center	Provides services to promote the health and socioeconomic well-being of children, youth, and families	http://www.eyfconline.org/
Fresh Approach	Improves healthy food access in the community through farmers markets, community gardens, and cooking and nutrition classes	https://www.freshapproach.org/

Resource Name	Summary Description	Website
Mandela MarketPlace	Builds health, wealth, and assets in low-income communities by creating local food enterprises	https://www.mandelapartners.org/
Meals on Wheels of Alameda County	Delivers nutritious meals to, and performs wellness checks on, frail and/or homebound seniors	https://www.feedingseniors.org/

HOUSING AND HOMELESSNESS

Resource Name	Summary Description	Website
Abode Services	Works with government, supporters, landlords, and clients to provide housing for people experiencing homelessness	https://www.abodeservices.org/
Alameda County Healthcare for the Homeless	Increases access to quality healthcare for homeless individuals through free health centers and mobile clinics that provide primary care, substance abuse treatment, and other services	https://www.achch.org/
Alameda County Housing & Community Development	Leads the development of housing and programs to serve low- and moderate-income households, people experiencing homelessness, and disabled individuals	http://www.acgov.org/cda/hcd/
Alameda Point Collaborative	Permanent supportive housing community for individuals experiencing homelessness, which aims to break the cycle of poverty by providing supportive services around education, employment, nutrition, and entrepreneurship	https://apcollaborative.org/
Bay Area Legal Aid	Increases access to the civil justice system through legal assistance for low-income people	https://baylegal.org/
Building Opportunities for Self-Sufficiency	Operates a variety of programs and services targeted towards empowering homeless, poor and disabled individuals to be self-sufficient	https://self-sufficiency.org/
Catholic Charities of the East Bay	A wide variety of services to aid youth, children and families facing eviction including rent assistance and funds for housing deposits	http://www.cceb.org/housing-services-in-the-county-of-alameda/
Downtown Streets Team	Provides case management and volunteer programs to homeless individuals (or those at risk of becoming homeless), to develop job skills and find employment and housing	https://www.streetsteam.org/index

Resource Name	Summary Description	Website
East Bay Community Law Center Housing Program	Defends low-income tenants in eviction lawsuits brought against them	https://ebclc.org/need-services/housing-services
East Bay Housing Organizations	Works through organized campaigns focused on policy or a geographic community through ongoing committees	http://ebho.org/resources/looking-for-housing/housing-developers/
Eden I&R, Inc.	Serves as a centralized source of health, housing, and human services information	http://edenir.org/
Everyone Home	Supports collaborative projects to end homelessness	http://everyonehome.org/
First Place for Youth	Supports youth, particularly those in foster care, in building self-sufficiency and a sense of purpose by offering housing and case management services	https://www.firstplaceforyouth.org
Homeless Action Center	Makes it possible for people who are experiencing severe homelessness, poverty, or disability to access social safety net programs through free, culturally sensitive legal representation	http://homelessactioncenter.org/
Lava Mae	Brings critical self-care services to people experiencing homelessness via mobile hygiene and pop-up care village programs	https://lavamae.org/
MidPen Housing	Nonprofit developer that owns and manages high-quality affordable housing for low-income families, seniors and people with special needs	https://www.midpen-housing.org/
Rubicon Programs	Equips East Bay residents with resources to break the cycle of poverty	http://rubiconprograms.org/

TRANSPORTATION AND TRAFFIC

Resource Name	Summary Description	Website
Alameda–Contra Costa Transit District (AC Transit)	Provides regional bus service	http://www.actransit.org/
Bay Area Rapid Transit (BART)	Provides elevated and subway rail travel across Bay Area counties	https://www.bart.gov/
Bay Wheels	Offers an affordable, accessible mode of transportation via a bicycle-sharing service (operated by Lyft), with discounted memberships for low-income individuals	https://www.lyft.com/bikes/bay-wheels
Bike East Bay	Promotes a healthy, sustainable community by making cycling safe, fun and accessible	https://bikeeastbay.org/
Drivers for Survivors	Offers free transportation services and supportive companionship for ambulatory cancer patients	http://driversforsurvivors.org/
Eden I&R, Inc.	Serves as a centralized source of health, housing, and human services information	http://edenir.org/
LIFE Eldercare, Inc.	Meals on Wheels, transportation, friendly visitors and fall prevention for the elderly	https://lifeeldercare.org
Paratransit	Public transit service for people who are unable to use regular buses or trains because of a disability or a disabling health condition	https://www.eastbayparatransit.org/

Attachment 4. Secondary Data Sources

The following sources (Table 47) were consulted to compile the data tables that underlie the 2019 Community Health Needs Assessment.

Table 47. Secondary Data Sources

Source	Year(s)
American Housing Survey	2011–2013
Annie E. Casey Foundation, KIDS COUNT Data Center (Jul. 2016)	2015
Applied Survey Research. (2017). Alameda County Homeless Census and Survey. Watsonville, CA	2017
Area Health Resource File	2006–2010, 2012–2014, 2015, 2015, 2016
Bureau of Labor Statistics	2016, 2018
California Breathing, Environmental Health Investigations Branch, California Department of Public Health using data from the California Office of Statewide Health Planning and Development (OSHPD) Patient Discharge Database, the California Department of Finance, and the U.S. Census Bureau	2016
California Child Care Resource and Referral Network, California Child Care Portfolio (Nov. 2015)	2014
California Department of Education	2014–2015, 2014–2017, 2015–2016, 2016–2017, 2018
California Department of Education, California Healthy Kids Survey (WestEd)	2011–2013, 2013–2015
California Department of Public Health	2014–2016, 2015, 2017
California Department of Public Health, Birth Profiles by ZIP code	2011
California Department of Public Health, Breastfeeding Statistics	2012
California Department of Public Health, Death Public Use Data	2010–2012
California Department of Public Health, Office of AIDS, HIV/AIDS Surveillance Section	2010–2012, 2013–2015
California Department of Public Health, STD Control Branch	2014–2016, 2017
California Department of Public Health, STD Control Branch, Data Request, Sept. 2017. Gonorrhea data.	2014–2016
California Department of Public Health, Tuberculosis Control Branch, Data request, Sept. 2017	2014–2016, 2016
California Department of Public Health: 2011–2016 Death Records	2011–2016
California Department of Education, California Basic Educational Data System (CBEDS) (Jun. 2016)	2015
California Department of Education, California Basic Educational Data System (CBEDS), Staff Assignment and Course Data (Mar. 2016)	2015
California Department of Education, California Longitudinal Pupil Achievement Data System (CALPADS) (May 2016)	2015

Source	Year(s)
California Department of Education, Coordinated School Health and Safety Office custom tabulation and California Basic Educational Data System (May 2017)	2016
California Department of Education, DataQuest (Jun. 2016)	2015
California Department of Education, Physical Fitness Testing Research Files (Dec. 2015)	2015
California Department of Finance, Population Estimates by Race/Ethnicity with Age and Gender Detail 2000–2009	2016
California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 1990–1999, 2000–2010, 2010–2060 (Oct. 2016)	2016
California Department of Justice, Arrest Data	2015
California Department of Justice, Criminal Justice Statistics Center, Domestic Violence–Related Calls for Assistance Database (1998–2003) and Online Query System (Aug. 2015)	2014
California Department of Public Health, Center for Health Statistics, Birth Statistical Master Files	2013
California Department of Public Health, Childhood Lead Poisoning Prevention Branch (Aug. 2017)	2013
California Department of Public Health, Immunization Branch, Kindergarten Assessment Results (Feb. 2016)	2016
California Department of Public Health, Sexually Transmitted Diseases Data	2015
California EpiCenter	2013–2014
California Office of Statewide Health Planning and Development (OSHPD); special tabulation 2016	2009–2011, 2011, 2012–2014, 2013–2015, 2014, 2015, 2016
California State Highway Patrol	2015
Centers for Disease Control and Prevention, CDC WONDER mortality data	2010–2016, 2012–2016, 2013–2016, 2014–2016
Centers for Disease Control and Prevention, Natality data on CDC WONDER	2013
Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS)	2005–2009, 2006–2010, 2006–2012, 2011–2012, 2014, 2015, 2016
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion	2013, 2015
Centers for Disease Control and Prevention, Sexually Transmitted Diseases Data and Statistics	2015
Centers for Medicare and Medicaid Services	2015, 2014, 2013, 2012, 2011, 2010
Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health, Advancing data-in-action partnerships for children and children with special health care needs in California counties and cities using synthetic estimation from the 2011/12 National Survey of Children's Health and 2008–2012 American Community Survey (Nov. 2016)	2011–2012
Child Care Regional Market Rate Survey, 2014	2014
Climate Impact Lab	2016

Source	Year(s)
Consolidated Planning/CHAS Data	2011–2015
County Business Patterns	2016, 2015, 2014, 2013, 2012
County Health Rankings	2010, 2012–2014, 2014, 2015, 2016, 2017
Dartmouth Atlas of Health Care	2015, 2014, 2013, 2012, 2011, 2010
Decennial Census	2010
Environmental Protection Agency National Air Toxics Assessment	2011
Environmental Protection Agency, EPA Smart Location Database	2011, 2013
Fatality Analysis Reporting System	2011–2015
FCC Fixed Broadband Deployment Data	2016
Federal Bureau of Investigation, FBI Uniform Crime Reports	2012–2014
Feeding America	2014, 2016
Fitnessgram Physical Fitness Testing	2016–2017
Food Environment Atlas (USDA) and Map the Meal Gap (Feeding America)	2014
Health Resources and Services Administration	2016
Insight Center for Community Economic Development	2014
Institute for Health Metrics and Evaluation	2014
Interactive Atlas of Heart Disease and Stroke	2012–2014
Mapping Medicare Disparities Tool	2015
Martin et al. (2015), Births: Final Data for 2013	2013
National Cancer Institute	2011–2015
National Cancer Institute Surveillance, Epidemiology, and End Results (SEER) Program, Research data, 1973–2013 (Nov. 2015)	2009–2013
National Center for Chronic Disease Prevention and Health Promotion	2013, 2015
National Center for Education Statistics – Common Core of Data	2015–2016
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2013–2014, 2015, 2016
National Environmental Public Health Tracking Network	2014, 2013, 2012, 2011, 2010, 2009, 2008
National Flood Hazard Layer	2011
National Land Cover Database 2011	2011
National Survey of Children's Health	2016
National Vital Statistics Reports, *64*(1) (Mar. 2015)	2015
National Vital Statistics System	2004–2010, 2008–2014, 2011–2015
Nielsen Demographic Data (PopFacts)	2014
Nielsen SiteReports	2014

Source	Year(s)
North America Land Data Assimilation System (NLDAS)	2013, 2012, 2011, 2010, 2009, 2008, 2007, 2006
Opportunity Nation	2017
Population Reference Bureau, analysis of data from the National Survey of Children's Health and the American Community Survey (Mar. 2018).	2016
Population Reference Bureau, analysis of data from the U.S. Census Bureau's American Community Survey microdata files (Nov. 2015, Dec. 2017)	2014, 2016
Population Reference Bureau, Population Estimates 2010–2016 (Aug. 2017)	2016
Provider of Services File	2018
Rodriguez, D., et al. (2016). Prevalence of adverse childhood experiences by county, California Behavioral Risk Factor Surveillance System 2008, 2009, 2011, and 2013. Public Health Institute, Survey Research Group	2008, 2009, 2011, and 2013
Safe Drinking Water Information System	2015
State Cancer Profiles	2010–2014, 2011–2015
U.S. Cancer Statistics Working Group, United States cancer statistics: 1999–2013 incidence and mortality web-based report (Apr. 2016)	2009–2013
U.S. Census Bureau, American Community Survey	2012–2016, 2016
U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES	2016
U.S. Census Bureau, Small Area Income and Poverty Estimates	2015
U.S. Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas	2014, 2015
U.S. Department of Education, EDFacts. Accessed via Data.gov	2014–2015, 2015–2016
U.S. Department of Housing and Urban Development, PIT Estimates of Homelessness in the U.S. 2014 and 2017 (Mar. 2018)	2017
U.S. Drought Monitor	2012–2014
UCLA Center for Health Policy Research, California Health Interview Survey	2009, 2011–2012, 2013–2014, 2014, 2014–2015, 2015, 2015–2016, 2016
University of Missouri, Center for Applied Research and Environmental Systems	2012–2015
University of Wisconsin Population Health Institute, County Health Rankings	2018
Vera Institute of Justice, Incarceration Trends. Retrieved from http://trends.vera.org/rates. Accessed 17 Aug. 2018	2013, 2015
Webster, D., et al. Child Welfare Services Reports for California, U.C. Berkeley Center for Social Services Research (Jun. 2016)	2013
Zilpy.com, Rental Market Trends (Oct. 2018)	2018

Attachment 5. Secondary Data Tables, Northern Alameda County

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INTRODUCTION

Health needs data found in the following tables were collected from these sources:

- Alameda County 2017 Homeless Census and Survey Report based on the 2017 Point in Time (PIT) Count, accessed via http://everyonehome.org/wp-content/uploads/2016/02/2017-Alameda-County-8.1-2.pdf, pulled on July 31, 2018
- California Department of Public Health (CDPH) county health status profiles, accessed via https://www.cdph.ca.gov/Programs/CHSI/Pages/Individual-County-Data-Sheets.aspx, pulled on July 24, 2018
- California Health Interview Survey (CHIS), accessed via http://ask.chis.ucla.edu/, pulled on August 5, 2018
- California Healthy Kids Survey (CHKS), accessed via http://chks.wested.org/query-chks/, pulled on August 5, 2018
- The new CHNA data platform, replacing Community Commons (CHNA.org), accessed via http://chna.org/kp, pulled on May 17, 2018[1]
- City of Oakland Equity Indicators (COEI) 2018 Report, accessed via https://www.oaklandca.gov/documents/equity-indicators-community-briefing-documents, pulled on November 10, 2018
- County Health Rankings (CHR), accessed via http://www.countyhealthrankings.org/app/california/2018/rankings, pulled on July 30, 2018
- The Healthy Alameda County (HAC.org) platform, accessed via http://www.healthyalamedacounty.org, pulled on July 21, 2018
- KidsData.org, a program of the Lucile Packard Foundation for Children's Health, accessed via https://www.kidsdata.org, pulled on August 5, 2018
- U.S. Department of Housing and Urban Development (HUD) 2017 Annual Homeless Assessment Report to Congress, accessed via https://www.hudexchange.info/resources/documents/2017-AHAR-Part-1.pdf, pulled on July 31, 2018
- Vera Institute of Justice Incarceration Trends (Vera), accessed via http://trends.vera.org/rates/alameda-county-ca?incarcerationData=all, pulled on July 31, 2018
- Zilpy, accessed via http://www.zilpy.com/, pulled on November 12, 2018

Statistical data tables compare local data to California state benchmarks or national goals, whichever is more stringent. The absolute percentage difference was calculated by subtracting the local value from the benchmark (or national goal), then divided by the latter, and taking the absolute value of the result. For example, if the local value of an indicator is 10.0, and the state value is 8.3, the absolute percentage difference is (10.0-8.3)/8.3 = 20.5%. If the directionality of the indicator suggests that a lower value is better, this indicator would be flagged as missing the benchmark by 20.5%.

The source (data platform) of every indicator is noted in parentheses after the indicator name (see example below for all table elements described herein). Full source information may be found in Attachment 4.

CHNA.org indicators are for the Northern Alameda County area only. Other indicators are countywide, as shown by the parenthetical "(AC)," unless otherwise noted (e.g., for the City of Oakland). When the CDC's Healthy People 2020 benchmark is used instead of the state average, the notation (HP) appears in the "State Avg." column. Rates are per 100,000 except where noted. The tables are presented alphabetically with the exception of Other Health, which is last.

[1] Data updated September 4, 2018.

EXAMPLE:

Indicator	Indicator Type	Value	State Avg.	SDs	% Different
***Asthma ER Visits (AC) (HAC.org)**	**rate**	**649.0**	**498.7**	N/A	**30.1%**
***Asthma Hospitalizations, Medicare Beneficiaries (per 10,000) (CHNA.org)**	**rate**	**3.0**	**2.4**	**-1.0**	**25.0%**
***Asthma Hospitalizations, All Ages (per 10,000) (AC) (Kidsdata.org)**	**rate**	**10.5**	**7.6**	N/A	**38.2%**
***Asthma Prevalence, Adults (CHNA.org)**	**percent**	**16.1**	**14.8**	-0.4	**8.8%**
Average Charge per Asthma Hospitalization (AC) (CDPH)	dollars	**41,610**	39,860	N/A	4.4%
Driving Alone to Work (CHNA.org)	percent	47.8	73.5	3.0	35.0%
Drought Severity (CHNA.org)	percent	87.6	92.8	0.8	5.6%
High Blood Pressure Prevalence (AC) (HAC.org)	percent	25.5	26.9 (HP)	N/A	5.2%
***Respiratory Hazard Index (CHNA.org)**	**number**	**2.6**	**2.2**	**-0.8**	**18.2%**
***Road Network Density (miles of road per square mile of land) (CHNA.org)**	**rate**	**21.6**	**2.0**	**-3.0**	**980.0%**
Stroke Deaths (CHNA.org)	rate	**36.4**	35.4	-0.2	2.8%
Tree Canopy Cover (CHNA.org)	percent	18.9	8.3	1.6	127.7%

Geographic area indicators that are at least two standard deviations (SD) or at least 5% worse than their benchmark have an asterisk, appear in **bold type**, and are highlighted in dark orange (e.g., "Road Network Density" above). Those that are at least one SD worse have an asterisk, appear **bold type**, and are highlighted in light orange (e.g., "Asthma Hospitalizations, Medicare Beneficiaries" above). Those that are at least a half SD worse have an asterisk, appear **bold type**, and are highlighted in yellow (e.g., "Respiratory Hazard Index" above). Indicators that are worse than their benchmark, but by less than a half SD have their actual statistic (value) in **bold type**, rather than the entire indicator row, and are highlighted in gray (e.g., "Stroke Deaths" above). When SDs are not available, the indicators that are worse than their benchmark by less than 5% only have their statistic emboldened (e.g., "Average Charge per Asthma Hospitalization" above).

Indicators that are within one SD better of the benchmark are merely highlighted in gray (e.g., "Drought Severity" above). Those at least one SD better than the benchmark are highlighted in light blue (e.g., "Tree Canopy Cover" above) and those at least two SDs better are highlighted in dark blue (e.g., "Driving Alone to Work" above). All indicators are rounded to the nearest tenth decimal point except when their values are less than one; then they are rounded to the nearest hundredth.

For data in the Race and Ethnicity tables, in which comparisons are made by race/ethnicity to the benchmark, statistics that are bold and highlighted in dark orange are at least 5% worse than the benchmark.

A trend is a pattern observed over time. When trend data were available, they are described below the data tables. A "mixed" trend means that the trend pattern is not clear.

BEHAVIORAL HEALTH

Mental Health

TABLE 48. STATISTICAL DATA FOR MENTAL HEALTH

Indicator	Indicator Type	Value	State Avg.	SDs	% Different
Adults Needing and Receiving Behavioral Health Care Services (AC) (HAC.org)	percent	**62.2**	60.5	N/A	2.8%
***Adults Needing Help for Behavioral Health Issue (AC) (AskCHIS)**	**percent**	**18.5**	**16.4**	N/A	**12.8%**
Adults With Any Adverse Childhood Experiences (AC) (Kidsdata.org)	percent	57.0	61.0	N/A	6.6%
Adults With Four or More Adverse Childhood Experiences (AC) (Kidsdata.org)	percent	12.5	15.9	N/A	21.4%
Bullied at School, 7th Graders (AC) (CHKS)	percent	**40.6**	39.4	N/A	3.0%
Bullied at School, 9th Graders (AC) (CHKS)	percent	**35.2**	34.4	N/A	2.3%
Bullied at School, 11th Graders (AC) (CHKS)	percent	**27.9**	27.6	N/A	1.1%
Caring Adults at School: Low, 7th Graders (AC) (CHKS)	percent	11.7	14.3	N/A	18.2%
Caring Adults at School: Low, 9th Graders (AC) (CHKS)	percent	14.0	17.8	N/A	21.3%
Caring Adults at School: Low, 11th Graders (AC) (CHKS) 1	percent	12.8	13.0	N/A	1.5%
Children in Foster Care (AC) (Kidsdata.org)	rate	4.2	5.8	N/A	27.6%
Children Needing and Receiving Behavioral Health Care Services (AC) (Kidsdata.org)	percent	**64.3**	62.7	N/A	2.6%
Children With Two or More Adverse Experiences (Parent Reported) (AC) (Kidsdata.org)	percent	14.3	16.4	N/A	12.8%
Cyberbullied More Than Once, 7th Graders (AC) (CHKS)	percent	**9.7**	9.4	N/A	3.2%
Cyberbullied More Than Once, 9th Graders (AC) (CHKS)	percent	12.1	12.4	N/A	2.4%
Cyberbullied More Than Once, 11th Graders (AC) (CHKS)	percent	11.5	12.4	N/A	7.3%
Deaths by Suicide, Drug or Alcohol Poisoning (CHNA.org)	rate	28.4	34.2	0.6	17.0%
Depression Among Medicare Beneficiaries (CHNA.org)	percent	13.2	14.3	0.8	7.7%
Depression-Related Feelings, 7th Graders (AC) (CHKS)	percent	23.3	25.4	N/A	8.3%
Depression-Related Feelings, 9th Graders (AC) (CHKS)	percent	28.6	31.5	N/A	9.2%
Depression-Related Feelings, 11th Graders (AC) (CHKS)	percent	33.3	33.4	N/A	0.3%
Domestic Violence Calls for Assistance (AC) (KidsData.org)	rate	5.7	6.0	N/A	5.0%
***Domestic Violence Hospitalizations (CHNA.org)**	**rate**	**5.7**	**4.9**	-0.2	**16.3%**
Frequent Mental Distress (AC) (HAC.org)	percent	9.5	10.6	N/A	10.4%
***Homicide (AC) (CHR)**	**rate**	**8.0**	**5.0**	N/A	**60.0%**
Insufficient Sleep (AC) (HAC.org)	percent	33.5	34.5	N/A	2.9%
Insufficient Social and Emotional Support (CHNA.org)	percent	**25.5**	24.7	-0.2	3.2%
Meaningful Participation at School: Low, 7th Graders (AC) (CHKS)	percent	28.6	31.3	N/A	8.6%
Meaningful Participation at School: Low, 9th Graders (AC) (CHKS)	percent	34.9	37.9	N/A	7.9%
Meaningful Participation at School: Low, 11th Graders (AC) (CHKS)	percent	**37.3**	36.9	N/A	1.1%
***Mental Health Hospitalization, Children Ages 5–14 (AC) (Kidsdata.org)**	**rate**	**2.8**	**2.5**	N/A	**12.0%**

Indicator	Indicator Type	Value	State Avg.	SDs	% Different
***Mental Health Hospitalization, Youth Ages 15–19 (AC) (Kidsdata.org)**	**rate**	**11.8**	**9.8**	N/A	**20.4%**
Mental Health Providers (CHNA.org)	rate	513.4	288.7	1.8	77.8%
***Older Adults Living Alone (AC) (HAC.org)**	**percent**	**24.3**	**23.1**	N/A	**5.2%**
Poor Mental Health Days (CHNA.org)	number	3.2	3.7	1.5	13.5%
Recent Formal Community Engagement (Volunteer Work) (Adult) (AC) (AskCHIS)	percent	13.8	11.2	N/A	23.2%
Recent Informal Community Engagement (Met With Others) (Adult) (AC) (AskCHIS)	percent	21.3	16.5	N/A	29.1%
Recently Taken Prescription Medicine Regularly for Emotional/Mental Health Issue (Adults) (AC) (AskCHIS)	percent	8.0	11.1	N/A	27.9%
School Connectedness: Low, 7th Graders (AC) (CHKS)	percent	9.4	10.2	N/A	7.8%
***School Connectedness: Low, 9th Graders (AC) (CHKS)**	**percent**	**12.7**	**11.5**	N/A	**10.4%**
***School Connectedness: Low, 11th Graders (AC) (CHKS)**	**percent**	**13.5**	**12.5**	N/A	**8.0%**
Self-Inflicted Injury ER Visits (AC) (HAC.org)	rate	103.1	115.5	N/A	10.7%
Seriously Considered Suicide, 9th Graders (AC) (CHKS)	percent	16.1	19.0	N/A	15.3%
Seriously Considered Suicide, 11th Graders (AC) (CHKS)	percent	**18.7**	18.1	N/A	3.3%
Seriously Considered Suicide, Adults (CHNA.org)	percent	9.2	10.0	0.3	8.0%
***Severe Mental Illness ER Visits (AC) (HAC.org)**	**rate**	**489.3**	**320.0**	**N/A**	**52.9%**
Social Associations (per 10,000) (CHNA.org)	rate	9.9	6.5	2.4	52.3%
Students per School Psychologist (AC) (Kidsdata.org)	number	1,233	1,265	N/A	2.5%
Suicide Deaths (CHNA.org)	rate	9.0	10.2 (HP)	N/A	11.8%
***Time in Foster Care (Median Months) (AC) (Kidsdata.org)**	**number**	**17.6**	**15.6**	N/A	**12.8%**
Young People Not in School and Not Working (CHNA.org)	percent	5.6	7.7	1.0	27.3%

Data Without Benchmarks

Certain indicators have no state or national comparison available.

- Community Stressors-Domestic Violence (COEI): While often under-reported, instances of domestic violence negatively impact long-term physical and emotional health. By ethnicity, the following are domestic violence rates per 100,000 people:
  - African American: 2,111.8
  - Latinx: 835.4
  - White: 321.8
  - Asian: 223.6
- Community Stressors-Homicides (COEI): Homicides negatively impact victims and their families, but also the surrounding communities. By ethnicity, the following are homicide rates per 100,000 people:
  - African American: 55.7
  - Latinx: 10.9
  - White: 3.4
  - Asian: 1.5

Trends

Trend data are available on certain indicators.

- Adults Needing and Receiving Behavioral Health Care Services: Generally trending down since 2009.
- Adults Needing Help for Behavioral Health Issue: Trend is mixed.
- Children in Foster Care: Downward trend overall since 2000, slight upward trend since 2012 but still lower than in 2000.
- Children without Secure Parental Employment: Trending down since 2011.
- Domestic Violence Calls for Assistance: Downward trend since 2005.
- Mental Health Hospitalizations, Children Ages 5–14: Generally trending up since 2011.
- Mental Health Hospitalizations, Youth Ages 15–19: Trending up since 2008.
- Mental Diseases and Disorders Hospitalizations, Children/Youth Ages 0–17: Trending up since 2007.
- Older Adults Living Alone: Trending down since 2006.
- Self-Inflicted Injury ER Visits: Trend is mixed.
- Time in Foster Care, Median Months: Mixed trend, slightly upward since 2007.

Race and Ethnicity

Certain indicators are available by ethnicity, which may show disparities in certain populations.

TABLE 49. STATISTICAL DATA FOR MENTAL HEALTH BY ETHNICITY

Indicator	Indicator Type	Bench mark	White	Afr Am	Asian	Pac Isl	Nat Am	Other	Multi Race	Hisp / Lat (Any Race)
Caring Adults at School: Low (AC) (CHKS)	percent	#	10.0%	**12.1%**	**10.9%**	**13.4%**	**15.0%**	**20.8%**	**12.8%**	**16.3%**
Children in Foster Care (AC) (Kidsdata.org)	rate	5.8	2.7	**20.2**	0.7*					3.4
Cyberbullied More Than Once (AC) (CHKS)	percent	#	7.6%	**9.3%**	6.7%	**14.0%**	**9.6%**	**11.5%**	**10.2%**	**11.4%**
Depression-Related Feelings (AC) (CHKS)	percent	#	25.9%	**27.2%**	25.4%	**38.4%**	**33.1%**	23.9%	**30.5%**	**34.2%**
Meaningful Participation at School: Low (AC) (CHKS)	percent	#	32.0%	**32.2%**	29.5%	31.1%	**32.2%**	28.3%	**32.2%**	**40.8%**
School Connectedness: Low (AC) (CHKS)	percent	#	6.9%	**14.1%**	**7.0%**	**7.9%**	**10.1%**	**11.4%**	**10.7%**	**12.0%**
Seriously Considered Suicide (AC) (CHKS)	percent	#	20.1%	14.6%	14.4%	**21.0%**	**24.0%**	12.0%	18.8%	19.4%
Suicide Deaths (CHNA.org)	rate	10.2 (HP)	**14.1**	5.9	5.7					4.4

Blank cells indicate that data were unavailable.
Benchmarks only available by grade. Ethnicity data only available in the aggregate. Comparison category is White.
* Statistic is for Asian/Pacific Islander combined.

Substance/Tobacco Use

TABLE 50. STATISTICAL DATA FOR SUBSTANCE/TOBACCO USE

Indicator	Indicator Type	Value	State Avg.	SDs	% Different
Adults Needing and Receiving Behavioral Health Care Services (AC) (HAC.org)	percent	**62.2**	60.5	N/A	2.8%
***Adults Needing Help for Behavioral Health Issue (AC) (AskCHIS)**	**percent**	**18.5**	**16.4**	N/A	**12.8%**
Alcohol Use (Youth) (AC) (HAC.org)	percent	22.6	29.5	N/A	23.4%
***Beer, Wine, and Liquor Stores (per 10,000) (CHNA.org)**	**rate**	**1.7**	**1.06**	**-1.9**	**54.5%**
Chronic Liver Disease/Cirrhosis Deaths (AC) (CDPH)	Rate	8.6	12.2	N/A	29.5%
Current/Former Smokers, Adults (CHNA.org)	percent	11.8	13.7	0.5	13.9%
Deaths by Suicide, Drug or Alcohol Poisoning (CHNA.org)	rate	28.4	34.2	0.6	17.0%
Excessive Drinking (CHNA.org)	percent	30.6	33.4	0.9	8.4%
Heart Disease Deaths (CHNA.org)	rate	71.8	99.5	1.4	27.8%
Heart Disease Hospitalizations, Medicare Beneficiaries (per 1,000) (CHNA.org)	rate	10.3	10.5	0.1	1.9%
Heart Disease Prevalence, Medicare Beneficiaries (CHNA.org)	percent	5.6	7.0	0.9	20.0%
Impaired Driving Deaths (CHNA.org)	percent	**29.6**	29.0	-0.1	2.1%
***Low Birth Weight (CHNA.org)**	**percent**	**7.2**	**6.8**	**-1.0**	**5.9%**
Lung Cancer Deaths (AC) (HAC.org)	rate	28.2	28.9	N/A	2.4%
Lung Cancer Incidence (CHNA.org)	rate	43.4	44.6	0.2	2.7%
Opioid Prescription Drug Claims (CHNA.org)	percent	5.9	7.0	0.6	15.7%
Poor Mental Health Days (CHNA.org)	number	3.2	3.7	1.5	13.5%
Recent Alcohol/Drug Use, 7th Graders (AC) (CHKS)	percent	7.5	10.4	N/A	27.9%
Recent Alcohol/Drug Use, 9th Graders (AC) (CHKS)	percent	18.2	23.2	N/A	21.6%
Recent Alcohol/Drug Use, 11th Graders (AC) (CHKS)	percent	33.2	33.4	N/A	0.6%
Recent Marijuana Use, 7th Graders (AC) (CHKS)	percent	3.6	4.2	N/A	14.3%
Recent Marijuana Use, 9th Graders (AC) (CHKS)	percent	10.9	12.3	N/A	11.4%
***Recent Marijuana Use, 11th Graders (AC) (CHKS)**	**percent**	**21.0**	**18.0**	N/A	**16.7%**
***Substance Use ER Visits (AC) (HAC.org)**	**rate**	**1,642.7**	**1,275.4**	N/A	**28.8%**
Very Low Birth Weight (AC) (Kidsdata.org)	percent	1.2	1.2	N/A	0.0%

Trends

Trend data are available on certain indicators.

- Adults Needing and Receiving Behavioral Health Care Services: Generally trending down since 2009.
- Adults Needing Help for Behavioral Health Issue: Trend is mixed.
- Alcohol Use (Youth): Trending down since 2007.
- Lung Cancer Deaths: Trending down since 2009.
- Substance Use ER Visits: Trending up since 2009.
- Very Low Birth Weight: Trend is relatively flat since 1995.

Race and Ethnicity

Certain indicators are available by ethnicity, which may show disparities in certain populations.

TABLE 51. STATISTICAL DATA FOR SUBSTANCE/TOBACCO USE BY ETHNICITY

Indicator	Indicator Type	Bench mark	White	Afr Am	Asian	Pac Isl	Nat Am	Other	Multi Race	Hisp / Lat (Any Race)
Heart Disease Deaths (CHNA.org)	rate	99.5	80.8	97.6	48.2		50.3			56.1
Recent Alcohol/Drug Use (AC) (CHKS)	percent	#	23.1%	**27.1%**	9.9%	20.3%	15.7%	16.4%	22.0%	**28.5%**
Recent Marijuana Use (AC) (CHKS)	percent	#	13.1%	**21.5%**	4.8%	12.8%	**13.3%**	10.6%	**15.2%**	**17.7%**

Blank cells indicate that data were unavailable.
Benchmarks only available by grade. Ethnicity data only available in the aggregate. Comparison category is White.
* Statistic is for Asian/Pacific Islander combined.

CLIMATE/NATURAL ENVIRONMENT

TABLE 52. STATISTICAL DATA FOR CLIMATE/NATURAL ENVIRONMENT

Indicator	Indicator Type	Value	State Avg.	SDs	% Different
***Active Asthma Prevalence, All Ages (AC) (CDPH)**	**percent**	**10.0**	**8.3**	N/A	**20.5%**
***Asthma Hospitalizations, Medicare Beneficiaries (per 10,000) (CHNA.org)**	**rate**	**3.0**	**2.4**	**-1.0**	**25.0%**
***Asthma Hospitalizations, All Ages (per 10,000) (AC) (Kidsdata.org)**	**rate**	**10.5**	**7.6**	N/A	**38.2%**
***Asthma Hospitalizations, Children Ages 0–4 (per 10,000) (AC) (Kidsdata.org)**	**rate**	**36.9**	**19.6**	N/A	**88.3%**
***Asthma Hospitalizations, Children/Youth Ages 5–17 (per 10,000) (AC) (Kidsdata.org)**	**rate**	**12.7**	**7.7**	N/A	**64.9%**
***Asthma Prevalence, Adults (CHNA.org)**	**percent**	**16.1**	**14.8**	-0.4	**8.8%**
Climate-Related Mortality Impacts (CHNA.org)	percent	4.8	8.4	0.4	42.9%
Drinking Water Violations (CHNA.org)	number	0.0	0.8	2.0	100.0%
Driving Alone to Work (CHNA.org)	percent	47.8	73.5	3.0	35.0%
Driving Alone to Work, Long Distances (CHNA.org)	percent	38.8	39.3	0.1	1.3%
Drought Severity (CHNA.org)	percent	87.6	92.8	0.8	5.6%
***Elevated Blood Lead Levels in Children Ages 0–5 (AC) (Kidsdata.org)**	**percent**	**0.3**	**0.2**	N/A	**50.0%**
***Elevated Blood Lead Levels in Children/Youth Ages 6–20 (AC) (Kidsdata.org)**	**percent**	**0.5**	**0.3**	N/A	**66.7%**
Flood Vulnerability (CHNA.org)	percent	1.9	3.7	0.5	48.6%
Heat Index (CHNA.org)	percent	0.0	2.7	0.6	100.0%
Ozone Levels (CHNA.org)	percent	29.4	42.0	2.1	30.0%
Particulate Matter 2.5 Levels (CHNA.org)	percent	9.5	10.7	0.6	11.2%
Public Transit Stops Within 0.5 Miles (CHNA.org)	percent	18.4	16.8	0.2	9.5%
***Respiratory Hazard Index (CHNA.org)**	**number**	**2.6**	**2.2**	**-0.8**	**18.2%**
***Road Network Density (miles of road per square mile of land) (CHNA.org)**	**rate**	**21.6**	**2.0**	**-3.0**	**980.0%**
Tree Canopy Cover (CHNA.org)	percent	18.9	8.3	1.6	127.7%

Data Without Benchmarks

Certain indicators have no state or national comparison available.

- Environmental Health-Abandoned Trash (COEI): Abandoned trash reduces neighborhood quality and pose health and fire risks. Overall, the rate of illegal dumping service requests in Oakland was 66.9 requests per 1,000 population. By majority ethnicity census tract, the rates of illegal dumping service requests are as follows:
    - Latinx: 102.8
    - African American: 82.6
    - Asian: 82.0
    - Non-White/Mixed: 69.4
    - White: 26.1
- Environmental Health-Park Quality (COEI): Park quality impacts park use and community benefit. The average park quality score for the City of Oakland was 2.5 out of 4 on an annual community survey by the City Council District.
- Environmental Health-Pollution Burden (COEI): Pollution negatively impacts health in multiple ways, from physical health to food and water supply. Overall, the average pollution burden score in Oakland was 36.9. By majority ethnicity census tract, the average pollution burden scores are as follows:
    - Asian: 51.6
    - Latinx: 40.6
    - Non-White/Mixed: 37.9
    - African American: 37.4
    - White: 31.8

Trends

No trend data are available.

Race and Ethnicity

No indicators are available by ethnicity.

COMMUNITY AND FAMILY SAFETY

Crime/Intentional Injury

TABLE 53. STATISTICAL DATA FOR CRIME/INTENTIONAL INJURY

Indicator	Indicator Type	Value	State Avg.	SDs	% Different
***Assault Injury ER Visits (AC) (HAC.org)**	**rate**	**422.2**	**322.6**	N/A	**30.9%**
***Beer, Wine, and Liquor Stores (per 10,000)** (CHNA.org)	**rate**	**1.7**	**1.06**	**-1.9**	**54.5%**
Bullied at School, 7th Graders (AC) (CHKS)	percent	**40.6**	39.4	N/A	3.0%
Bullied at School, 9th Graders (AC) (CHKS)	percent	**35.2**	34.4	N/A	2.3%
Bullied at School, 11th Graders (AC) (CHKS)	percent	**27.9**	27.6	N/A	1.1%
Cyberbullied More than Once, 7th Graders (AC) (CHKS)	percent	9.7	9.4	N/A	3.2%
Cyberbullied More than Once, 9th Graders (AC) (CHKS)	percent	12.1	12.4	N/A	2.4%
Cyberbullied More than Once, 11th Graders (AC) (CHKS)	percent	11.5	12.4	N/A	7.3%
Domestic Violence Calls for Assistance (AC) (KidsData.org)	rate	5.7	6.0	N/A	5.0%
***Domestic Violence Hospitalizations (CHNA.org)**	**rate**	**5.7**	**4.9**	-0.2	**16.3%**
Fear Being Beaten Up at School, 7th Graders (AC) (CHKS)	percent	**25.2**	24.7	N/A	2.0%
Fear Being Beaten Up at School, 9th Graders (AC) (CHKS)	percent	**18.4**	17.9	N/A	2.8%
***Firearm Fatalities (AC) (CHR)**	**rate**	**9.0**	**8.0**	N/A	**12.5%**
Gang Membership, 7th Graders (AC) (CHKS)	percent	7.4	8.1	N/A	8.6%
Gang Membership, 9th Graders (AC) (CHKS)	percent	**7.6**	7.5	N/A	1.3%
Gang Membership, 11th Graders (AC) (CHKS)	percent	7.4	7.5	N/A	1.3%
***Homicide (AC) (CHR)**	**rate**	**8.0**	**5.0**	N/A	**60.0%**
Injury Deaths (CHNA.org)	rate	42.8	46.6	0.3	8.2%
***Jail Admissions, Ages 15–64 (AC) (Vera)**	**rate**	**4,356.6**	**3,805.9**	N/A	**14.5%**
Jail Incarceration, Ages 15–64 (AC) (Vera)	rate	199.9	278.9	N/A	28.3%
***Juvenile Felony Arrests, Ages 10–17 (per 1,000) (AC) (Kidsdata.org)**	**rate**	**5.6**	**5.3**	N/A	**5.7%**
School Perceived as Unsafe/Very Unsafe, 7th Graders (AC) (CHKS)	percent	8.4	9.3	N/A	9.7%
School Perceived as Unsafe/Very Unsafe, 9th Graders (AC) (CHKS)	percent	**8.0**	7.7	N/A	3.9%
***School Perceived as Unsafe/Very Unsafe, 11th Graders (AC) (CHKS)**	**percent**	**7.3**	**6.5**	N/A	**12.3%**
Substantiated Child Abuse and Neglect (per 1,000 under age 18) (AC) (KidsData.org)	rate	2.8	8.2	N/A	65.9%
***Traumatic Injury Hospitalizations, Children Ages 0–17 (AC) (Kidsdata.org)**	**percent**	**1.6**	**1.1**	N/A	**45.5%**
***Violent Crimes (CHNA.org)**	**rate**	**716.8**	**402.7**	**-2.2**	**78.0%**

Data Without Benchmarks

Certain indicators have no state or national comparison available.

- Built Environment-Long-Term Residential Vacancy (COEI): Long-term residential vacancies are correlated with decreased safety and neighborhood quality. Overall, the percent of residential addresses in Oakland that have been vacant for two or more years was 0.47%. By majority ethnicity census tracts, the percent of residential vacancies for two or more years are as follows:
    - African American: 0.88%
    - Asian: 0.66%
    - Non-White/Mixed: 0.52%
    - White: 0.39%
    - Latinx: 0.27%
- Community Stressors-Domestic Violence (COEI): While often under-reported, instances of domestic violence negatively impact long-term physical and emotional health. By ethnicity, the following are domestic violence rates per 100,000 people:
    - African American: 2,111.8
    - Latinx: 835.4
    - White: 321.8
    - Asian: 223.6
- Community Stressors-Homicides (COEI): Homicides negatively impact victims and their families, but also the surrounding communities. By ethnicity, the following are homicide rates per 100,000 people:
    - African American: 55.7
    - Latinx: 10.9
    - White: 3.4
    - Asian: 1.5
- Community Stressors-Juvenile Felony Arrests (COEI): Juvenile arrest increases the likelihood of adult re-arrest and incarceration. By ethnicity, the following are juvenile felony arrest rates per 100,000:
    - African American: 1971.0
    - Latinx: 370.5
    - Asian: 30.1
    - White: 17.5
- Law Enforcement-Use of Force (COEI): Use of force by law enforcement impacts individuals disparately by race and ethnicity. Among all individuals in Oakland, the rate of use of force was 84.1 per 100,000 people. By ethnicity, the following are use of force rates per 100,000 people:
    - African American: 244.4
    - Latinx: 70.2
    - Asian: 14.8
    - White: 10.3
- Prison Incarceration (Vera): The prison incarceration rate was 331.3 per 100,000 residents age 15-64 in Alameda County in 2013.

Trends

Trend data are available on certain indicators.

- Assault Injury ER Visits: Trending down since 2010.
- Domestic Violence Calls for Assistance: Downward trend since 2005.
- Juvenile Felony Arrest Rate: Trending down since 2007.
- Prison Incarceration Rate: Trending down since 1998.
- Substantiated Child Abuse and Neglect: Generally trending down since 2001.
- Traumatic Injury Hospitalizations, Children Ages 0-17: Trend is mixed.

Race and Ethnicity

Certain indicators are available by ethnicity, which may show disparities in certain populations.

Table 54. Statistical Data for Crime/Intentional Injury by Ethnicity

Indicator	Indicator Type	Bench-mark	White	Afr Am	Asian	Pac Isl	Nat Am	Other	Multi-Race	Hisp / Lat (Any Race)
Bullied at School (AC) (CHKS)	percent	#	37.5%	38.5%	33.0%	**46.4%**	**45.6%**	**37.8%**	**40.5%**	37.3%
Fear Being Beaten Up at School (AC) (CHKS)	percent	#	11.8%	11.1%	**12.3%**	**19.0%**	**18.8%**	**15.9%**	**15.7%**	**17.0%**
Gang Membership (AC) (CHKS)	percent	#	3.6%	**6.7%**	**4.0%**	**4.9%**	**8.2%**	**5.9%**	**5.2%**	**5.9%**
Jail Incarceration (AC) (Vera)	rate	278.9	110.8	**962.0**	32.6*		**296.4**			261.1
Juvenile Felony Arrests (per 1,000) (AC) (Kidsdata.org)	rate	5.3	2.3	**25.0**				1.2		**5.4**
School Perceived as Unsafe/Very Unsafe (AC) (CHKS)	percent	#	4.3%	**8.6%**	**4.8%**	**7.9%**	**6.9%**	**5.4%**	**7.0%**	**8.8%**
Substantiated Child Abuse and Neglect (per 1,000) (AC) (Kidsdata.org)	rate	8.2	2.0	**10.3**	0.8*					2.8

Blank cells indicate that data were unavailable.
Benchmarks only available by grade. Ethnicity data only available in the aggregate. Comparison category is White.
* Statistic is for Asian/Pacific Islander combined.

Unintended Injury/Accidents

TABLE 55. STATISTICAL DATA FOR UNINTENDED INJURY/ACCIDENTS

Indicator	Indicator Type	Value	State Avg.	SDs	% Different
***Beer, Wine, and Liquor Stores (per 10,000) (CHNA.org)**	**rate**	**1.7**	**1.06**	**-1.9**	**54.5%**
***Bicycle-Involved Collisions (AC) (HAC.org)**	**rate**	**43.4**	**35.1**	N/A	**23.6%**
***Elevated Blood Lead Levels in Children Ages 0–5 (AC) (Kidsdata.org)**	**percent**	**0.3**	**0.2**	N/A	**50.0%**
***Elevated Blood Lead Levels in Children/Youth Ages 6–20 (AC) (Kidsdata.org)**	**percent**	**0.5**	**0.3**	N/A	**66.7%**
***Firearm Fatalities (AC) (CHR)**	**rate**	**9.0**	**8.0**	N/A	**12.5%**
Impaired Driving Deaths (CHNA.org)	percent	**29.6**	29.0	-0.1	2.1%
Injury Deaths (CHNA.org)	rate	42.8	46.6	0.3	8.2%
Motor Vehicle Crash Deaths (CHNA.org)	rate	5.5	8.6	1.0	36.0%
***Motor Vehicle Crash ER Visits (AC) (HAC.org)**	**rate**	**809.3**	**747.3**	N/A	**8.3%**
Pedestrian Accident Deaths (CHNA.org)	rate	2.0	2.3	0.6	13.0%
Poisoning Hospitalizations, Children Ages 0–17 (AC) (Kidsdata.org)	percent	0.6	0.9	N/A	33.3%
***Traumatic Injury Hospitalizations, Children Ages 0–17 (AC) (Kidsdata.org)**	**percent**	**1.6**	**1.1**	N/A	**45.5%**
Unintentional Injury Deaths (AC) (HAC.org)	rate	24.9	30.3	N/A	17.8%
Unintentional Injury ER Visits (AC) (HAC.org)	rate	**6,749.6**	6,531.7	N/A	3.3%

Trends

Trend data are available on certain indicators.

- Bicycle-Involved Collisions: Trending down since 2013.
- Elevated Blood Lead Levels in Children Age 0-5: Downward trend since 2007.
- Elevated Blood Lead Levels in Children/Youth Age 6-20: Trend is mixed.
- Motor Vehicle Crash ER Visits: Trending up since 2009.
- Poisoning Hospitalizations, Children Age 0-17: Long-term mixed, trending down since 2012.
- Traumatic Injury Hospitalizations, Children Age 0-17: Trend is mixed.
- Unintentional Injury Deaths: Generally trending up since 2010.
- Unintentional Injury ER Visits: Generally trending up since 2009.

Race and Ethnicity

Certain indicators are available by ethnicity, which may show disparities in certain populations.

TABLE 56. STATISTICAL DATA FOR UNINTENDED INJURY/ACCIDENTS BY ETHNICITY

Indicator	Indicator Type	Bench-mark	White	Afr Am	Asian	Pac Isl	Nat Am	Other	Multi-Race	Hisp / Lat (Any Race)
Motor Vehicle Crash Deaths (CHNA.org)	rate	8.6	5.3	7.3	3.9					6.9

Blank cells indicate that data were unavailable.

ECONOMIC SECURITY

TABLE 57. STATISTICAL DATA FOR ECONOMIC SECURITY

Indicator	Indicator Type	Value	State Avg.	SDs	% Different
Adults With an Associate's Degree or Higher, Age 25+ (CHNA.org)	percent	58.6	39.8	2.0	47.2%
Adults With No High School Diploma, Age 25+ (CHNA.org)	percent	12.1	17.9	1.1	32.4%
Adults With Some Post-secondary Education, Ages 25–44 (CHNA.org)	percent	80.0	63.6	1.8	25.8%
Banking Institutions (per 10,000) (CHNA.org)	rate	2.9	2.7	0.3	7.4%
Child Care Availability (Licensed) (AC) (Kidsdata.org)	percent	31.0	25.0	N/A	24.0%
Children Below 100% FPL (CHNA.org)	percent	18.8	21.9	0.5	14.2%
Children in Single-Parent Households (CHNA.org)	percent	31.8	31.8	0.0	0.0%
Children Without Secure Parental Employment (AC) (Kidsdata.org)	percent	27.8	32.8	N/A	15.2%
Cost Burdened Households (CHNA.org)	percent	41.7	42.8	0.3	2.6%
***Cost of Infant Child Care, Annually, Child Care Center (AC) (Kidsdata.org)**	**dollars**	**15,435**	**13,327**	N/A	**15.8%**
***Cost of Preschool Child Care, Annually, Child Care Center (AC) (Kidsdata.org)**	**dollars**	**11,113**	**9,106**	N/A	**22.0%**
Free and Reduced Price Lunch (CHNA.org)	percent	52.4	58.9	0.5	11.0%
High Speed Internet (CHNA.org)	percent	98.9	95.4	0.4	3.7%
Income Inequality – 80/20 Ratio (CHNA.org)	number	4.2	5.1	1.6	17.6%
Median Household Income (CHNA.org)	dollars	79,831	65,812	1.0	21.3%
Medicaid/Public Insurance Enrollment (CHNA.org)	percent	18.9	21.8	0.5	13.3%
Older Adults Below 100% FPL (AC) (HAC.org)	percent	9.5	10.3	N/A	7.8%
Opportunity Index (CHNA.org)	number	58.5	51.9	0.8	12.7%
***Population Below 100% FPL (CHNA.org)**	**percent**	**16.6**	**15.8**	-0.2	**5.1%**
SNAP Benefits (CHNA.org)	percent	7.6	9.4	0.4	19.1%
SNAP Benefits – Households with Children (AC) (HAC.org)	percent	64.4	69.8	N/A	7.7%
Unemployment (CHNA.org)	percent	2.9	4.0	0.7	27.5%
Uninsured Children (CHNA.org)	percent	3.5	10.4	3.0	66.3%
Uninsured Population (CHNA.org)	percent	9.0	12.6	1.2	28.6%
Young People Not in School and Not Working (CHNA.org)	percent	5.6	7.7	1.0	27.3%

Data Without Benchmarks

Certain indicators have no state or national comparison available.

- Access to a Car (COEI): Access to a car is correlated with increased access to work, school, appointment, social events, and other critical resources. Overall, 10.2% of individuals living in housing units in Oakland do not have a car. By ethnicity, the following are percentages of individuals who do not have access to a car:
  - African American: 18.7%
  - Other: 14.2%
  - Asian: 10.0%
  - Latinx: 7.6%
  - White: 6.1%

Trends

Trend data are available on certain indicators.

- Child Care Availability (Licensed): Relatively flat since 2000.
- Older Adults Below 100% FPL: Generally trending up since 2006.

Race and Ethnicity

Certain indicators are available by ethnicity, which may show disparities in certain populations.

TABLE 58. STATISTICAL DATA FOR ECONOMIC SECURITY BY ETHNICITY

Indicator	Indicator Type	Bench-mark	White	Afr Am	Asian	Pac Isl	Nat Am	Other	Multi-Race	Hisp / Lat (Any Race)
Adults With No High School Diploma (CHNA.org)	percent	17.9%	2.3%	11.2%	**21.5%**	10.1%	17.4%	**39.4%**	7.6%	**31.7%**
Children Below 100% FPL (CHNA.org)	percent	21.9%	5.0%	**34.0%**	18.1%	13.9%	**44.9%**	**32.9%**	13.2%	**28.4%**
Older Adults Below 100% FPL (AC) (HAC.org)	percent	10.3%	6.1%	**13.0%**	**13.6%**	10.8%	**14.8%**	**10.5%**	**11.6%**	**10.5%**
Population Below 100% FPL (CHNA.org)	percent	15.8%	9.3%	**24.9%**	**20.1%**	**20.8%**	**30.2%**	**24.9%**	14.8%	**22.0%**
SNAP Benefits (CHNA.org)	percent	9.4%	2.6%	**15.6%**	7.5%	**12.7%**	**18.3%**	**16.3%**	9.1%	**15.0%**
Uninsured Children (CHNA.org)	percent	10.4%	1.1%	4.4%	3.5%	4.8%	4.6%	7.3%	2.9%	6.4%
Uninsured Population (CHNA.org)	percent	12.6%	4.9%	10.5%	8.3%	10.5%	**18.9%**	**21.3%**	8.1%	**18.3%**

EDUCATION AND LITERACY

TABLE 59. STATISTICAL DATA FOR EDUCATION AND LITERACY

Indicator	Indicator Type	Value	State Avg.	SDs	% Different
Adults With an Associate's Degree or Higher, Ages 25+ (CHNA.org)	percent	58.6	39.8	2.0	47.2%
Adults With No High School Diploma, Ages 25+ (CHNA.org)	percent	12.1	17.9	1.1	32.4%
Adults With Some Post-secondary Education, Ages 25–44 (CHNA.org)	percent	80.0	63.6	1.8	25.8%
***Children in Linguistically Isolated Households (AC) (Kidsdata.org)**	**percent**	**11.5**	**10.5**	N/A	**9.5%**
Children in Single-Parent Households (CHNA.org)	percent	31.8	31.8	0.0	0.0%
***Cost of Preschool Child Care, Annually, Child Care Center (AC) (Kidsdata.org)**	**dollars**	**11,113**	**9,106**	N/A	**22.0%**
***Expulsions (per 100 enrolled students) (CHNA.org)**	**rate**	**0.09**	**0.08**	-0.1	**12.5%**
High School Dropout (Adjusted)[2] (AC) (Kidsdata.org)	percent	9.6	10.7	N/A	10.3%
High School Graduates Completing College Prep Courses (AC) (Kidsdata.org)	percent	54.5	43.4	N/A	25.6%
High Speed Internet (CHNA.org)	percent	98.9	95.4	0.4	3.7%
***Juvenile Felony Arrests, Ages 10–17 (per 1,000) (AC) (Kidsdata.org)**	**rate**	**5.6**	**5.3**	N/A	**5.7%**
***On-Time High School Graduation (CHNA.org)**	**rate**	**77.2**	**82.9**	**-1.0**	**6.9%**
Passed High School Exit Exam, English (AC) (HAC.org)	percent	86.0	85.0	N/A	1.2%
Passed High School Exit Exam, Math (AC) (HAC.org)	percent	86.0	85.0	N/A	1.2%
Preschool Enrollment (CHNA.org)	percent	65.4	48.6	2.0	34.6%
Proficient in English/Language Arts-11th Graders (AC) (HAC.org)	percent	64.0	59.0	N/A	8.5%
Proficient in Math-11th Graders (AC) (HAC.org)	percent	43.0	32.0	N/A	34.4%
Reading at or Above Proficiency (CHNA.org)	percent	44.0	43.9	0.0	0.2%
Student/Teacher Ratio (AC) (HAC.org)	number	23.0	23.7	N/A	3.0%
Students per Academic Counselor (AC) (Kidsdata.org)	number	**827**	792	N/A	4.4%
Suspensions (per 100 enrolled students) (CHNA.org)	rate	4.9	5.9	0.3	16.9%
Teen Births (per 1,000 females ages 15–19) (CHNA.org)	rate	19.6	29.3	1.0	33.1%
Truancy (per 100 students) (AC) (Kidsdata.org)	rate	27.7	31.4	N/A	11.8%

Data Without Benchmarks

Certain indicators have no state or national comparison available.

- AP Course Enrollment (COEI): AP course enrollment in high school is correlated with academic success in college. By ethnicity, the following proportion of students never took a single AP course throughout high school:
  - African American: 73.7%
  - Latinx: 58.1%
  - Asian: 35.9%
  - White: 29.6%

[2] From KidsData.org: "The adjusted cohort dropout rate measures the percentage of students who exit grades 9–12 without a high school diploma, GED, or special education certificate of completion and do not remain enrolled after the end of the fourth year."

- Chronic Absenteeism (COEI): School absenteeism negatively impacts children's academic success. By ethnicity, the following proportions of students were chronically absent:
  - African American: 22.2%
  - Latinx: 12.6%
  - White: 5.6%
  - Asian: 5.2%
- Community Stressors-Juvenile Felony Arrests (COEI): Juvenile arrest increases the likelihood of adult re-arrest and incarceration. By ethnicity, the following are juvenile felony arrest rates per 100,000:
  - African American: 1,971.0
  - Latinx: 370.5
  - Asian: 30.1
  - White: 17.5
- Teacher Experience (COEI): Increased teacher experience is positively correlated with student academic outcomes. By majority ethnicity in the student body, the following represent the average percentage of teachers in their first five years of teaching:
  - African American and Latinx predominant: 48.9%
  - Latinx: 42.9%
  - African American: 38.3%
  - Mixed: 32.5%
  - White: 29.9%
  - Asian: 20.3%
- Teacher Turnover (COEI): High teacher turnover is negatively correlated with student achievement. By majority ethnicity in the student body, the following percentages represent the average annual teacher turnover by school grouping (schools were grouped in the report by the predominant ethnicity of their student body):
  - African American: 38.3%
  - African American and Latinx predominant: 26.9%
  - Latinx: 34.5%
  - Asian: 14.6%
  - White: 10.2%
  - Mixed: 20.1%
- Third-Grade English Language Arts, Below Proficiency (COEI): Proficiency is correlated with high school graduation rates. By ethnicity, the following proportions of students did not meet the standard:
  - Latinx: 61.6%
  - African American: 60.9%
  - Asian: 31.1%
  - White: 11.9%

Trends

Trend data are available on certain indicators.

- Children in Linguistically Isolated Households: Generally trending down since 2007.
- High School Dropout (Adjusted): Downward trend since 2010.
- High School Graduates Completing College Prep Courses: Trending up since 1998.
- Juvenile Felony Arrest Rate: Trending down since 2007.
- Passed High School Exit Exam, English: Generally trending up since 2010.
- Passed High School Exit Exam, Math: Trending up since 2010.
- Student/Teacher Ratio: Trending up (worse) since 2008.
- Students per Academic Counselor: Trending down since 2013.
- Teen Births: Generally trending down since 1995.
- Truancy: Generally trending down since 2012.

Race and Ethnicity

Certain indicators are available by ethnicity, which may show disparities in certain populations.

Table 60. Statistical Data for Education and Literacy by Ethnicity

Indicator	Indicator Type	Bench-mark	White	Afr Am	Asian	Pac Isl	Nat Am	Other	Multi-Race	Hisp / Lat (Any Race)
Adults with No High School Diploma (CHNA.org)	percent	17.9%	2.3%	11.2%	**21.5%**	10.1%	17.4%	**39.4%**	7.6%	**31.7%**
High School Dropout (Adjusted) (AC) (Kidsdata.org)	percent	10.7%	5.8%	**18.3%**	3.9%	**13.6%**		3.6%†	7.4%	**13.5%**
High School Graduates Completing College Prep Courses (AC) (Kidsdata.org)	percent	43.4%	58.8%	**36.1%**	74.9%	**39.7%**	50.0%	56.8%†	56.3%	42.5%
Jail Incarceration (AC) (Vera)	rate	278.9	110.8	**962.0**	32.6*		**296.4**			261.1
Juvenile Felony Arrests (per 1,000) (AC) (Kidsdata.org)	rate	5.3	2.3	**25.0**				1.2		**5.4**
Passed High School Exit Exam, English (AC) (HAC.org)	percent	85%	94%	**74%**	93%	**80%**	**82%**	91%†	87%	**79%**
Passed High School Exit Exam, Math (AC) (HAC.org)	percent	85%	95%	**69%**	96%	**77%**	**77%**	93%†	89%	**78%**
Teen Births (per 1,000) (AC) (Kidsdata.org)	rate	23.2	4.7	**28.3**	2.2*				11.4	**25.3**

Blank cells indicate that data were unavailable.
Benchmarks only available by grade. Ethnicity data only available in the aggregate. Comparison category is White.
* Statistic is for Asian/Pacific Islander combined.
† Indicates statistic is for Filipino.

HEALTHCARE ACCESS AND DELIVERY

Access and Delivery of Healthcare

TABLE 61. STATISTICAL DATA FOR ACCESS AND DELIVERY OF HEALTHCARE

Indicator	Indicator Type	Value	State Avg.	SDs	% Different
30-Day Readmissions (CHNA.org)	percent	**14.8**	14.4	-0.4	2.8%
Acute Preventable Hospitalizations (AC) (HAC.org)	rate	447.7	500.6	N/A	10.6%
***Asthma Hospitalizations, Medicare Beneficiaries (per 10,000) (CHNA.org)**	**rate**	**3.0**	**2.4**	**-1.0**	**25.0%**
Adults Delayed/Didn't Get "Other Medical" Care (AC) (AskCHIS)	percent	7.0	9.8	N/A	28.6%
Avoidable ER Visits (AC) (HAC.org)	rate	3,740.6	3,950.2	N/A	5.3%
Breast Cancer Screening (Mammogram), Female Medicare Beneficiaries (CHNA.org)	percent	61.3	59.7	0.3	2.7%
Chronic Preventable Hospitalizations (AC) (HAC.org)	rate	**787.5**	787.0	N/A	0.1%
Colon Cancer Screening, Adults Ages 50+ (AC) (HAC.org)	percent	71.3	68.1	N/A	4.7%
Dentists (CHNA.org)	rate	89.4	80.3	0.5	11.3%
Diabetes Management (Hemoglobin A1c Test), Medicare Beneficiaries (CHNA.org)	percent	**80.9**	81.8	-0.4	1.1%
Federally Qualified Health Centers (CHNA.org)	rate	4.7	2.5	1.2	88.0%
***Have Usual Source of Healthcare (AC) (HAC.org)**	**percent**	**87.5**	**95.0 (HP)**	N/A	**7.9%**
Lack of Dental Insurance Coverage (CHNA.org)	percent	29.0	38.5	1.4	24.7%
Medicaid/Public Insurance Enrollment (CHNA.org)	percent	18.9	21.8	0.5	13.3%
Medicare Healthcare Costs, Dollars per Capita (AC) (HAC.org)	dollars	8,707	9,100	N/A	4.3%
Mental Health Providers (CHNA.org)	rate	513.4	288.7	1.8	77.8%
***Non-Physician PCPs (AC) (HAC.org)**	**rate**	**47**	**52**	N/A	**9.6%**
***People Delayed/Did Not Receive "Other Medical" Care (AC) (HAC.org)**	**percent**	**8.3**	**4.2 (HP)**	N/A	**97.6%**
Poor or Fair Health, Adults (CHNA.org)	percent	11.1	17.2	1.6	35.5%
Poor Physical Health Days, Adults (CHNA.org)	number	3.0	3.7	1.6	18.9%
***Premature Death, Racial/Ethnic Disparity Index (CHNA.org)**	**number**	**50.1**	**36.8**	**-1.6**	**36.1%**
Preventable Hospital Events (CHNA.org)	rate	33.1	35.9	0.4	7.8%
Primary Care Physicians (CHNA.org)	rate	106.8	78.1	1.3	36.7%
Recent Dental Exam (Youth) (CHNA.org)	percent	88.9	86.7	1.2	2.5%
Recent Dental Visit (Adults) (AC) (AskCHIS)	percent	78.4	70.3	N/A	11.5%
Recent ER Visit, Adults (AC) (AskCHIS)	percent	15.6	21.4	N/A	27.1%
Recent Primary Care Visit (CHNA.org)	percent	74.1	72.4	0.4	2.3%
***Students per School Nurse (AC) (Kidsdata.org)**	**number**	**5,442**	**2,784**	N/A	**95.5%**
Students per School Psychologist (AC) (Kidsdata.org)	number	1,233	1,265	N/A	2.5%
***Students per School Speech/Language/ Hearing Specialist (AC) (Kidsdata.org)**	**number**	**1,466**	**1,263**	N/A	**16.1%**
Uninsured Children (CHNA.org)	percent	3.5	10.4	3.0	66.3%
Uninsured Population (CHNA.org)	percent	9.0	12.6	1.2	28.6%

Data Without Benchmarks

Certain indicators have no state or national comparison available.

- Access to a Car (COEI): Access to a car is correlated with increased access to work, school, appointment, social events, and other critical resources. Overall, 10.2% of individuals living in housing units in Oakland do not have a car. By ethnicity, the following are percentages of individuals who do not have access to a car:
    - African American: 18.7%
    - Other: 14.2%
    - Asian: 10.0%
    - Latinx: 7.6%
    - White: 6.1%

Trends

Trend data are available on certain indicators.

- Avoidable ER Visits: Trending up since 2010.
- Children with Health Insurance: Trending up since 2013.
- Colon Cancer Screening: Trending up since 2003.
- Have Usual Source of Healthcare: Generally trending down since 2005.
- Medicare Healthcare Costs, Dollars per Capita: Trend is mixed.
- Non-Physician Primary Care Providers (PCPs): Trending up since 2013.
- Students per School Nurse: Generally trending down since 2012.
- Students per School Psychologist: Trending down since 2012.
- Students per School Speech/Language/Hearing Specialist: Trending down since 2012.

Race and Ethnicity

Certain indicators are available by ethnicity, which may show disparities in certain populations.

Table 62. Statistical Data for Access and Delivery of Healthcare by Ethnicity

Indicator	Indicator Type	Bench mark	White	Afr Am	Asian	Pac Isl	Nat Am	Other	Multi Race	Hisp / Lat (Any Race)
Acute Preventable Hospitalizations (AC) (HAC.org)	rate	500.6	489.4	**681.5**	274.3*		299.0			370.8
Breast Cancer Screening (Mammogram), Female Medicare Beneficiaries (CHNA.org)	percent	59.7%	**62.1%**	**55.6%**						
Chronic Preventable Hospitalizations (AC) (HAC.org)	rate	787.0	673.8	**2,055.1**	425.2*		684.6			632.2
Colon Cancer Screening, Adults Age 50+ (AC) (HAC.org)	percent	68.1%	72.2%	76.0%	**62.3%***		**65.7%**		**50.4%**	81.2%
Diabetes Management (Hemoglobin A1c Test), Medicare Beneficiaries (CHNA.org)	percent	81.8%	**83.4%**	**68.6%**						
Uninsured Children (CHNA.org)	percent	10.4%	1.1%	4.4%	3.5%	4.8%	4.6%	7.3%	2.9%	6.4%
Uninsured Population (CHNA.org)	percent	12.6%	4.9%	10.5%	8.3%	10.5%	**18.9%**	**21.3%**	8.1%	**18.3%**

Blank cells indicate that data were unavailable.
* Statistic is for Asian/Pacific Islander combined.

Asthma

TABLE 63. STATISTICAL DATA FOR ASTHMA

Indicator	Indicator Type	Value	State Avg.	SDs	% Different
***Active Asthma Prevalence, All Ages (AC) (CDPH)**	**percent**	**10.0**	**8.3**	N/A	**20.5%**
***Asthma Deaths (AC) (CDPH)**	**rate**	**14.1**	**11.1**	N/A	**27.0%**
***Asthma Diagnoses, Children Ages 1–17 (AC) (Kidsdata.org)**	**percent**	**20.1**	**15.2**	N/A	**32.2%**
***Asthma ER Visits (AC) (HAC.org)**	**rate**	**649.0**	**498.7**	N/A	**30.1%**
***Asthma Hospitalizations, Medicare Beneficiaries (per 10,000) (CHNA.org)**	**rate**	**3.0**	**2.4**	**-1.0**	**25.0%**
***Asthma Hospitalizations, All Ages (per 10,000) (AC) (Kidsdata.org)**	**rate**	**10.5**	**7.6**	N/A	**38.2%**
***Asthma Hospitalizations, Children Ages 0–4 (per 10,000) (AC) (Kidsdata.org)**	**rate**	**36.9**	**19.6**	N/A	**88.3%**
***Asthma Hospitalizations, Children/Youth Ages 5–17 (per 10,000) (AC) (Kidsdata.org)**	**rate**	**12.7**	**7.7**	N/A	**64.9%**
***Asthma Prevalence, Adults (CHNA.org)**	**percent**	**16.1**	**14.8**	-0.4	**8.8%**
Average Charge per Asthma Hospitalization (AC) (CDPH)	dollars	**41,610**	39,860	N/A	4.4%
Ozone Levels (CHNA.org)	percent	29.4	42.0	2.1	30.0%
Particulate Matter 2.5 Levels (CHNA.org)	percent	9.5	10.7	0.6	11.2%
***Respiratory Hazard Index (CHNA.org)**	**number**	**2.6**	**2.2**	**-0.8**	**18.2%**

Data Without Benchmarks

Certain indicators have no state or national comparison available.

- Childhood Asthma ED Visits (COEI): Childhood asthma and related ED visits are associated with poor housing conditions, as well as child absences from school and parents' absences from work. The rate of asthma-related emergency visits among all children in Oakland was 1,658.0 per 100,000 population. By ethnicity, the following are rates of asthma-related emergency visits among children:
    - African American: 4,093.3
    - Asian: 408.0
    - Latinx: 1,134.0
    - White: 407.4
- Environmental Health-Pollution Burden (COEI): Pollution negatively impacts health in multiple ways, from physical health to food and water supply. Overall, the average pollution burden score in Oakland was 36.9. By majority ethnicity census tract, the average pollution burden scores are as follows:
    - Asian: 51.6
    - Latinx: 40.6
    - Non-White/Mixed: 37.9
    - African American: 37.4
    - White: 31.8

Trends

Trend data are available on certain indicators.

- Asthma Diagnoses, Children Ages 1–17: Long-term trend mixed; trending up since 2009.
- Asthma ER Visits: Generally trending down since 2009.
- Asthma Hospitalizations, Children Ages 0–4: Generally trending downward since 2005.
- Asthma Hospitalizations, Children/Youth Ages 0–17: Long-term trend mixed, trending up since 2011.

Race and Ethnicity

Certain indicators are available by ethnicity, which may show disparities in certain populations.

Table 64. Statistical Data for Asthma by Ethnicity

Indicator	Indicator Type	Bench-mark	White	Afr Am	Asian	Pac Isl	Nat Am	Other	Multi-Race	Hisp / Lat (Any Race)
Asthma ED Visits, All Ages (per 10,000) (AC) (CDPH)	rate	49.5	32.7	227.6	20.5*					57.0
Asthma Hospitalizations, All Ages (per 10,000) (AC) (CDPH)	rate	7.6	5.0	31.2	5.3*					11.0

Blank cells indicate that data were unavailable.
* Statistic is for Asian/Pacific Islander combined.

Cancer

Table 65. Statistical Data for Cancer

Indicator	Indicator Type	Value	State Avg.	SDs	% Different
Breast Cancer Deaths, Females (AC) (HAC.org)	rate	17.8	19.1	N/A	6.8%
Breast Cancer Incidence, Females (CHNA.org)	rate	120.6	120.7	0.0	0.1%
Breast Cancer Screening (Mammogram), Female Medicare Beneficiaries (CHNA.org)	percent	61.3	59.7	0.3	2.7%
Cancer Deaths (CHNA.org)	rate	140.6	147.3	0.6	4.5%
Cervical Cancer Incidence (AC) (HAC.org)	rate	6.5	7.3	N/A	11.0%
Childhood Cancer Diagnoses Ages 0–19 (AC) (Kidsdata.org)	rate	16.9	17.4	N/A	2.9%
Colon and Rectum Cancer Incidence (CHNA.org)	rate	35.6	37.2	0.6	4.3%
Colon Cancer Screening, Adults Ages 50+ (AC) (HAC.org)	percent	71.3	68.1	N/A	4.7%
Colorectal Cancer Deaths (AC) (HAC.org)	rate	12.1	12.8	N/A	5.5%
Current/Former Smokers, Adults (CHNA.org)	percent	11.8	13.7	0.5	13.9%
Lung Cancer Deaths (AC) (HAC.org)	rate	28.2	28.9	N/A	2.4%
Lung Cancer Incidence (CHNA.org)	rate	43.4	44.6	0.2	2.7%
Oral Cancer Incidence (AC) (HAC.org)	rate	9.6	10.3	N/A	6.8%
Prostate Cancer Deaths (AC) (HAC.org)	rate	17.2	19.6	N/A	12.2%
Prostate Cancer Incidence (CHNA.org)	rate	**110.9**	109.2	-0.2	1.6%

Trends

Trend data are available on certain indicators.

- Breast Cancer Deaths: Trending down since 2009.
- Cervical Cancer Incidence: Trending down since 2009.
- Childhood Cancer Diagnoses: Slight upward trend since 2003.
- Colon Cancer Screening: Trending up since 2003.
- Colorectal Cancer Deaths: Generally trending down since 2009.
- Lung Cancer Deaths: Trending down since 2009.
- Oral Cancer Incidence: Generally trending down since 2004.
- Prostate Cancer Deaths: Generally trending down since 2008.

Race and Ethnicity

Certain indicators are available by ethnicity, which may show disparities in certain populations.

TABLE 66. STATISTICAL DATA FOR CANCER BY ETHNICITY

Indicator	Indicator Type	Bench-mark	White	Afr Am	Asian	Pac Isl	Nat Am	Other	Multi-Race	Hisp / Lat (Any Race)
Breast Cancer Screening (Mammogram), Female Medicare Beneficiaries (CHNA.org)	percent	59.7%	**62.1%**	**55.6%**						
Cancer Deaths (CHNA.org)	rate	147.3	**154.5**	**190.2**	102.8		75.9			112.7
Cervical Cancer Incidence (AC) (HAC.org)	rate	7.3	6.9	7.0	5.1*					**9.9**
Childhood Cancer Diagnoses, Ages 0–19 (AC) (Kidsdata.org)	rate	17.4	**19.4**	14.0	16.9*					15.1
Colon Cancer Screening, Adults Age 50+ (AC) (HAC.org)	percent	68.1%	72.2%	76.0%	**62.3%***		**65.7%**		**50.4%**	81.2%
Oral Cancer Incidence (AC) (HAC.org)	rate	10.3	**10.4**	7.9	7.4*					5.8

Blank cells indicate that data were unavailable.
* Statistic is for Asian/Pacific Islander combined.

Communicable Diseases (Not STIs)

TABLE 67. STATISTICAL DATA FOR COMMUNICABLE DISEASES

Indicator	Indicator Type	Value	State Avg.	SDs	% Different
Adults 18+ with Influenza Vaccination (AC) (AskCHIS)‡	percent	53.0	43.4	N/A	22.1%
Children with Influenza Vaccination (AC) (HAC.org)	percent	65.9	55.4	N/A	19.0%
Influenza and Pneumonia Deaths (AC) (HAC.org)	rate	12.6	14.3	N/A	11.9%
Influenza Vaccination, All Ages (AC) (AskCHIS)	percent	56.6	44.8	N/A	26.3%
Kindergarteners with Required Immunizations (AC) (Kidsdata.org)	percent	95.9	92.8	N/A	3.3%
***Tuberculosis Incidence (AC) (HAC.org)**	**rate**	**8.9**	**1.0 (HP)**	N/A	**790.0%**

‡ AskCHIS data on influenza vaccination for older adults (65+) not provided because it is statistically unstable.

Trends

Trend data are available on certain indicators.

- Influenza and Pneumonia Deaths: Trending down since 2009.
- Kindergarteners with Required Immunizations: Upward trend since 2013.
- Tuberculosis Incidence: Generally trending down since 2010.

Race and Ethnicity

No indicators are available by ethnicity.

Heart Disease/Stroke

Table 68. Statistical Data for Heart Disease/Stroke

Indicator	Indicator Type	Value	State Avg.	SDs	% Different
Atrial Fibrillation Among Medicare Beneficiaries (AC) (HAC.org)	percent	6.2	7.3	N/A	15.1%
***Congestive Heart Failure Hospitalizations (AC) (HAC.org)**	**rate**	**195.9**	**174.1**	N/A	**12.5%**
Current/Former Smokers, Adults (CHNA.org)	percent	11.8	13.7	0.5	13.9%
Diabetes Management (Hemoglobin A1c Test), Medicare Beneficiaries (CHNA.org)	percent	**80.9**	81.8	-0.4	1.1%
Exercise Opportunities (CHNA.org)	percent	99.7	93.6	0.8	6.5%
Heart Disease Deaths (CHNA.org)	rate	71.8	99.5	1.4	27.8%
Heart Disease Hospitalizations, Medicare Beneficiaries (per 1,000) (CHNA.org)	rate	10.3	10.5	0.1	1.9%
Heart Disease Prevalence, Medicare Beneficiaries (CHNA.org)	percent	5.6	7.0	0.9	20.0%
High Blood Pressure Prevalence (AC) (HAC.org)	percent	25.5	26.9 (HP)	N/A	5.2%
Hyperlipidemia Among Medicare Beneficiaries (AC) (HAC.org)	percent	38.6	41.5	N/A	7.0%
Hypertension Among Medicare Beneficiaries (AC) (HAC.org)	percent	**50.0**	49.6	N/A	0.8%
Hypertension Hospitalizations (AC) (HAC.org)	rate	986.4	1,234.8	N/A	20.1%
Obesity (Adult) (CHNA.org)	percent	20.7	26.5	0.8	21.9%
Obesity (Youth) (CHNA.org)	percent	16.4	20.1	1.0	18.4%
Obesity Hospitalizations (AC) (HAC.org)	rate	367.3	396.8	N/A	7.4%
Physical Inactivity (Adult) (CHNA.org)	percent	15.8	17.3	0.7	8.7%
Physical Inactivity (Youth) (CHNA.org)	percent	**38.0**	37.8	0.0	0.5%
Stroke Deaths (CHNA.org)	rate	**36.4**	35.4	-0.2	2.8%
***Stroke Hospitalizations, Medicare Beneficiaries (per 1,000) (CHNA.org)**	**rate**	**7.9**	**7.4**	**-0.6**	**6.8%**
Stroke Prevalence, Medicare Beneficiaries (CHNA.org)	percent	**3.8**	3.7	-0.3	2.7%
***Substance Use ER Visits (AC) (HAC.org)**	**rate**	**1,642.7**	**1,275.4**	N/A	**28.8%**
Walkable Destinations (CHNA.org)	percent	56.4	29.0	1.6	94.5%

Trends

Trend data are available on certain indicators.

- Atrial Fibrillation Among Medicare Beneficiaries: Trending down since 2013.
- Congestive Heart Failure Hospitalizations: Generally trending down since 2009.
- High Blood Pressure Prevalence: Generally trending down since 2012.
- Hyperlipidemia Among Medicare Beneficiaries: Long-term trend is mixed, trending down since 2013.
- Hypertension Among Medicare Beneficiaries: Generally trending down since 2011.
- Hypertension Hospitalizations: Trending down since 2009.

Race and Ethnicity

Certain indicators are available by ethnicity, which may show disparities in certain populations.

TABLE 69. STATISTICAL DATA FOR HEART DISEASE/STROKE BY ETHNICITY

Indicator	Indicator Type	Bench-mark	White	Afr Am	Asian	Pac Isl	Nat Am	Other	Multi-Race	Hisp / Lat (Any Race)
Diabetes Management (Hemoglobin A1c Test), Medicare Beneficiaries (CHNA.org)	percent	81.8%	**83.4%**	**68.6%**						
Heart Disease Deaths (CHNA.org)	rate	99.5	80.8	97.6	48.2		50.3			56.1
Obesity (Adult) (CHNA.org)	percent	26.5%	18.2%	**34.2%**	8.9%					**27.9%**
Obesity (Youth) (CHNA.org)	percent	20.1%	5.9%	**22.6%**	8.5%	**42.5%**	0.0%	13.4%†	11.5%	**24.1%**
Physical Inactivity (Youth) (CHNA.org)	percent	37.8%	18.5%	**52.0%**	22.5%	**54.1%**	0.0%	**33.1%†**	**41.4%**	**48.1%**
Stroke Deaths (CHNA.org)	rate	35.4	35.2	**52.5**	31.3					33.0

Blank cells indicate that data were unavailable.
† Statistic is for Filipino population.

Maternal/Infant Health

TABLE 70. STATISTICAL DATA FOR MATERNAL/INFANT HEALTH

Indicator	Indicator Type	Value	State Avg.	SDs	% Different
***Asthma Hospitalizations, Children Ages 0–4 (per 10,000) (AC) (Kidsdata.org)**	**rate**	**36.9**	**19.6**	N/A	**88.3%**
Breastfeeding (AC) (HAC.org)	percent	97.4	93.8	N/A	3.8%
Child Mortality (AC) (CHR)	rate	30	40	N/A	25.0%
Children Below 100% FPL (CHNA.org)	percent	18.8	21.9	0.5	14.2%
Early Prenatal Care (AC) (HAC.org)	percent	89.9	83.3	N/A	7.9%
***Elevated Blood Lead Levels in Children Ages 0–5 (AC) (Kidsdata.org)**	**percent**	**0.3**	**0.2**	N/A	**50.0%**
Female Received Birth Control Information from Doctor (AC) (AskCHIS)‡	percent	37.1	32.1	N/A	15.6%
Infant Deaths (CHNA.org)	rate	4.4	5.0	0.8	12.0%
Life Expectancy at Birth (CHNA.org)	number	81.5	80.8	0.4	0.9%
***Low Birth Weight (CHNA.org)**	**percent**	**7.2**	**6.8**	**-1.0**	**5.9%**
Preschool Enrollment (CHNA.org)	percent	65.4	48.6	2.0	34.6%
Pre-Term Births (CHNA.org)	percent	8.9	9.0	0.1	1.1%
Teen Births (per 1,000 females ages 15–19) (CHNA.org)	rate	19.6	29.3	1.0	33.1%
Very Low Birth Weight (AC) (Kidsdata.org)	percent	1.2	1.2	N/A	0.0%

‡ Male comparison not provided because data are statistically unstable.

Data Without Benchmarks

Certain indicators have no state or national comparison available.

- Infant Mortality (COEI): Infant mortality rates are used as measures of population health and healthcare quality. Overall, 5.1 infants died per 1,000 live births in Oakland. By ethnicity, the infant mortality rates are as follows:
  - African American: 11.7
  - Other: 11.2
  - Latinx: 4.7
  - Asian: 3.1
  - White: 1.9

Trends

Trend data are available on certain indicators.

- Asthma Hospitalizations, Children Ages 0–4: Generally trending downward since 2005.
- Breastfeeding: Trending up since 2012.
- Early Prenatal Care: Generally trending up since 2010.
- Teen Births: Generally trending down since 1995.
- Very Low Birth Weight: Trend is relatively flat since 1995.

Race and Ethnicity

Certain indicators are available by ethnicity, which may show disparities in certain populations.

TABLE 71. STATISTICAL DATA FOR MATERNAL/INFANT HEALTH BY ETHNICITY

Indicator	Indicator Type	Bench-mark	White	Afr Am	Asian	Pac Isl	Nat Am	Other	Multi Race	Hisp / Lat (Any Race)
Child Mortality (AC) (CHR)	rate	40	30	70						30
Children Below 100% FPL (CHNA.org)	percent	21.9%	5.0%	34.0%	18.1%	13.9%	44.9%	32.9%	13.2%	28.4%
Teen Births (per 1,000 females) (AC) (Kidsdata.org)	rate	23.2	4.7	28.3	2.2*				11.4	25.3

Blank cells indicate that data were unavailable.
* Statistic is for Asian/Pacific Islander combined.

Oral Health

TABLE 72. STATISTICAL DATA FOR ORAL HEALTH

Indicator	Indicator Type	Value	State Avg.	SDs	% Different
***Annual Dental Visit Among Denti-Cal Beneficiaries, Ages 0–20 (AC) (HAC.org)**	**percent**	**48.2**	**51.0**	N/A	**5.5%**
Condition of Teeth (Adults): Less than Good (AC) (AskCHIS)	percent	22.4	29.3	N/A	23.5%
Current/Former Smokers, Adults (CHNA.org)	percent	11.8	13.7	0.5	13.9%
Dentists (CHNA.org)	rate	89.4	80.3	0.5	11.3%
Health Professional Shortage Area - Dental (CHNA.org)	percent	0.0	13.2	0.5	100.0%
Lack of Dental Insurance Coverage (CHNA.org)	percent	29.0	38.5	1.4	24.7%
Oral Cancer Incidence (AC) (HAC.org)	rate	9.6	10.3	N/A	6.8%
Recent Dental Exam (Youth) (CHNA.org)	percent	88.9	86.7	1.2	2.5%
Recent Dental Visit (Adults) (AC) (AskCHIS)	percent	78.4	70.3	N/A	11.5%
Soft Drink Consumption (CHNA.org)	percent	12.7	18.1	1.0	29.8%

Trends

Trend data are available on certain indicators.

- Annual Dental Visit Among Denti-Cal Beneficiaries: Trending down (getting worse) since 2013.
- Oral Cancer Incidence: Generally trending down since 2004.

Race and Ethnicity

Certain indicators are available by ethnicity, which may show disparities in certain populations.

TABLE 73. STATISTICAL DATA FOR ORAL HEALTH BY ETHNICITY

Indicator	Indicator Type	Bench-mark	White	Afr Am	Asian	Pac Isl	Nat Am	Other	Multi-Race	Hisp / Lat (Any Race)
Oral Cancer Incidence (AC) (HAC.org)	rate	10.3	**10.4**	7.9	8.5*					5.8

Blank cells indicate that data were unavailable.
* Statistic is for Asian/Pacific Islander combined.

Sexually Transmitted Infections

TABLE 74. STATISTICAL DATA FOR SEXUALLY TRANSMITTED INFECTIONS

Indicator	Indicator Type	Value	State Avg.	SDs	% Different
Chlamydia Incidence (CHNA.org)	rate	456.2	459.9	0.0	0.8%
***Chlamydia Incidence Among Youth Ages 10–19 (AC) (Kidsdata.org)**	**rate**	**810.4**	**709.2**	N/A	**14.3%**
***Gonorrhea Incidence (AC) (HAC.org)**	**rate**	**186.7**	**164.3**	N/A	**13.6%**
***Gonorrhea Incidence Among Youth Ages 10–19 (AC) (Kidsdata.org)**	**rate**	**203.5**	**121.2**	N/A	**67.9%**
HIV/AIDS Deaths (CHNA.org)	rate	70.3	323.9	3.0	78.3%
***HIV Incidence (AC) (HAC.org)**	**rate**	**16.3**	**12.7**	N/A	**28.3%**
***HIV/AIDS Prevalence (CHNA.org)**	**rate**	**405.0**	**374.6**	-0.1	**8.1%**
Syphilis Incidence (AC) (HAC.org)	rate	11.2	15.0	N/A	25.3%

Trends

Trend data are available on certain indicators.

- Chlamydia Incidence Among Youth Ages 10–19: Trending down since 2010.
- Gonorrhea Incidence: Generally trending up since 2009.
- Gonorrhea Incidence Among Youth Ages 10–19: Long-term trend mixed; flat since 2013.
- HIV Incidence: Trend is mixed.
- Syphilis Incidence: Trending up since 2009.

Race and Ethnicity

Certain indicators are available by ethnicity, which may show disparities in certain populations.

TABLE 75. STATISTICAL DATA FOR SEXUALLY TRANSMITTED INFECTIONS BY ETHNICITY

Indicators	Indicator Type	Bench-mark	White	Afr Am	Asian	Pac Isl	Nat Am	Other	Multi-Race	Hisp / Lat (Any Race)
Chlamydia Incidence Among Youth Ages 10–19 (AC) (Kidsdata.org)	rate	709.2	443.2	**3,727.6**	206.8*					548.3
Gonorrhea Incidence Among Youth Ages 10–19 (AC) (Kidsdata.org)	rate	121.2	40.9	**1,257.1**	28.1*					84.0

Blank cells indicate that data were unavailable.
* Statistic is for Asian/Pacific Islander combined.

HEALTHY EATING/ACTIVE LIVING

TABLE 76. STATISTICAL DATA FOR HEALTHY EATING/ACTIVE LIVING

Indicator	Indicator Type	Value	State Avg.	SDs	% Different
Adequate Fruit and Vegetable Consumption, Children Ages 2–11 (AC) (Kidsdata.org)	percent	34.9	32.0	N/A	9.1%
Adequate Fruit and Vegetable Consumption, Children Ages 12–17 (AC) (Kidsdata.org)	percent	30.5	22.4	N/A	36.2%
***Beer, Wine, and Liquor Stores (per 10,000) (CHNA.org)**	**rate**	**1.7**	**1.06**	**-1.9**	**54.5%**
Children Walking or Biking to School (CHNA.org)	percent	50.1	39.3	1.1	27.5%
Current/Former Smokers, Adults (CHNA.org)	percent	11.8	13.7	0.5	13.9%
Diabetes Deaths (AC) (HAC.org)	rate	19.9	20.7	N/A	3.9%
Diabetes Hospitalizations (AC) (HAC.org)	rate	879.6	1,017.7	N/A	13.6%
***Diabetes Hospitalizations, Children Ages 0–17 (AC) (Kidsdata.org)**	**percent**	**1.6**	**1.4**	N/A	**14.3%**
Diabetes Management (Hemoglobin A1c Test), Medicare Beneficiaries (CHNA.org)	percent	**80.9**	81.8	-0.4	1.1%
Diabetes Prevalence (CHNA.org)	percent	5.3	8.4	1.4	36.9%
Did Not Eat Breakfast, 7th Graders (AC) (CHKS)	percent	30.5	34.0	N/A	10.3%
Did Not Eat Breakfast, 9th Graders (AC) (CHKS)	percent	35.7	38.3	N/A	6.8%
Did Not Eat Breakfast, 11th Graders (AC) (CHKS)	percent	37.5	39.4	N/A	4.8%
Driving Alone to Work (CHNA.org)	percent	47.8	73.5	3.0	35.0%
Driving Alone to Work, Long Distances (CHNA.org)	percent	38.8	39.3	0.1	1.3%
Exercise Opportunities (CHNA.org)	percent	99.7	93.6	0.8	6.5%
Fast Food Consumption (AC) (HAC.org)	percent	58.3	65.6	N/A	11.1%
Food Environment Index (CHNA.org)	number	**7.7**	7.8	-0.3	1.3%
***Food Insecure Children Ineligible for Assistance (AC) (HAC.org)**	**percent**	**41**	**33**	N/A	**24.2%**
***Food Insecurity (CHNA.org)**	**percent**	**14.9**	**13.4**	**-0.8**	**11.2%**
Food Insecurity, Child (AC) (HAC.org)	percent	15.9	19.0	N/A	16.3%
Free and Reduced Price Lunch (CHNA.org)	percent	52.4	58.9	0.5	11.0%
Grocery Stores and Produce Vendors (CHNA.org)	rate	3.5	2.4	1.8	45.8%
Heart Disease Deaths (CHNA.org)	rate	71.8	99.5	1.4	27.8%
Heart Disease Hospitalizations, Medicare Beneficiaries (per 1,000) (CHNA.org)	rate	10.3	10.5	0.1	1.9%
Heart Disease Prevalence, Medicare Beneficiaries (CHNA.org)	percent	5.6	7.0	0.9	20.0%
Low Access to Healthy Food Stores (CHNA.org)	percent	4.8	13.4	1.2	64.2%
Obesity (Adult) (CHNA.org)	percent	20.7	26.5	0.8	21.9%
Obesity (Youth) (CHNA.org)	percent	16.4	20.1	1.0	18.4%
Obesity Hospitalizations (AC) (HAC.org)	rate	367.3	396.8	N/A	7.4%
Physical Inactivity (Adult) (CHNA.org)	percent	15.8	17.3	0.7	8.7%
Physical Inactivity (Youth) (CHNA.org)	percent	**38.0**	37.8	0.0	0.5%
Public Transit Stops Within 0.5 Miles (CHNA.org)	percent	18.4	16.8	0.2	9.5%
SNAP Benefits (CHNA.org)	percent	7.6	9.4	0.4	19.1%
SNAP Benefits – Households with Children (AC) (HAC.org)	percent	64.4	69.8	N/A	7.7%
Soft Drink Consumption (CHNA.org)	percent	12.7	18.1	1.0	29.8%
Stroke Deaths (CHNA.org)	rate	**36.4**	35.4	-0.2	2.8%

Indicator	Indicator Type	Value	State Avg.	SDs	% Different
***Stroke Hospitalizations, Medicare Beneficiaries (per 1,000) (CHNA.org)**	**rate**	**7.9**	**7.4**	**-0.6**	6.8%
Stroke Prevalence, Medicare Beneficiaries (CHNA.org)	percent	**3.8**	3.7	-0.3	2.7%
Students Meeting Fitness Standards, 5th Graders (AC) (Kidsdata.org)	percent	28.4	24.9	N/A	14.1%
Students Meeting Fitness Standards, 7th Graders (AC) (Kidsdata.org)	percent	34.1	31.4	N/A	8.6%
Students Meeting Fitness Standards, 9th Graders (AC) (Kidsdata.org)	percent	**33.2**	34.8	N/A	4.6%
Walkable Destinations (CHNA.org)	percent	56.4	29.0	1.6	94.5%
Youth Fruit Consumption (AC) (HAC.org)	percent	70.4	64.3	N/A	9.5%

Data Without Benchmarks

Certain indicators have no state or national comparison available.

- Environmental Health-Park Quality (COEI): Park quality impacts park use and community benefit. The average park quality score for the City of Oakland was 2.5 out of 4 on an annual community survey by City Council District.

Trends

Trend data are available on certain indicators.

- Diabetes Deaths: Trending down since 2012.
- Diabetes Hospitalizations: Trending down since 2010.
- Diabetes Hospitalizations, Children Age 0-17: Long-term trend mixed, trending up since 2011.
- Fast Food Consumption: Long-term trend mixed, trending up since 2014.
- Food Insecure Children Ineligible for Assistance: Generally trending down since 2012.
- Food Insecurity, Child: Trending down since 2013.
- Obesity-Related Hospitalizations: Trending up since 2009.
- Students Meeting Fitness Standards, 5th Graders: Trend is mixed.
- Students Meeting Fitness Standards, 7th Graders: Generally trending upward since 2011.
- Students Meeting Fitness Standards, 9th Graders: Trend is mixed.
- Youth Fruit Consumption: Generally trending up since 2012.

Race and Ethnicity

Some indicators are available by ethnicity, which may show disparities in certain populations.

TABLE 77. STATISTICAL DATA FOR HEALTHY EATING/ACTIVE LIVING BY ETHNICITY

Indicator	Ind. Type	Bench mark	White	Afr Am	Asian	Pac Isl	Nat Am	Other	Multi Race	Hisp / Lat (Any Race)
Diabetes Management (Hemoglobin A1c Test), Medicare Beneficiaries (CHNA.org)	percent	81.8%	**83.4%**	**68.6%**						
Did Not Eat Breakfast (AC) (CHKS)	percent	#	26.0%	**41.6%**	25.2%	**40.5%**	**34.9%**	**29.4%**	**36.8%**	**40.8%**
Heart Disease Deaths (CHNA.org)	rate	99.5	80.8	97.6	48.2		50.3			56.1
Obesity (Adult) (CHNA.org)	percent	26.5%	18.2%	**34.2%**	8.9%					**27.9%**
Obesity (Youth) (CHNA.org)	percent	20.1%	5.9%	**22.6%**	8.5%	**42.5%**	0.0%	13.4%†	11.5%	**24.1%**
Physical Inactivity (Youth) (CHNA.org)	percent	37.8%	18.5%	**52.0%**	22.5%	**54.1%**	0.0%	**33.1%†**	**41.4%**	**48.1%**
SNAP Benefits (CHNA.org)	percent	9.4%	2.6%	**15.6%**	7.5%	**12.7%**	**18.3%**	**16.3%**	9.1%	**15.0%**
Stroke Deaths (CHNA.org)	rate	35.4	35.2	**52.5**	31.3					33.0
Students Meeting Fitness Standards, 5th Graders (AC) (Kidsdata.org)	percent	24.9%	38.2%	**21.0%**	36.9%	**20.9%**		30.2%†	35.8%	**18.2%**
Students Meeting Fitness Standards, 7th Graders (AC) (Kidsdata.org)	percent	31.4%	42.7%	**23.3%**	45.7%	**17.2%**	34.2%	38.7%†	39.5%	**22.4%**
Students Meeting Fitness Standards, 9th Graders (AC) (Kidsdata.org)	percent	34.8%	45.8%	**22.6%**	45.5%	**16.3%**	34.9%	38.7%†	**33.7%**	**20.3%**

Blank cells indicate that data were unavailable.
Benchmarks only available by grade. Ethnicity data only available in the aggregate. Comparison category is White.
† Indicates statistic is for Filipino population.

HOUSING AND HOMELESSNESS

TABLE 78. STATISTICAL DATA FOR HOUSING AND HOMELESSNESS

Indicator	Indicator Type	Value	State Avg.	SDs	% Different
***Asthma Diagnoses, Children Ages 1–17 (AC) (Kidsdata.org)**	**percent**	**20.1**	**15.2**	N/A	**32.2%**
***Asthma Hospitalizations, Children Ages 0–4 (per 10,000) (AC) (Kidsdata.org)**	**rate**	**36.9**	**19.6**	N/A	**88.3%**
***Asthma Hospitalizations, Children/Youth Ages 5–17 (per 10,000) (AC) (Kidsdata.org)**	**rate**	**12.7**	**7.7**	N/A	**64.9%**
Banking Institutions (per 10,000) (CHNA.org)	rate	2.9	2.7	0.3	7.4%
***Beer, Wine, and Liquor Stores (per 10,000) (CHNA.org)**	**rate**	**1.7**	**1.06**	**-1.9**	**54.5%**
Children Living in Crowded Households (AC) (Kidsdata.org)	percent	23.5	28.2	N/A	16.7%
Cost Burdened Households (CHNA.org)	percent	41.7	42.8	0.3	2.6%
***Elevated Blood Lead Levels in Children Ages 0–5 (AC) (Kidsdata.org)**	**percent**	**0.3**	**0.2**	N/A	**50.0%**
***Elevated Blood Lead Levels in Children/Youth Ages 6–20 (AC) (Kidsdata.org)**	**percent**	**0.5**	**0.3**	N/A	**66.7%**
Home Ownership (AC) (AskCHIS)	percent	56.6	55.2	N/A	2.5%
Homeless Children Ages 0–17 Who Are Unsheltered (AC) (Kidsdata.org)	percent	86.1	88.0	N/A	2.2%
Homeless Individuals Who Are Unsheltered (AC) (PIT; HUD)	percent	69	78	N/A	11.5%
Homeless Public School Students (AC) (Kidsdata.org)	percent	1.8	4.4	N/A	59.1%
Homeless Young Adults Ages 18–24 Who Are Unsheltered (AC) (Kidsdata.org)	percent	73.6	81.8	N/A	10.0%
Housing Burden – Rents (AC) (HAC.org)	percent	49.6	56.5	N/A	12.2%
Housing Problems (CHNA.org)	percent	43.2	45.6	0.5	5.3%
***Median Rent, 2 Bedrooms (AC) (Zilpy)**	**dollars**	**2,595**	**2,150**	N/A	**20.7%**
Segregation Index (CHNA.org)	number	0.43	0.43	0.0	0.0%
Severe Housing Problems (CHNA.org)	percent	25.1	27.3	0.5	8.1%

Data Without Benchmarks

Certain indicators have no state or national comparison available.

- Built Environment-Long-Term Residential Vacancy (COEI): Long-term residential vacancies are correlated with decreased safety and neighborhood quality. Overall, the percent of residential addresses in Oakland that have been vacant for 2 or more years was 0.47%. By majority ethnicity census tracts, the percent of residential vacancies for 2 or more years are as follows:
    - African American: 0.88%
    - Asian: 0.66%
    - Non-White/Mixed: 0.52%
    - White: 0.39%
    - Latinx: 0.27%

- Childhood Asthma ED Visits (COEI): Childhood asthma and related ED visits are associated with poor housing conditions, as well as child absences from school and parents' absences from work. The rate of asthma-related emergency visits among all children in Oakland was 1,658.0 per 100,000 population. By ethnicity, the following are rates of asthma-related emergency visits among children:
  - African American: 4,093.3
  - Asian: 408.0
  - Latinx: 1,134.0
  - White: 407.4
- Homelessness Point-in-Time (PIT): A total of 5,629 individuals experienced homelessness in Alameda County in the 2017 point-in-time count.

Trends

Trend data are available on certain indicators.

- Asthma Diagnoses, Children Ages 1–17: Long-term trend mixed; trending up since 2009.
- Asthma Hospitalizations, Children Ages 0–4: Generally trending downward since 2005.
- Asthma Hospitalizations, Children/Youth Ages 0–17: Long-term trend mixed, trending up since 2011.
- Children Living in Crowded Households: Generally trending up since 2008.
- Homeless Children Ages 0–17 Who Are Unsheltered: Up from zero in 2017.
- Homeless Population: Increased in 2017.
- Homeless Young Adults Ages 18–24 Who Are Unsheltered: Was trending down, rose sharply in 2017.
- Housing Burden–Rents: Generally trending up since 2006.
- Median Rent, 2 Bedrooms: Increasing over past year.

Race and Ethnicity

Some indicators are available by ethnicity, which may show disparities in certain populations.

TABLE 79. STATISTICAL DATA FOR HOUSING AND HOMELESSNESS BY ETHNICITY

Indicator	Indicator Type	Bench-mark	White	Afr Am	Asian	Pac Isl	Nat Am	Other	Multi-Race	Hisp / Lat (Any Race)
Homeless Population (AC) (PIT)	percent	#	30%	49%			3%		15%	17%

Blank cells indicate that data were unavailable.
Benchmarks not available; comparison category is White.

TRANSPORTATION AND TRAFFIC

TABLE 80. STATISTICAL DATA FOR TRANSPORTATION AND TRAFFIC

Indicator	Indicator Type	Value	State Avg.	SDs	% Different
***Beer, Wine, and Liquor Stores (per 10,000) (CHNA.org)**	**rate**	**1.7**	**1.06**	**-1.9**	**54.5%**
***Bicycle-Involved Collisions (AC) (HAC.org)**	**rate**	**43.4**	**35.1**	N/A	**23.6%**
Driving Alone to Work (CHNA.org)	percent	47.8	73.5	3.0	35.0%
Driving Alone to Work, Long Distances (CHNA.org)	percent	38.8	39.3	0.1	1.3%
Impaired Driving Deaths (CHNA.org)	percent	**29.6**	29.0	-0.1	2.1%
Motor Vehicle Crash Deaths (CHNA.org)	rate	5.5	8.6	1.0	36.0%
***Motor Vehicle Crash ER Visits (AC) (HAC.org)**	**rate**	**809.3**	**747.3**	N/A	**8.3%**
Pedestrian Accident Deaths (CHNA.org)	rate	2.0	2.3	0.6	13.0%
Public Transit Stops Within 0.5 Miles (CHNA.org)	percent	18.4	16.8	0.2	9.5%
***Road Network Density (miles of road per square mile of land) (CHNA.org)**	**rate**	**21.6**	**2.0**	**-3.0**	**980.0%**
Walkable Destinations (CHNA.org)	percent	56.4	29.0	1.6	94.5%

Data Without Benchmarks

Certain indicators have no state or national comparison available.

- Access to a Car (COEI): Access to a car is correlated with increased access to work, school, appointment, social events, and other critical resources. Overall, 10.2% of individuals living in housing units in Oakland do not have a car. By ethnicity, the following are percentages of individuals who do not have access to a car:
  - African American: 18.7%
  - Other: 14.2%
  - Asian: 10.0%
  - Latinx: 7.6%
  - White: 6.1%

Trends

Trend data are available on certain indicators.

- Bicycle-Involved Collisions: Trending down since 2013.
- Motor Vehicle Crash ER Visits: Trending up since 2009.

Race and Ethnicity

Certain indicators are available by ethnicity, which may show disparities in certain populations.

TABLE 81. STATISTICAL DATA FOR TRANSPORTATION AND TRAFFIC BY ETHNICITY

Indicator	Indicator Type	Bench-mark	White	Afr Am	Asian	Pac Isl	Nat Am	Other	Multi-Race	Hisp / Lat (Any Race)
Motor Vehicle Crash Deaths (CHNA.org)	rate	8.6	5.3	7.3	3.9					6.9

Blank cells indicate that data were unavailable.

OTHER HEALTH

TABLE 82. STATISTICAL DATA FOR OTHER HEALTH

Indicator	Indicator Type	Value	State Avg.	SDs	% Different
Alzheimer's Disease Deaths (AC) (CDPH)	rate	32.0	34.2	N/A	6.4%
***Alzheimer's Disease or Dementia Among Medicare Beneficiaries (AC) (HAC.org)**	**percent**	**10.0**	**9.3**	N/A	7.5%
Arthritis Among Medicare Beneficiaries (AC) (HAC.org)	percent	23.1	27.6	N/A	16.3%
Chronic Kidney Disease Among Medicare Beneficiaries (AC) (HAC.org)	percent	**18.6**	17.9	N/A	3.9%
Frequent Physical Distress (AC) (HAC.org)	percent	9.1	10.9	N/A	16.5%
General Health (Self-Report): Good or Better (AC) (HAC.org)	percent	86.4	82.0	N/A	5.4%
Life Expectancy at Birth (CHNA.org)	number	81.5	80.8	0.4	0.9%
Osteoporosis Among Medicare Beneficiaries (AC) (HAC.org)	percent	5.9	6.7	N/A	11.9%
Poor or Fair Health, Adults (CHNA.org)	percent	11.1	17.2	1.6	35.5%
Poor Physical Health Days, Adults (CHNA.org)	number	3.0	3.7	1.6	18.9%
Population with Any Disability (CHNA.org)	percent	**11.0**	10.6	-0.2	3.8%
Premature Death (CHNA.org)	rate	4,767	5,251	0.5	9.2%
***Students per Social Worker (AC) (Kidsdata.org)**	**number**	**37,494**	**12,870**	N/A	191.3%

Data Without Benchmarks

Certain indicators have no state or national comparison available.

- Civic Engagement-Voter Turnout (COEI): Voter turnout is directly correlated with political engagement. In Oakland, 26.2% of registered voters did not vote in the 2016 general election.

Trends

Trend data are available on certain indicators.

- Alzheimer's Disease or Dementia Among Medicare Beneficiaries: Trending down since 2010.
- Arthritis Among Medicare Beneficiaries: Trending up since 2012.
- Chronic Kidney Disease Among Medicare Beneficiaries: Trending up since 2010.
- General Health (Self-Report): Good or Better: Generally trending down since 2011.
- Osteoporosis Among Medicare Beneficiaries: Generally trending down since 2011.
- Students per Social Worker: Generally trending down since 2011.

Race and Ethnicity

Certain indicators are available by ethnicity, which may show disparities in certain populations.

TABLE 83. STATISTICAL DATA FOR OTHER HEALTH BY ETHNICITY

Indicator	Indicator Type	Bench-mark	White	Afr Am	Asian	Pac Isl	Nat Am	Other	Multi-Race	Hisp / Lat (Any Race)
Population With Any Disability (CHNA.org)	percent	10.6%	9.2%	19.4%	9.8%	12.2%	19.8%	8.3%	9.4%	8.6%

Attachment 6. Secondary Data Indicators Index

The health needs indicators in this index were collected from these sources:

- Alameda County 2017 Homeless Census and Survey Report based on the 2017 Point in Time (PIT) Count, accessed via http://everyonehome.org/wp-content/uploads/2016/02/2017-Alameda-County-8.1-2.pdf, pulled on July 31, 2018
- California Department of Public Health (CDPH) county health status profiles, accessed via https://www.cdph.ca.gov/Programs/CHSI/Pages/Individual-County-Data-Sheets.aspx, pulled on July 24, 2018
- California Health Interview Survey (CHIS), accessed via http://ask.chis.ucla.edu/, pulled on August 5, 2018
- California Healthy Kids Survey (CHKS), accessed via http://chks.wested.org/query-chks/, pulled on August 5, 2018
- The new CHNA data platform, replacing Community Commons (CHNA.org), accessed via http://chna.org/kp, pulled on May 17, 2018[1]
- City of Oakland Equity Indicators (COEI) 2018 Report, accessed via https://www.oaklandca.gov/documents/equity-indicators-community-briefing-documents, pulled on November 10, 2018
- County Health Rankings (CHR), accessed via http://www.countyhealthrankings.org/app/california/2018/rankings, pulled on July 30, 2018
- The Healthy Alameda County (HAC.org) platform, accessed via http://www.healthyalamedacounty.org, pulled on July 21, 2018
- KidsData.org, a program of the Lucile Packard Foundation for Children's Health, accessed via https://www.kidsdata.org, pulled on August 5, 2018
- U.S. Department of Housing and Urban Development (HUD) 2017 Annual Homeless Assessment Report to Congress, accessed via https://www.hudexchange.info/resources/documents/2017-AHAR-Part-1.pdf, pulled on July 31, 2018
- Vera Institute of Justice Incarceration Trends (Vera), accessed via http://trends.vera.org/rates/alameda-county-ca?incarcerationData=all, pulled on July 31, 2018
- Zilpy, accessed via http://www.zilpy.com/, pulled on November 12, 2018

Indicator	Health Needs	Description	Source	Year(s)
30-Day Readmissions (CHNA.org)	Healthcare Access and Delivery	This indicator reports the percentage of Medicare fee-for-service beneficiaries readmitted to a hospital within 30 days of an initial hospitalization discharge. This indicator is relevant as a measure of quality of care.	Dartmouth Atlas of Health Care	2014, 2013, 2012, 2011, 2010

[1] Data updated September 4, 2018.

Indicator	Health Needs	Description	Source	Year(s)
Access to a Car (COEI)	Healthcare Access and Delivery	This indicator measures the percentage of individuals who live in housing units that do not have a car.	U.S. Census Bureau, American Community Survey, 1-year Public Use Microdata Sample (PUMS)	2016
Active Asthma Prevalence (CHNA.org)	Healthcare Access and Delivery: Asthma	Percentage of county residents reporting they currently have asthma	Prepared by California Breathing, Environmental Health Investigations Branch, California Department of Public Health using data from UCLA Center for Health Policy Research, California Health Interview Survey	2014
Acute Preventable Hospitalizations (HAC.org)	Healthcare Access and Delivery	This indicator shows the number of preventable hospitalizations due to acute conditions per 100,000 population.	Office of Statewide Health Planning and Development (OSHPD)	2009–2011
Adequate Fruit and Vegetable Consumption, Children Ages 12–17 (Kidsdata.org)	Healthy Eating/Active Living	Estimated percentage of children ages 12–17 who eat five or more servings of fruits and vegetables (excluding juice and fried potatoes) daily, by age group (e.g., in 2013–2014, an estimated 22.4% of California youth ages 12–17 ate at least five servings of fruits/vegetables daily)	UCLA Center for Health Policy Research, California Health Interview Survey	2013–2014
Adequate Fruit and Vegetable Consumption, Children Ages 2–11 (Kidsdata.org)	Healthy Eating/Active Living	Estimated percentage of children ages 2–11 who eat five or more servings of fruits and vegetables (excluding juice and fried potatoes) daily, by age group (e.g., in 2013–2014, an estimated 22.4% of California youth ages 2–11 ate at least five servings of fruits/vegetables daily)	UCLA Center for Health Policy Research, California Health Interview Survey	2013–2014
Adults 18+ With Influenza Vaccination (AskCHIS)	Healthcare Access and Delivery: Communicable Diseases (Not STIs)	Percentage of adults ages 18 and older reporting they have had the flu vaccine in the past 12 months	UCLA Center for Health Policy Research, California Health Interview Survey	2016
Adults Needing and Receiving Behavioral Health Care Services (HAC.org)	Behavioral Health: Mental Health	This indicator shows the percentage of adults needing care for emotional or mental health or substance abuse issues who stated that they did obtain help for those issues in the past year.	UCLA Center for Health Policy Research, California Health Interview Survey	2015–2016
Adults Needing Help for Behavioral Health Issue (AskCHIS)	Behavioral Health: Mental Health	Percentage of adults needing help for emotional/mental health problems or use of alcohol/drugs	UCLA Center for Health Policy Research, California Health Interview Survey	2016

Indicator	Health Needs	Description	Source	Year(s)
Adults With an Associate's Degree or Higher (CHNA.org)	Economic Security	This indicator reports the percentage of the population 25 years old and older with an Associate's degree or higher. This indicator is relevant because educational attainment is an important determinant of health, influencing health knowledge and behaviors, employment and income, and social standing and social networks.	U.S. Census Bureau, American Community Survey	2012–2016
Adults With Any Adverse Childhood Experiences (Kidsdata.org)	Behavioral Health: Mental Health	Estimated percentage of adults 18 and older exposed to adverse childhood experiences before age 18, by household type	Rodriguez, D., et al. (2016). Prevalence of adverse childhood experiences by county, California Behavioral Risk Factor Surveillance System 2008, 2009, 2011, and 2013. Public Health Institute, Survey Research Group	2008, 2009, 2011, and 2013
Adults With Four or More Adverse Childhood Experiences (Kidsdata.org)	Behavioral Health: Mental Health	Estimated percentage of adults 18 and older exposed to four or more adverse childhood experiences before age 18, by household type	Rodriguez, D., et al. (2016). Prevalence of adverse childhood experiences by county, California Behavioral Risk Factor Surveillance System 2008, 2009, 2011, and 2013. Public Health Institute, Survey Research Group	2008, 2009, 2011, and 2013
Adults With No High School Diploma (CHNA.org)	Economic Security	This indicator reports the percentage of the population 25 years old and older without at least a high school diploma or equivalent. This indicator is relevant as a measure of educational attainment, an important determinant of health and opportunity across a lifespan.	U.S. Census Bureau, American Community Survey	2012–2016
Adults With Some Post-secondary Education (CHNA.org)	Economic Security	This indicator reports the percentage of adults ages 25–44 with at least some post-secondary education. This indicator is relevant because educational attainment is an important determinant of health, influencing health knowledge and behaviors, employment and income, and social standing and social networks.	U.S. Census Bureau, American Community Survey	2012–2016
Alcohol Use (Youth) (HAC.org)	Behavioral Health: Substance Use/Tobacco	This indicator shows the percentage of teens who answered yes to the question "Did you ever have more than a few sips of any alcoholic drink, like beer, wine, mixed drinks, or liquor?"	UCLA Center for Health Policy Research, California Health Interview Survey	2011–2012
Alzheimer's Disease Deaths (CDPH)	Other Health	Age–adjusted rate of death due to Alzheimer's per 100,000 population per year	California Department of Public Health: 2011–2016 Death Records	2011–2016

Indicator	Health Needs	Description	Source	Year(s)
Alzheimer's Disease or Dementia Among Medicare Beneficiaries (HAC.org)	Other Health	This indicator shows the percentage of Medicare beneficiaries who were treated for Alzheimer's disease or dementia.	Centers for Medicare and Medicaid Services	2015
Annual Dental Visit Among Denti-Cal Beneficiaries (HAC.org)	Healthcare Access and Delivery: Oral Health	This indicator shows the percentage of Denti-Cal recipients ages 0–20 who had an annual dentist visit in the past year. This includes those with 90 days continuous eligibility in the fee-for-service (FFS) delivery system who received at least one dental visit within the given calendar year.	Annie E. Casey Foundation	2015
Arthritis Among Medicare Beneficiaries (HAC.org)	Other Health	This indicator shows the percentage of Medicare beneficiaries who were treated for rheumatoid arthritis or osteoarthritis.	Centers for Medicare and Medicaid Services	2015
Assault Injury ER Visits (HAC.org)	Community and Family Safety: Crime/ Intentional Injury	This shows the number of assault emergency department visits per 100,000 population.	Office of Statewide Health Planning and Development (OSHPD)	2012–2014
Asthma Deaths (CHNA.org)	Healthcare Access and Delivery: Asthma	Age-adjusted rate of asthma mortality per 1,000,000 population	Prepared by California Breathing, Environmental Health Investigations Branch, California Department of Public Health using data from California Death Statistical Master Files	2008–2010
Asthma Diagnoses, Children Ages 1–17 (Kidsdata.org)	Healthcare Access and Delivery: Asthma	Percentage of children ages 1–17 whose parents report that their child has ever been diagnosed with asthma	UCLA Center for Health Policy Research, California Health Interview Survey	2015
Asthma ED Visits, All Ages (CDPH)	Healthcare Access and Delivery: Asthma	Age-adjusted rate of asthma emergency department visits per 10,000 residents, by age and overall	Prepared by California Breathing, Environmental Health Investigations Branch, California Department of Public Health using data from California Office of Statewide Health Planning and Development (OSHPD)	2014
Asthma ER Visits (HAC.org)	Healthcare Access and Delivery: Asthma	This indicator shows the age-adjusted rate for asthma emergency department visits per 100,000 population.	Office of Statewide Health Planning and Development (OSHPD)	2012–2014

Indicator	Health Needs	Description	Source	Year(s)
Asthma Hospitalizations (CHNA.org)	Healthcare Access and Delivery: Asthma; Climate/Natural Environment	This indicator reports the patient discharge rate among Medicare-fee-for-service per 10,000 population for asthma and related complications. This indicator is relevant because it is a measure of the burden of asthma, a significant cause of morbidity among children and adults in the U.S. that is often exacerbated by poor air quality and other environmental conditions.	CMS_MMD Mapping Medicare Disparities Tool	2015
Asthma Hospitalizations, Children Ages 0–4 (Kidsdata.org)	Healthcare Access and Delivery: Asthma	Number of asthma hospitalizations per 10,000 population, by age group	Prepared by California Breathing, Environmental Health Investigations Branch, California Department of Public Health using data from the California Office of Statewide Health Planning and Development (OSHPD) Patient Discharge Database, the California Department of Finance, and the U.S. Census Bureau	2016
Asthma Hospitalizations, Children/Youth Ages 5–17 (Kidsdata.org)	Healthcare Access and Delivery: Asthma	Number of asthma hospitalizations per 10,000 population, by age group	Prepared by California Breathing, Environmental Health Investigations Branch, California Department of Public Health using data from the California Office of Statewide Health Planning and Development (OSHPD) Patient Discharge Database, the California Department of Finance, and the U.S. Census Bureau	2016
Asthma Prevalence (CHNA.org)	Healthcare Access and Delivery: Asthma; Climate/Natural Environment	This indicator reports the percentage of the population 18 years old and older with asthma. This indicator is relevant because it is a measure of the burden of asthma, a significant cause of morbidity in the U.S. that is often exacerbated by poor air quality and other environmental conditions.	UCLA Center for Health Policy Research, California Health Interview Survey	2014
Atrial Fibrillation Among Medicare Beneficiaries (HAC.org)	Healthcare Access and Delivery: Heart Disease/Stroke	This indicator shows the percentage of Medicare beneficiaries who were treated for atrial fibrillation.	Centers for Medicare and Medicaid Services	2015

Indicator	Health Needs	Description	Source	Year(s)
Average Charge per Asthma Hospitalizations (CDPH)	Healthcare Access and Delivery: Asthma	Average charge for hospitalization for asthma. Charges for asthma hospitalizations are the only type of data available to assess the costs of asthma in California counties. However, there are many other costs associated with asthma, including other types of health care utilization, medications, and indirect costs due to factors such as school and work missed.	Prepared by California Breathing, Environmental Health Investigations Branch, California Department of Public Health using data from the California Office of Statewide Health Planning and Development (OSHPD)	2014
Avoidable ER Visits (HAC.org)	Healthcare Access and Delivery	This indicator shows the age-adjusted avoidable emergency department visit rate per 100,000 population.	Office of Statewide Health Planning and Development (OSHPD)	2012–2014
Banking Institutions (CHNA.org)	Economic Security	This indicator reports the number of banking institutions (commercial banks, savings institutions and credit unions) per 10,000 population. This indicator is relevant because an adequate supply of financial institutions enables financial inclusion, empowering people with tools and services to realize financial health and well-being.	U.S. Census Bureau, County Business Patterns	2015, 2014, 2013, 2012
Beer, Wine, and Liquor Stores (CHNA.org)	Community and Family Safety: Crime/ Intentional Injury, Unintentional Injuries/ Accidents; Economic Security; Behavioral Health: Substance Use/ Tobacco	This indicator reports the number of beer, wine, and liquor stores per 10,000 population. This indicator is relevant because it measures alcohol outlet density which helps characterize policy and environmental factors that affect excessive alcohol use, a leading cause of preventable death in the U.S.	U.S. Census Bureau, County Business Patterns	2015, 2012, 2014, 2013
Bicycle-Involved Collisions (HAC.org)	Community and Family Safety: Crime/ Intentional Injury, Unintentional Injuries/Accidents	This indicator shows the number of bicyclist-involved collisions resulting in bicyclist injury or death per 100,000 population.	California State Highway Patrol	2015
Breast Cancer Deaths (HAC.org)	Healthcare Access and Delivery: Cancers	The age-adjusted death rate per 100,000 females due to breast cancer	California Department of Public Health	2014–2016
Breast Cancer Incidence (CHNA.org)	Healthcare Access and Delivery: Cancers	The age-adjusted incidence rate of breast cancer among females per 100,000 population per year. This indicator is relevant because it is a measure of the burden of breast cancer, which may be useful for targeting interventions to prevent, screen for and treat breast cancer, one of the most common cancers affecting women.	State Cancer Profiles	2010–2014

Indicator	Health Needs	Description	Source	Year(s)
Breast Cancer Screening (Mammogram) (CHNA.org)	Healthcare Access and Delivery: Cancers, Access and Delivery of Healthcare	This indicator reports the percentage of female Medicare enrollees ages 67 and older who received one or more mammograms in the past two years. This indicator is relevant because breast cancer screening enables early detection and treatment; low levels of screening may suggest a lack of access to preventive care, lack of health knowledge, insufficient provider outreach, and existence of other barriers to the use of services.	Dartmouth Atlas of Health Care	2014
Breastfeeding (HAC.org)	Healthcare Access and Delivery: Maternal/Infant Health; Healthy Eating/Active Living	This indicator shows the percentage of mothers who breastfed their new baby after delivery.	California Department of Public Health	2014–2016
Built Environment-Long-Term Residential Vacancy (COEI)	Community and Family Safety: Crime/ Intentional Injury	Percent of residential addresses that have been identified as "vacant" by the U.S. Postal Service for 2 or more years, aggregated at the census tract level on a quarterly basis	COEI: U.S. Department of Housing and Urban Development Aggregated USPS Administrative Data on Address Vacancies, Quarter 3 ending September 30, 2017; U.S. Census Bureau, American Community Survey, 5-year Estimates, 2012–2016	2017; 2012–2016
Bullied at School, 7th Graders (CHKS)	Community and Family Safety: Crime/ Intentional Injury; Behavioral Health: Mental Health	Percentage of public school students in 7th grade, and nontraditional students reporting whether in the past 12 months they have been harassed or bullied at school for any reason	California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd)	2011–2013
Bullied at School, 9th Graders (CHKS)	Community and Family Safety: Crime/ Intentional Injury; Behavioral Health: Mental Health	Percentage of public school students in 9th grade, and nontraditional students reporting whether in the past 12 months they have been harassed or bullied at school for any reason	California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd)	2011–2013
Bullied at School, 11th Graders (CHKS)	Community and Family Safety: Crime/ Intentional Injury; Behavioral Health: Mental Health	Percentage of public school students in 11th grade, and non-traditional students reporting whether in the past 12 months they have been harassed or bullied at school for any reason	California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd)	2011–2013

Indicator	Health Needs	Description	Source	Year(s)
Cancer Deaths (CHNA.org)	Healthcare Access and Delivery: Cancers	This indicator reports the age-adjusted rate of death due to malignant neoplasm (cancer) per 100,000 population per year. This indicator is relevant as a measure of the burden of cancer, a leading cause of death in the U.S.	National Vital Statistics System	2011–2015
Cervical Cancer Incidence (HAC.org)	Healthcare Access and Delivery: Cancers	This indicator shows the age-adjusted incidence rate for cervical cancer in cases per 100,000 females.	National Cancer Institute	2011–2015
Child Mortality (CHR)	Healthcare Access and Delivery: Maternal/Infant Health	Number of deaths among children under age 18 per 100,000	CDC WONDER mortality data	2013–2016
Childhood Asthma ED Visits (COEI)	Healthcare Access and Delivery: Asthma	Age-adjusted rate of asthma-related emergency department visits per 100,000 children under 5 years of age	City of Oakland Equity Indicators (COEI) 2018 Report	2013–2015
Childhood Cancer Diagnoses (Kidsdata.org)	Healthcare Access and Delivery: Cancers	Number of new cancer diagnoses per 100,000 children/youth ages 0–19 over a five-year period, by race/ethnicity and age group	National Cancer Institute Surveillance, Epidemiology, and End Results (SEER) Program, Research data, 1973–2013 (Nov. 2015)	2009–2013
Children Below 100% FPL (CHNA.org)	Economic Security; Other Health	This indicator reports the percentage of children ages 0–17 years that live in households with incomes below 100% of the Federal Poverty Level (FPL). This indicator is relevant as a measure for the concentration of poverty, and because it highlights a group requiring special consideration, targeted services and outreach by providers.	U.S. Census Bureau, American Community Survey	2012–2016
Children in Foster Care (Kidsdata.org)	Behavioral Health: Mental Health	Number of children and youth under age 21 in foster care per 1,000 on July 1 of each year	Webster, D., et al. Child Welfare Services Reports for California, UC Berkeley Center for Social Services Research (Jun. 2016); Annie E. Casey Foundation, KIDS COUNT Data Center (Jul. 2016)	2015
Children in Linguistically Isolated Households (Kidsdata.org)	Economic Security	Estimated percentage of children ages 0–17 living in households in which (i) no person age 14 or older speaks English only, and (ii) no person age 14 or older, who speaks a language other than English, speaks English very well	Population Reference Bureau, analysis of data from the U.S. Census Bureau, American Community Survey microdata files (Dec. 2017)	2016

Indicator	Health Needs	Description	Source	Year(s)
Children in Single-Parent Households (CHNA.org)	Economic Security	This indicator reports the percentage of children that live in households with only one parent present. This indicator is relevant because children from single-parent households are at increased risk for presenting emotional and behavioral problems, developing depression, using tobacco, alcohol and other substances, and for all-cause morbidity and mortality.	U.S. Census Bureau, American Community Survey	2012–2016
Children Living in Crowded Households (Kidsdata.org)	Economic Security	Estimated percentage of children under age 18 living in households with more than one person per room of the house. “Rooms” include living rooms, dining rooms, kitchens, bedrooms, finished recreation rooms, enclosed porches, and lodger’s rooms	Population Reference Bureau, analysis of data from the U.S. Census Bureau, American Community Survey microdata files (Nov. 2015).	2014
Children Needing and Receiving Behavioral Health Care Services (Kidsdata.org)	Behavioral Health: Mental Health	Percentage of children ages 2–17 who need mental health treatment or counseling and who have received mental health services in the past 12 months	Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health, Advancing data-in-action partnerships for children and children with special health care needs in California counties and cities using synthetic estimation from the 2011/12 National Survey of Children’s Health and 2008–2012 U.S. Census Bureau, American Community Survey (Nov. 2016).	2011–2012
Children Walking or Biking to School (CHNA.org)	Healthy Eating/Active Living	This indicator reports the percentage of children walk, bike or skate to school at least occasionally, according to a parent/guardian. This indicator is relevant as a measure of quality of the physical/built environment and active transportation systems, and because active commuting to school promotes regular physical activity; regular physical activity in children can help improve fitness, build strong bones and muscles, control weight, reduce depression and anxiety, and reduce risk for chronic disease.	UCLA Center for Health Policy Research, California Health Interview Survey	2015–2016
Children with Health Insurance (HAC.org)	Healthcare Access and Delivery	This indicator shows the percentage of children ages 0–17 that have any type of health insurance coverage.	U.S. Census Bureau, American Community Survey	2016

Indicator	Health Needs	Description	Source	Year(s)
Children with Influenza Vaccination (HAC.org)	Healthcare Access and Delivery: Communicable Diseases (Not STIs)	This indicator shows the percentage of children ages 6 months to 11 years who received an influenza vaccination in the past year.	UCLA Center for Health Policy Research, California Health Interview Survey	2013–2014
Children with Two or More Adverse Experiences (Parent Reported) (Kidsdata.org)	Behavioral Health: Mental Health	Estimated percentage of children ages 0–17 who have experienced two or more adverse experiences	Population Reference Bureau, analysis of data from the National Survey of Children's Health and the U.S. Census Bureau, American Community Survey (Mar. 2018).	2016
Children Without Secure Parental Employment (Kidsdata.org)	Economic Security	Estimated percentage of children under age 18 living in families where no resident parent worked at least 35 hours per week, at least 50 weeks in the 12 months prior to the survey	Population Reference Bureau, analysis of data from the U.S. Census Bureau, American Community Survey microdata files (Nov. 2015).	2014
Chlamydia Incidence (CHNA.org)	Healthcare Access and Delivery: Sexually Transmitted Infections	This indicator reports incidence rate of chlamydia cases per 100,000 population per year. This indicator is relevant because it is a measure of the burden of chlamydia, a common sexually transmitted infection for which effective interventions for prevention and treatment exist.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2016
Chlamydia Incidence Among Youth Ages 10–19 (Kidsdata.org)	Healthcare Access and Delivery: Sexually Transmitted Infections	Number of chlamydia infections per 100,000 youth ages 10–19	California Department of Public Health, Sexually Transmitted Diseases Data; California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000–2010, 2010–2060; Centers for Disease Control and Prevention, Sexually Transmitted Diseases Data and Statistics; U.S. Census Bureau, Population Estimates Program, Estimates of the Resident Population by Sex and Age for the United States, 2000–2010, 2010–2015 (Sept. 2016)	2015
Chronic Kidney Disease Among Medicare Beneficiaries (HAC.org)	Other Health	This indicator shows the percentage of Medicare beneficiaries who were treated for chronic kidney disease.	Centers for Medicare and Medicaid Services	2015
Chronic Liver Disease/Cirrhosis Deaths (CDPH)	Behavioral Health: Substance Use/Tobacco	Chronic liver disease and cirrhosis age-adjusted death rate per 100,000 population	California Department of Public Health: 2011–2016 Death Records.	2011–2016

Indicator	Health Needs	Description	Source	Year(s)
Chronic Preventable Hospitalizations (HAC.org)	Healthcare Access and Delivery	This indicator shows the number of preventable hospitalizations for chronic diseases per 100,000 population.	Office of Statewide Health Planning and Development (OSHPD)	2009–2011
Civic Engagement-Voter Turnout (registered voters not voting) (COEI)	Other Health	Voter turnout is measured by the percentage of registered voters that voted in the general election. This indicator measures geographic disparities by City Council District.	COEI: Alameda County Registrar of Voters.	2016
Climate-Related Mortality Impacts (CHNA.org)	Climate/Natural Environment	This indicator reports the median estimated economic impacts from changes in all-cause mortality rates, across all age groups, as a percentage of county gross domestic product (GDP). This indicator is relevant because climate-change is a significant threat to public health for which interventions may exist to prevent or mitigate climate-related health impacts.	Climate Impact Lab	2016
Colon and Rectum Cancer Incidence (CHNA.org)	Healthcare Access and Delivery: Cancers	This indicator reports the age-adjusted incidence rate of colon and rectum cancer cases per 100,000 population per year. This indicator is relevant because it is a measure of the burden of colon and rectum cancer; this indicator may be useful for targeting interventions to prevent, screen for and treat colorectal cancers.	State Cancer Profiles	2010–2014
Colon Cancer Screening (HAC.org)	Healthcare Access and Delivery: Cancers, Access and Delivery of Healthcare	This indicator shows the percentage of adults ages 50 and older who are compliant with recommended screening practices for colorectal cancer.	UCLA Center for Health Policy Research, California Health Interview Survey	2009
Colorectal Cancer Deaths (HAC.org)	Healthcare Access and Delivery: Cancers	This indicator shows the age-adjusted death rate per 100,000 population due to colorectal cancer.	California Department of Public Health	2014–2016
Community Stressors-Domestic Violence (COEI)	Behavioral Health: Mental Health	This indicator measures the rate of domestic violence victimization in Oakland by race/ethnicity. Rate is calculated as the number of domestic violence incidents per 100,000 people of the same race/ethnicity (of any age).	COEI: Oakland Police Department; U.S. Census Bureau, American Community Survey, 1-year Estimates.	2017; 2016
Community Stressors-Homicide (COEI)	Behavioral Health: Mental Health	This indicator measures the number of homicides in Oakland by race/ethnicity. Rate is calculated as the number of homicides per 100,000 people of the same race/ethnicity (of any age).	COEI: Oakland Police Department; U.S. Census Bureau, American Community Survey, 1-year Estimates.	2017; 2016
Condition of Teeth (Adults): Less Than Good (AskCHIS)	Healthcare Access and Delivery: Oral Health	Percentage of adults with fair or poor teeth condition	UCLA Center for Health Policy Research, California Health Interview Survey	2016

Indicator	Health Needs	Description	Source	Year(s)
Congestive Heart Failure Hospitalizations (HAC.org)	Healthcare Access and Delivery: Heart Disease/Stroke	This indicator shows the number of congestive heart failure hospitalizations per 100,000 population.	Office of Statewide Health Planning and Development (OSHPD)	2012–2014
Cost Burdened Households (CHNA.org)	Economic Security	This indicator reports the percentage of households for which housing costs exceed 30% of total household income. This indicator is relevant because it offers a measure of housing affordability; affordable housing helps ensure individuals can financially meet their basic needs for health care, child care, food, transportation and other costs.	U.S. Census Bureau, American Community Survey	2012–2016
Cost of Infant Childcare, Annually, Child Care Center (Kidsdata.org)	Economic Security	Average annual cost of licensed child care, by facility type and age group of children	California Child Care Resource and Referral Network, California Child Care Portfolio (Nov. 2015); cost data are from the Child Care Regional Market Rate Survey, 2014.	2014
Cost of Preschool Childcare, Annually, Child Care Center (Kidsdata.org)	Economic Security	Average annual cost of licensed child care, by facility type and age group of children	California Child Care Resource and Referral Network, California Child Care Portfolio (Nov. 2015); cost data are from the Child Care Regional Market Rate Survey, 2014.	2014
Current Smokers (CHNA.org)	Healthcare Access and Delivery: Cancers, Heart Disease/Stroke, Oral Health; Healthy Eating/Active Living; Behavioral Health: Substance Use/Tobacco	This indicator reports the percentage of adults ages 18 years and older that self-report smoking cigarettes some days, most days or every day, or that self-report having smoked at least 100 cigarettes in their lifetime. This indicator is relevant because current behaviors are determinants of future health; the leading cause of preventable death in the U.S., tobacco use can cause long-term health impacts, including cardiovascular diseases, respiratory diseases, and cancers.	UCLA Center for Health Policy Research, California Health Interview Survey	2014
Cyberbullied More Than Once, 7th Graders (CHKS)	Community and Family Safety: Crime/Intentional Injury; Behavioral Health: Mental Health	Percentage of public school students in 7th grade, and nontraditional students reporting the number of times in the past 12 months other students spread mean rumors or lies about them on the internet	California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).	2011–2013

Indicator	Health Needs	Description	Source	Year(s)
Cyberbullied More Than Once, 9th Graders (CHKS)	Community and Family Safety: Crime/Intentional Injury; Behavioral Health: Mental Health	Percentage of public school students in 9th grade, and nontraditional students reporting the number of times in the past 12 months other students spread mean rumors or lies about them on the internet	California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).	2011–2013
Cyberbullied More Than Once, 11th Graders (CHKS)	Community and Family Safety: Crime/Intentional Injury; Behavioral Health: Mental Health	Percentage of public school students in 11th grade, and nontraditional students reporting the number of times in the past 12 months other students spread mean rumors or lies about them on the internet	California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).	2011–2013
Deaths by Suicide, Drug or Alcohol Poisoning (CHNA.org)	Behavioral Health: Mental Health, Substance Use/Tobacco	This indicator reports the age-adjusted rate of death due to intentional self-harm (suicide), alcohol-related disease, and drug overdoses per 100,000 population. This indicator is relevant because high rates of death of despair may signal broader issues in the community related to mental health, and substance use.	National Vital Statistics System	2011–2015
Delayed/Didn't Get Care (AskCHIS)	Healthcare Access and Delivery	Percentage of adults reporting they had delayed or did not get medical care	UCLA Center for Health Policy Research, California Health Interview Survey	2016
Delayed/Had Difficulty Obtaining "Other Medical" Care (HAC.org)	Healthcare Access and Delivery	This indicator shows the percentage of people who report having delayed or not received other medical care they felt they needed.	UCLA Center for Health Policy Research, California Health Interview Survey	2015–2016
Dental Insurance, Lack of Coverage (CHNA.org)	Healthcare Access and Delivery: Oral Health	This indicator reports the percentage of adults ages 18 and older who self-report that they do not have dental insurance (at the time of the interview). This indicator is relevant because having insurance enables access to dental care, a prerequisite for good oral health and overall health.	UCLA Center for Health Policy Research, California Health Interview Survey	2015–2016
Dentists (CHNA.org)	Healthcare Access and Delivery: Oral Health, Access and Delivery of Healthcare	This indicator reports the number of licensed dentists (including DDSs and DMDs) per 100,000 population. This indicator is relevant because an inadequate supply of dentists may limit access to dental care, a prerequisite for good oral health and overall health.	U.S. Department of Health and Human Services, Health Resources and Services Administration, Area Health Resource File	2015

Indicator	Health Needs	Description	Source	Year(s)
Depression Among Medicare Beneficiaries (CHNA.org)	Behavioral Health: Mental Health	This indicator reports the percentage of the Medicare fee-for-service population with depression. This indicator is relevant as a measure of the burden of depression, a leading cause of disability in the U.S.; depression both influences and is influenced by physical health, affecting individuals' participation in health-promoting behaviors and presenting with multiple chronic comorbidities.	Centers for Medicare and Medicaid Services	2015
Depression-Related Feelings, 7th Graders (CHKS)	Behavioral Health: Mental Health	Estimated percentage of public school students in 7th grade, and nontraditional programs who, in the previous year, felt so sad or hopeless almost every day for two weeks or more that they stopped doing some usual activities	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017).	2013–2015
Depression-Related Feelings, 9th Graders (CHKS)	Behavioral Health: Mental Health	Estimated percentage of public school students in 9th grade, and nontraditional programs who, in the previous year, felt so sad or hopeless almost every day for two weeks or more that they stopped doing some usual activities	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017).	2013–2015
Depression-Related Feelings, 11th Graders (CHKS)	Behavioral Health: Mental Health	Estimated percentage of public school students in 11th grade, and nontraditional programs who, in the previous year, felt so sad or hopeless almost every day for two weeks or more that they stopped doing some usual activities	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017).	2013–2015
Diabetes Deaths (HAC.org)	Healthy Eating/Active Living	This indicator shows the age-adjusted death rate per 100,000 population due to diabetes.	California Department of Public Health	2014–2016
Diabetes Hospitalizations (HAC.org)	Healthy Eating/Active Living	This is indicator shows the age-adjusted Diabetes hospitalization visit rate per 100,000 population.	Office of Statewide Health Planning and Development (OSHPD)	2012–2014
Diabetes Hospitalizations, Children Ages 0–17 (Kidsdata.org)	Healthy Eating/Active Living	Number hospital discharges among children ages 0–17 for diabetes, as a percentage of all child discharges, excluding newborns	Special tabulation by California Office of Statewide Health Planning and Development (Sept. 2016).	2015

Indicator	Health Needs	Description	Source	Year(s)
Diabetes Management (Hemoglobin A1c Test) (CHNA.org)	Healthcare Access and Delivery: Heart Disease/Stroke, Access and Delivery of Healthcare; Healthy Eating/Active Living	This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test of blood sugar levels administered by a health care professional in the past year. This indicator is relevant because blood sugar monitoring enables disease management and treatment of diabetes complications; low levels of testing may suggest a lack of access to preventive care, lack of health knowledge, insufficient provider outreach, and existence of other barriers to the use of services.	Dartmouth Atlas of Health Care	2015
Diabetes Prevalence (CHNA.org)	Healthy Eating/Active Living	This indicator reports the percentage of adults ages 20 and older who have ever been told by a doctor that they have diabetes.	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion	2013
Did Not Eat Breakfast, 7th Graders (CHKS)	Economic Security; Healthy Eating/Active Living	Percentage of students in 7th grade, and nontraditional students in public schools reporting whether they ate breakfast on the day of the survey	California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).	2011–2013
Did Not Eat Breakfast, 9th Graders (CHKS)	Economic Security; Healthy Eating/Active Living	Percentage of students in 9th grade, and nontraditional students in public schools reporting whether they ate breakfast on the day of the survey	California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).	2011–2013
Did Not Eat Breakfast, 11th Graders (CHKS)	Economic Security; Healthy Eating/Active Living	Percentage of students in 11th grade, and nontraditional students in public schools reporting whether they ate breakfast on the day of the survey	California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).	2011–2013
Domestic Violence Calls for Assistance (KidsData.org)	Community and Family Safety: Crime/ Intentional Injury	Number of domestic violence calls for assistance per 1,000 adults ages 18–69	California Department of Justice, Criminal Justice Statistics Center, Domestic Violence-Related Calls for Assistance Database (1998–2003) and Online Query System (Aug. 2015)	2014
Domestic Violence Hospitalizations (CHNA.org)	Community and Family Safety: Crime/ Intentional Injury	This indicator reports the rate of non-fatal emergency department visits for domestic violence incidents among females ages 10 years and older per 100,000 population. This indicator is relevant as a proxy measure of intimate partner and domestic violence, and may signal broader issues in the community, such as economic insecurity and substance misuse.	EPICENTER California EpiCenter	2013–2014

Indicator	Health Needs	Description	Source	Year(s)
Drinking Water Violations (CHNA.org)	Climate/Natural Environment	This indicator reports the presence or absence of health-based violations in community water systems over a specified time frame. This indicator is relevant as a measure of drinking water safety, a prerequisite for good health.	Safe Drinking Water Information System	2015
Driving Alone to Work (CHNA.org)	Climate/Natural Environment; Healthy Eating/Active Living	This indicator reports the percentage of the civilian non-institutionalized population 16 years old and older that commute alone to work by motor vehicle. This indicator is relevant as a measure of quality of the physical/built environment, and public transportation and active transportation systems.	U.S. Census Bureau, American Community Survey	2012–2016
Driving Alone to Work, Long Distances (CHNA.org)	Climate/Natural Environment; Healthy Eating/Active Living	This indicator reports the percentage of the civilian non-institutionalized population with long commutes to work, over 60 minutes each direction. This indicator is relevant as a measure of quality of the physical/built environment, regional employment trends, and public transportation and active transportation systems.	U.S. Census Bureau, American Community Survey	2012–2016
Drought Severity (CHNA.org)	Climate/Natural Environment	This indicator reports the population-weighted percentage of weeks in drought from January 1, 2012–December 31, 2014. This indicator is relevant because it highlights communities vulnerable to the effects of drought, and associated health impacts.	US Drought Monitor	2012–2014
Early Prenatal Care (HAC.org)	Healthcare Access and Delivery: Maternal/Infant Health	This indicator shows the percentage of births to mothers who began prenatal care in the first trimester of their pregnancy.	California Department of Public Health	2014–2016
Elevated Blood Lead Levels in Children Ages 0–5 (Kidsdata.org)	Community and Family Safety: Unintentional Injuries/Accidents	Percentage of children/youth ages 0–5 with blood lead levels at or above 9.5 micrograms per deciliter, among those screened, by age group	California Department of Public Health, Childhood Lead Poisoning Prevention Branch (Aug. 2017).	2013
Elevated Blood Lead Levels in Children/Youth Ages 6–20 (Kidsdata.org)	Community and Family Safety: Unintentional Injuries/Accidents	Percentage of children/youth ages 6–20 with blood lead levels at or above 9.5 micrograms per deciliter, among those screened, by age group	California Department of Public Health, Childhood Lead Poisoning Prevention Branch (Aug. 2017).	2013

Indicator	Health Needs	Description	Source	Year(s)
Environmental Health-Abandoned Trash (COEI)	Climate/Natural Environment	This indicator measures the number of service requests received by the Oakland Call Center for illegal dumping as a rate per 1,000 population in each census tract. The census tracts are grouped based on majority race/ethnicity. Service requests that were canceled were excluded from the analysis.	COEI: Oakland Call Center, 2017; U.S. Census Bureau, American Community Survey, 2012–2016.	2017; 2012–2016
Environmental Health-Park Quality (COEI)	Climate/Natural Environment	Measures overall ratings for Oakland parks and compares average scores by City Council district. The overall ratings were based on an annual survey that assigned parks letter grades (A through F), which corresponded to scores (A=4, B=3, C=2, D=1, and F=0). In addition to Council District scores, the scores for parks surrounding Lake Merritt were reported as an average Lakeside score.	COEI: 2016 Community Report Card on the State of Maintenance in Oakland Parks, Oakland Parks and Recreation Foundation.	2016
Environmental Health-Pollution Burden (COEI)	Healthcare Access and Delivery: Asthma; Climate/Natural Environment	Measure of pollution burden as a combined score that includes indicators of potential exposures to pollutants and environmental conditions (e.g., ozone, pesticides, hazardous waste, toxic releases, traffic). The pollution burden scores are averaged by majority race/ethnicity of Oakland census tracts.	COEI: Office of Environmental Health Hazard Assessment, CalEnviroScreen 3.0 Maps (2017); U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2012–2016.	2017; 2012–2016
Excessive Drinking (CHNA.org)	Healthcare Access and Delivery: Cancers, Heart Disease/Stroke; Community and Family Safety: Crime/Intentional Injury; Behavioral Health: Substance Use/Tobacco	This indicator reports the percentage of adults ages 18 years and older that self-report heavy alcohol consumption. This indicator is relevant as a proxy measure of alcohol use; a leading cause of preventable death in the U.S., excessive alcohol use can cause short- and long-term health impacts, including injuries, violence, risky sexual behavior, pregnancy complications and fetal alcohol spectrum disorders, certain cancers, heart and liver disease, and mental health, substance dependency and social problems.	UCLA Center for Health Policy Research, California Health Interview Survey	2015–2016
Exercise Opportunities (CHNA.org)	Healthcare Access and Delivery: Heart Disease/Stroke; Healthy Eating/Active Living	This indicator reports the percentage of the population that lives in close proximity to a park or recreational facility. This indicator is relevant because good access to parks and recreational facilities promotes physical activity and is associated long-term physical and mental health benefits.	County Health Rankings	2010; 2014

Indicator	Health Needs	Description	Source	Year(s)
Expulsions (CHNA.org)	Community and Family Safety: Crime/ Intentional Injury; Economic Security	This indicator reports the rate of expulsions per 100 enrolled students. This indicator is relevant because exclusionary school discipline policies, including suspensions and expulsions, are associated with lower educational attainment, higher dropout rates, engagement with the juvenile justice system, incarceration as an adult, decreased economic security as an adult, and poor mental health outcome, including experiences of stress and trauma.	California Department of Education	2016–2017
Fast Food Consumption (HAC.org)	Healthy Eating/Active Living	This indicator shows the percentage of adults who consumed fast food at least one time in the last week.	UCLA Center for Health Policy Research, California Health Interview Survey	2016
Fear of Being Beaten Up at School, 7th Graders (CHKS)	Community and Family Safety: Crime/ Intentional Injury	Percentage of public school students in 7th grade, and nontraditional students reporting the number of times in the past 12 months they have been afraid of being beaten up at school	California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).	2011–2013
Fear of Being Beaten Up at School, 9th Graders (AC) (CHKS)	Community and Family Safety: Crime/ Intentional Injury	Percentage of public school students in 9th grade, and nontraditional students reporting the number of times in the past 12 months they have been afraid of being beaten up at school	California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).	2011–2013
Fear of Being Beaten Up at School, 11th Graders (AC) (CHKS)	Community and Family Safety: Crime/ Intentional Injury	Percentage of public school students in 11th grade, and nontraditional students reporting the number of times in the past 12 months they have been afraid of being beaten up at school	California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).	2011–2013
Federally Qualified Health Centers (CHNA.org)	Healthcare Access and Delivery	This indicator reports the rate of Federally Qualified Health Centers (FQHCs) per 100,000 total population within the service area. This indicator is relevant because FQHCs are community assets that provide health care to vulnerable populations, and receive federal funding to promote access to ambulatory care in medically underserved areas.	Provider of Services File	2016
Female Received Birth Control Information From Doctor (AskCHIS)	Healthcare Access and Delivery: Maternal/Infant Health	Percentage of females who received birth control information from her doctor	UCLA Center for Health Policy Research, California Health Interview Survey	2016
Firearm Fatalities (CHR)	Community and Family Safety: Crime/Intentional Injury, Unintentional Injuries/Accidents	Number of deaths due to firearms per 100,000 population	CDC WONDER mortality data	2012–2016

Indicator	Health Needs	Description	Source	Year(s)
Flood Vulnerability (CHNA.org)	Climate/Natural Environment	This indicator reports the estimated percentage of housing units within the special flood hazard area (SFHA) per county. This indicator is relevant because it highlights communities vulnerable to flooding and associated health impacts.	National Flood Hazard Layer	2011
Food Environment Index (CHNA.org)	Healthy Eating/Active Living	This indicator reports the food environment index score, a measure of affordable, close, and nutritious food retailers in a community, for which scores range between zero (poorest food environment) and 10 (optimum food environment). This indicator is relevant because it highlights communities with lower access to healthy foods; good access to healthy food retailers promotes healthier eating behaviors and associated health benefits, including lower risk for obesity and related chronic diseases.	Food Environment Atlas (USDA) and Map the Meal Gap (Feeding America)	2014
Food Insecure Children Ineligible for Assistance (HAC.org)	Economic Security; Healthcare Access and Delivery: Maternal/Infant Health; Healthy Eating/Active Living	This indicator shows the percentage of food insecure children in households with incomes above 185% of the federal poverty level who are likely not income-eligible for federal nutrition assistance.	Feeding America	2016
Food Insecurity (CHNA.org)	Economic Security; Healthcare Access and Delivery: Maternal/Infant Health; Healthy Eating/Active Living	This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year.	Feeding America	2014
Food Insecurity, Child (HAC.org)	Economic Security; Healthcare Access and Delivery: Maternal/Infant Health; Healthy Eating/Active Living	This indicator shows the percentage of children (under 18 years of age) living in households that experienced food insecurity at some point during the year.	Feeding America	2016
Free and Reduced Price Lunch (CHNA.org)	Economic Security; Healthy Eating/Active Living	This indicator reports the percentage of public school students eligible for free or reduced price lunches. This indicator is relevant because it provides a proxy measure for the concentration of low-income students within a school.	CCD NCES–Common Core of Data	2015–2016
Frequent Mental Distress (HAC.org)	Behavioral Health: Mental Health	This indicator shows the percentage of adults who stated that their mental health, which includes stress, depression, and problems with emotions, was not good for 14 or more of the past 30 days.	County Health Rankings	2016

Indicator	Health Needs	Description	Source	Year(s)
Frequent Physical Distress (HAC.org)	Other Health	This indicator shows the percentage of adults who stated that their physical health, which includes physical illness and injury, was not good for 14 or more of the past 30 days.	County Health Rankings	2016
Gang Membership, 7th Graders (CHKS)	Community and Family Safety: Crime/Intentional Injury	Percentage of public school students in 7th grade, and nontraditional students, reporting whether they currently consider themselves a member of a gang	California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).	2011–2013
Gang Membership, 9th Graders (CHKS)	Community and Family Safety: Crime/Intentional Injury	Percentage of public school students in 9th grade, and nontraditional students, reporting whether they currently consider themselves a member of a gang	California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).	2011–2013
Gang Membership, 11th Graders (CHKS)	Community and Family Safety: Crime/Intentional Injury	Percentage of public school students in 11th grade, and nontraditional students, reporting whether they currently consider themselves a member of a gang	California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).	2011–2013
General Health (Self-Report): Good or Better (HAC.org)	Other Health	This indicator shows the percentage of adults, teens, and children who answered good, very good, or excellent to: "How is your general health?"	UCLA Center for Health Policy Research, California Health Interview Survey	2015
Gonorrhea Incidence (HAC.org)	Healthcare Access and Delivery: Sexually Transmitted Infections	This indicator shows the gonorrhea incidence rate in cases per 100,000 population.	California Department of Public Health, STD Control Branch	2017
Gonorrhea Incidence Among Youth Ages 10–19 (Kidsdata.org)	Healthcare Access and Delivery: Sexually Transmitted Infections	Number of gonorrhea infections per 100,000 youth ages 10–19	California Department of Public Health, Sexually Transmitted Diseases Data; California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000–2010, 2010–2060; Centers for Disease Control and Prevention, Sexually Transmitted Diseases Data and Statistics; U.S. Census Bureau, Population Estimates Program, Estimates of the Resident Population by Sex and Age for the United States, 2000–2010, 2010–2015 (Sept. 2016)	2015

Indicator	Health Needs	Description	Source	Year(s)
Grocery Stores and Produce Vendors (CHNA.org)	Healthy Eating/Active Living	This indicator reports the number of grocery stores per 10,000 population. This indicator is relevant because it measures density of healthy food outlets, which helps characterize policy and environmental factors that affect eating behaviors; healthy eating habits support overall health and lower risk of obesity and related chronic diseases.	U.S. Census Bureau, County Business Patterns	2015, 2014, 2013, 2012
Have Usual Source of Healthcare (HAC.org)	Healthcare Access and Delivery	This indicator shows the percentage of people that report having a usual place to go to when sick or when health advice is needed.	UCLA Center for Health Policy Research, California Health Interview Survey	2015–2016
Health Professional Shortage Area–Dental (CHNA.org)	Healthcare Access and Delivery: Oral Health	This indicator reports the percentage of the population that lives in a designated Health Professional Shortage Area, defined as having a shortage of dental health professionals. This indicator is relevant because an inadequate supply of dental health professionals may limit access to dental care, a prerequisite for good oral health and overall health.	Health Resources and Services Administration	2016
Healthy Food Stores (Low Access) (CHNA.org)	Economic Security; Healthy Eating/Active Living	This indicator reports the percentage of the population that does not live in close proximity to a large grocery store or supermarket. This indicator is relevant because it highlights communities with lower access to healthy foods; good access to healthy food retailers promotes heathier eating behaviors and associated health benefits, including lower risk for obesity and related chronic diseases.	USDA–Food Access Research Atlas	2014
Heart Disease Deaths (CHNA.org)	Healthcare Access and Delivery: Heart Disease/Stroke; Healthy Eating/Active Living; Behavioral Health: Substance Use/Tobacco	This indicator reports the age-adjusted rate of death due to coronary heart disease per 100,000 population. This indicator is relevant because it is a measure of the burden of heart disease, the leading cause of death in the U.S.	National Vital Statistics System	2011–2015
Heart Disease Hospitalizations (CHNA.org)	Healthcare Access and Delivery: Heart Disease/Stroke; Healthy Eating/Active Living; Behavioral Health: Substance Use/Tobacco	This indicator reports the hospitalization rate for coronary heart disease among Medicare beneficiaries ages 65 years and older for hospital stays occurring between 2012 and 2014, per 1,000 population. This indicator is relevant because it is a measure of the burden of heart disease, the leading cause of death in the U.S.	Interactive Atlas of Heart Disease and Stroke	2012–2014

Indicator	Health Needs	Description	Source	Year(s)
Heart Disease Prevalence (Medicare Population) (CHNA.org)	Healthcare Access and Delivery: Heart Disease/Stroke; Healthy Eating/Active Living; Behavioral Health: Substance Use/Tobacco	This indicator reports the percentage of the Medicare-fee-for-service population that self-reports having been diagnosed with heart disease by a doctor.	Centers for Medicare and Medicaid Services	2015
Heat Index (CHNA.org)	Climate/Natural Environment	This indicator reports the percentage of days per year with recorded heat index values (a measure of temperature and humidity) of over 100 degrees Fahrenheit. This indicator is relevant because it is a measure of exposure to extreme heat events which can trigger heat stress conditions and respiratory symptoms, increase death rates, and increase the risk of foodborne illness.	North America Land Data Assimilation System (NLDAS)	2013, 2012, 2011, 2010, 2009, 2008, 2007, 2006
High Blood Pressure Prevalence (HAC.org)	Healthcare Access and Delivery: Heart Disease/Stroke	This indicator shows the percentage of adults who have been told they have high blood pressure. Normal blood pressure should be less than 120/80 mm Hg for an adult. Blood pressure above this level (140/90 mm Hg or higher) is considered high (hypertension).	UCLA Center for Health Policy Research, California Health Interview Survey	2016
High School Dropout (Adjusted) (Kidsdata.org)	Economic Security	Percentage of public high school students who do not complete high school, based on the four-year adjusted cohort dropout rate	California Department of Education, California Longitudinal Pupil Achievement Data System (CALPADS) (May 2016).	2015
High School Graduates Completing College Prep Courses (Kidsdata.org)	Economic Security	Percentage of public school 12th grade graduates completing courses required for University of California (UC) and/or California State University (CSU) entrance, with a grade of "C" or better (e.g., in 2015, 43.4% of 12th grade graduates in California completed courses required for UC and/or CSU entrance)	California Department of Education, California Basic Educational Data System (CBEDS) (Jun. 2016).	2015
High Speed Internet (CHNA.org)	Economic Security	This indicator reports the percentage of population with access to high-speed internet. This indicator is relevant because internet access opens up opportunities for employment and education.	FCC Fixed Broadband Deployment Data	2016
HIV Incidence (HAC.org)	Healthcare Access and Delivery: Sexually Transmitted Infections	This indicator shows the HIV incidence rate in cases per 100,000 population.	California Department of Public Health	2015

Indicator	Health Needs	Description	Source	Year(s)
HIV/AIDS Deaths (CHNA.org)	Healthcare Access and Delivery: Sexually Transmitted Infections	This indicator reports the rate of death due to HIV and AIDS per 100,000 population. This indicator is relevant because it is a measure of the burden of HIV/AIDS, and may suggest the existence of barriers to accessing care.	National Vital Statistics System	2008–2014
HIV/AIDS Prevalence (CHNA.org)	Healthcare Access and Delivery: Sexually Transmitted Infections	This indicator reports prevalence of HIV infection per 100,000 population. This indicator is relevant because it is a measure of the burden of HIV/AIDS, a life-threatening chronic disease for which effective interventions for treatment and prevention exist.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2013
Home Ownership (AskCHIS)	Economic Security	Percentage of adults who own their home	UCLA Center for Health Policy Research, California Health Interview Survey	2016
Homeless Children Ages 0–17 Who Are Unsheltered (Kidsdata.org)	Economic Security	Number of unaccompanied children found to be homeless during the national point-in-time (PIT) count of homeless individuals, by age group and shelter status (e.g., 1,451 California children ages 0–17 were found to be homeless and unsheltered during the 2017 PIT count)	U.S. Department of Housing and Urban Development, PIT Estimates of Homelessness in the U.S 2014 and 2017 (Mar. 2018).	2017
Homeless Individuals Who Are Unsheltered (AC) (PIT; HUD)	Economic Security	The percentage of homeless individuals living in encampments, cars, parks, or abandoned buildings	Applied Survey Research. (2017). Alameda County Homeless Census and Survey. Watsonville, CA; U.S. Department of Housing and Urban Development, PIT Estimates of Homelessness in the U.S	2017
Homeless Public School Students (Kidsdata.org)	Economic Security	Percentage of public school students recorded as being homeless at any point during a school year (e.g., 4.4% of California students were recorded as being homeless at some point during the 2016 school year)	California Department of Education, Coordinated School Health and Safety Office custom tabulation and California Basic Educational Data System (May 2017).	2016
Homeless Young Adults Ages 18–24 Who Are Unsheltered (Kidsdata.org)	Economic Security	Number of unaccompanied young adults found to be homeless during the national point-in-time (PIT) count of homeless individuals, by age group and shelter status (e.g., 1,451 California children ages 0–17 were found to be homeless and unsheltered during the 2017 PIT count)	U.S. Department of Housing and Urban Development, PIT Estimates of Homelessness in the U.S 2014 and 2017 (Mar. 2018).	2017

Indicator	Health Needs	Description	Source	Year(s)
Homicide (CHR)	Community and Family Safety: Crime/Intentional Injury	Number of deaths due to homicide per 100,000 population	CDC WONDER mortality data	2010–2016
Housing Burden–Rents (HAC.org)	Economic Security	This indicator shows the percentage of renters who are spending 30% or more of their household income on rent.	U.S. Census Bureau, American Community Survey	2012–2016
Housing Problems (CHNA.org)	Economic Security	This indicator reports the percentage of households with one or more of the following housing problems: Housing unit lacks complete kitchen facilities; Housing unit lacks complete plumbing facilities; Housing unit is severely overcrowded (>1 person per room); or Household is severely cost burdened (all housing costs represent over >30% of monthly income). This indicator is relevant because it highlights communities wherein housing or quality of life is considered substandard.	U.S. Census Bureau, American Community Survey	2012–2016
Hyperlipidemia Among Medicare Beneficiaries (HAC.org)	Healthcare Access and Delivery: Heart Disease/Stroke	This indicator shows the percentage of Medicare beneficiaries who were treated for hyperlipidemia.	Centers for Medicare and Medicaid Services	2015
Hypertension Among Medicare Beneficiaries (HAC.org)	Healthcare Access and Delivery: Heart Disease/Stroke	This indicator shows the percentage of Medicare beneficiaries who were treated for hypertension.	Centers for Medicare and Medicaid Services	2015
Hypertension Hospitalizations (HAC.org)	Healthcare Access and Delivery: Heart Disease/Stroke	This shows the hypertension hospitalization visit rate per 100,000 population.	Office of Statewide Health Planning and Development (OSHPD)	2012–2014
Impaired Driving Deaths (CHNA.org)	Community and Family Safety: Unintentional Injuries/Accidents; Behavioral Health: Substance Use/Tobacco	This indicator reports the percentage of motor vehicle crash deaths in which alcohol played a role. This indicator is relevant because alcohol is a leading cause of preventable death in the U.S., and impaired driving is the leading cause of alcohol-related deaths.	Fatality Analysis Reporting System	2011–2015
Income Inequality–80/20 Ratio (CHNA.org)	Economic Security	The ratio of household income at the 80th percentile to household income at the 20th percentile. This indicator is relevant because it highlights communities with greater disparities between low- and high-income households; income inequality is a strong predictor of health status, health disparities, and social and environmental vulnerabilities.	U.S. Census Bureau, American Community Survey	2012–2016

Indicator	Health Needs	Description	Source	Year(s)
Individuals Experiencing Homelessness (AC) (PIT)	Economic Security	The number of homeless individuals counted during the county's Point-in-Time Count. The Point-in-Time Count includes only those who fit the HUD definition of homelessness: 1) an individual or family living in a supervised publicly or privately operated shelter, designated to provide temporary living arrangement (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals), or 2) an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or campground.	Applied Survey Research. (2017). Alameda County Homeless Census and Survey. Watsonville, CA.	2017
Infant Deaths (CHNA.org)	Healthcare Access and Delivery: Maternal/Infant Health	This indicator reports the rate of death among infants less than 1 year old per 1,000 births. This indicator is relevant because infant mortality is a proxy measure for community health status, poverty and socioeconomic status, and access to care.	U.S. Department of Health and Human Services, Health Resources and Services Administration, Area Health Resource File	2006–2010
Influenza and Pneumonia Deaths (HAC.org)	Healthcare Access and Delivery: Communicable Diseases (Not STIs)	This indicator shows the age-adjusted death rate per 100,000 population due to influenza and pneumonia.	California Department of Public Health	2014–2016
Influenza Vaccination (All Ages) (AskCHIS)	Healthcare Access and Delivery: Communicable Diseases (Not STIs)	Percentage of the population who has had the flu vaccine in the last 12 months	UCLA Center for Health Policy Research, California Health Interview Survey	2016
Injury Deaths (CHNA.org)	Community and Family Safety: Crime/ Intentional Injury, Unintentional Injuries/Accidents	This indicator reports the number of deaths from intentional and unintentional injuries per 100,000 population. This indicator is relevant because death from injury is a leading cause of death in the U.S., and the leading cause of death among those ages 1–44; high injury mortality may signal broader issues in the community.	National Vital Statistics System	2011–2015
Insufficient Sleep (HAC.org)	Other Health	This indicator shows the percentage of adults who report fewer than 7 hours of sleep on average.	County Health Rankings	2016

Indicator	Health Needs	Description	Source	Year(s)
Insufficient Social and Emotional Support (CHNA.org)	Behavioral Health: Mental Health	This indicator reports the percentage of adults ages 18 and older who self-report that they receive insufficient social and emotional support all or most of the time.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health and Human Services, Health Indicators Warehouse.	2006–2012
Jail Admissions (Vera)	Community and Family Safety: Crime/ Intentional Injury	Rate of annual jail admissions per 100,000 county residents ages 15–64	Vera Institute of Justice, Incarceration Trends. Retrieved from http://trends.vera.org/rates. Accessed 17 August 2018.	2015
Jail Incarceration (Vera)	Community and Family Safety: Crime/ Intentional Injury	Rate of jail incarceration per 100,000 county residents ages 15–64	Vera Institute of Justice, Incarceration Trends. Retrieved from http://trends.vera.org/rates. Accessed 17 August 2018.	2015
Juvenile Felony Arrests (AC) (Kidsdata.org)	Community and Family Safety: Crime/ Intentional Injury; Economic Security	Number of juvenile felony arrests per 1,000 youth ages 10–17	California Department of Justice, Arrest Data; California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 1990–1999, 2000–2010, 2010–2060 (Oct. 2016).	2015
Kindergarteners with Required Immunizations (Kidsdata.org)	Healthcare Access and Delivery: Communicable Diseases (Not STIs)	Percentage of children in kindergarten with all required immunizations	California Department of Public Health, Immunization Branch, Kindergarten Assessment Results (Feb. 2016).	2016
Law Enforcement–Use of Force (per 100,000 people) (COEI)	Community and Family Safety: Crime/ Intentional Injury	This indicator measures the rate of use of force on subjects per 100,000 people in Oakland by race/ethnicity.	COEI: Oakland Police Department; U.S. Census Bureau, American Community Survey, 1-year Estimates, 2016.	2017; 2016
Life Expectancy at Birth (CHNA.org)	Healthcare Access and Delivery: Maternal/Infant Health; Other Health	This indicator reports the average life expectancy at birth in years. This indicator is relevant as a measure of overall mortality across a population.	IHME_LE Institute for Health Metrics and Evaluation	2014
Low Birth Weight (CHNA.org)	Healthcare Access and Delivery: Maternal/Infant Health; Behavioral Health: Substance Use/Tobacco	This indicator reports the percentage of total births that are low birthweight (under 2500 grams). This indicator is relevant because low birthweight is a proxy measure for community health status, poverty and socioeconomic status, and access to care.	National Vital Statistics System	2008–2014

Indicator	Health Needs	Description	Source	Year(s)
Lung Cancer Deaths (HAC.org)	Healthcare Access and Delivery: Cancers	This indicator shows the age-adjusted death rate per 100,000 population due to lung cancer.	California Department of Public Health	2014–2016
Lung Cancer Incidence (CHNA.org)	Healthcare Access and Delivery: Cancers; Behavioral Health: Substance Use/Tobacco	This indicator reports the age-adjusted incidence rate of lung cancer per 100,000 population. This indicator is relevant because it is a measure of the burden of lung cancer; this indicator may be useful for targeting interventions to prevent, screen for and treat lung cancer which is the leading cause of cancer deaths.	State Cancer Profiles	2010–2014
Meaningful Participation at School: Low, 7th Graders (CHKS)	Behavioral Health: Mental Health	Percentage of public school students in 7th grade, and nontraditional students reporting low level of agreement that they have opportunities for meaningful participation at school	California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd)	2011–2013
Meaningful Participation at School: Low, 9th Graders (CHKS)	Behavioral Health: Mental Health	Percentage of public school students in 9th grade, and nontraditional students reporting low level of agreement that they have opportunities for meaningful participation at school	California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd)	2011–2013
Meaningful Participation at School: Low, 11th Graders (CHKS)	Behavioral Health: Mental Health	Percentage of public school students in 11th grade, and nontraditional students reporting low level of agreement that they have opportunities for meaningful participation at school	California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd)	2011–2013
Median Income (CHNA.org)	Economic Security	This indicator reports median inflation-adjusted household income. Median Household Income is the income where half of households in a county earn more and half of households earn less.	U.S. Census Bureau, American Community Survey	2012–2016
Median Rent (Zilpy)	Housing and Homelessness	This indicator reports median rent for a two-bedroom unit in October 2018.	Zilpy.com	2018
Medicaid/Public Insurance Enrollment (CHNA.org)	Economic Security; Healthcare Access and Delivery	This indicator reports the percentage of the population that is enrolled in Medicaid or another public health insurance program. This indicator is relevant because Medicaid provides insurance coverage for groups with special health needs, including low-income children, adults and people with disabilities; when combined with poverty data, this indicator may help identify gaps in coverage and barriers access.	U.S. Census Bureau, American Community Survey	2012–2016
Medicare Healthcare Costs, Dollars per Capita (HAC.org)	Healthcare Access and Delivery	This indicator shows the dollar amount of price-adjusted Medicare reimbursements per enrollee and includes Medicare Parts A and B.	County Health Rankings	2015

Indicator	Health Needs	Description	Source	Year(s)
Mental Health Hospitalization, Children Ages 5–14 (Kidsdata.org)	Behavioral Health: Mental Health	Number of hospital discharges for mental health issues per 1,000 children and youth ages 5–14, by age group	California Office of Statewide Health Planning and Development special tabulation; California Department of Finance, Population Estimates by Race/Ethnicity with Age and Gender Detail 2000–2009; Population Reference Bureau, Population Estimates 2010–2016 (Aug. 2017)	2016
Mental Health Hospitalization, Youth Ages 15–19 (Kidsdata.org)	Behavioral Health: Mental Health	Number of hospital discharges for mental health issues per 1,000 children and youth ages 15–19, by age group	California Office of Statewide Health Planning and Development special tabulation; California Department of Finance, Population Estimates by Race/Ethnicity with Age and Gender Detail 2000–2009; Population Reference Bureau, Population Estimates 2010–2016 (Aug. 2017)	2016
Mental Health Providers (CHNA.org)	Healthcare Access and Delivery	This indicator reports the number of mental health care providers (including psychiatrists, psychologists, clinical social workers, and counsellors) per 100,000 population. This indicator is relevant because an inadequate supply of providers may limit access to mental health care.	U.S. Department of Health and Human Services, Health Resources and Services Administration, Area Health Resource File	2016
Motor Vehicle Crash Deaths (CHNA.org)	Community and Family Safety: Unintentional Injuries/Accidents	This indicator reports the age-adjusted rate of death due to motor vehicle crashes per 100,000 population. Motor vehicle crashes are a leading cause of death in the U.S., and the leading cause of death among teens, despite being preventable.	National Vital Statistics System	2011–2015
Motor Vehicle Crash ER Visits (HAC.org)	Community and Family Safety: Unintentional Injuries/Accidents	This indicator shows the number of motor vehicle crash emergency department visits per 100,000 population.	Office of Statewide Health Planning and Development (OSHPD)	2012–2014
Non-Physician PCPs (HAC.org)	Healthcare Access and Delivery	This indicator shows the non-physician primary care provider rate per 100,000 population. Primary care providers who are not physicians include nurse practitioners (NPs), physician assistants (PAs), and clinical nurse specialists.	County Health Rankings	2017

Indicator	Health Needs	Description	Source	Year(s)
Obesity (Adult) (CHNA.org)	Healthcare Access and Delivery: Asthma, Cancers, Heart Disease/Stroke; Healthy Eating/ Active Living	This indicator reports the percentage of adults ages 18 years and older that self-report having a Body Mass Index (BMI) greater than 30.0 (the threshold for obesity).	UCLA Center for Health Policy Research, California Health Interview Survey	2014
Obesity (Youth) (CHNA.org)	Healthcare Access and Delivery: Asthma, Heart Disease/ Stroke; Healthy Eating/Active Living	This indicator reports the percentage of children in 5th, 7th, and 9th grades ranking within the "High Risk" category for body composition on the Fitnessgram physical fitness test. This indicator is relevant because it is a proxy measure of the burden of obesity among children; childhood obesity is linked with short- and long-term implications for health, including social and mental health impacts, diabetes, and heart disease.	Fitnessgram Physical Fitness Testing	2016–2017
Obesity Hospitalizations (HAC.org)	Healthcare Access and Delivery: Heart Disease/Stroke; Healthy Eating/ Active Living	This indicator shows the age-adjusted obesity-related hospitalization rate per 100,000 population.	Office of Statewide Health Planning and Development (OSHPD)	2012–2014
Older Adults Below 100% FPL (HAC.org)	Economic Security	This indicator shows the percentage of people ages 65 years and over living below the federal poverty level.	U.S. Census Bureau, American Community Survey	2012–2016
Older Adults Living Alone (HAC.org)	Behavioral Health: Mental Health	This indicator shows the percentage of people ages 65 years and over who live alone.	U.S. Census Bureau, American Community Survey	2012–2016
On-Time High School Graduation (CHNA.org)	Economic Security	This indicator reports the on-time high school graduation rate per cohort. This indicator is relevant as a measure of educational attainment, an important determinant of health and opportunity across the lifespan.	California Department of Education	2014–2015
Opioid Prescription Drug Claims (CHNA.org)	Behavioral Health: Substance Use/Tobacco	This indicator reports the number of Medicare Part D prescription claims for opiates as a percentage of total Medicare Part D prescription drug claims. This indicator is relevant as a proxy measure of opiate prescription drug use.	Centers for Medicare and Medicaid Services	2015
Opportunity Index (CHNA.org)	Economic Security	This indicator reports the opportunity index score, a measure of community well-being, for which scores range between 0 (indicating no opportunity) and 100 (indicating maximum opportunity). This indicator is relevant as a measure of economic, education, health and community factors that affect opportunity and well-being.	Opportunity Nation	2017

Indicator	Health Needs	Description	Source	Year(s)
Oral Cancer Incidence (HAC.org)	Healthcare Access and Delivery: Cancers	This indicator shows the age-adjusted incidence rate for oral cavity and pharynx cancer in cases per 100,000 population.	National Cancer Institute	2011–2015
Osteoporosis Among Medicare Beneficiaries (HAC.org)	Other Health	This indicator shows the percentage of Medicare beneficiaries who were treated for osteoporosis.	Centers for Medicare and Medicaid Services	2015
Ozone Levels (CHNA.org)	Healthcare Access and Delivery: Asthma; Climate/Natural Environment	This indicator reports the percentage of days per year with Ozone (O_3) levels above the National Ambient Air Quality Standard of 75 parts per billion (ppb). This indicator is relevant because it is a measure of exposure to O_3, which can cause and exacerbate respiratory health issues, including onset of respiratory symptoms, decreased lung function, and aggravated asthma and lung diseases.	National Environmental Public Health Tracking Network	2014, 2013, 2012, 2011, 2010, 2009, 2008
Particulate Matter 2.5 Levels (CHNA.org)	Healthcare Access and Delivery: Asthma. Cancers; Climate/Natural Environment	This indicator reports the percentage of days per year with fine particulate matter 2.5 (PM2.5) levels above the National Ambient Air Quality Standard of 35 micrograms per cubic meter. This indicator is relevant because it is a measure of exposure to PM2.5 which is linked with respiratory and cardiovascular health issues, including onset of respiratory symptoms, decreased lung function, and aggravated asthma, and heart and lung diseases.	National Environmental Public Health Tracking Network	2014, 2013, 2012, 2011, 2010, 2009, 2008
Passed High School Exit Exam, English (HAC.org)	Economic Security	This indicator shows the percentage of 10th grade students passing the English-language arts portion of the California High School Exit Exam.	California Department of Education	2014–2015
Passed High School Exit Exam, Math (HAC.org)	Economic Security	This indicator shows the percentage of 10th grade students passing the mathematics portion of the California High School Exit Exam.	California Department of Education	2014–2015
Pedestrian Accident Deaths (CHNA.org)	Community and Family Safety: Unintentional Injuries/Accidents	This indicator reports the rate of death due to pedestrian accident per 100,000 population. This indicator is relevant because high pedestrian mortality may signal issues within communities affecting the safety of streets and pedestrian infrastructure.	Fatality Analysis Reporting System	2011–2015

Indicator	Health Needs	Description	Source	Year(s)
Physical Inactivity (Adult) (CHNA.org)	Healthcare Access and Delivery: Cancers, Heart Disease/Stroke; Healthy Eating/Active Living	This indicator reports the percentage of adults ages 20 years and older that self-report not participating in physical activities or exercise. This indicator is relevant because current behaviors are determinants of future health; physical inactivity increases risk for many adverse health conditions, including heart disease, diabetes, and certain cancers, and shortens life expectancy.	National Center for Chronic Disease Prevention and Health Promotion	2013
Physical Inactivity (Youth) (CHNA.org)	Healthcare Access and Delivery: Heart Disease/Stroke; Healthy Eating/Active Living	This indicator reports the percentage of children in 5th, 7th, and 9th grades ranking within the “High Risk” or “Needs Improvement” zones for aerobic capacity on the Fitnessgram physical fitness test. This indicator is relevant as a proxy measure of physical activity levels among children; regular physical activity in children can help improve fitness, build strong bones and muscles, control weight, reduce depression and anxiety, and reduce risk for chronic diseases.	Fitnessgram Physical Fitness Testing	2016–2017
Poisoning Hospitalizations, Children Ages 0–17 (Kidsdata.org)	Community and Family Safety: Unintentional Injuries/Accidents	Number hospital discharges among children ages 0–17 for the poisoning diagnoses as a percentage of all child discharges, excluding newborns	Special tabulation by California Office of Statewide Health Planning and Development (Sept. 2016)	2015
Poor Mental Health Days (CHNA.org)	Behavioral Health: Mental Health, Substance Use/Tobacco; Other Health	This indicator reports the age-adjusted average number of self-reported mentally unhealthy days per month among adults. This indicator is relevant because it provides a measure of mental health status and quality of life.	Behavioral Risk Factor Surveillance System	2015
Poor or Fair Health (CHNA.org)	Healthcare Access and Delivery; Other Health	This indicator reports the percentage of adults that self-report having poor or fair health. This indicator is relevant because it is a measure of general poor health status and quality of life.	Behavioral Risk Factor Surveillance System	2015
Poor Physical Health Days (CHNA.org)	Healthcare Access and Delivery; Other Health	This indicator reports the age-adjusted, average number of self-reported physically unhealthy days per month among adults. The indicator is relevant because it provides a measure of general physical health status and quality of life.	Behavioral Risk Factor Surveillance System	2015

Indicator	Health Needs	Description	Source	Year(s)
Population Below 100% FPL (CHNA.org)	Economic Security; Other Health	This indicator reports the percentage of the population living in households with incomes below the Federal Poverty Level (FPL). This indicator is relevant as a measure for the concentration of poverty, and because it highlights a group requiring special consideration, targeted services and outreach by providers.	U.S. Census Bureau, American Community Survey	2012–2016
Population in Limited English Households (CHNA.org)	Economic Security	This indicator reports the percentage of the population 5 years old and older living in Limited English speaking households. A “Limited English speaking household” is one in which no member 14 years old and over (1) speaks only English at home or (2) speaks a language other than English at home and speaks English “Very well.”	U.S. Census Bureau, American Community Survey	2012–2016
Population That Is Linguistically Isolated (CHNA.org)	Economic Security	This indicator reports the percentage of the population 5 years old and older that is considered linguistically isolated who (1) speak a language other than English at home, and 2) speak English less than "very well." This indicator is relevant because it highlights communities requiring special consideration, targeted services and outreach by providers.	U.S. Census Bureau, American Community Survey	2012–2016
Population with Any Disability (CHNA.org)	Other Health	This indicator reports the percentage of the total non-institutionalized civilian population with a disability. This indicator is relevant as a measure of the burden due to disability, and because disabled individuals comprise a population with certain needs for targeted services and outreach by providers.	U.S. Census Bureau, American Community Survey	2012–2016
Pre-Term Births (CHNA.org)	Healthcare Access and Delivery: Maternal/Infant Health	This indicator reports the percentage of total births that are pre-term (occurring before 37 weeks of pregnancy). This indicator is relevant because preterm birth is a proxy measure for community health status, poverty and socioeconomic status, and access to care.	U.S. Department of Health and Human Services, Health Resources and Services Administration, Area Health Resource File	2012–2014
Premature Death (CHNA.org)	Other Health	This indicator reports the rate of death among those younger than 75 years old per 100,000 population. This indicator is relevant as a measure of the extent of premature mortality.	County Health Rankings	2012–2014

Indicator	Health Needs	Description	Source	Year(s)
Premature Death, Racial/Ethnic Disparity Index (CHNA.org)	Other Health	This indicator reports a summary measure of disparity (Index of Disparity) in premature death on the basis of race and ethnicity. This indicator is relevant as a measure of the extent to which premature mortality varies between racial and ethnic background groups.	National Vital Statistics System	2004–2010
Preschool Enrollment (CHNA.org)	Economic Security; Healthcare Access and Delivery: Maternal/Infant Health	This indicator reports the percentage of the population 3–4 years old that is enrolled in preschool. This indicator is relevant because early childhood education improves cognitive and social development of children, is a protective factor against disease and disability in adulthood, and may minimize gaps in school readiness between lesser and more economically advantaged children.	U.S. Census Bureau, American Community Survey	2012–2016
Preventable Hospital Events (CHNA.org)	Healthcare Access and Delivery; Other Health	This indicator reports the patient discharge rate for conditions that are ambulatory care sensitive (e.g., pneumonia, dehydration, asthma, diabetes) per 1,000 population. This indicator is relevant as a measure of preventable hospital events, and demonstrates a possible “return on investment” from interventions that reduce admissions.	Dartmouth Atlas of Health Care	2014
Primary Care Physicians (CHNA.org)	Healthcare Access and Delivery	This indicator reports the number of primary care physicians (including MDs and DOs practicing general family medicine and general practice, and MDs practicing general internal medicine and general pediatrics) per 100,000 population. This indicator is relevant because an inadequate supply of primary care physicians may limit access to preventive health care services.	U.S. Department of Health and Human Services, Health Resources and Services Administration, Area Health Resource File	2014
Prison Incarceration (Vera)	Community and Family Safety: Crime/Intentional Injury	Rate of individuals in state prison from county per 100,000 county residents age 15–64	Vera Institute of Justice, Incarceration Trends. Retrieved from http://trends.vera.org/rates; accessed 17 August 2018	2013
Proficient in English /Language Arts-High School (HAC.org)	Economic Security	This indicator shows the percentage of 11th grade students that are proficient or above in English/language arts. This value refers to student scores on the Smarter Balanced Assessment portion of California's statewide student assessment system, CAASPP.	California Department of Education	2018

Indicator	Health Needs	Description	Source	Year(s)
Proficient in Math-High School (HAC.org)	Economic Security	This indicator shows the percentage of 11th grade students who are proficient or above in mathematics. This value refers to student scores on the Smarter Balanced Assessment portion of California's statewide student assessment system, CAASPP.	California Department of Education	2018
Prostate Cancer Deaths (HAC.org)	Healthcare Access and Delivery: Cancers	This indicator shows the age-adjusted death rate per 100,000 males due to prostate cancer.	California Department of Public Health	2014–2016
Prostate Cancer Incidence (CHNA.org)	Healthcare Access and Delivery: Cancers	This indicator reports the age-adjusted incidence rate of prostate cancer among males per 100,000 population per year. This indicator is relevant because it is a measure of the burden of prostate cancer; this indicator may be useful for targeting interventions to prevent, screen for and treat prostate cancer which is among the most common cancers affecting men.	State Cancer Profiles	2010–2014
Public Transit Stops (CHNA.org)	Climate/Natural Environment; Healthy Eating/Active Living	This indicator measures the percentage of the population living within 0.5 miles of a transit stop. This indicator is relevant because it is a measure of access to public transportation. Data are available only for population living within cities that report transit data using General Transit Feed Specification (GTFS) standards.	Environmental Protection Agency, EPA Smart Location Database	2013
Reading at or Above Proficiency (CHNA.org)	Economic Security	This indicator reports the percentage of children in 4th grade whose reading skills tested at or above the "proficient" level for the English Language Arts portion of the state-specific standardized test.	US Department of Education, EDFacts; accessed via DATA.GOV	2015–2016
Recent Alcohol/Drug Use, 7th Graders (CHKS)	Behavioral Health: Substance Use/Tobacco	Estimated percentage of public school students in 7th grade, and nontraditional programs who have used alcohol or drugs (excluding tobacco) in the previous 30 days	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Recent Alcohol/Drug Use, 9th Graders (CHKS)	Behavioral Health: Substance Use/Tobacco	Estimated percentage of public school students in 9th grade, and nontraditional programs who have used alcohol or drugs (excluding tobacco) in the previous 30 days	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Recent Alcohol/Drug Use, 11th Graders (CHKS)	Behavioral Health: Substance Use/Tobacco	Estimated percentage of public school students in 11th grade, and nontraditional programs who have used alcohol or drugs (excluding tobacco) in the previous 30 days	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015

Indicator	Health Needs	Description	Source	Year(s)
Recent Dental Exam (Youth) (CHNA.org)	Healthcare Access and Delivery: Oral Health	This indicator reports the percentage of children ages 2–11 years with teeth that have visited a dentist in the past year. This indicator is relevant because it measures preventive dental care services utilization which contributes to good oral and overall health.	UCLA Center for Health Policy Research, California Health Interview Survey	2014
Recent Dental Visit (Adults) (AskCHIS)	Healthcare Access and Delivery: Oral Health	Percentage of adults who had a dental visit up to 1 year ago	UCLA Center for Health Policy Research, California Health Interview Survey	2016
Recent ER Visit (AskCHIS)	Healthcare Access and Delivery	Percentage of adults who had visited an emergency room in the past 12 months	UCLA Center for Health Policy Research, California Health Interview Survey	2016
Recent ER Visit, Adults 65+ (AskCHIS)	Healthcare Access and Delivery	Percentage of adults ages 65 and older who had visited an emergency room in the past 12 months	UCLA Center for Health Policy Research, California Health Interview Survey	2016
Recent Formal Community Engagement (Volunteer Work) (Adult) (AskCHIS)	Behavioral Health: Mental Health	Percentage of adults who engaged in formal volunteer work for community problems within the past year	UCLA Center for Health Policy Research, California Health Interview Survey	2016
Recent Informal Community Engagement (Met with Others) (Adult) (AskCHIS)	Behavioral Health: Mental Health	Percentage of adults who met informally with others about community problems within the past year	UCLA Center for Health Policy Research, California Health Interview Survey	2016
Recent Marijuana Use, 7th Graders (CHKS)	Behavioral Health: Substance Use/Tobacco	Estimated percentage of public school students in 7th grade, and nontraditional programs who have used marijuana in the previous 30 days, by grade level and frequency	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Recent Marijuana Use, 9th Graders (CHKS)	Behavioral Health: Substance Use/Tobacco	Estimated percentage of public school students in 9th grade, and nontraditional programs who have used marijuana in the previous 30 days, by grade level and frequency	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Recent Marijuana Use, 11th Graders (CHKS)	Behavioral Health: Substance Use/Tobacco	Estimated percentage of public school students in 11th grade, and nontraditional programs who have used marijuana in the previous 30 days, by grade level and frequency	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Recent Primary Care Visit (CHNA.org)	Healthcare Access and Delivery	This indicator reports the percentage of adults ages 18 years and older that visited a primary care clinician at least once within the past year.	UCLA Center for Health Policy Research, California Health Interview Survey	2015–2016
Recently Taken Prescription Medicine Regularly for Emotional/Mental Health Issue (Adults) (AskCHIS)	Behavioral Health: Mental Health	Percentage of adults who have taken prescription medicine for an emotional/mental health issue for at least two weeks within the past year	UCLA Center for Health Policy Research, California Health Interview Survey	2016

Indicator	Health Needs	Description	Source	Year(s)
Respiratory Hazard Index (CHNA.org)	Healthcare Access and Delivery: Asthma; Climate/Natural Environment	This indicator reports the respiratory hazard index, for which scores greater than 1.0 mean respiratory pollutants are likely to increase risk of non-cancer adverse health effects over a lifetime. This indicator is relevant because it is a measure of exposure to respiratory hazards and risk for associated health impacts.	EPA National Air Toxics Assessment	2011
Road Network Density (CHNA.org)	Climate/Natural Environment	This indicator reports road network density, or road miles per square mile. This indicator is relevant as a measure of connectivity, but also traffic density, vehicle emissions and air quality.	EPA Smart Location Database	2011
School Connectedness: Low, 7th Graders (CHKS)	Behavioral Health: Mental Health	Percentage of public school students in 7th grade, and nontraditional students by level of connectedness to school	California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd)	2011–2013
School Connectedness: Low, 9th Graders (CHKS)	Behavioral Health: Mental Health	Percentage of public school students in 9th grade, and nontraditional students by level of connectedness to school	California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd)	2011–2013
School Connectedness: Low, 11th Graders (CHKS)	Behavioral Health: Mental Health	Percentage of public school students in 11th grade, and nontraditional students by level of connectedness to school	California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd)	2011–2013
School Perceived as Unsafe/Very Unsafe, 7th Graders (CHKS)	Community and Family Safety: Crime/ Intentional Injury	Percentage of public school students in 7th grade, and nontraditional students reporting the level of safety they feel at school	California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd)	2011–2013
School Perceived as Unsafe/Very Unsafe, 9th Graders (CHKS)	Community and Family Safety: Crime/ Intentional Injury	Percentage of public school students in 9th grade, and nontraditional students reporting the level of safety they feel at school	California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd)	2011–2013
School Perceived as Unsafe/Very Unsafe, 11th Graders (CHKS)	Community and Family Safety: Crime/ Intentional Injury	Percentage of public school students in 11th grade, and nontraditional students reporting the level of safety they feel at school	California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd)	2011–2013

Indicator	Health Needs	Description	Source	Year(s)
Segregation Index (CHNA.org)	Economic Security	This indicator reports the segregation index score, a measure of the spatial distribution or evenness of population demographic groups, for which index values range between 0.0 (indicating even distribution) and 1.0 (indicating maximum segregation). This indicator is relevant as a measure of residential segregation with implications affecting spatial and socioeconomic mobility.	U.S. Census Bureau, Decennial Census	2010
Self-Inflicted Injury ER Visits (HAC.org)	Behavioral Health: Mental Health	This indicator shows the number of self-inflicted injury emergency department visits per 100,000 population.	Office of Statewide Health Planning and Development (OSHPD)	2012–2014
Seriously Considered Suicide, 9th Graders (CHKS)	Behavioral Health: Mental Health	Estimated percentage of public school students in 9th grade and nontraditional programs who seriously considered attempting suicide in the previous year, by grade level	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Seriously Considered Suicide, 11th Graders (CHKS)	Behavioral Health: Mental Health	Estimated percentage of public school students in 11th grade and nontraditional programs who seriously considered attempting suicide in the previous year, by grade level	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Seriously Considered Suicide (CHNA.org)	Behavioral Health: Mental Health	This indicator reports the percentage of adults ages 18 years and older that self-report having seriously thought about committing suicide. This indicator is relevant because suicide is a leading cause of preventable death among young people in the U.S.	UCLA Center for Health Policy Research, California Health Interview Survey	2015–2016
Severe Housing Problems (CHNA.org)	Economic Security	This indicator reports the percentage of households with one or more of the following housing problems: Housing unit lacks complete kitchen facilities; Housing unit lacks complete plumbing facilities; Housing unit is severely overcrowded (>2 persons per room); or Household is severely cost burdened (all housing costs represent >50% of monthly income). This indicator is relevant because it highlights communities wherein housing or quality of life is considered substandard.	U.S. Department of Housing and Urban Development, Comprehensive Housing Affordability Strategy (CHAS) data	2011–2015
Severe Mental Illness ER Visits (AC) (HAC.org)	Behavioral Health: Mental Health	This indicator shows the number of severe mental illness related hospitalizations per 100,000 population.	Office of Statewide Health Planning and Development (OSHPD)	2012–2014

Indicator	Health Needs	Description	Source	Year(s)
SNAP Benefits (CHNA.org)	Economic Security	This indicator reports the estimated percentage of households receiving the Supplemental Nutrition Assistance Program (SNAP) benefits. This indicator is relevant as a proxy measure for community food security, poverty and socioeconomic status; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.	U.S. Census Bureau, American Community Survey	2012–2016
SNAP Benefits–Households With Children (HAC.org)	Economic Security	This indicator shows the percentage of households participating in the Supplemental Nutrition Assistance Program (SNAP) with children under 18 years old.	U.S. Census Bureau, American Community Survey	2012–2016
Social Associations (CHNA.org)	Behavioral Health: Mental Health	This indicator reports the number of social associations (e.g. civic organizations, recreational clubs and facilities, political organizations, labor organizations, business associations, professional organizations) per 10,000 population. This indicator is relevant as a measure of community vitality.	U.S. Census Bureau, County Business Patterns	2015, 2014, 2013, 2012
Soft Drink Consumption (CHNA.org)	Healthy Eating/Active Living; Healthcare Access and Delivery: Oral Health	This indicator reports the percentage of adults that self-report drinking a soda or sugar sweetened beverage at least once daily. This indicator is relevant as a measure of soft drink consumption; drinking soft drinks increases risk for diabetes, heart disease, and other chronic diseases.	UCLA Center for Health Policy Research, California Health Interview Survey	2014
Stroke Deaths (CHNA.org)	Healthcare Access and Delivery: Heart Disease/Stroke; Healthy Eating/Active Living	This indicator reports the age-adjusted rate of death due to cerebrovascular disease (stroke) per 100,000 population. This indicator is relevant because it is a measure of the burden of stroke, a leading cause of death and disability in the U.S.	National Vital Statistics System	2011–2015
Stroke Hospitalizations (CHNA.org)	Healthcare Access and Delivery: Heart Disease/Stroke; Healthy Eating/Active Living	This indicator reports the hospitalization rate for Ischemic stroke among Medicare beneficiaries ages 65 years and older for hospital stays occurring between 2012 and 2014, per 1,000 population. This indicator is relevant because it is a measure of the burden of stroke, a leading cause of death and disability in the U.S.	Interactive Atlas of Heart Disease and Stroke	2012–2014

Indicator	Health Needs	Description	Source	Year(s)
Stroke Prevalence (CHNA.org)	Healthcare Access and Delivery: Heart Disease/Stroke; Healthy Eating/Active Living	This indicator reports the percentage of the Medicare fee-for-service population diagnosed with stroke. This indicator is relevant because it is a measure of the burden of stroke, a leading cause of death and disability in the U.S.	Centers for Medicare and Medicaid Services	2015, 2014, 2013, 2012, 2011, 2010
Student/Teacher Ratio (HAC.org)	Economic Security	This indicator shows the average number of public school students per teacher in the region. It does not measure class size.	National Center for Education Statistics	2015–2016
Students Meeting Fitness Standards, 5th Graders (Kidsdata.org)	Healthy Eating/Active Living	Percentage of public school students in 5th grade meeting six of six fitness standards	California Department of Education, Physical Fitness Testing Research Files (Jan. 2018)	2017
Students Meeting Fitness Standards, 7th Graders (Kidsdata.org)	Healthy Eating/Active Living	Percentage of public school students in 7th grade meeting six of six fitness standards	California Department of Education, Physical Fitness Testing Research Files (Jan. 2018)	2017
Students Meeting Fitness Standards, 9th Graders (Kidsdata.org)	Healthy Eating/Active Living	Percentage of public school students in 9th grade meeting six of six fitness standards	California Department of Education, Physical Fitness Testing Research Files (Jan. 2018)	2017
Students per Academic Counselor (Kidsdata.org)	Economic Security	Ratio of public school students to full-time equivalent (FTE) pupil support service personnel, by Academic Counselor. Smaller numbers indicate that students have greater access to support service personnel.	California Department of Education, California Basic Educational Data System (CBEDS), Staff Assignment and Course Data (Mar. 2016)	2015
Students per School Nurse (Kidsdata.org)	Healthcare Access and Delivery	Ratio of public school students to full-time equivalent (FTE) pupil support service personnel, by School Nurse. Smaller numbers indicate that students have greater access to support service personnel	California Department of Education, California Basic Educational Data System (CBEDS), Staff Assignment and Course Data (Mar. 2016)	2015
Students per School Psychologist (Kidsdata.org)	Healthcare Access and Delivery; Behavioral Health: Mental Health	Ratio of public school students to full-time equivalent (FTE) pupil support service personnel, by School Psychologist. Smaller numbers indicate that students have greater access to support service personnel.	California Department of Education, California Basic Educational Data System (CBEDS), Staff Assignment and Course Data (Mar. 2016)	2015

Indicator	Health Needs	Description	Source	Year(s)
Students per School Speech/Language/Hearing Specialist (Kidsdata.org)	Healthcare Access and Delivery	Ratio of public school students to full-time equivalent (FTE) pupil support service personnel, by Speech/Language/Hearing Specialist. Smaller numbers indicate that students have greater access to support service personnel.	California Department of Education, California Basic Educational Data System (CBEDS), Staff Assignment and Course Data (Mar. 2016)	2015
Students per Social Worker (Kidsdata.org)	Other Health	Ratio of public school students to full-time equivalent (FTE) pupil support service personnel, by Social Worker. Smaller numbers indicate that students have greater access to support service personnel.	California Department of Education, California Basic Educational Data System (CBEDS), Staff Assignment and Course Data (Mar. 2016)	2015
Substance Use ER Visits (HAC.org)	Behavioral Health: Substance Use/Tobacco	This indicator shows the age-adjusted substance use emergency department visit rate per 100,000 population.	Office of Statewide Health Planning and Development (OSHPD)	2012–2014
Substantiated Child Abuse and Neglect (KidsData.org)	Community and Family Safety: Crime/Intentional Injury	Number of substantiated cases of abuse and neglect per 1,000 children under age 18	Webster, D., et al. Child Welfare Services Reports for California, UC Berkeley Center for Social Services Research (Jun. 2016); Annie E. Casey Foundation, KIDS COUNT (Jul. 2016).	2015
Suicide Mortality (CHNA.org)	Community and Family Safety: Crime/Intentional Injury; Behavioral Health: Mental Health	This indicator reports the age-adjusted rate of death due to intentional self-harm (suicide) per 100,000 population. This indicator is relevant because it is a measure of burden of suicide, a leading cause of death in the U.S. Values are suppressed when the number of suicide deaths over the five-year time period is less than 10.	National Vital Statistics System	2011–2015
Suspensions (CHNA.org)	Community and Family Safety: Crime/Intentional Injury; Economic Security	This indicator reports the rate of suspensions per 100 enrolled students. This indicator is relevant because exclusionary school discipline policies, including suspensions and expulsions, are associated with lower educational attainment, higher dropout rates, engagement with the juvenile justice system, incarceration as an adult, decreased economic security as an adult, and poor mental health outcome, including experiences of stress and trauma.	California Department of Education	2016–2017
Syphilis Incidence (HAC.org)	Healthcare Access and Delivery: Sexually Transmitted Infections	This indicator shows the infectious syphilis (primary and secondary) incidence rate in cases per 100,000 population.	California Department of Public Health, STD Control Branch	2017

Indicator	Health Needs	Description	Source	Year(s)
Teen Births (CHNA.org)	Economic Security; Healthcare Access and Delivery: Maternal/Infant Health	This indicator reports the number of births to females ages 15–19 years per 1,000 population. This indicator is relevant because social determinants such as low education and low income are associated with teen pregnancies, and it highlights communities in need of prevention and support services.	National Vital Statistics System	2008–2014
Teen Births by Ethnicity (Kidsdata.org)	Economic Security; Healthcare Access and Delivery: Maternal/Infant Health	Number of births per 1,000 young women ages 15–19	California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 1990–1999, 2000–2010, 2010–2060; California Department of Public Health, Center for Health Statistics, Birth Statistical Master Files; Centers for Disease Control and Prevention, Natality data on CDC WONDER; Martin et al. (2015), Births: Final Data for 2013. National Vital Statistics Reports, 64(1) (Mar. 2015)	2013
Time in Foster Care (Median Months) (Kidsdata.org)	Behavioral Health: Mental Health	Median length of stay in foster care, in months, for children under age 18	Webster, D., et al. Child Welfare Services Reports for California, UC Berkeley Center for Social Services Research (Jun. 2016)	2013
Traumatic Injury Hospitalizations, Children Ages 0–17 (Kidsdata.org)	Community and Family Safety: Crime/Intentional Injury, Unintentional Injuries/Accidents	Number hospital discharges among children ages 0–17 for traumatic injury diagnoses, as a percentage of all child discharges, excluding newborns	Special tabulation by California Office of Statewide Health Planning and Development (Sept. 2016)	2015
Tree Canopy Cover (CHNA.org)	Climate/Natural Environment	This indicator reports the percentage of land within the report area that is covered by tree canopy. This indicator is relevant as a measure of resilience against the health impacts of climate change; tree canopy coverage protects against air pollution, reduces heat island effects, reduces noise pollution, and provides ecosystem services.	U.S. Department of the Interior, U.S. Geological Survey, Earth Resources Observation and Science Center, National Land Cover Database 2011	2011
Truancy (Kidsdata.org)	Economic Security	Number of K–12 public school students reported as being truant at least once during the school year per 100 students	California Department of Education, DataQuest (Jun. 2016)	2015

Indicator	Health Needs	Description	Source	Year(s)
Tuberculosis Incidence (HAC.org)	Healthcare Access and Delivery: Communicable Diseases (Not STIs)	This indicator shows the tuberculosis incidence rate per 100,000 population.	California Department of Public Health, Tuberculosis Control Branch, Data request, September 2017	2014–2016, 2017
Unemployment (CHNA.org)	Economic Security	This indicator reports the percentage of the civilian non-institutionalized population 16 years old and older that is unemployed but seeking work (non-seasonally adjusted). This indicator is relevant because unemployment is a measure of community stability and regional economic dynamism; at the individual level, unemployment creates financial instability and barriers to accessing insurance coverage, health services, healthy food, and other necessities that contribute to health status and quality of life.	Bureau of Labor Statistics	2018
Uninsured Children (CHNA.org)	Economic Security; Healthcare Access and Delivery	This indicator reports the percentage of children younger than 18 years old without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access, including regular primary care, specialty care, and other health services, which contributes to poor health status and quality of health.	U.S. Census Bureau, American Community Survey	2012–2016
Uninsured Population (CHNA.org)	Economic Security; Healthcare Access and Delivery	This indicator reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access, including regular primary care, specialty care, and other health services, which contributes to poor health status and quality of life.	U.S. Census Bureau, American Community Survey	2012–2016
Unintentional Injury Deaths (HAC.org)	Community and Family Safety: Unintentional Injuries/Accidents	This indicator shows the age-adjusted death rate per 100,000 population due to unintentional injuries.	California Department of Public Health	2014–2016
Unintentional Injury ER Visits (HAC.org)	Community and Family Safety: Unintentional Injuries/Accidents	This indicator shows the number of unintentional injury emergency department visits per 100,000 population.	Office of Statewide Health Planning and Development (OSHPD)	2012–2014

Indicator	Health Needs	Description	Source	Year(s)
Very Low Birth Weight (Kidsdata.org)	Healthcare Access and Delivery: Maternal/Infant Health; Behavioral Health: Substance Use/Tobacco	Percentage of infants born at very low birthweight (less than 1,500 grams, or about 3 lbs., 5 oz.)	California Department of Public Health, Center for Health Statistics, Birth Statistical Master Files; Centers for Disease Control and Prevention, Natality data on CDC WONDER; Martin et al. (2015), Births: Final Data for 2013. National Vital Statistics Reports, 64(1) (Mar. 2015)	2013
Violent Crimes (CHNA.org)	Community and Family Safety: Crime/ Intentional Injury	This indicator reports the rate of violent crime offenses (including homicide, rape, robbery and aggravated assault) reported by law enforcement per 100,000 population. This indicator is relevant as a measure of community safety.	FBI Uniform Crime Reports	2012–2014
Walkable Destinations (CHNA.org)	Healthcare Access and Delivery: Heart Disease/ Stroke; Healthy Eating/ Active Living	This indicator reports the percentage of the population that lives in close proximity to a park, playground, library, museum, or other destination of interest. This indicator is relevant because good access to walkable destination promotes physical activity and is associated long–term physical and mental health benefits.	Center for Applied Research and Environmental Systems (CARES)	2012–2015
Young People Not in School and Not Working (CHNA.org)	Economic Security; Behavioral Health: Mental Health	This indicator reports the percentage of youth ages 16–19 who are not currently enrolled in school or employed. This indicator is relevant as a measure of youth disconnection, which has short- and long-term implications for health, well-being, and quality of life.	U.S. Census Bureau, American Community Survey	2012–2016

Attachment 7. Impact of Implemented Strategies 2017–2018

This section is based on the 2016–2018 Implementation Strategy that described how Alta Bates Summit Medical Center planned to address significant health needs identified in its 2016 Community Health Needs Assessment (CHNA). The 2016 CHNA identified six community health needs. Working within its mission and capabilities, Alta Bates Summit Medical Center selected the following needs to address in its Implementation Strategy:

1. Access to Mental, Behavioral, and Substance Abuse Services
2. Health Education and Health Literacy
3. Access to Basic Needs, Such as Housing and Employment
4. Access to Quality Primary Care Health Services

The Implementation Strategy provided details of actions the hospital intended to take, including programs and resources it planned to commit. The tables below highlight the 2017 and 2018 impacts achieved by the programs that Alta Bates Summit Medical Center featured in its 2016–2018 Implementation Strategy.

Access to Mental, Behavioral, and Substance Abuse Services Impact

Name of Program, Activity, or Initiative	**Behavioral Health Services**
Description	Developed a pilot project in collaboration with Federally Qualified Health Center and Public Health partners to address the identified need for access to behavioral health services.
2017–2018 Impact	Program was not identified for implementation.

Name of Program, Activity, or Initiative	**MPI Treatment Services**
Description	Continued coordination between Alta Bates, Summit's Emergency Departments, and LifeLong Medical Care to increase use of free treatment for substance abuse offered by MPI, which is underutilized.
2018 Impact	256 free assessments conducted 19 people served by sitters 678 workshops provided 67 transportation vouchers distributed

Health Education and Health Literacy Impact

Name of Program, Activity, or Initiative	**Asthma Resource Center**
Description	The Asthma Resource Center is a program designed to help individuals control their asthma and improve their quality of life by providing education and tools for asthma management with a focus on the uninsured or underinsured. Individuals learn about basic asthma facts, medications and techniques, environmental controls, and asthma action plans. Efforts are made to also assist individuals who have no follow-up medical care with locating ongoing care in the community.
2017–2018 Impact	293 people served 40 inpatient clinic visits 97 outpatient clinic visits 52 people provided with over-the-phone education sessions

Name of Program, Activity, or Initiative	**Diabetes Resource Project**
Description	The Diabetes Resource Project provides education and case management for individuals with diabetes who are uninsured or underinsured and have recently had an Emergency Department visit or have been hospitalized at Alta Bates Summit Medical Center. The program is designed to assist individuals to optimize their health through Diabetes Self-Management Education (DSME) and support in a variety of individualized and group settings. Individuals learn about the diabetes disease process and treatment options, nutrition and physical activity education, safe medication use, blood glucose monitoring, recognizing and avoiding complications of diabetes, and the development of personal strategies to address psychosocial issues and concerns and promoting health and behavior change. Diabetes Educators/Care Coordinators assist individuals who do not have a primary care physician to locate a medical home for ongoing medical care and to obtain needed diabetes medications.
2017–2018 Impact	1,657 people served 1,398 connected to a primary care physician 1,475 enrolled in insurance 850 people connected to social services

Name of Program, Activity, or Initiative	**Heart 2 Heart**
Description	Continued collaborating with LifeLong Medical Care, the city of Berkeley Public Health Department, and its Heart 2 Heart program to address health inequities in heart disease and hypertension in South Berkeley. A key strategy was to empower local residents to lead community change through health prevention, education, and outreach, including the use of health services. Alta Bates Summit Medical Center supports Heart 2 Heart to mobilize resources, cultivate new partnerships, engage residents, and provide information, resources, and referrals to advance the heart health work. This partnership also supported the Community Engagement Specialist to engage and recruit Health Advocates to participate in a training program; develop and facilitate ongoing trainings; support Health Advocate initiatives; and work with existing organizations to improve resident health and reduce hypertension.
2017–2018 Impact	2,807 people served 5,979 health screenings provided 29 community members trained as health advocates 102 community engagement activities performed by health advocates 102 education sessions and community resources provided by health advocates

ACCESS TO BASIC NEEDS, SUCH AS HOUSING AND EMPLOYMENT, IMPACT

Name of Program, Activity, or Initiative	**Interim Care Program**
Description	Alta Bates Summit Medical Center partnered with LifeLong Medical Care to provide homeless patients temporary housing and medical respite care after their hospital discharge. It allowed patients to recuperate in a clean, stable environment with nursing care, meals, and wraparound services provided.
2017–2018 Impact	59 people served 24 connected to a primary care physician Program cancelled due to declining referrals

Name of Program, Activity, or Initiative	**San Pablo Area Revitalization Collaborative (SPARC)**
Description	Alta Bates Summit Medical Center acted as a member of the San Pablo Area Revitalization Collaborative (SPARC), which focuses on advancing actions to improve the health and well-being of 8,000 West Oakland residents along a 1.5-mile stretch of the San Pablo Avenue Corridor and two surrounding neighborhoods in five key areas: housing affordability, reducing hypertension, blight reduction, connecting residents to good jobs and spurring economic development, and housing affordability. Alta Bates Summit Medical Center supported the East Bay Asian Local Development Corporation, the backbone organization of SPARC, to mobilize resources, cultivate new partnerships, engage residents, and provide information, resources, and referrals to advance heart health work. The partnership also supported the data/evaluation components of the entire initiative.
2017–2018 Impact	1,868 people served 149 affordable housing units in construction 235 in the pipeline with 40% of new units dedicated for homeless housing 59 people connected to a primary care physician 958 health screenings provided 71% of patients diagnosed with hypertension in control (exceeded goal of 65%)

Name of Program, Activity, or Initiative	**Youth Bridge**
Description	Youth Bridge was a year-round career development program designed to provide 100 vulnerable high school and college students with support and guidance to complete high school, pursue higher education, and ultimately obtain gainful employment. The program provided educational counseling, mentoring, job coaching, leadership development opportunities, and paid summer internships at Alta Bates Summit Medical Center and around the community.
2017–2018 Impact	253 students enrolled 185 competed the career course 203 completed the internship program 100% of seniors in the program graduated high school

Access to Quality Primary Care Health Services Impact

Name of Program, Activity, or Initiative	Care Transitions
Description	Alta Bates Summit Medical Center worked with partners LifeLong Medical Care, La Clínica, and Asian Health Services, all of which are federally qualified health centers (FQHCs), to improve care transitions for targeted patients.
2017–2018 Impact	10,805 people served 6,659 primary care physician appointments scheduled 73% of follow up appointments kept

Name of Program, Activity, or Initiative	Order of Malta Clinic
Description	Order of Malta Clinic provided free medical care to people lacking medical insurance, regardless of race or religion. The clinic offered physical exams, laboratory testing, x-rays, electrocardiograms, and immunizations. Services delivered also included cancer screenings and HPV detection, and treatment to control diabetes, hypertension, and mental health disorders.
2017–2018 Impact	5,978 patients served

Attachment 8. IRS Checklist

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

Federal Requirements Checklist	Regulation Section Number	Report Reference
A. Activities Since Previous CHNA(s)		
Describes the written public comments received on the hospital's most recently conducted CHNA and most recently adopted implementation strategy.	(b)(5)(C)	Section 2, Page 11
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's prior CHNA(s).	(b)(6)(F)	Section 9 and Attachment 7, Pages 61 and 179–182
B. Process and Methods		
Background Information		
Identifies any parties with whom the hospital collaborated in preparing the CHNA(s).	(b)(6)(F)(ii)	Section 4, Page 18
Identifies any third parties contracted to assist in conducting a CHNA.	(b)(6)(F)(ii)	Section 4, Page 18
Defines the community the hospital serves, which: • 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 *not* exclude medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital draws its patients.	(b)(i) (b)(3) (b)(6)(i)(A)	Section 3, Pages 12–13 (including map)
Describes how the community was determined.	(b)(6)(i)(A)	Section 3, Pages 12–13
Describes demographics and other descriptors of the hospital service area.	(b)(6)(i)(A)	Section 3, Pages 13–17
Health Needs Data Collection		
Describes data and other information used in the assessment:	(b)(6)(ii)	
a. Cites external source material (rather than describe the method of collecting the data).	(b)(6)(F)(ii)	Attachments 4, 5, and 6, Pages 96–178
b. Describes methods of collecting and analyzing the data and information.	(b)(6)(ii)	Section 5, Pages 23–25
CHNA describes how it took into account input from persons who represent the broad interests of the community it serves 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)	Section 5, Pages 20–22 and 25

Federal Requirements Checklist	Regulation Section Number	Report Reference
Describes the medically underserved, low-income, or minority populations being represented by organizations or individuals that provide input.	(b)(6)(F)(iii)	Section 5, Pages 20–22, and Attachment 2, Pages 73–77
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)	Section 5, Page 21, and Attachment 2, Pages 73–77
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 are not required.)	(b)(5)(i)(B)	Section 5, Page 21, and Attachment 2, Pages 73–77
I. Medically underserved populations	(b)(5)(i)(B)	Section 5, Page 22, and Attachment 2, Pages 73–77
II. Low-income populations	(b)(5)(i)(B)	Section 5, Page 21, and Attachment 2, Pages 73–77
III. Minority populations	(b)(5)(i)(B)	Section 5, Page 21, and Attachment 2, Pages 73–77
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)	Section 5, Pages 20–22, and Attachment 2, Pages 73–77
Describes how such input was provided (e.g., through focus groups, interviews or surveys).	(b)(6)(F)(iii)	Section 5, Page 20, and Attachment 2, Pages 73–77
Describes over what time period such input was provided and between what approximate dates.	(b)(6)(F)(iii)	Section 5, Pages 20–22, and Attachment 2, Pages 73–77
Summarizes the nature and extent of the organizations' input.	(b)(6)(F)(iii)	Section 5, Pages 20–22
C. CHNA Needs Description and 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)	Section 6, Pages 23–25

Federal Requirements Checklist	Regulation Section Number	Report Reference
Description of process and criteria used to identify certain health needs as significant and prioritizing those significant health needs.	(b)(6)(i)(D)	Section 6, Pages 23–25
Prioritized description of significant health needs identified.	(b)(6)(i)(D)	Section 7, Pages 26–59
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)	Section 8, Page 60, and Attachment 3, Pages 78–95
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	Section 2, Page 10
CHNA is a written report that is adopted for the hospital by an authorized body of the hospital facility [authorized body defined in §1.501(r)-1(b)(4)].	(b)(iv)	Section 10, Page 62
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 website” is defined in §1.501(r)-1(b)(29).	(b)(7)(i)(A)	Date(s) on which a-f below were done:
a. May not be a copy marked “Draft.”	(b)(7)(ii)	12/31/19
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)	12/31/19
c. Instructions for accessing the CHNA report are clear.	(b)(7)(i)(A)	12/31/19
d. Individuals with Internet access can access and print reports without special software, without paying a fee, and without creating an account.	(b)(7)(i)(A)	12/31/19
e. Individuals requesting a copy of the report(s) are provided the URL.	(b)(7)(i)(A)	12/31/19
f. Makes a paper copy available for public inspection upon request and without charge at the hospital.	(b)(7)(i)(B)	12/31/19

Further IRS requirements available:

- §1.501(r)-3(b)(iv) and (v): separate and joint CHNA reports
- §1.501(r)-3(d): requirements that apply to new hospital facilities, transferred or terminated hospital facilities, and newly acquired hospital facilities
- §1.501(r)-3(a)(2) and (c): implementation strategy requirements