2025

Community Health Needs Assessment

Washington Health

ACKNOWLEDGEMENTS

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1. EXECUTIVE SUMMARY

COMMUNITY HEALTH NEEDS ASSESSMENT GUIDING PRINCIPLES

These principles guided the approach and methodology of the CHNA, ensuring that it is comprehensive, inclusive and effective in achieving its intended outcomes:

- ✓ Community-informed
- ✓ Inclusive and representative
- ✓ Disparity and equity-focused
- ✓ Data-driven and evidence-based
- ✓ Collaborative and coordinated
- ✓ Accountable
- ✓ Compliant

This assessment encompasses Southern Alameda County, focusing on the cities of Fremont, Newark, and Union City.
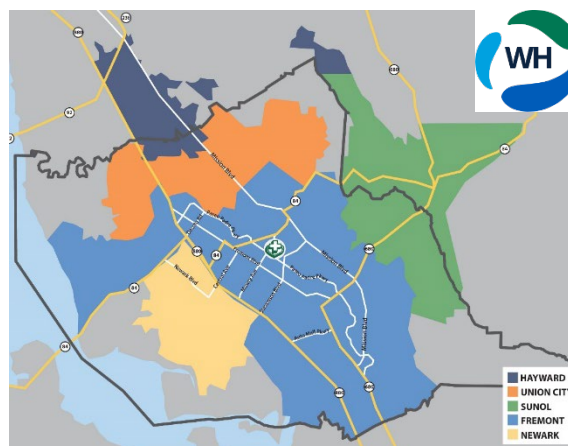
CHNA PROCESS AND METHODS

The core of the CHNA process comprises data collection, analysis and synthesis, culminating in the development of a community health needs list.

Conduct interviews and focus groups with community members and area experts in partnership with local nonprofits and other entities.

Collect statistical data from a variety of public sources, in partnership with local health departments.

Review statistics, analyze qualitative data to determine community priorities, and synthesize to generate needs list.

Apply needs identification criteria and rank-order list based on community priorities and related criteria.
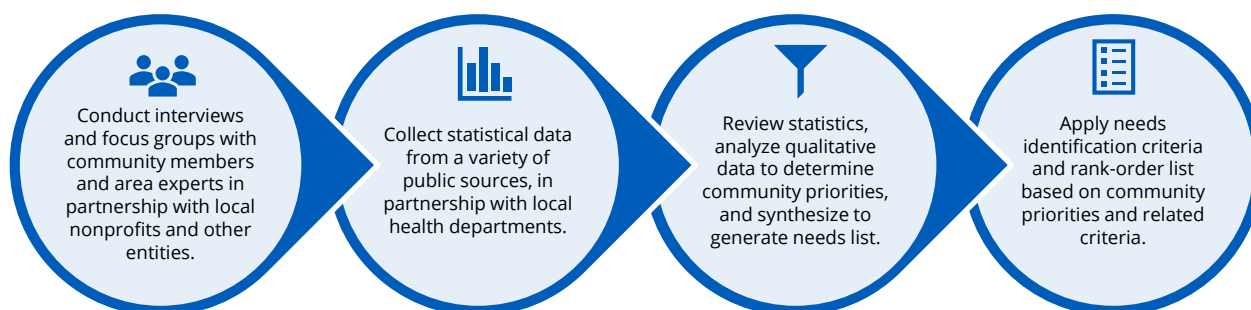
Washington Health collaborated with:

- John Muir Health
- Kaiser Permanente
- St. Rose Hospital

- Stanford Health Care Tri-Valley
- Sutter Health
- UCSF Benioff Children's Hospitals

...as well as partnering informally with the county's health department.

The full assessment and implementation process stretches across the arc of a three-year cycle.

Collaborative planning

Meet with collaborative partners and contributing organizations to plan CHNA, agree on process and methods

Data analysis and synthesis

Analyze qualitative data, synthesize with statistical data and apply criteria to identify health needs

Needs selection, strategies planning

Select health needs to address, determine strategies to pursue based on best practices and community input

Jan-Apr 2024

Apr-Oct 2024

Oct-Dec 2024

Jan-Jun 2025

May-Dec 2025

Jul 2025- Jun 2028

Data collection

Conduct interviews and focus groups, collect secondary statistical and qualitative data in partnership with public health departments and other entities

Health needs prioritization, report writing

Assess community prioritization of needs; write and publish report describing CHNA findings and the results of strategies addressing prior selected needs

Reporting on and implementing strategies

Write and submit federal report on strategies plan and annual state reports on implementation

Health needs were identified using a set of collaboratively agreed-upon criteria.

How a Health Need is Identified

YES — Meets the definition of a health need? — NO

YES — At least 2 data sources available? — NO

A top community priority? — NO

Listed as a top need for at least 1/3 of FGs and KIIs combined
YES

Statistical data indicate a need? — NO

2+ indicators fail county bench-marks by 5% or more
YES

Getting worse over time? — NO

2+ indicators show worsening trend
YES

Data concerning and resources lacking? — NO

Statistical data have failing and/or worsening indicators and there are few available resources
YES

Documented inequities? — NO

2+ indicators for race/ethnicity groups fail county benchmarks by 5% or more
YES

IDENTIFIED HEALTH NEED IN SERVICE AREA | NO

PRIORITIZED 2025 COMMUNITY HEALTH NEEDS (DETAILED ON FOLLOWING PAGES)
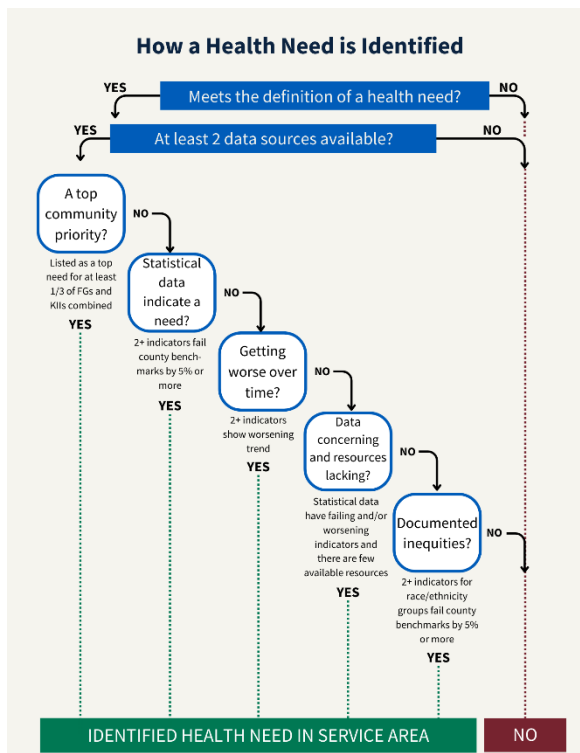
1. Economic Security
2. Behavioral Health
3. Healthcare Access & Delivery
4. Inequity & Discrimination
5. Cognitive Decline
6. Diabetes & Obesity
7. Heart/Stroke
8. Cancer
9. Maternal/Infant Health
10. Unintended Injuries

PRIORITIZED HEALTH NEEDS DETAILS

The CHNA process produced a ranked list of the most pressing community health needs for the hospital's primary service area. Two of these needs, Cancer and Heart/Stroke, tied for seventh place. All 10 needs, listed in priority order (from highest to lowest), are:

- **Economic Security.** Economic security, including income, employment, education, housing and food security, was the highest-priority health need in interviews and focus group discussions. Economic security statistics vary substantially by race/ethnicity, with Black households earning the least across all three cities compared to people of other races/ethnicities. Black and Native American individuals are also overrepresented among the unhoused population.

- **Behavioral Health.** This need includes mental health, substance use, and violence. Behavioral health was one of the highest-priority health needs in interviews and focus group discussions. Participants expressed concern about youth and young adults, domestic violence, and stigma as a barrier to access. Newark has a significantly higher rate of severe mental illness Emergency Department (ED) visits compared to the county's rate.

- **Healthcare Access & Delivery.** Access to healthcare and the experiences of receiving care were prioritized in more than half of all interviews and focus groups. Participants were concerned about language barriers. The Latino population has lower rates of adult health insurance than their countywide peers of all ethnicities. Nearly one in five South County residents have difficulty accessing care, and this proportion has been slowly rising.

- **Inequity/Discrimination.** Racism and discrimination was prioritized by close to half of all interviewees and focus group participants. Structural racism is a continuous and pervasive issue and can manifest in various ways, which negatively impact physical and mental health outcomes for marginalized groups. Participants discussed how multiple forms of discrimination (e.g., race, gender, economic status, immigration status) can intersect, compounding disadvantages for affected people.

- **Cognitive Decline.** Union City experiences a higher mortality rate from Alzheimer's disease (AD) and other dementias compared to the county, and a higher ED visit rate from AD as well. In Fremont and Union City, AD mortality is substantially higher among both Blacks and Whites compared with their peers of other races. In Newark, Latinos and Whites have the highest AD mortality rates. Concerns were raised by some CHNA participants about AD and other dementias.

- **Diabetes & Obesity.** The proportions of children and teens who are overweight or obese are higher in Newark and Union City than in the county overall. Diabetes prevalence is highest among the White population in Union City, and among the Latino

population in Fremont. The rate of deaths from diabetes is higher in Union City compared to the county.

- **Heart/Stroke.** Cerebrovascular issues such as stroke, heart disease, and hypertension are among the top causes of death in the county. Service area cities fare worse than the county overall. Notably, in Union City, residents have worse rates than other service area cities and the county overall for emergency department visits (heart diseases, hypertension, and acute myocardial infarction), hospitalizations (heart diseases, acute myocardial infarction), and mortality (heart diseases, hypertension, and acute myocardial infarction). Stroke mortality rates are higher in Newark and Union City than for the county as a whole.

- **Cancer.** Cancer qualifies as a health need because of statistical data in Newark, as well as racial/ethnic disparities that are evident countywide. Newark has a higher mortality rate due to lung cancer compared to Alameda County overall, and higher hospitalization rates for colorectal cancer and breast cancer versus the county.

- **Maternal/Infant Health.** Fremont, Newark, and Union City have higher rates of infant mortality than Alameda County overall. Both Fremont and Union City have higher proportions of low birthweight babies compared to the county, and Union City has a higher proportion of premature births than the county overall. Certain statistics were worse for particular populations compared to the state rates, including the proportion of premature births (worst for Black babies), low birth-weight births (highest among Black babies), and teen births (highest among Latinas).

- **Unintended Injuries.** Accidents (unintentional injuries) were the number one reason for preventable ED visits/hospitalizations in all three cities and the county. Where data were available by race on unintended injuries mortality, the rate was often highest for the Black population.

For additional details, including statistical data and citations, see Section 6: 2025 Prioritized Community Health Needs and Attachment 2: Secondary Data Tables.

NEXT STEPS

- Make board-approved 2025 CHNA report publicly available on Washington Health's [Community Connection](#) webpage and solicit written comments until two subsequent CHNA reports are published.

- Develop an implementation plan based on the CHNA results, which will be filed with the IRS by December 15, 2025.

2. CHNA REGULATORY REQUIREMENTS AND PURPOSE

This CHNA, completed in fiscal year 2025 and described in this report, meets and exceeds all current State of California (SB 697) and federal (IRS) requirements.

Federal Requirements[1]

Affordable Care Act 2010

501(c)(3) hospitals must conduct a CHNA every three years and must document:

- Community served
- Partners involved
- Process and methods
- Identified and prioritized needs

State Requirements[2]

CA Senate Bill 697 1994

Private, nonprofit hospitals must conduct a CHNA every three years and annually describe in a report:

- How community was involved in identifying and prioritizing needs
- Activities hospital has taken to address identified needs

COMMUNITY HEALTH NEEDS ASSESSMENT REPORT PURPOSE

The goals of the 2025 Community Health Needs Assessment (CHNA) are to provide insight into the health of the community, prioritize local health needs, and identify areas for improvement. With this information, Washington Health will develop strategies to tackle critical health needs as well as improve the health and well-being of community members. The assessment findings may also be used as a guideline for funding, policy, and advocacy efforts.

The 2025 CHNA builds upon the findings of the 2023 CHNA (see below for evaluation of 2024–2025 implemented strategies) and previous assessments conducted by Washington Health. The 2025 report documents how the current CHNA was conducted and describes the related findings. As with prior CHNAs, this assessment also highlights the district's assets and resources (see Section 7: Community Resources).

Note that, for the purposes of this assessment, "community health" was not limited to traditional health measures. Washington Health considered myriad indicators relating to the quality of life (e.g., access to healthcare, affordable housing, food security, education, and

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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. See *Attachment 8* for IRS Regulations Compliance Checklist. The CHNA serves as the basis for implementation strategies that are required to be filed with the IRS as part of Stanford Health Care's Form 990, Schedule H, four and a half months into the next taxable year.

[2] California Department of Health Care Access and Information (formerly OSHPD). (1998). *Not-for-Profit Hospital Community Benefit Legislation (Senate Bill 697), Report to the Legislature.*

employment) and to the physical, environmental, and social factors that influence the health of the county's residents. This broader definition reflects the hospital's philosophy that many factors affect community health and that community health cannot be adequately understood without consideration of trends outside the realm of healthcare.

In addition to helping generate shared priorities around community health, Washington Health also used the 2025 CHNA to fulfill key state and federal mandates.

BRIEF SUMMARY OF THE PRIOR (2023) CHNA CONDUCTED

In 2022–2023, Washington Health assessed community health needs in its service area. The 2023 CHNA report is posted on the Community Health Needs Assessment page of the hospital's website.[3]

The community health needs identified and prioritized through the 2023 CHNA process were:

- Behavioral Health
- Housing & Homelessness
- Economic Security
- Diabetes & Obesity
- Healthcare Access & Delivery
- Heart/Stroke
- Respiratory Health (including COVID-19)
- Cancer

EVALUATION FINDINGS FROM 2024–2025 IMPLEMENTED STRATEGIES

Washington Health addressed all of these critical community health needs in subsequent years through targeted programs and community partnerships. At the time this report was completed, Washington Health had impact results for fiscal year 2024 and partial impacts for fiscal year 2025. Although not reflected herein, the hospital will continue to monitor and report the impact of strategies implemented for the remainder of fiscal year 2025.

Behavioral Health

- Washington Health provided four in-person seminars on "Grief, Loss and Self Care" to local retirement communities. Fifty adults attended.
- Washington Health hosted virtual Health & Wellness Seminars on holiday grief, intimate partner violence, anxiety, and LGBTQIA+ mental health. These presentations received 1,181 virtual views on Facebook and YouTube.

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[3] https://www.washingtonhealth.com/about-us/community-connection/community-health-needs-assessment/

- Washington Health's Maternal and Child Health Department hosts an annual BlueDot Walk to help raise awareness for Maternal Mental Health. On average, 70 individuals participate.
- Since 2021, Washington Health convenes a monthly "South County Partnership" meeting with representatives from healthcare organizations, city and county services, and non-profit organizations. These meetings focus on local mental health challenges and encourage collaboration between sectors to address community needs.
- Washington Health partners with the Alameda County Behavioral Health Services Department and the HUME Center host space for an outpatient behavioral health clinic. This clinic connects patients in the Emergency Department with Substance Use Disorder to ongoing behavioral health resources.
- Washington Health hosts external advocacy groups at our facilities free of cost, including Narika, SAVE, and NAMI.
- Washington Health partners with BRAVE Bay Area and SAVE to offer patient advocacy for intimate partner violence cases that present in the Emergency Department.
- Washington Health hosted a Substance Use Navigator in the Emergency Department as part of a pilot program from 2023-2024.
- Washington Health collaborated with Haller's Pharmacy and NCAPDA to offer education on opioid safety and distribution of Naloxone at 3 speaker events and 3 health fairs.

Cancer

- Washington Health hosted six free, virtual seminars focused on prevention, screening, and early detection for various cancers (e.g., breast, lung, and skin). Two thousand, six hundred eighty-two community members viewed these seminars on Facebook and YouTube.
- Washington Health presented three on-site health seminars on breast cancer prevention and detection to local senior living communities. Eighty-two adults attended these presentations.
- Washington Health hosted four special events to educate and honor cancer patients and survivors. Eight hundred community members attended these special events.
- Washington Health was awarded a three-year accreditation from the Commission on Cancer. The Commission on Cancer is a program of the American College of Surgeons recognizing cancer care programs for their commitment to providing comprehensive, high-quality, and multidisciplinary patient-centered care.
- Washington Health was awarded a three-year accreditation from the American College of Surgeons National Accreditation Program for Breast Centers.

- Both accreditations were received without any deficiencies, demonstrating Washington Hospital's commitment to quality care based on national standards.

- Washington Health was also designated as a Breast Imaging Center of Excellence by the American College of Radiology (ACR).

- Washington Health hosted two skin cancer screening events at the Nakamura Clinic in Union City. Sixty people were screened.

- The Washington Health Survivorship Committee meets quarterly. These meetings help coordinate efforts across oncology services and include representation from clinical staff, social work, nursing, community outreach, cancer registry program, physical therapy, lymphedema, and radiation oncology.

- Washington Health is currently expanding the UCSF-Washington Cancer Center. This expanded care center is expected to be completed in late 2025 and will increase access to cancer treatment, technologies and clinical trials.

Diabetes & Obesity

- Washington Health offers free monthly diabetes support group meetings and educational Diabetes Matters sessions to community members with diabetes.

- Washington Health hosted four free, virtual seminars focused on diabetes education. These presentations included information on diabetes management, treatment, and nutrition. Two thousand, one hundred seventeen community members viewed these seminars on Facebook and YouTube.

- Washington Health hosted the Road to Wellness Family Health fair in Summer of 2023 to encourage parents and families to be active and practice healthy lifestyle habits. This event was attended by 1,000 community members and offered 137 free glucose and cholesterol checks and 73 blood pressure screenings.

- Washington Health hosted two sports safety presentations for local youth athletic teams and coaches. Sixty individuals attended.

- Washington Health presented 6 on-site health seminars on Healthy Eating and Active Living to local senior living communities. Topics included fall prevention, joint replacement, and easy ways to stay active as you age. One hundred eighty-six adults attended these presentations.

- Washington Sports Medicine athletic trainers hosted first aid stations during 6 Special Olympics tournaments. The mission of Special Olympics is to provide athletic competition in a variety of Olympic-type sports for youth with intellectual disabilities. Two thousand, four hundred ninety-five student athletes attended these events.

- Washington Health's Sports Medicine program offered onsite sports physicals to 285 local student athletes.

- Washington Health Outpatient Diabetes staff regularly participate in health fairs across the Healthcare District to share information on portion size and health eating habits, including a Wellness Fair at a local Middle School that reached 1,000 students and an event for Afghan Refugee families that served 50 families.

Economic Security

- Washington Health hosted 260 elementary and high school students onsite to learn about healthcare career pathways, tour the hospital and gain hands-on medical skills, such as choking first aid and Stop the Bleed.
- Washington Hospital provides general grant funding to Avanzando, an organization dedicated to the advancement and empowerment of Latino youth and their families through education and leadership.
- Washington Health provides general grant funding to local educational foundations, including the New Haven Schools Foundation and The Fremont Education Foundation. They also provide two scholarships to high school graduates pursuing healthcare related careers.
- Washington Health created a Diversity, Equity and Inclusion taskforce to develop strategies that improve diversity and inclusion for staff and patients of the healthcare system.
- Washington Health offers free space to a Fremont-based nonprofit organization called OneChild, which provides under resourced children with school supplies, backpacks, and clothes.
- Washington Health welcomed 5 students from Mission Valley Regional Occupational Program for a job shadowing program. The students were given the opportunity to spend eight hours in a specific operational area. Students were hosted for job shadowing in the Washington Special Care Nursery, and the Sandy Amos Outpatient Infusion Center.

Healthcare Access and Delivery

- Washington Hospital opened a level 2 trauma center in July of 2024 and is progressing towards designation in 2027.
- Washington Hospital continued providing grants for mammograms to uninsured clients referred by community clinics such as Tiburcio Vasquez Health Center. These clients include women ages 40 to 70, or women ages 30 to 40 who are considered at high risk for breast cancer as defined by the Medicare program.
- Washington Hospital presented three on-site and virtual health seminars on Medicare enrollment. One hundred eighty-five adults attended these presentations.

- Washington Hospital provides free Health Insurance Information Services (HIIS) to community members in the Tri-City Area. This service helps answer insurance questions about individual plans, group plans and government-sponsored programs such as Medicare, Medi-Cal and Covered California. It also specializes in understanding Advance Health Care Directives or Physicians Orders for Life Sustaining Treatments (POLSTs).

- Washington Hospital collaborates with ReCare and the City of Fremont to distribute free durable medical equipment to low-income community members.

- In winter of 2024, Washington Health established a Community Advisory Board comprised of diverse community members to drive positive changes in patient experience.

- Washington Health's Diversity, Equity, and Inclusion department continues to focus on efforts to increase culturally competent care and appropriate use of translation technologies.

- Washington Hospital operates a Lymphedema Garment program that offers free garments to low-income patients.

Heart/Stroke

- Washington Health participated in over 40 health fairs hosted by community organizations and local schools to provide health information on heart health and stroke prevention, including over 1,000 free blood pressure checks.

- Washington Hospital hosted six free, virtual seminars focused on heart disease, hypertension, and stroke. Three thousand, eight hundred thirteen community members viewed these seminars on Facebook and YouTube.

- Washington Hospital presented two on-site health seminars on heart health and stroke to local senior living residences. Ninety adults attended these presentations.

- In fall of 2024, Washington Health hosted the Union City Heart Health Fair to spread education and awareness about cardiovascular disease in the community. 300 people attended the health fair. One hundred glucose and cholesterol checks and 86 blood pressure checks were performed.

- In 2025, Washington Health entered into a partnership with the City of Union City on their year-long Hear Smart Walking Challenge. This activity promotes physical activity through step counting for Union City residents. As part of this partnership, Washington Health offers monthly health walks with clinical staff and physicians to spread awareness on cardiovascular health topics.

- Washington Health progresses towards Joint Commission Thrombectomy Capable Stroke Center (TSC) certification. We are currently working to build required volumes to attain this certification by extending our neurosciences services to the central valley and northern California.

- Washington Health's Stroke Program received the American Heart Association/ American Stroke Association's Get With the Guidelines®-Stroke Gold Plus Quality Achievement Award. The award recognizes the hospital's commitment to ensuring that stroke patients receive the most appropriate treatment according to nationally recognized, research-based guidelines based on the latest scientific evidence. Washington Hospital earned the award by meeting specific quality achievement measures for the diagnosis and treatment of stroke patients at a set level for a designated period. These measures include evaluation of the proper use of medications and other stroke treatments, with the goal of speeding recovery and reducing death and disability for stroke patients.
- Washington Health also received the associations' Target: Stroke Elite Plus award. To qualify for this recognition, hospitals must meet quality measures developed to reduce the time between the patient's arrival at the hospital and treatment with a clot-buster tissue plasminogen activator used to treat ischemic stroke.

Housing and Homelessness

- Washington Hospital provides general grant funding to Abode Services, the largest homeless housing and service provider in the Bay Area. In addition, Washington Hospital has a staff representative on Abode Services Board of Directors.

Respiratory Health (including COVID-19)

- Washington Hospital hosts a monthly Better Breathing for Life support group for people with chronic lung conditions such as chronic asthma, bronchitis, emphysema, chronic obstructive pulmonary disease (COPD), pulmonary fibrosis or other restricted lung disease. Currently there are 74 active members of the support group.

WRITTEN PUBLIC COMMENTS

Washington Health welcomes and encourages written public comments about its CHNA and implementation strategy reports. Feedback may be submitted through the Contact form on its website[4] or emailed directly to communityoutreach@washingtonhealth.com.

At the time this CHNA report was completed, Washington Health had not received any written comments about the 2023 previous CHNA report.[5] The hospital will continue to track submissions and ensure that all relevant comments are reviewed and addressed by appropriate staff members.

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[4] https://www.washingtonhealth.com/contact-us/

[5] https://www.washingtonhealth.com/about-us/community-connection/community-health-needs-assessment/

3. ABOUT WASHINGTON HEALTH

Washington Health was founded as an independent health care district in 1948 to provide health care close to home for residents in southern Alameda County. In 1958, the health care district opened a 150-bed hospital. As the community has grown, Washington Health has evolved into a comprehensive health system with an affiliated medical group, a network of clinics, and nationally recognized clinical programs.

With a publicly elected Board of Directors, the Health System serves a population of 350,145 residents living in Fremont, Newark, Union City, southern Hayward, and unincorporated Sunol. The District encompasses 124 square miles of southern Alameda County.[6]

MISSION

Deliver exceptional, accessible, and personalized care to enhance the health and well-being of our diverse community.

VISION

Be the trusted first choice for care, where everyone does their best work.

VALUES

- **Excellence:** Providing the highest standard of quality, safe, and accessible health care.
- **Patient-Centered Care:** Putting the patient at the center of everything we do.
- **Compassion:** Responding with care, empathy, and equity in every interaction.
- **Respect:** Relating to each person with dignity – appreciating the uniqueness of each person and contribution of each team member.
- **Integrity:** Acting with honesty and accountability to do the right thing.

COMMUNITY BENEFIT PROGRAMS

Each year, Washington Health provides innovative and impactful community benefit programs and services to underserved and underinsured residents. The hospital's community benefit programs and activities are designed to:

- Meet the specific healthcare needs of targeted populations;
- Expand access to healthcare to those who need it most;
- Provide health information and education resources; and
- Teach participants about healthy lifestyles.

These programs are developed in response to the findings in the Community Health Needs Assessment.

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[6] Sum of the populations of the three major cities: Fremont, Newark, and Union City. Data from U.S. Census Bureau, 5-year Estimates, 2017-2021.

COMMUNITY SERVED

The IRS defines the "community served" by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area and does not exclude low-income or underserved populations. Although Washington Health patients come from all around Alameda County, the majority reside in the southern part of the county.

Map of Washington Township Healthcare District
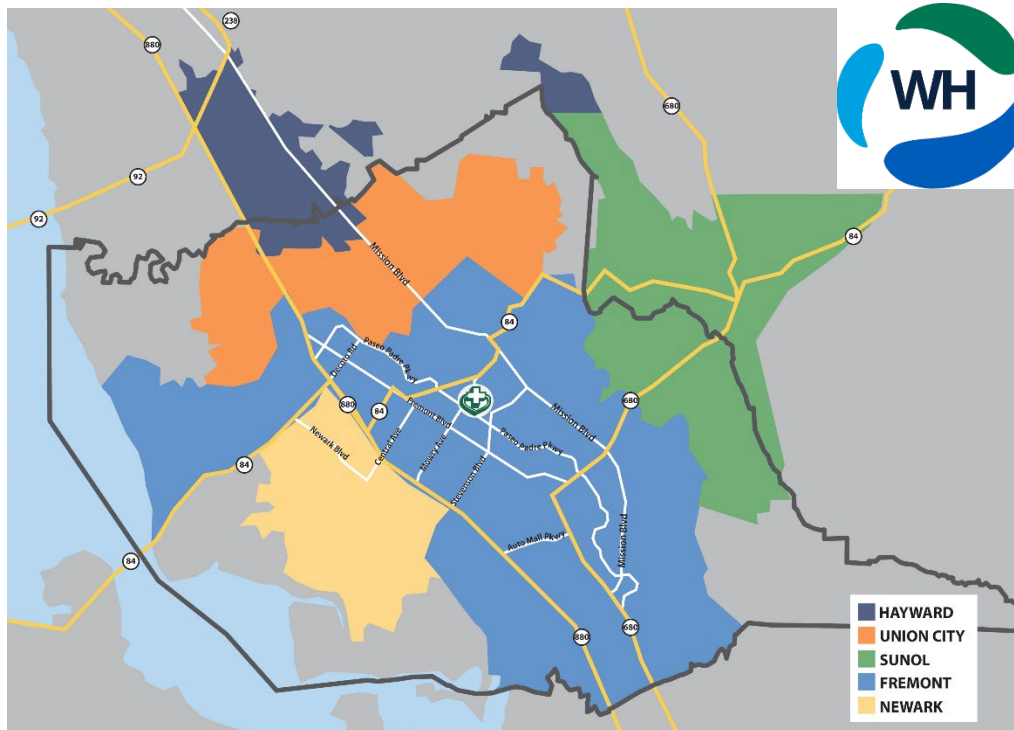
Washington Health's primary service area comprises the cities of Fremont, Newark and Union City. It also includes portions of unincorporated Sunol and South Hayward, for which population data are not available. In 2023, the estimated population of Fremont, Newark and Union City was approximately 343,804.[7] Fremont is the largest city in the service area and the fourth-largest city in the San Francisco Bay Area.

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[7] U.S. Census Bureau, 5-year Estimates, 2019-2023.

Demographics, Tri-City Area

Race: A majority of residents are non-White.

Asian
59%

24% Asian Indian
17% Chinese
8% Filipinx
10% Other Asian

White
20%

Other
9%

Multi
8%

Black
4%

Pac Isl
1%

Native Am
1%
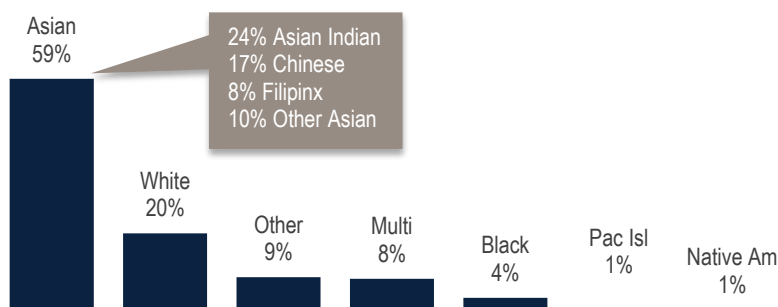
Ethnicity: About one in six are Latino.

16%
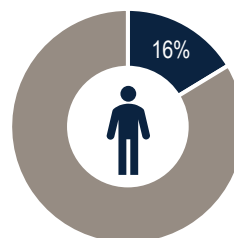
Age: About one in five residents are children.

Age
18-64
65%

Under
18
21%
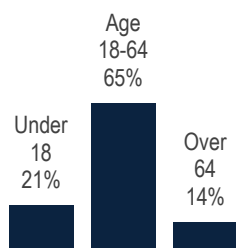
Over
64
14%

Nativity: Nearly half of residents are foreign-born.

48%
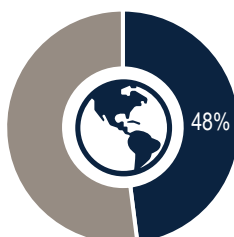
Language: One in five over age 5 speak limited English.

20%
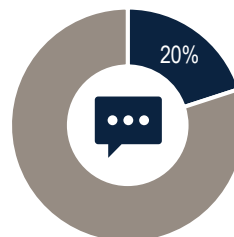
$121,703

4-person household Real Cost Measure (RCM)*

$1.4M

median home sale price

Income: More than one in five households in the three cities lives below the RCM.

22%
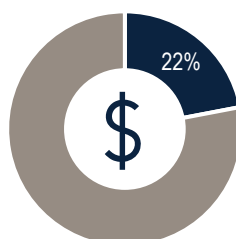
Disabilities: Almost one in 10 residents lives with a disability.

8%
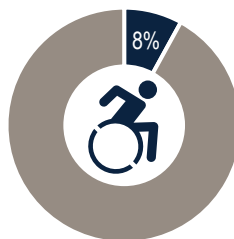
Education: More than half of residents age 25+ have earned at least a Bachelor's degree.

57%
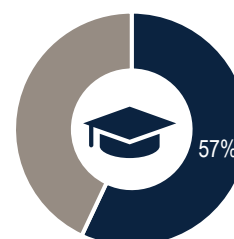
*Alameda County. Sources: United Way: Real Cost Measure, 2021. The Real Cost Measure represents the funds needed to afford the cost of living based on costs of housing, food, childcare, healthcare, etc. Redfin.com: Median home price, 2024. Other data: U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2019-2023.

4. ASSESSMENT TEAM

HOSPITALS AND OTHER PARTNER ORGANIZATIONS

Washington Health collaborated with the following health systems and organizations to prepare the 2025 CHNA:

Partner Health Systems
- John Muir Health
- St. Rose Hospital
- USCF Benioff Children's Hospitals
- Washington Health

Contributing Organizations
- Public health departments of Alameda and Contra Costa counties
- Hospital Council of Northern & Central California
- Kaiser Foundation Hospitals and their consultants
- Sutter Health Medical Centers and their consultants

IDENTITY AND QUALIFICATIONS OF CONSULTANTS

Washington Health conducted the current CHNA with the support of consultants from Actionable Insights, LLC, an independent local research firm. Actionable Insights assisted with primary and secondary data collection and synthesis, as well as facilitation and documentation of key findings.

5. PROCESS AND METHODS

Washington Health began the current CHNA cycle in 2024, one year early, in order to be able to collaborate with other local hospitals[8] and Alameda County Public Health in gathering data. Together, these entities planned the CHNA, including making collective decisions on qualitative and quantitative data sources and analysis. The group also came to agreement on the set of criteria to be used in identifying community health needs. The hospitals' goal was to gather community feedback, understand existing data about health status, and learn how the community prioritizes local health needs. By collaborating, the group of hospitals and the public health department were able to obtain and share data efficiently, and to reduce the data-gathering burden on the community.

The CHNA data collection process took place over seven months and culminated in a report written for Washington Health in the winter of 2024 and spring of 2025. The phases of the CHNA process are depicted below.

The core of the CHNA process comprises data collection, analysis and synthesis, culminating in the development of a community health needs list.

Conduct interviews and focus groups with community members and area experts in partnership with local nonprofits and other entities.

Collect statistical data from a variety of public sources, in partnership with local health departments.

Review statistics, analyze qualitative data to determine community priorities, and synthesize to generate needs list.

Apply needs identification criteria and rank-order list based on community priorities and related criteria.
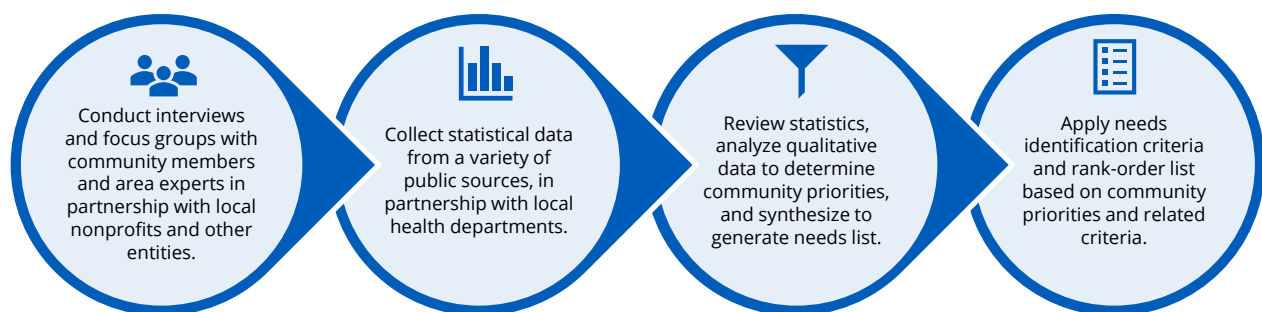
As previously mentioned, for the purposes of this assessment, Washington Health did not limit the definition of "community health" to traditional measures of health. Instead, the definition included indicators about the physical health of the area's residents, as well as the broader social and environmental determinants of health, such as access to healthcare, affordable housing, child care, education, and employment. This more inclusive definition reflects Washington Health's view that many factors may affect community health, and it is essential to consider these factors to adequately understand and address community health needs.

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[8] The other local hospitals collaborating directly with Washington Health included John Muir Health, St. Rose Hospital, Stanford Health Care Tri-Valley, and UCSF Benioff Children's Hospital Oakland.

PRIMARY/SECONDARY QUALITATIVE DATA COLLECTION (COMMUNITY INPUT)

Qualitative data was collected to better understand certain topics and subpopulations that are not well understood through the statistical data.[9] Qualitative data were also relied upon to fill previously identified information gaps for which statistical data remain unavailable.

- Primary research was conducted through 8 key informant interviews and 5 focus groups. Three strategies for collecting community input were used:
  - o Key informant interviews with health experts and community service experts
  - o Focus groups with professionals who represent and/or serve the community
  - o Focus groups with community members

- In generating primary research protocols, prior CHNAs were consulted and built upon to focus and refine the protocol questions and topics.

- Transcripts of 22 interviews conducted by Kaiser Foundation Hospitals (Fremont, Oakland, San Leandro) and 8 focus groups conducted by Alameda County's Public Health Department were included in Washington Health's CHNA as secondary qualitative data. While discussion questions were the same, participants were different from and enhanced community input collected by Washington Health.

- Both primary and secondary interviews and focus groups were recorded and transcribed into English.

- Individuals representing vulnerable populations[10] were included (e.g., unhoused, low-income, communities with inadequate access to clean air and safe drinking water, "minority" groups such as Black, LGBTQ+, or individuals with disabilities, and medically underserved[11]).

- Input from over 200 community members, community leaders, health experts and representatives of various organizations and sectors informed the 2025 CHNA. These representatives either work directly in the health field or in a community-based organization that focuses on improving health and quality-of-life conditions by serving those of vulnerable populations.

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[9] For example, the experiences of the LGBTQ+ community in Bay Area counties are often obscured by statistics that represent an entire county's population rather than the LGBTQ+ community as a particular sub-group. This CHNA convened a focus group of LGBTQ+-identifying community members to better understand their needs.

[10] "Vulnerable" populations, communities, and individuals were formerly referred to as "high-need" populations, communities, and individuals. This term has changed due to statewide regulatory changes under AB 1204. See California Department of Health Care Access and Information. (2022). *HCAI Factsheet Hospital Community Benefits Plans: Vulnerable Populations.*

[11] The IRS requires that community input include the "low-income, minority, and medically underserved populations." Retrieved from https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3

CHNA Interviews and Focus Groups

Community members, leaders, and local experts/professionals participated in interviews and focus groups. Some interviews and focus groups gathered local information on a certain topic, such as substance use, and some were with vulnerable populations, such as unhoused individuals.

- From April to August of 2024, 30 key informant interviews were held with 41 experts from various organizations in Alameda County. Interviews were conducted virtually via Zoom for about one hour.

- Prior to each interview, participants were asked to complete a short online survey:
    - They were asked to identify the health needs they felt were the most pressing among the people they serve. Interviewees could choose up to five needs from the list presented to them, which had been identified in their county in 2022, or could submit needs that were not on the 2022 list.
    - The survey also explained to interviewees how their data would be used and asked them to consent to participate and be recorded.[12]
    - Finally, participants were offered the option of being listed in the report and were asked, but not required, to provide basic demographic information.

- The discussions centered around five questions for each health need that was prioritized by interviewees in the online pre-survey:
    1. How do you see this need playing out; what do you think creates these issues here?
    2. Which populations or geographic areas in the community are affected more than others?
    3. How has this community need changed in the past few years?
    4. What are the biggest challenges to addressing this need?
    5. What is needed in the community (including models/best practices/key resources) to better address this need?

- Across Alameda County, 13 focus groups were conducted with a total of 58 professionals and close to 110 community members/leaders between June and October 2024.

- Focus group participants also provided responses to a pre-survey,[13] and discussions centered on the needs that had received the most votes from prospective participants in the pre-survey. The questions were identical to those asked of key informants, but language was modified appropriately for each audience.

See Attachment 1: Community Leaders, Representatives, and Members Consulted for a list of individuals focus group or interview details. See Attachment 6: Qualitative Research Materials for protocols used.

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[12] Only individuals who consented to be recorded were interviewed.

[13] Only individuals who consented to be recorded were included in focus groups. To preserve their anonymity, community members are not listed in the report. Participants in community-member focus groups could take the pre-survey online or on paper. In some cases, participants in the focus groups that were conducted by the public health departments were not asked to provide any demographic information.

List of Focus Groups Conducted for CHNA 2025

Topic or Population	Focus Group Host/Partner	Date	Number of Participants
Healthcare access & delivery	Actionable Insights	6/11/2024	12
Substance use/addiction	Actionable Insights	6/12/2024	9
Faith communities serving low-income and/or racial minorities	Actionable Insights	6/12/2024	6
Social determinants of health	Actionable Insights	7/22/2024	8
Unhoused*	Fremont Family Resource Center	7/25/2024	20
Afghani community	Fremont Family Resource Center	8/6/2024	15
Education and healthcare workforce	Actionable Insights	8/12/2024	8
Parents, Black community*	Family Health Services	8/15/2024	17
Spanish- speaking, Latino, parents*	Hayward YMCA	8/15/2024	9
Individuals with disabilities*	Regional Center of the East Bay / Disability Council	8/19/2024	18
LGBTQ+ community*	LGBTQ Center	8/22/2024	8
Healthcare access, Spanish-speaking*	Vision y Compromiso	9/4/2024	22
Older adults, Chinese community*	Korean Community Center	10/28/2024	15

* Indicates resident/community member group.

CHNA Participant Demographics

A total of 208 people participated in focus groups or interviews for the CHNA. Over 80% of participants responded to a pre-survey requesting simple demographics.[14] The charts below show the age ranges, gender, and race of respondents (note that individuals could choose more than one race).

Age: On average, CHNA participants were 52 years old. (N=162)

Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65-74	Age 75+
2%	7%	28%	23%	19%	12%	9%
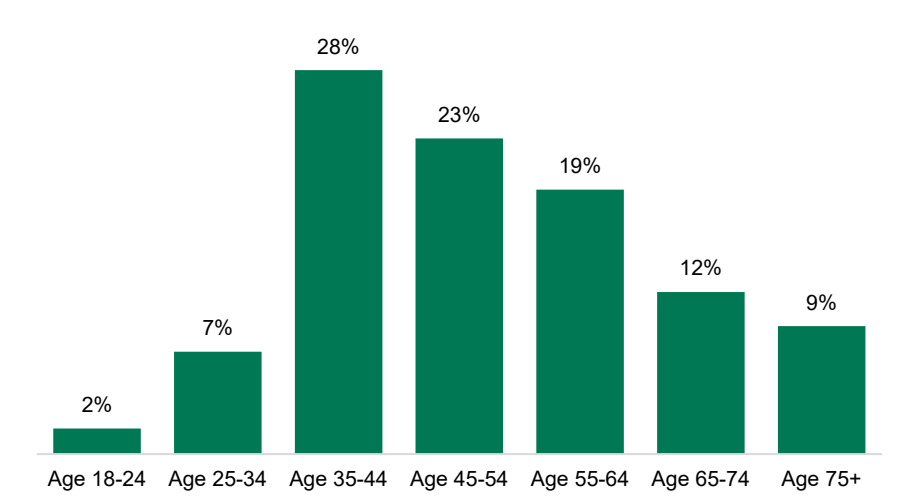
Sex: Three-quarters of respondents identified as female. (N=68)

Male 25%
Female 75%
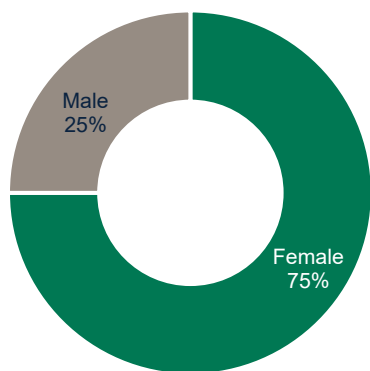
Race/ethnicity: More than one in three respondents were of Hispanic/Latino ethnicity. (N≅165)

Latine	37%
White	22%
Black	22%
Asian	16%
Other*	3%
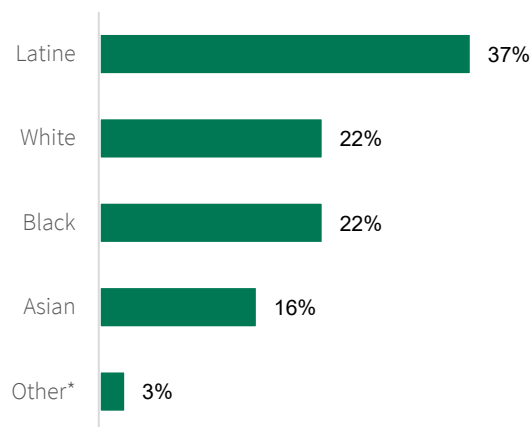
*Other" includes Nat. Am., Pac. Isl. Percentages do not add to 100% because they overlap.

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[14] N=approximately 170; exact number of respondents not available because only summary data were available for some focus groups conducted by public health departments.

SECONDARY STATISTICAL DATA COLLECTION

The research firm Actionable Insights analyzed about 300 quantitative health indicators for the group as part of the CHNA. Washington Health additionally directed Actionable Insights to collect data specific to the three cities in the hospital's primary service area: Fremont, Newark, and Union City. These data served to support the hospital in understanding the health needs and in assessing its priorities in the community.

Actionable Insights collected data from existing sources. County Health Rankings & Roadmaps, which is a public dataset supported by the Robert Wood Johnson Foundation and developed by the University of Wisconsin Population Health Institute, was the main statistical data source for the CHNA.[15] Supplementary data, including sub-county data when available, were collected from other online and public health sources including:

- California Department of Public Health
- KidsData.org
- U.S. Census Bureau
- Alameda County Public Health Department
- A variety of secondary reports and presentations (see table below)

Secondary Reports and Presentations Consulted for 2025 CHNA
Alameda County 2024 Point-in-Time Count Tableau Dashboard, 2024, Alameda County Public Health Department
Alameda County Healthy Brain Initiative: Preliminary Community Needs Assessment, 2024, Alameda County Public Health Department
Examining Increases in Mortality and Disparities from 2018-2019 to 2020-2021, 2024, Alameda County Public Health Department
Maternal, Paternal, Child, & Adolescent Health (MPCAH), 2024, Alameda County Public Health Department

For the 2025 CNHA, each city's data were compared to regional benchmarks (Alameda County averages and rates) to help determine the severity of a health problem and to identify disparities. When trend data and/or data by ethnicity were available, they were reviewed to enhance understanding of the issue(s).

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[15] County Health Rankings & Roadmaps. (2024). *Health Data.* Retrieved from https://www.countyhealthrankings.org/health-data

Alameda County Community Assessment, Planning, and Evaluation unit (AC CAPE) provided 2019-2023 mortality rates overall and by race/ethnicity for requested causes. Actionable Insights also used the Public Health Department's 2024 report, "Examining Increases in Mortality and Disparities from 2018-2019 to 2020-2021," to gather data. AC CAPE also provided rates for birth outcomes, emergency department visits, and hospitalization discharges (all by race/ethnicity). Actionable Insights followed the guidance provided by AC CAPE to give priority to the top preventable reasons for ED visits and hospitalizations (e.g., drug overdoses, asthma) in assessing the statistical data.

For details on specific sources and dates of the data referenced in this report, see Attachment 2: Secondary Data Indicators Index, and Attachment 3: Secondary Data Tables.

INFORMATION GAPS AND LIMITATIONS

In this CHNA cycle, the hospitals had access to more statistical data than ever before. This was due in part to the local public health department's efforts to make its data readily accessible to the public, and their partnership in working with the hospitals to obtain that information in a format that was easy to use. However, there were some limitations to the data, which affect the ability to fully assess some health issues that were identified as community needs during the 2025 CHNA process. They were as follows:

1. **Cognitive decline data.** In this assessment, the team was able to access Alzheimer's disease/dementia mortality rates, but not data on the prevalence of cognitive decline by county. While California is among the 10 states with the highest prevalence of AD/dementia (12%), there is no indication that prevalence in the Bay Area is higher than in the state overall. Although the Alzheimer's Association recently studied prevalence in certain counties, it only published data on the five with the highest prevalence, none of which are Bay Area counties.

2. **Childhood diabetes prevalence.** Because childhood obesity has been a topic of concern in previous cycles, hospitals continue to seek data about childhood diabetes as well, but these data were not publicly available during the course of the current CHNA cycle.

3. **Oral health data.** The county lacked oral health data, including the number of dentists per capita who accept Denti-Cal, individuals with dental insurance, and prevalence of recent dental visits.

4. **Emerging or difficult-to-measure topics.** Lastly, some indicators are difficult to measure or are just emerging. For example, statistical information related to adult marijuana use is scarce. Additionally, health-related data are rarely broken out by income/socioeconomic status, limiting our ability to understand disparities by income level.

IDENTIFICATION OF COMMUNITY HEALTH NEEDS

In the analysis of quantitative and qualitative data, many health issues surfaced. To be identified as a community health need, an issue had to meet certain criteria, listed below. See the Definitions box for additional terms and explanations.

Health needs were identified using a set of collaboratively agreed-upon criteria.

DEFINITIONS

How a Health Need Is Identified
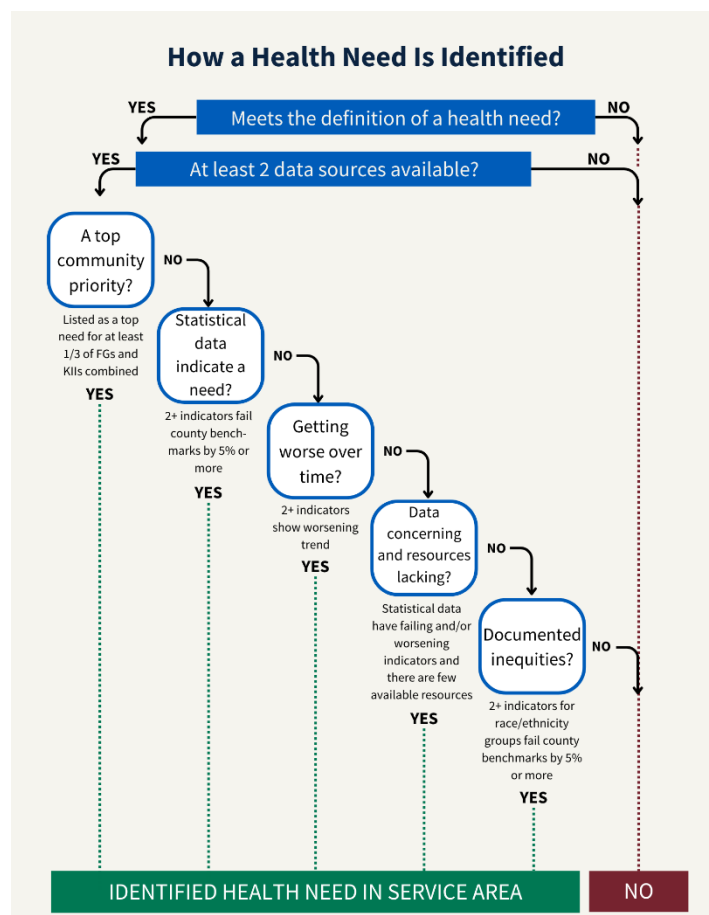
Health indicator: A characteristic of an individual, a population, or an environment that can be measured (directly or indirectly) and used to describe one or more aspects of the health of an individual or population.

Health need: A poor health outcome and its associated risk(s), or a risk that may lead to a poor health outcome.

Health outcome: A snapshot of a disease/health event in a community that can be described in terms of both morbidity (illness or quality of life) and mortality (death).

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

Health Needs Identification Criteria

1. Meets the definition of a health need (see the Definitions box, above).
2. At least two indicators for the health issue are available for the subcounty area.[16]
3. Meets the community priority criterion: Prioritized (i.e., voted as top five to discuss) by at least one-third of all community input cases (interviews or focus groups).
4. Meets the statistical data criteria:[16]
   a. Multiple indicators are worse than the county by 5% or more, or

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[16] For any Southern Alameda city (Fremont, Newark, and Union City) or Assembly District 20 (2019).

b. Multiple indicators are worsening, or

c. At least one indicator is worse (or worsening) and there are few available resources, or

d. Multiple inequities by race/ethnicity are a concern.

In 2025, this process led to the identification of 10 community health needs that fit the criteria. That list of needs, in descending order of priority, appears below.

PRIORITIZATION OF HEALTH NEEDS

The IRS CHNA requirements state that hospital facilities must identify and prioritize the significant health needs of the community. As described previously, Actionable Insights solicited qualitative input from focus group and interview participants about which needs they thought were the highest priority (i.e., most pressing).

The hospital used this feedback to identify and rank the significant health needs as follows:

- Economic Security
- Behavioral Health
- Healthcare Access & Delivery
- Inequity & Discrimination
- Cognitive Decline
- Diabetes & Obesity
- Heart/Stroke
- Cancer
- Maternal/Infant Health
- Unintended Injuries

See Section 6: 2025 Prioritized Community Health Needs (pages 31-54) for a summarized description of each need. For further details, including statistical data, see *Attachment 3: Secondary Data Tables*.

Health Disparities and Inequities

Washington Health acknowledges the health impacts that come from racial/ethnic disparities. It is clear that inequitable health and economic outcomes can be attributed in part to structural and institutional racism.[17] For example, BIPOC community members may cope with toxic stress due to their experiences of discrimination. The physical toll this can take on their bodies has no

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[17] Garcia, M. A., Homan, P. A., García, C., & Brown, T. H. (2020). The color of COVID-19: structural racism and the pandemic's disproportionate impact on older racial and ethnic minorities. *The Journals of Gerontology: Series B*.

equivalent among white Americans. Additionally, inflammation from toxic stress contributes to greater comorbidities among the BIPOC population in the U.S. compared to Whites.[18] BIPOC individuals are also more likely to work higher-risk and/or low-wage jobs, in part due to employment discrimination[19], and to live in crowded or substandard conditions and impoverished neighborhoods, in part due to historical red-lining policies and present-day housing discrimination.[20] All of these issues contribute to poorer health outcomes for BIPOC community members than White people for nearly all health conditions, such as diabetes, heart disease, and infant mortality.

With regard to economic outcomes, BIPOC groups are more likely to have less formal schooling than Whites, in part due to education discrimination[21] and in part because they are more likely to attend segregated, under-performing schools.[22] This, combined with possible employment discrimination, makes it more likely that they'll earn less, too.

These issues drove Washington Health to incorporate racial/ethnic disparities in the CHNA in the following ways, including as a key health need criterion:

- Compared data by race/ethnicity when available (see *Attachment 3: Secondary Data Tables*).

- Compared data by sub-county geographies when available (see maps in *Section 6: 2025 Prioritized Community Health Needs*).

- Asked every single key informant and focus group to identify local populations they felt were experiencing inequities related to each need that the informant or focus group prioritized (see *Attachment 6: Qualitative Research Materials*).

- Among other criteria, identified an issue as a health need if two or more direct indicators associated with the need exhibited documented inequities by race/ethnicity (see *Identification of Community Health Needs* sub-section above).

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[18] Adler, N. E., & Rehkopf, D. H. (2008). U.S. disparities in health: descriptions, causes and mechanisms. *Annual Review of Public Health*, 29:235–252.

[19] See meta-analysis: Neumark, D. (2018). Experimental research on labor market discrimination. *Journal of Economic Literature, 56*(3), 799-866.

[20] Acevedo-Garcia, D., Noelke, C., & McArdle, N. (2020). *The Geography of Child Opportunity: Why Neighborhoods Matter for Equity*. Diversitydatakids.org, Institute for Child, Youth and Family Policy, The Heller School for Social Policy and Management, Brandeis University: Waltham, MA.

[21] Adair, J. K. (2015). The impact of discrimination on the early schooling experiences of children from immigrant families. Washington, DC: Migration Policy Institute.

[22] Reardon, S.F., Weathers, E.S., Fahle, E.M., Jang, H., & Kalogrides, D. (2019). Is separate still unequal? New evidence on school segregation and racial academic achievement gaps.

[23] Noymer, A., & Garenne, M. (2000). The 1918 influenza epidemic's effects on sex differentials in mortality in the United States. *Population and Development Review*, *26*(3), 565–581. See also: Centers for Disease Control and Prevention. (2019). 1918 Pandemic (H1N1 virus).

6. 2025 PRIORITIZED COMMUNITY HEALTH NEEDS

The processes and methods described in Section 5 resulted in the prioritization of 10 community health needs (see list on previous page). Each description below summarizes the data, statistics, and community input collected during the Community Health Needs Assessment.

As noted in the introduction to this report, the definition of "community health" in this assessment extends beyond traditional measures of the physical health of community members to include broader social determinants of health, such as access to healthcare, affordable housing, education, and employment. This more inclusive definition reflects the understanding that many factors impact community health.

The assessment found that social determinants of health underlie many of the physical and behavioral health needs in addition to being identified as needs in and of themselves, including healthcare access and delivery. Many participants highlighted economic issues, including the high cost of living, income instability, and employment challenges as significant barriers to health. Housing insecurity and homelessness were also commonly identified as major factors by focus group and interview participants. Additionally, structural racism was recognized as a fundamental obstacle that can affect multiple aspects of health.

When describing those who were most greatly affected by the needs, participants in all areas consistently named low-income individuals and families, BIPOC (Black, Indigenous, and people of color, in particular Black and Latino) communities, youth, older adults, individuals experiencing homelessness, recent immigrants (including the undocumented and people not proficient in English), and LGBTQ+ communities as the primary populations disproportionately affected.

SUMMARIZED DESCRIPTIONS OF PRIORITIZED NEEDS

1. Economic Security

What Is the Issue?

Social and economic environments are the greatest determinants of a population's health,[24] with a strong link between higher income and/or social status and better health. Childhood poverty has lasting effects: Even when economic and social environments later improve, childhood poverty still results in poorer long-term health outcomes.[25] Numerous studies have found that access to economic security programs (i.e., SNAP—formerly referred to as food stamps) and policies that positively influence economic conditions result in better long-term health and social outcomes.[26] Additionally, the National Poverty Center reports that increased education is associated with decreased rates of most acute and chronic diseases.[27] It is well established that educational attainment, 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.

Why Is It a Health Need?

Economic security, including education, housing stability and food security, was the highest-priority health need in interviews and focus group discussions. The high cost of living was a key theme among CHNA participants in all areas. Participants stated that wages from full-time employment were often insufficient to meet the costs of rent and living expenses. They indicated that this led to economic strain and forced people to work multiple jobs or cut back on essentials like healthy food. Many also pointed out the correlation between economic and food insecurity, with some noting a substantial increase in food insecurity since the 2020 pandemic that has remained high.

"Income is not balanced against the expenses, as food and rents have risen so much; everything has risen excessively and salaries have not."

—Key Informant Interviewee

The populations of highest concern included individuals on fixed incomes such as older adults, BIPOC individuals, and families with children. Some participants were especially concerned with the impact of food insecurity on older adults.

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[24] Los Angeles County Public Health. (2013). Social Determinants of Health: How Social & Economic Factors Affect Health.

[25] World Health Organization. (2018). *The Determinants of Health.*

[26] Center on Budget and Policy Priorities. (2018). Economic Security, Health Programs Reduce Poverty and Hardship, With Long-Term Benefits.

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

Some participants noted that immigrants can face additional challenges due to documentation issues and/or potential language barriers, which can limit their access to benefits and employment opportunities. Some explained that economic insecurity hinders students' ability to focus on education, effectively deterring or diminishing their long-term economic prospects. Several participants felt economic instability is linked to broader systemic issues, such as hiring discrimination and inadequate local resources.

"If your economic situation is poor, then the thought about even going to free community college is difficult because it's time away from working."

—Focus Group Participant

Most data indicators, including measures of poverty, are favorable for Washington Health's service area cities. However, data show inequities by race (see chart below). Overall, most BIPOC populations have lower incomes than their counterparts and higher proportions of their populations who are living in poverty.

Median annual income by race/ethnicity and by city: Racial inequities are seen in median income by race, with cities' Black households earning the least.
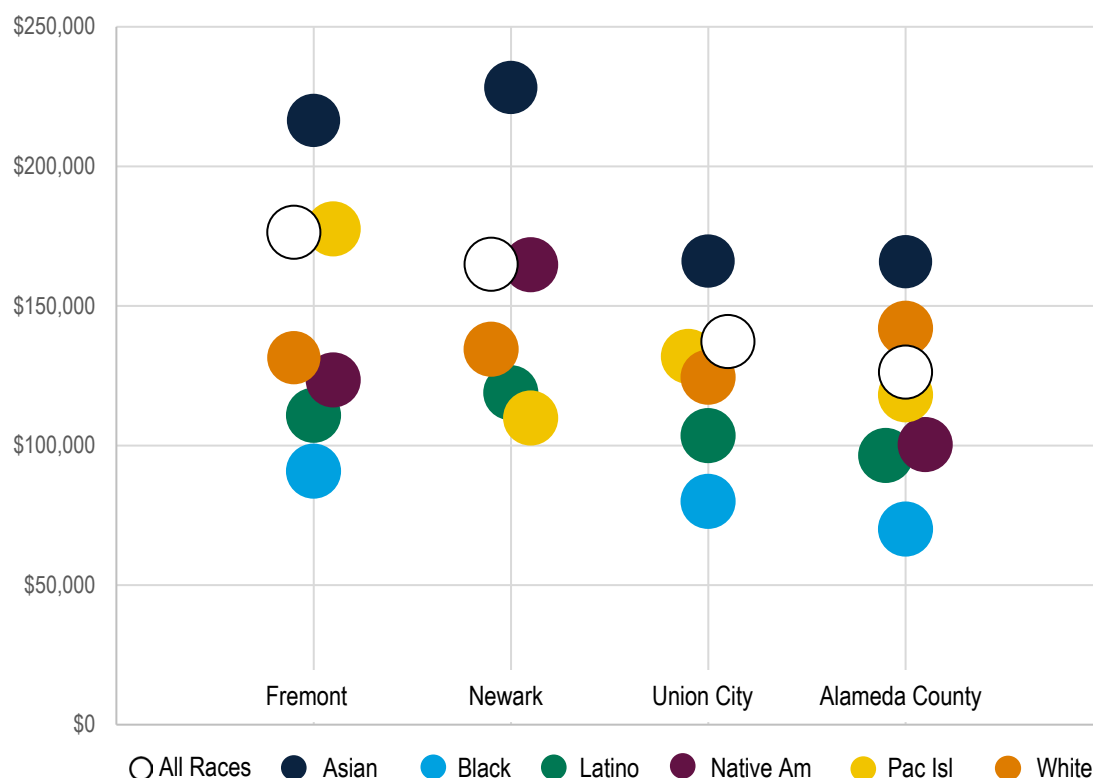
Sources: United Way: Real Cost Measure, 2021. U.S. Census Bureau, ACS: Median household income, 2019-2023. No data made available for Black households in Newark or for Native American households in Union City.

"You could be working one and two jobs and still not have a stable home of your own in this Bay Area economy."

—Key Informant Interviewee

CHNA participants emphasized the lack of housing affordability, noting that it has been a persistent issue for decades. Participants spoke to rising rent costs and lack of affordable housing options as major issues for many residents as well. Several participants described poor living conditions, including people living in vehicles or overcrowded housing situations with families doubling or tripling up in affordable housing units.

Race/ethnicity of county versus unhoused populations: People who identify as Black or Native American are overrepresented in Alameda County's homeless population.

Share of population

Share of homeless population

Pacific Isl 1%

Native Am 1%
Black 10%

Asian 34%

Hispanic/Latino 22%

White 30%

Pacific Isl 1%
Native Am 3%

Black 40%

Asian 5%

Hispanic/Latino 23%

White 30%
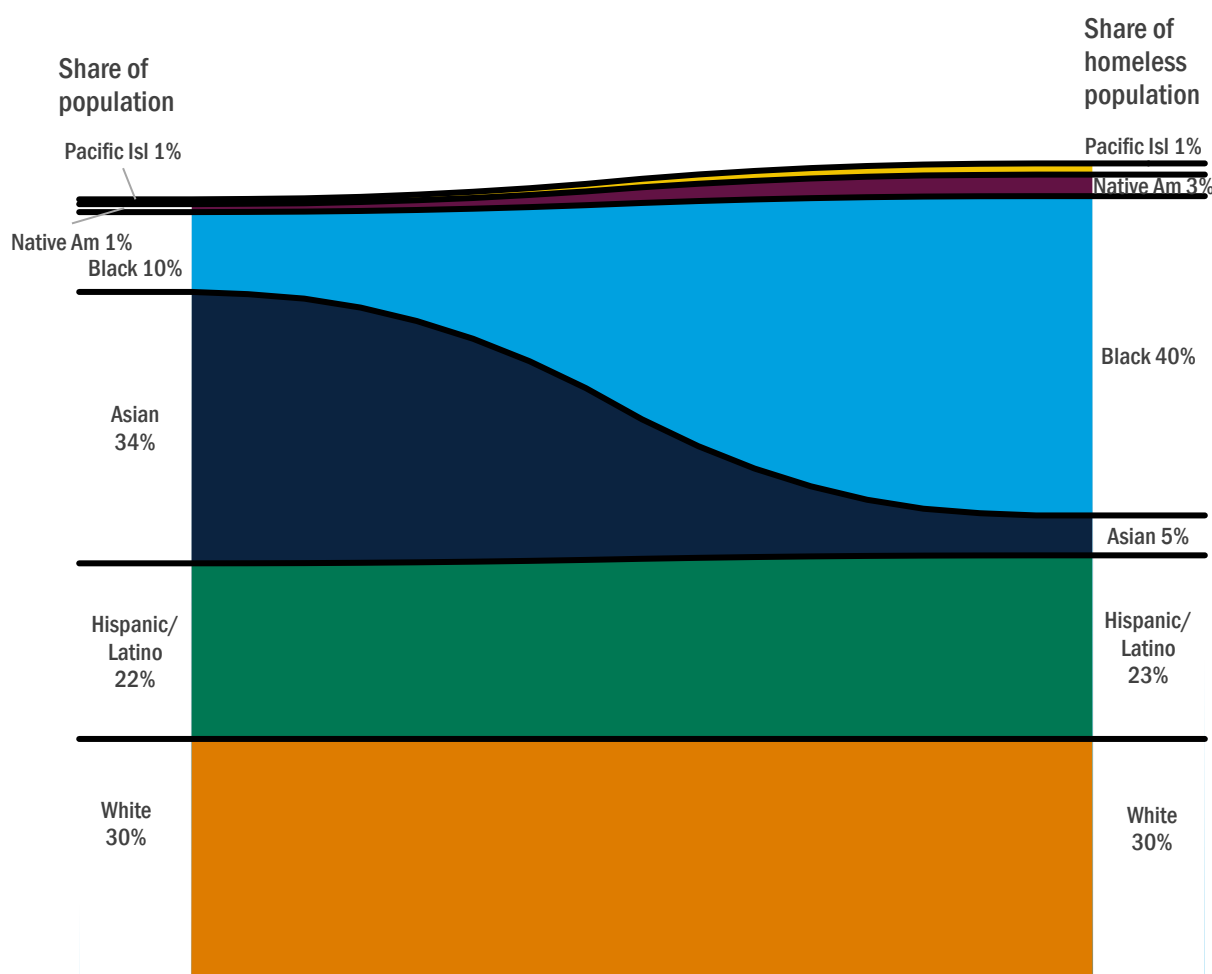
Source: Alameda County Point-In-Time Homeless Count, 2024.

2. Behavioral Health

What Is the Issue?

Mental health—emotional and psychological well-being—is key to personal well-being, healthy relationships, and the ability to function in society.[28] According to the U.S. Substance Abuse and Mental Health Services Administration, 21% of the adult U.S. population was coping with a mental illness in 2020, and rates were highest among young adults (over 30% among people aged 18 to 25).[29] Indeed, mental and physical health are often closely related and interdependent.[30] Additionally, the use of substances such as alcohol, tobacco, and legal and illegal drugs can lead or contribute to many social, physical, mental, and public health problems, both for the individual using them and their families and communities. Increasingly, substance use is seen as a disorder that can develop into a chronic illness requiring lifelong treatment and monitoring.[31] Both poor mental health and substance use, individually or together (co-occurring) can lead to further safety concerns in a community. Crime, violence, and intentional injury are linked to poorer physical and mental health for the victims, the perpetrators, and the community at large.[32] 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.[33] Moreover, exposure to violence has been connected to negative effects on an individual's mental health.[34]

Why Is It a Health Need?

Behavioral health, including mental health, substance use, and violence, was the second-highest priority need across key informant interviews and focus groups. Most CHNA participants identified mental health as a top concern, highlighting issues such as anxiety, depression, and experiences of trauma. Many noted a significant mental health crisis among youth, exacerbated by COVID-19, the growing prevalence of social media, and other stressors. Participants also expressed concerns about community and family safety, including domestic

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

[29] U.S. Department of Health and Human Services, U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). (2021). Key Substance Use and Mental Health Indicators in the United States: Results from the 2020 National Survey on Drug Use and Health.

[30] 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.

[31] Office of Disease Prevention and Health Promotion. (2018). *Substance Abuse.*

[32] 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.

[33] World Health Organization. (2017). *10 Facts About Violence Prevention*.

[34] 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*.*

violence. Economic instability and poverty were frequently mentioned as contributors to community violence and unsafe environments. Some noted that housing instability, such as families doubling up in homes, creates further stress and instability that can impact safety.

"When there's violence in the home or community, it stunts our ability to thrive if we're subject to it or living in fear of it."

—Key Informant Interviewee

The threat of violence and crime has significant mental health implications, affecting individuals' ability to thrive and feel safe in their environments. Lack of mental health support was mentioned as a factor that prevents individuals from breaking out of the cycle of violence.

The limited availability of mental health practitioners and services was commonly mentioned, as were other barriers such as long wait times for appointments and inadequate insurance coverage. Some participants were particularly concerned about access to culturally relevant mental health services that resonate with diverse communities.

Many CHNA participants saw mental health and substance use as interconnected. When they discussed substance use, participants mentioned that it often serves as a coping mechanism for untreated mental health issues. It was often pointed out that there is a need for integrated mental health and substance use services to improve access to care. Stigma was noted as a key barrier to simply seeking help, with cultural factors playing a major role. Participants identified populations particularly affected by substance use, including youth, males, Black community members, and unhoused individuals.

"Alcoholism is a coping mechanism for a lot of men in our community that don't access resources. They don't talk about emotions or feelings."

—Key Informant Interviewee

Newark has a significantly higher rate of severe mental illness Emergency Department (ED) visits (14.4 per 100,000) compared to the county's rate (12.6). All three cities have rising proportions of adults with likely serious psychological distress, and this trend is significantly worse for both Fremont and Union City (see chart on next page).

"Likely serious psychological distress" over time, by city: There are rising proportions of adults with likely serious psychological distress in all three cities.
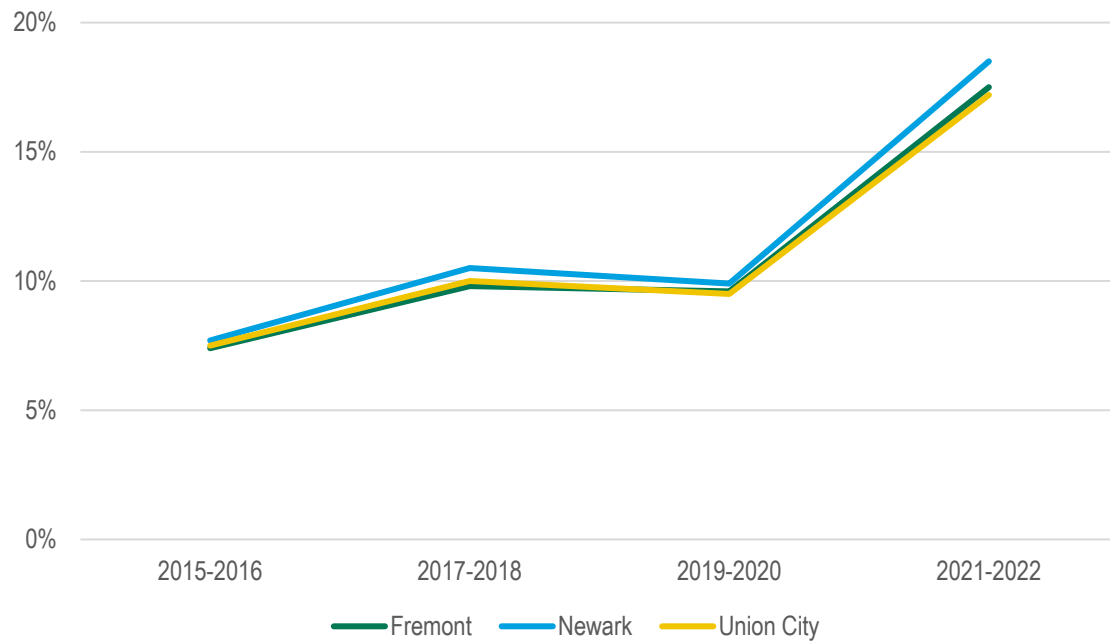
Source: California Health Interview Survey, Neighborhood Edition, 2021–2022.

In terms of inequity, the county's young adults and the adults who identify as bisexual have significantly higher rates of likely serious psychological distress (35% and 58%, respectively) versus all adults in the county (17%). Data by race show that Alameda County's Asian community members have significantly lower proportions of adults with likely serious psychological distress (10%) compared to adults of other races/ethnicities in the county.

3. Healthcare Access & Delivery

What Is the Issue?

Access to comprehensive healthcare is important to everyone's health and quality of life.[35] Components of access to care include insurance coverage and adequate numbers of primary and specialty care providers. Components of delivery of care include quality, transparency, timeliness, and cultural competence/cultural humility. Limited access to healthcare and compromised delivery can hinder people's ability to reach their full potential. As reflected in statistical and qualitative data, barriers to receiving quality care include high costs and a lack of availability, insurance coverage, and/or cultural competence on the part of providers. These barriers lead to unmet health needs, delays in receiving appropriate care, and an inability to attain preventive services.

Why Is It a Health Need?

Healthcare access and delivery was prioritized in over half of all interviews and focus groups. CHNA participants focused on the ever-present barriers to healthcare access, including economic obstacles such as high costs, and shortages of providers. Mental health and dental services were cited as two of the specialty care services that many community members experience difficulty in accessing care. Experts who participated in the CHNA often highlighted the importance of integrating medical, dental, and behavioral health services in a single location to improve equitable access. Several participants expressed the need for insurance plans to cover a broader range of dental services, including preventive care and dentures.

> *"People have waited months and months and months for appointments with their primary care provider. It is crazy."*
>
> *—Key Informant Interviewee*

Some participants noted that undocumented immigrants face unique challenges in accessing healthcare due to legal and bureaucratic barriers. It was also emphasized that language barriers between healthcare providers and patients can hinder access. With regard to healthcare delivery, some CHNA participants underscored the need for healthcare services to be more culturally sensitive, noting that some current practices often disregard cultural differences. Participants stressed the need for culturally relevant care via providers who endeavor to understand and reflect the unique identities and cultures of the patients. There

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[35] County Health Rankings & Roadmaps. (2024). Access to Care.

were additional concerns expressed about the quality of care, citing issues such as long wait times, poor communication, and perceived indifference or outright disrespect by healthcare providers.

"Limited access to health care services in languages other than English and a lack of culturally sensitive providers can create challenges for diverse populations."

—Focus Group participant

With respect to statistics, local data fare well compared to the county, including the proportion of insured residents. However, there are notable inequities. The Latino population has lower rates of adult health insurance (86%) than their countywide peers of all ethnicities (93%). Nearly 25% of South County adults have difficulty accessing care, and this proportion has been slowly worsening since 2017.

"Delayed or had difficulty obtaining care" over time, by city: Across Washington Health's service area, difficulty in accessing care has been rising, with about 25% of the population in each city reporting difficulty in 2022.
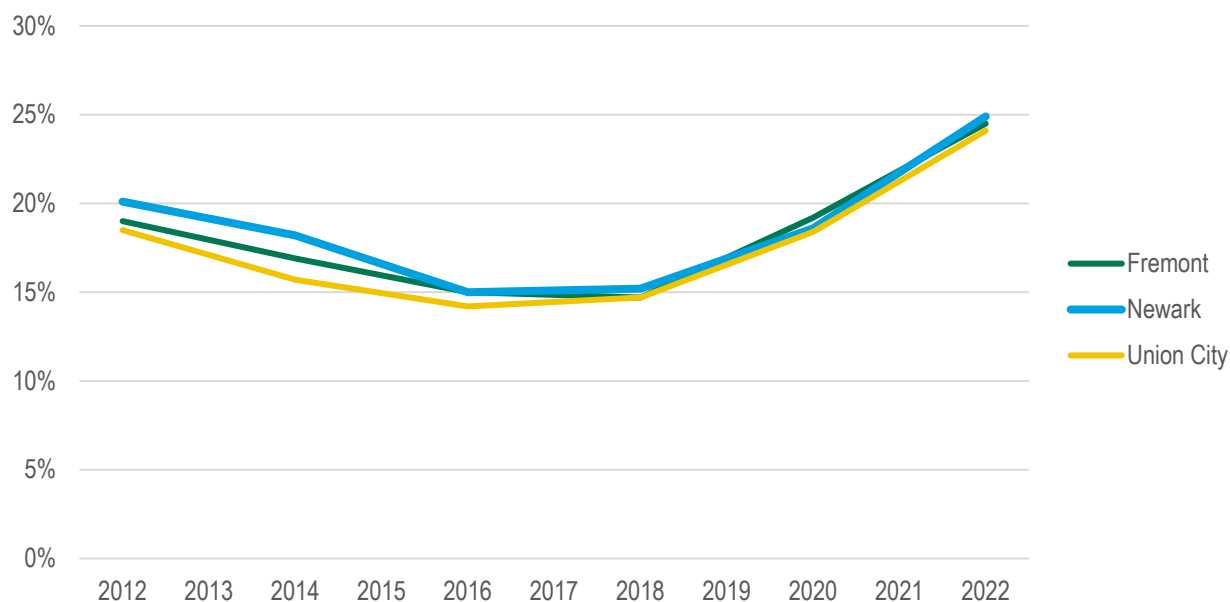
Source: California Health Interview Survey, 2021–2022.

4. Inequity & Discrimination

What is the issue?

Structural racism is defined as all of the historical, cultural, and institutional ways a society fosters racial discrimination through inequitable systems that reinforce one another, such as education, credit/banking, health care, and criminal justice, all of which in turn reinforce discriminatory values, beliefs, and resource distribution,[36] Racism and discrimination, both structural and interpersonal, have been shown to a fundamental cause of health inequities, health disparities, and disease in the U.S. The impact of these inequities on the health of Americans is as severe as it is extensive. Throughout the country and locally, racial and ethnic minority populations continue to experience higher rates of poor health and disease across a wide range of health conditions, especially when compared to their White counterparts.[37] Other populations, such as individuals with disabilities or those identifying within LGBTQ+ communities, also experience varying degrees and forms of discrimination. This assessment considers systemic racism and discrimination as a root cause of health inequities, which are detailed in the other health need descriptions.

Why Is It a Health Need?

Slightly less than half of key informants and focus group participants identified structural racism as a community priority to be addressed. CHNA participants explained that structural racism is a continuous and pervasive issue and can manifest in various forms, including the workplace (e.g., systemic barriers in job access and retention) and education (e.g., children of color facing harsher disciplinary actions compared to their peers), which negatively impact physical and mental health outcomes. Further, some participants indicated that structural racism in healthcare directly results in poorer health outcomes for marginalized groups.

> *"Structural racism plays out near constantly, and it's pervasive... people of color experience a near-constant hypervigilance around our race."*
>
> *—Key Informant Interviewee*

Participants discussed how multiple forms of discrimination (e.g., race, gender, economic status, immigration status) often intersect, compounding disadvantages for affected people.

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[36] Krieger, N. (2014). Discrimination and health inequities. *International Journal of Health Services*, 44(4), 643-710 and Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: evidence and interventions. *The Lancet*, *389*(10077), 1453-1463.

[37] Centers for Disease Control and Prevention (CDC). (2021). *Racism and Health*.

"Our LGBTQ population. A fear of being discriminated against... they just don't want to deal with it, so they don't go [to a health appointment]."

—Key Informant Interviewee, referring to pregnant and parenting individuals

Some CHNA participants mentioned that historical policies like redlining have created long-lasting inequities between neighborhoods, leading to limited access to affordable housing, healthy food, and green spaces for BIPOC populations. Others spoke to the economic barriers that disproportionately affect communities who are discriminated against. Participants indicated that addressing structural racism and discrimination requires broader systemic changes across multiple sectors, including housing, healthcare, education, and employment.

Life expectancy by race/ethnicity and by city: Life expectancy is lowest for residents in all three cities and Alameda County who identify as Black.

Race	Fremont	Newark	Union City	Alameda County
Asian	88.8	87.1	85.4	86.7
All Races	85.3	84.6	82.4	82.2
White	82.2	83.5	77.6	82.6
Hispanic/Latino	82.1	83.4	80.7	80.7
American Indian/Alaska Native	No data available			76.0
Pacific Islander	77.4	No data available		72.1
Black	75.1	79.8	73.4	71.9

Source: Alameda County Public Health Department CAPE Unit, 2019-2023. Note: In the table, dark green represents highest life expectancy, dark red represents lowest life expectancy.

5. Cognitive Decline

What Is the Issue?

Cognitive decline refers to a reduction—greater than expected for one's age—in mental abilities, including memory, problem-solving, navigation, ability to sustain attention, and conversational expression.[38] Alzheimer's disease (AD), one of the dementias underlying cognitive decline, is one of the top 10 leading causes of death in the U.S.[39] It is estimated that about 50% of AD cases have a genetic basis. However, research indicates that the risk may be reduced by making healthy choices related to diet, exercise, and other habits (e.g., doing enjoyable activities that challenge your brain, abstaining from tobacco, getting regular medical check-ups), as well as building and maintaining social connections and developing practices that nurture emotional well-being.[38, 40]

Why Is It a Health Need?

Alzheimer's disease (AD) is the fifth leading cause of death in Alameda County. Union City experiences a higher mortality rate from AD and other dementias (74.4 per 100,000) compared to the county (60.7), and a higher Emergency Department (ED) visit rate as well (33.9 per 100,000 versus 29.8 countywide). In Fremont and Union City, AD mortality is substantially higher among both Black and White community members compared with their peers of other races. In Newark, Latino and White residents have the highest AD mortality rates.

Alzheimer's disease (AD) mortality rate by race/ethnicity and by city: AD mortality is highest among the population identifying as Black compared to other races/ethnicities.

Alzheimer's mortality rate (per 100,000)	All Races	Black	Latino	White	Asian
Fremont	**58.1**	162.4	72.2	77.7	37.7
Newark	**48.2**	NA	57.7	56.0	41.4
Union City	**74.4**	163.5	53.8	123.2	58.8
Alameda County	**60.7**	85.1	63.3	68.1	43.4

Source: Alameda County Public Health Department CAPE Unit, 2019-2023. Note: "NA" indicates data were not available. Cells that are orange indicate the datapoint is at least 20% worse than its comparison, while cells that are orange indicate that the datapoint is worse, but not as much as 20% worse. No city data available for other races/ethnicities.

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[38] Memory and Aging Center, UCSF Weill Institute for Neurosciences. (2025). Healthy Aging.

[39] U.S. Centers for Disease Control and Prevention. CDC WONDER. 2022 15 Leading Causes of Death. Underlying Cause of Death, 2018-2022.

[40] National Institute on Aging. 2022. *What Do We Know About Healthy Aging?* See also: U.S. Centers for Disease Control and Prevention. 2024. *Healthy Aging at Any Age.*

In addition, Union City's rate of Alzheimer's/dementia-related hospitalizations and ED visits among the age 65+ population (8,080 per 100,000) was higher than the county's overall rate (6,727).[41] The county's Public Health Department indicates that community members who identify as Pacific Islander or Black experience higher prevalence, as well as higher rates of hospitalizations and emergency department (ED) visits, than other groups.[41]

Risk factors associated with cognitive decline, including Type 2 diabetes, high blood pressure (hypertension), midlife obesity, and depression, are all of concern in the service area. See related health needs descriptions for more information.

Older adults were identified as a vulnerable population by many CHNA participants, who cited dementia and Alzheimer's disease as concerns, as well as common health issues like arthritis, vision and hearing loss, and other age-related conditions. Some participants indicated the need for geriatricians and other specialized care for older adults.

"There aren't many physicians who specialize in geriatric care… there's a real difference between assessing an older person and a younger person."

—Key Informant Interviewee

Older adults who were consulted in this cycle said they seek dignified delivery of treatment and better communication with their healthcare providers as well as with community organizations' staff.

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[41] Alameda County Public Health Department. 2024. *Alameda County Healthy Brain Initiative: Preliminary Community Needs Assessment.*

6. Diabetes & Obesity

What Is the Issue?

Nutrition and exercise are important aspects of a healthy lifestyle. 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.[42] Getting regular exercise can reduce the risk of cardiovascular disease, type 2 diabetes, some cancers, and other physical issues,[43] while also strengthening bones and muscles, preventing falls for older adults, and increasing lifespan.[44] Despite the well-known benefits, most people do not follow recommended healthy food and exercise guidelines. Most significantly, a poor diet and lack of regular exercise can lead to adult and childhood obesity, a serious and costly health concern in the U.S. that often results in some of the leading causes of preventable death,[45] including type 2 diabetes.[46]

Why Is It a Health Need?

This category met the threshold for a health need because of the statistical data; the proportions of children and teens who are overweight or obese are higher in Newark and Union City than in the county overall. Diabetes mortality is higher in Union City (22.9 per 100,000) compared to the county (19.3). Diabetes prevalence is highest among the White population in Union City, and among the Latino population in Fremont. Data for the Newark population is unstable and therefore could not be assessed.

"People who actually have been diagnosed with hypertension, it's almost everybody. The number of people who are prediabetic or who have already been diagnosed with diabetes is just over the top."

—Key Informant Interviewee

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[42] United States Department of Agriculture. (2016). *Why Is It Important to Eat Vegetables?*

[43] The Mayo Clinic. (2016). Exercise: 7 Benefits of Regular Physical Activity.

[44] Harvard Health Publishing/Harvard Medical School. (2013). Balance Training Seems to Prevent Falls, Injuries in Seniors.

[45] Centers for Disease Control and Prevention. (2016). *Childhood Obesity Causes & Consequences*. See also: Centers for Disease Control and Prevention. (2018). *Adult Obesity Causes & Consequences*.

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

Diabetes prevalence by city and by race/ethnicity: Diabetes prevalence is highest among the White population in Union City, and among the Latino population in Fremont.

Fremont

Asian 11.9
All Races 16.9
White 18.9
Hispanic/Latino 34.0

0   10   20   30   40

Newark

Asian, 11.8
All Races, 17.4
White, 22.2

0   10   20   30   40

Union City

Asian 19.2
All Races 22.9
White 29.2
Hispanic/Latino 25.4

0   10   20   30   40
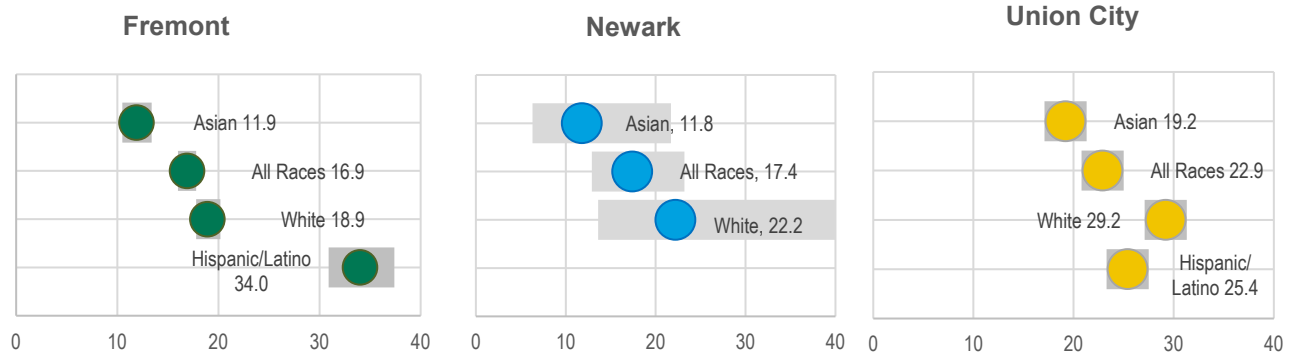
Source: Alameda County Public Health Department CAPE Unit, 2019-2023. Gray bars indicate confidence intervals.

Among CHNA participants who discussed diabetes and obesity, some noted the high prevalence of these diseases within their communities, often linked to poor diet and lack of exercise. These factors were themselves connected to economic barriers (food insecurity) or barriers in the built environment (lack of access to healthy foods or safe places to exercise), further exacerbating diabetes and obesity rates.

"We need to eat and exercise, but we have to spend money every month to exercise outside [i.e., in safety]. I heard that medical insurance provides free exercise programs, but we don't have those either."

—Focus Group Participant

Participants stressed the need for better education on nutrition and possible lifestyle changes to support the management of chronic diseases such as diabetes. Health care access was a concern for some in addressing diabetes, including lack of insurance. Homelessness was noted by several as a significant barrier also, as it limits access to proper nutrition and stable living conditions necessary for disease management.

7. Heart/Stroke

What Is the Issue?

Nationally, some 84 million people suffer from a form of cardiovascular disease.[47] Heart disease is the #1 killer of both men and women,[48] and stroke is the fifth leading cause of death and a significant cause of serious disability for adults.[49] Recent research has established that disparities exist between minority and non-minority cardiovascular health outcomes across the U.S.[50] Although some risk factors for heart disease and stroke are not controllable (age, race/ethnicity, gender), some risk factors can be managed (blood pressure, cholesterol, weight, alcohol consumption, smoking, diet, physical activity). Left uncontrolled, 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.[51] Addressing risk factors early in life can help in preventing chronic cardiovascular disease.[52, 53]

Why Is It a Health Need?

Cerebrovascular issues such as stroke, heart disease, and heart attack are among the top causes of death in the county. Statistical data show that service area cities fare worse on these issues than the county overall. Notably, in Union City, residents have worse rates than other service area cities and the county overall for emergency department visits (heart diseases, hypertension, and acute myocardial infarction), hospitalizations (heart diseases, acute myocardial infarction), and mortality (heart diseases, hypertension, and acute myocardial infarction). Stroke mortality has been increasing in all three cities, but the trend is steepest for Union City. In 2023, stroke mortality rates were higher in both Newark (51.2 per 100,000) and Union City (42.3) than the countywide rate of 40.0 (see Attachment 3, Secondary Data Tables, for yearly data for all three cities and the county). These data were not available by race/ethnicity for use in the CHNA.

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[47] Johns Hopkins Medicine. (2018). *Cardiovascular Disease Statistics.*

[48] Centers for Disease Control and Prevention (CDC). (2022). *Leading Causes of Death.*

[49] Centers for Disease Control and Prevention. (2018). *Stroke.*

[50] Graham, G. (2015). Disparities in cardiovascular disease risk in the United States. *Current Cardiology Reviews, 11*(3): 238–245.

[51] American Heart Association. (2017). *What Is Cardiovascular Disease?*

[52] The Mayo Clinic. (2016). Strategies to Prevent Heart Disease.

[53] Centers for Disease Control and Prevention. (2017). *Leading Causes of Death.*

Heart and stroke statistics by city: Newark and Union City have the most concerning heart and stroke data of the three cities.

Indicator Name	Fremont	Newark	UC	AC
Hypertension ED Visits Rate	198.8	**244.8**	277.4	239.5
Ischemic Heart Diseases ED Visits Rate	39.3	41.9	62.3	37.0
Ischemic Heart Diseases Hospitalization Rate	**158.5**	171.6	200.9	156.4
Cardiac Dysrhythmia Hospitalization Rate	58.2	86.0	65.8	74.9
Cardiac Dysrhythmia Mortality Rate	4.1	9.9	4.4	7.5

Notes: Orange shading indicates a statistic is worse than the county by 5% or more. Bold text indicates that an indicator is worse than the county but by less than 5%. UC stands for Union City; AC stands for Alameda County. ED stands for Emergency Department. See *Attachment 3: Secondary Data Tables* for all sources.

Stroke mortality trendlines over time, by city: The stroke mortality trendline for Union City shows that the trend has been steeper compared to the county's.
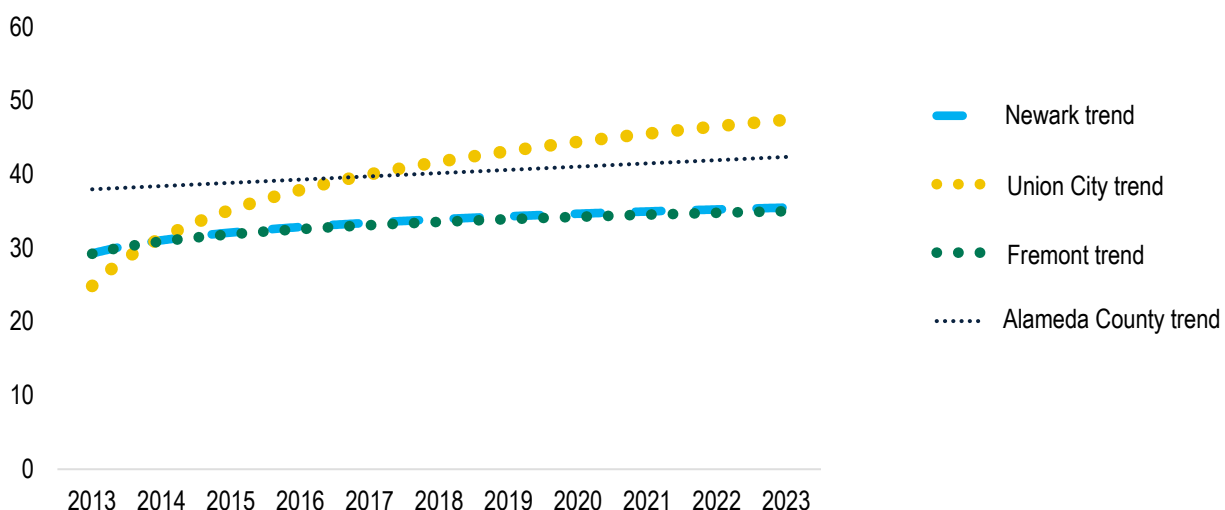
Note: Shows linear trendlines rather than actual data points. See Attachment 3, Secondary Data Tables, for data by year. Source: Alameda County Public Health CAPE Unit, with county death data from California Department of Public Health Vital Records Business Intelligence System (VRBIS) and out-of-state death files. 2019-2023.

Heart disease and stroke were prioritized by a small proportion of key informants and focus group participants; and of these, several noted the prevalence of hypertension and diabetes within their communities, which are significant risk factors for heart disease and stroke. In Alameda County, hypertension ranked separately in the top 10 causes of death.

"We know that stress is a contributor… People who live their life in a vise grip…are very vulnerable to hypertension and unmanaged hypertension."

—Key Informant Interviewee

Some participants who discussed heart disease identified the role that stress and mental health issues have in poor cardiovascular health outcomes, while others described the various social determinants of health (disparities in economic insecurity, healthcare access, and healthcare quality) as contributing factors. Further, poor diet due to food insecurity was linked by several experts to higher rates of diabetes and heart disease. The community called out the need for recreation programs to prevent heart problems and for nutritional education for older adults.

8. Cancer

What Is the Issue?

Cancer is a generic term used to describe more than 100 conditions[54] 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. Cancer in all of its forms is the second leading cause of death in the U.S., following heart disease.[55] High-quality screening can serve to reduce cancer rates; however, 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 key risk factors for cancer are social determinants of health, including lack of access to healthcare, low socioeconomic status, the natural and built environment where people live, and "institutional racism and the chronic stress it causes."[56]

Why Is It a Health Need?

Cancer was the number one cause of death countywide in 2022. It qualifies as a health need because of statistical data, as well as the racial/ethnic disparities that are evident.

Cancer statistics, by city: Two cancer-site hospitalization rates are higher in Union City than countywide. Lung cancer mortality is higher in Newark versus the county rate.
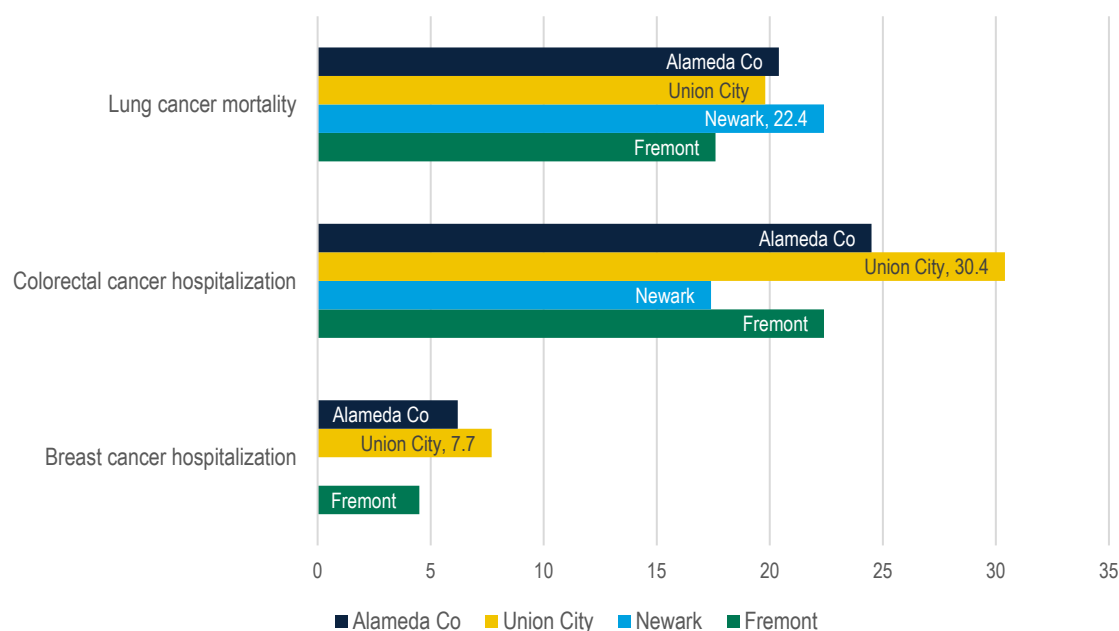
Source: Alameda County Public Health CAPE Unit. Mortality: 2019-2023. Hospitalization: 2020-2022 (CA Dept. of Health Care Access and Information data). Note: No breast cancer hospitalization data available for Newark.

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[54] Centers for Disease Control and Prevention. (2018). *How to Prevent Cancer or Find It Early*.

[55] Centers for Disease Control and Prevention. (2022). *Leading Causes of Death*.

[56] National Cancer Institute. (2022). *Cancer Disparities*.

Newark has a higher mortality rate due to lung cancer (22.4 per 100,000) compared to Alameda County overall (20.4), while Union City has higher hospitalization rates for colorectal cancer (30.4 per 100,000) and breast cancer (7.7) versus the county (24.5 and 6.2, respectively).

The chart below displays cancer mortality rates for different racial/ethnic populations in the service area compared to Alameda County.

Cancer mortality rates by race/ethnicity and by city: The disparities in cancer mortality are greatest for the Black population, especially in Union City and Fremont. Cancer mortality rates among the White population in all three cities are also higher than the county's rate.
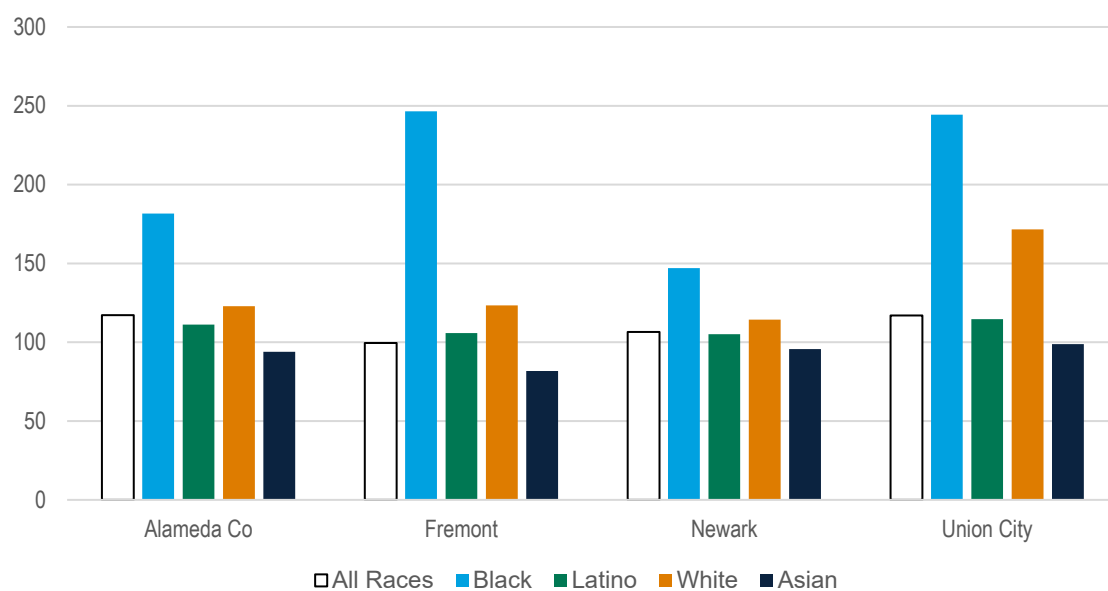
Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, 2019–2023. Note: Data for Pacific Islander population not statistically stable.

"First of all, I would like to talk about cancer. In many ways, when you hear that someone has cancer, [you think about their] income, work, ...losing their job."

—Focus Group Participant

While cancer was rarely prioritized on its own, community members' personal accounts illustrated potential gaps in access to comprehensive cancer screenings. The financial burden of cancer treatment was a significant concern, with participants noting how it affects economic stability not just for patients, but their families as well. What's more, cancer also carries with it an emotional toll on patients and families. Participants who discussed it frequently mentioned that mental health support is a crucial need in addition to physical treatment. Participants also spoke of the need for more cancer education within the community at large.

9. Maternal/Infant Health

What is the issue?

Improving the well-being of mothers, infants, and children continues to be an important public health goal, especially as women in the U.S. now have a higher mortality rate from childbirth than their peers in other developed countries.[57] The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and interconception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential.[57]

Why Is It a Health Need?

Newark and Union City have the highest rates of infant mortality (5.2 per 1,000 live births for both cities), while Fremont's rate (4.4) is lower but still worse than Alameda County overall (3.5). Both Fremont and Union City have higher proportions of low birthweight babies compared to the county, and Union City has a higher proportion of premature births than the county overall.

Maternal/infant health statistics by city: Infant mortality is higher in all three cities compared to the Alameda County rate.

Indicator	Fremont	Newark	Union City	Alameda County
Infant mortality rate per 1,000 live births	4.4	5.2	5.2	3.5
Singleton low birth weight	6.7%	6.3%	7.3%	6.2%
Singleton premature birth	7.0%	7.0%	7.8%	7.3%
Teen births	1.5%	3.5%	2.7%	5.9%

Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, 2019–2023. Note: Orange shading denotes values that are worse by 20% or more versus the county, and yellow shading denotes values that are worse than the county, but by less than 20%.

Certain maternal and infant health statistics were worse for particular populations compared to the state rates, including the proportion of premature births, low birth-weight births, and teen births. For example, premature birth rates are substantially higher among Fremont and Union City's Black populations compared to infants of other ethnicities.

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[57] Office of Disease Prevention and Health Promotion. (2024). *Healthy People 2030*.

In Alameda County, the rate of severe maternal morbidity (unexpected and life-threatening events that can occur during childbirth) was markedly higher than the California benchmark and was highest for Black mothers (229.2 per 100,000).

Severe maternal morbidity: The severe maternal morbidity rate is higher in Alameda County compared to the state.

Alameda County, 136.7

California, 108.0

Source: California Department of Public Health, 2020-2022.

While maternal and infant health was rarely prioritized on its own, CHNA participants noted that low-income and BIPOC (especially Black) mothers face more challenges in accessing maternal/infant healthcare. Affordability of healthcare services was a common theme shared in focus groups and key informant interviews, with many participants detailing the economic constraints that prevent expecting mothers from accessing necessary prenatal and postnatal care. Some participants stressed the importance of mental health support for mothers, noting that poor mental health can exacerbate other issues and affect the entire family. There was also a strong emphasis on the need for healthcare professionals to be more sensitive to cultural differences and to make efforts to communicate more effectively with patients from diverse backgrounds.

"I didn't know that my child, she wasn't breathing when she was first born. Her cord was wrapped around her neck. Had my mom not been there to see it, we wouldn't have known. Nobody said anything to us. ...Not much support. It wasn't a very good feeling. We were kicked out after two days. ...I'm now in intensive [mental health] therapy because of how my labor and delivery went."

—Focus Group Participant

10. Unintended Injuries

What is the issue?

As UC Berkeley health expert Dr. Tony Iton has said, "When it comes to your health, your Zip code matters more than your genetic code."[58] The built environment refers to the places where people live and work, the neighborhoods in which they spend their time. This can include services and utilities, such as sewerage or transportation, housing quality, and elements such as sidewalks and streetlights.[59] The lack of sidewalks and streetlights can lead motor vehicle crashes that cause unintended injuries and deaths. Although most unintended injuries are predictable and preventable, they are a major cause of premature death and lifelong disability. Unintentional injury is the third leading cause of death for all ages in the U.S.[60]

Why Is It a Health Need?

Top preventable hospitalization rates, by city: Unintentional injuries were the top reason for preventable hospitalizations.
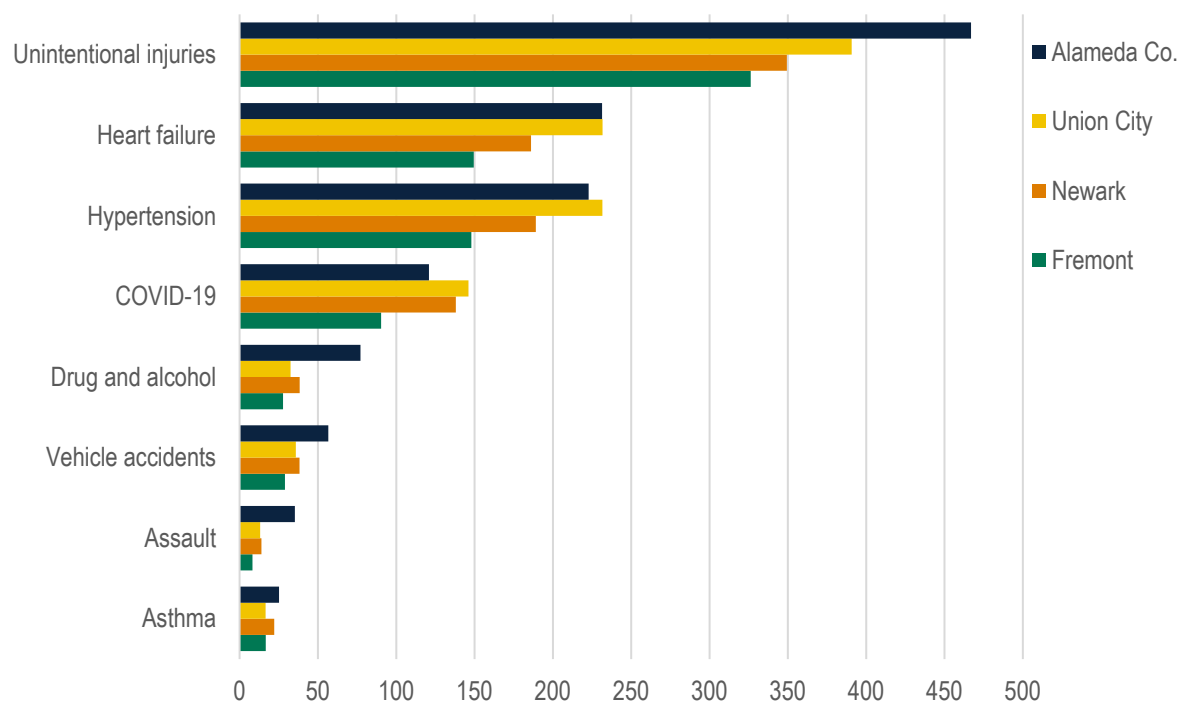
Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, 2020–2022.

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[58] Iton, Tony B. (2021). When It Comes to Your Health, Does Your Zip Code Matter More Than Your Genetic Code? (Speech to the Texas Primary Care Consortium.) Retrieved from https://www.youtube.com/watch?v=7OAYAN0u5V0

[59] Healthy People 2030. (2024). Neighborhood and Built Environment.

[60] Centers of Disease Control and Prevention, National Center for Health Statistics. (2022). Accidents or Unintentional Injuries.

Accidents (unintentional injuries) were ranked among the top five causes of death in Alameda County in 2022 and were the #1 reason for preventable ED visits/hospitalizations in all three cities and the county.

Where data were available by race on unintended injuries mortality, the rate was often highest for the Black population. However, in Newark, the rate is highest for the White population (33.2 per 100,000) compared to the city's rate overall (24.7).

Unintended injuries mortality rates by race/ethnicity and by city: Death rates due to unintended injuries are highest among the Black population in cities for which data are available.

Unintended Injuries Mortality Rate (per 100,000)	All Races	Black	Hispanic/ Latino	White	Asian	Multi
Deaths Fremont	**20.1**	56.9	38.8	37.2	9.0	25.4
Deaths Newark	**24.7**	NA	19.4	33.2	16.8	NA
Deaths Union City	**28.0**	84.2	36.0	52.3	17.1	NA
Deaths County	**36.9**	101.8	43.4	37.2	13.1	26.8

Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, 2019–2023. Note: "NA" indicates data were not available. Orange shading denotes values that are worse by 20% or more versus the county, and yellow shading denotes values that are worse than the county, but by less than 20%.

Racial inequity in accident rates has been found nationwide and is attributed in part to disparate access to safe transportation.[61] The absence of sidewalks in low-income neighborhoods is another factor related to national pedestrian accident rates.[62]

Few CHNA participants discussed unintentional injuries. Among those who did, concerns were expressed for undocumented individuals who are in unsafe work environments and become injured at work, and for people who may be injured while experiencing homelessness.

"That's how so many people die. They get an injury, the injury gets infected. And then what? You know, they don't have a place to like rest, they don't have a place to shower regularly. But health care is huge. That is very much a basic need."

—Key Informant Interviewee, discussing unhoused individuals

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[61] Hamann, C., Peek-Asa, C., & Butcher, B. (2020). Racial disparities in pedestrian-related injury hospitalizations in the United States. BMC Public Health, 20(1), 1-7.

[62] Lu, W., McKyer, E.L.J., Lee, C., Ory, M.G., Goodson, P., & Wang, S. (2015). Children's active commuting to school: an interplay of self-efficacy, social economic disadvantage, and environmental characteristics. International Journal of Behavioral Nutrition and Physical Activity. 12(1):29.

WASHINGTON HEALTH IS MONITORING CLIMATE/NATURAL ENVIRONMENT

The Office of Disease Prevention and Health Promotion reports that, worldwide, nearly 12 million deaths each year can be attributed to environmental issues. Those issues include air, water, food, and soil contamination, as well as natural and technological disasters. For those whose health may already be compromised, exposure to negative environmental issues can compound their issues.[63]

Although climate and natural environment did not rise to the level of a health need in the 2025 CHNA due to data constraints,[64] it is an issue that Washington Health is monitoring. Some CHNA participants, primarily community members, spoke about climate change concerns. Those who mentioned it mainly referred to either poor air quality or an increasing number of days of extreme heat. One participating health expert linked both issues to the increasing rates of asthma.

"It's the folks who live in places where cranking up the AC isn't a viable option for monetary reasons. It's people who are living in housing that has its own health issues."

—Key Informant Interviewee

Diesel particulate matter, percentile ranking by Census tract: Diesel air pollution is worse along major roads, freeways, and near the Dumbarton Bridge.
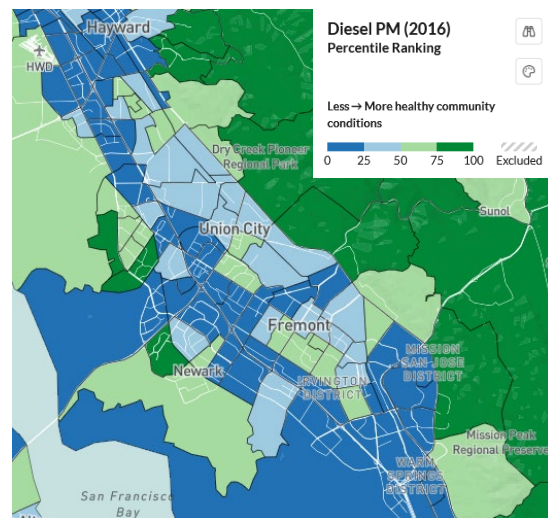
Source: California Healthy Places Index, citing CalEnviroScreen, 2016.

Indicators of air quality were poor in some parts of the district.[65] Participants in Alameda County raised their concerns with industrial pollution, making a connection with historical housing segregation (i.e., lower-income families are more likely to live in areas affected by such pollution). Some individuals also mentioned being affected by wildfire smoke. Alameda County as a whole is at major risk of wildfire, with a history of 10 wildfires in the past 35+ years, including the SCU Lightening Complex fire of 2020, which burned nearly 1,650 square miles of land and affected than 1,400 buildings. Nearly 50% of all properties in Fremont, nearly 40% in

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[63] U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2024). Environmental Health. And: Morris, G. & Saunders, P. (2017). The Environment in Health and Well-Being, Oxford Research Encyclopedias.

[64] Statistical data comparing the three cities or the county to a benchmark were not available.

[65] Although the latest diesel particulate matter data are from 2016, the Healthy Places Index is the standard relied upon by HCAI in determining communities that are vulnerable to air pollution.

Union City, and about 30% in Newark are at some risk of being affected by wildfire in the next 30 years.[66]

With regard to heat, Fremont is expected to experience seven "hot" days (days in which the temperature feels as though it is over 90° F) in 2025. This number is expected to double to 14 days over the next 30 years.[67]

Risk of extreme heat within 30-year window starting in 2025: A greater proportion of properties are at risk from heat in central and southern Fremont than in other parts of the district.
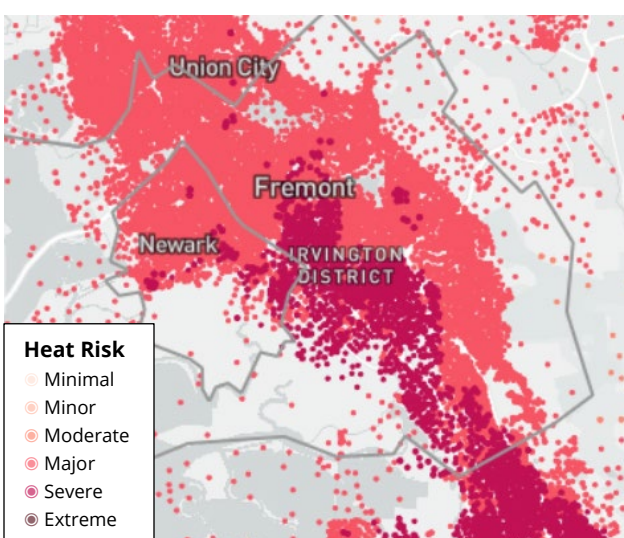
Source: First Street Technology, Inc. 2025.

Climate issues, by 30-year risk level starting in 2025: The major issue in the district is air quality, followed by wildfire risk and extreme heat.

	Fremont	Newark	Union City	Alameda County
Air	Severe	Severe	Severe	Extreme
Fire	Major	Moderate	Moderate	Major
Heat	Moderate	Moderate	Moderate	Moderate
Flood	Minor	Minor	Moderate	Minor

Minor	Moderate	Major	Severe	Extreme

Source: First Street Technology, Inc. 2025.

CHNA participants expressed concerns around environmental justice. For example, they noted that low-income communities and communities of color are often disproportionately affected by extreme weather and environmental hazards and have fewer resources to cope with the various impacts. Several also expressed a sense of limitation in their personal abilities to enact significant or meaningful changes at the local level. They noted that while individual actions are important, broader systemic changes are necessary to effectively address the root causes of climate change.

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[66] Fire data obtained from First Street, a public benefit corporation connecting climate risk to financial risk via advanced climate science: https://firststreet.org/county/alameda-county-ca/6001_fsid/fire etc.

[67] Heat data obtained from First Street (see footnote above): https://firststreet.org/city/fremont-ca/626000_fsid/heat

COMPARISON OF SERVICE AREA CITIES TO ALAMEDA COUNTY

The charts below compare each city's statistics to county statistics for identified health needs. Bars to the left of the axis are better than Alameda County overall and indicators to the right of the axis are worse. Values range from 77% better (shown as -77%) to 68% worse. Note that Fremont has more available data than Newark or Union City. See *Attachment 7* for detailed charts by city.

Of the 70 indicators available for Union City, 56% are the same/better than the county.

Of the 75 indicators available for Newark, 80% are the same/better than the county.

Of the 85 indicators available for Fremont, 93% are the same/better than the county.
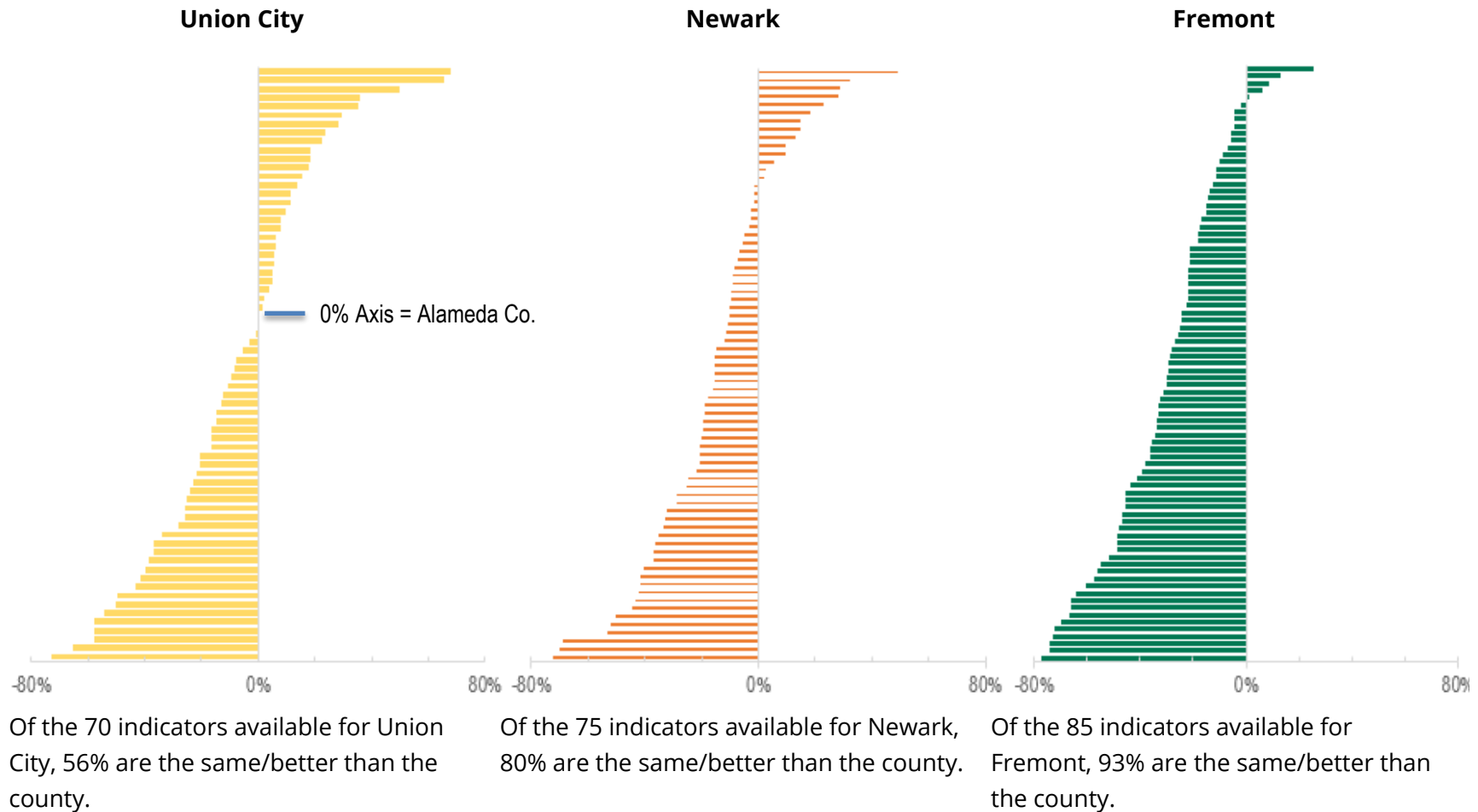
7. COMMUNITY RESOURCES

Various hospitals and clinics, community-based organizations, government departments and agencies, and other resources in Southern Alameda County are engaged in addressing many of the community health needs identified by this assessment. Hospitals and clinics are listed below. For additional resources available to respond to the identified health needs of the local community, see *Attachment 5: Community Assets and Resources*.

HOSPITALS

- Alameda Health System, John George Psychiatric Hospital
- Fremont Hospital
- Kaiser Foundation Hospital-Fremont
- St. Rose Hospital
- Sutter Health Eden Medical Center
- Washington Health

FEDERALLY QUALIFIED HEALTH CENTERS

- Bay Area Community Health (multiple sites, incl. mobile clinics)
- Tiburcio Vasquez Health Center (multiple sites)

OTHER HEALTH CLINICS

- Alameda Health System (Hayward Wellness, Newark Wellness)
- Sutter Health Palo Alto Medical Foundation, Fremont Center
- Washington Township Medical Foundation (multiple sites)

8. CONCLUSION

Washington Health worked with its consultants, Actionable Insights, to complete the 2025 Community Health Needs Assessment. The 2025 CHNA meets federal and state requirements. By gathering secondary data and conducting new primary research, the hospital was able to understand the community's perception of health needs as well as prioritize health needs with consideration for how each compares against benchmarks.

The CHNA report was adopted by the Washington Township Health Care District Board of Directors on June 11, 2025.

Next steps for Washington Health:

- Make CHNA report publicly available on the Community Benefit page of the hospital's website by June 30, 2025.[68]
- 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 and/or with local partners).
- Ensure strategies are adopted by the hospital.

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[68] https://www.washingtonhealth.com/about-us/community-connection/community-health-needs-assessment/

9. LIST OF ATTACHMENTS

1. Community Leaders, Representatives, and Members Consulted
2. Secondary Data Indicators Index
3. Secondary Data Tables
4. Demographics by City
5. Community Assets and Resources
6. Qualitative Research Materials
7. Comparison of Service Area Cities to Alameda County
8. IRS Checklist

ATTACHMENT 1: COMMUNITY LEADERS, REPRESENTATIVES, AND MEMBERS CONSULTED

The list below contains the names of leaders, representatives, and members who were consulted for their expertise in the community. Leaders were identified based on their professional expertise and knowledge of target groups including low-income populations, minorities, and the medically underserved.

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Gathered
Organizations						
Interview	Arzelia Lopez, Nurse-Family Partnership Nurse Manager, Alameda County Public Health	Maternal/ infant health	1	Medically underserved	Leader	4/26/2024
Interview	Karen Grimsich, Administrator Aging & Family Services, City of Fremont	Older adults	1	Low-income	Leader	4/29/2024
Interview	Christine Dillman, Executive Director, Tri-Valley Haven	Violence/ community safety	1	Low-income, minorities	Leader	5/3/2024
Interview	Paris Davis, Intervention Programs Director, YOUTH ALIVE!	Violence/ community safety	1	Low-income, minorities	Leader, representative	5/3/2024

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Gathered
Interview	Kimi Watkins-Tartt, Public Health Director, Alameda County Public Health Department	Public health	1	Low-income, minorities, medically underserved	Leader, representative	5/16/2024
Interview	Evette Brandon, Division Director, Alameda County Public Health Department	Public health	1	Low-income, minorities, medically underserved	Leader, representative	5/16/2024
Interview	Health Equity Policy and Systems Manager, Health Equity Division, Behavioral Health Department, Alameda County Health	Equity	1	Low-income, minorities, medically underserved	Leader	5/22/2024
Interview	Aaron Ortiz, Chief Executive Officer, The Alliance For Community Wellness	Mental health	1	Medically underserved	Leader	5/30/2024
Interview	Aislinn Bird, Director of Integrated Care, Psychiatrist, Alameda County Health Care for the Homeless	Homeless-ness, substance use disorder	1	Low-income, medically underserved	Leader	6/11/2024
Interview	Lucy Kasdin, Director, Alameda County Healthcare for the Homeless	Homeless-ness,	1	Low-income, medically underserved	Leader	6/11/2024

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Gathered
		substance use disorder				
Interview	Matt Vander Sluis, Managing Director, Policies and Programs, Bay Area, Bay Area Regional Health Inequities Initiative (BARHII)	Climate/ sustainability	1	Low-income, minorities, medically underserved	Leader	7/29/2024
Interview-Secondary	Eden United Church of Christ	Food insecurity	1	Low-income	Leader	5/16/2024
Interview-Secondary	Davis Street	Unhoused	1	Low-income, medically underserved	Leader	5/30/2024
Interview-Secondary	East Bay Asian Local Development Corporation (EBALDC)/Berkeley Food and Housing Project/Bay Area Community Services (BACS)	Housing	3	Low-income	Leader	6/6/2024
Interview-Secondary	Bay Area Community Health Center/Tiburcio Vasquez Medical Center	Access to Health Care	4	Low-income, minorities, medically underserved	Leaders, representatives	6/10/2024
Interview-Secondary	Abode Services	Housing	1	Low-income	Leader	6/13/2024

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Gathered
Interview-Secondary	NAMI	Mental/ behavioral health	1	Medically underserved	Leader	6/13/2024
Interview-Secondary	Rubicon	Income and employment	1	Low-income	Leader	6/13/2024
Interview-Secondary	Aliados Health AKA Community Clinic Consortium/Alameda Health Consortium/La Clinica de la Raza	Access to Health Care	2	Low-income, minorities, medically underserved	Leader	6/18/2024
Interview-Secondary	Eden Housing Resident Services, Inc.	Income and employment	1	Low-income	Leader	6/18/2024
Interview-Secondary	Alameda County Community Food Bank	Food insecurity	1	Low-income	Leader	6/26/2024
Interview-Secondary	Asian Health Services	Access to Health Care	1	Minorities, medically underserved	Leader	6/26/2024
Interview-Secondary	J-Sei – AAPI Older Adults (Emeryville)	multi	1	Low-income, minorities, medically underserved	Leader	6/26/2024
Interview-Secondary	Downtown Streets	Housing	1	Low-income	Leader	6/27/2024

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Gathered
Interview-Secondary	Union City Family Center and Fremont Family Resource Center	Multiple	2	Low-income	Leaders	6/27/2024
Interview-Secondary	Side by Side	Transitional Aged Youth	3	Low-income	Leaders	7/15/2024
Interview-Secondary	Alameda County Age-Friendly Coalition & Day Break Adult Day Center	Access to Health Care	1	Low-income, medically underserved	Leader	7/16/2024
Interview-Secondary	Afghan Coalition	Community safety	3	Minorities	Leaders	7/18/2024
Interview-Secondary	Pacific Center for Human Growth	Mental/ behavioral health	1	Medically underserved	Leader	7/23/2024
Interview-Secondary	Hayward Unified School District	Education	1	Low-income	Leader	8/6/2024
Focus Group	Host: Actionable Insights	Safety net clinics	12[69]	Medically underserved, low-income	(see below)	6/11/2024
	Attendees:					

[69] One attendee did not give permission to be listed in this appendix.

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Gathered
	Asian Health Services				Leader	
	Dawnell Moody, Chief Medical Officer, Axis Community Health				Leader	
	Janet Escudero, Clinic Manager, Bay Area Community Health				Leader	
	Adriana Lopez, Special Assistant Promotores Program, City of Newark				Leader	
	Freedom Community Clinic				Leader	
	Licensed Clinical Social Worker; Job position: Program Supervisor, La Familia Counseling Services				Leader	
	Elvia Guevara, Director, Medical Operations, Native American Health Center				Leader	
	Susan Fernyak, MD, Medical Director, Order of Malta Clinic				Leader	

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Gathered
	Mary Alvarez Nutting, Senior Clinical Services Manager, Roots Community Health				Leader	
	Alejandro Lopez Munoz, Medical Site Manager, San Antonio Neighborhood Health Center				Leader	
	Martha Estrella, Resource Specialist, Tiburcio Vasquez Health Center				Leader	
Focus Group	Host: Actionable Insights	Substance use/addiction	9[70]	Medically underserved	(see below)	6/12/2024
	Attendees:					
	Esther Veronika Rodriguez, Substance Use Disorder / Medication Assisted Treatment Program Supervisor, Bay Area Community Health				Leader	

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[70] One attendee did not give permission to be listed in this appendix.

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Gathered
	City of Fremont, Youth and Family Services				Leader	
	Omar Malik, Program Manager, HAART Hayward				Leader	
	Sanjay Patel, Pharmacy Director, Haller's Pharmacy and Medical Supply				Leader	
	Asceneth Paez-Arroyo, Clinical Manager, Horizons Family Counseling				Leader	
	Caitlin Wallace, Program Supervisor - Adult Outpatient Substance Use, La Familia				Leader	
	Program Director, Lifelong				Leader	
	April Rovero, Executive Director, National Coalition Against Prescription Drug Abuse				Leader	
Focus Group	Host: Actionable Insights	Faith leaders	6	Minority	(see below)	6/12/2024

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Gathered
	Attendees:					
	Former Board President, Berkeley Zen Center				Leader	
	Gideon Lee, Pastor, Crosspoint Church				Leader	
	Youngmi Jung, Pastor, First United Methodist Church of Fremont				Leader	
	Mary Scott, Reverend, GraceWay Church				Leader	
	Kashmir Singh Shahi, Community Outreach Coordinator, Gurdwara Sahib Fremont				Leader	
	Rabbi Jackie Mates-Muchin, Senior Rabbi, Temple Sinai				Leader	
Focus Group	Host: Actionable Insights	Social services	8	Low-income	(see below)	7/22/2024
	Attendees:					

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Gathered
	Suzanne Shenfil, Human Services Director, City of Fremont				Leader	
	Christine Beitsch-Bahmani, Chief Executive Officer, City Serve of the Tri-Valley				Leader	
	Program Director, East Bay Agency for Children				Leader	
	Senior Director, Fred Finch Youth & Family Services				Leader	
	Mary Hekl, Chief Executive Officer , Hively				Leader	
	John Bost, Executive Director, Open Heart Kitchen				Leader	
	Leticia Galyean, Chief Executive Officer, Seneca Family of Agencies				Leader	
	Union City Family Center/New Haven Unified School District				Leader	

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Gathered
Focus Group- Secondary	Host: Fremont Family Resource Center	Afghani community	15	Minority	Representatives[71]	8/6/2024
Focus Group	Host: Actionable Insights	Workforce development	8	Low-income	(see below)	8/12/2024
	Attendees:					
	Amy Garlin, Medical Director, Alameda County Healthcare for the Homeless				Leader	
	Eva Jennings, EdD, Interim Vice President of Instruction, College of Alameda				Leader	
	Cristo Rey De La Salle East Bay High School				Leader	
	Blaine Torpey, Superintendent, Eden Area Regional Occupational Program				Leader	

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[71] Conducted with service providers by Alameda County Public Health.

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Gathered
	Jeff Oxendine, Founder, Chief Executive Officer, Healthcareer Connection				Leader	
	Carrie Dameron, Director of Registered Nursing Program, Ohlone College				Leader	
	Alcian Lindo, Program Manager, Tri-Valley Career Center				Leader	
	Angel-Max Guerrero, Pathway Programs Manager, UC San Francisco				Leader	
Community Members						
Focus Group-Secondary	Host: Fremont Family Resource Center	Unhoused	20	Low-income, medically underserved	Members	7/25/2024
Focus Group-Secondary	Host: Family Health Services	Parents, Black community	17	Minority	Members	8/15/2024

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Gathered
Focus Group-Secondary	Host: Hayward YMCA	Spanish-speaking, Latino, parents	9	Minority	Members	8/15/2024
Focus Group-Secondary	Host: Regional Center of the East Bay / Disability Council	Individuals with disabilities	18	Medically underserved, minority	Members	8/19/2024
Focus Group-Secondary	Host: LGBTQ Center	LGBTQ+ community	8	Medically underserved, minority	Members	8/22/2024
Focus Group-Secondary	Host: Vision y Compromiso	Healthcare access, Spanish-speaking	22	Low-income, medically underserved, minority	Members	9/4/2024
Focus Group-Secondary	Host: Korean Community Center	Older adults, Chinese community	15	Minority	Members	10/28/2024

ATTACHMENT 2: SECONDARY DATA INDICATORS INDEX

Category	Indicator	Description	Source	Year(s)
BEHAVIORAL HEALTH	Alcohol-Impaired Driving Deaths	Percentage of driving deaths with alcohol involvement	National Highway Traffic Safety Administration, Fatality Analysis Reporting System	2016–2020
BEHAVIORAL HEALTH	Chronic Liver Disease and Cirrhosis Among Leading Causes of Death	Rank within county	California Department of Public Health, 2024 Death Statistics File	2022
BEHAVIORAL HEALTH	Current Adult Smokers	Percent of adults currently smoking (age-adjusted)	California Health Interview Survey (CHIS), as cited in Community Health Rankings	2020
BEHAVIORAL HEALTH	Deaths of Despair, Alameda County and by City	NIH defines as suicide, alcohol-related liver disease and cirrhosis, and drug/alcohol poisoning. Age-Adjusted Rate per 100,000 Population. Regex Code(s): K70[0-4]|K7[3-4]|X4[0-5]|X[6-7]|X8[0-4]|Y1[0-5]|Y4[5,7,9]|Y870	Alameda County Public Health Department, CAPE Unit	2019–2023
BEHAVIORAL HEALTH	Drug Poisoning (Overdose) Deaths	Number of drug poisoning deaths per 100,000 population	National Center for Health Statistics - Mortality Files	2018–2020
BEHAVIORAL HEALTH	Drug Poisoning (Overdose) Deaths Involving Any Opioid Deaths, Alameda County and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): T40[0-4,6]	Alameda County Public Health Department, CAPE Unit	2019–2023
BEHAVIORAL HEALTH	Drug Poisoning (Overdose) Deaths, Alameda County and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): X4[0-4]|X6[0-4]|X85|Y1[0-4]	Alameda County Public Health Department, CAPE Unit	2019–2023
BEHAVIORAL HEALTH	Drug Poisoning (Overdose) ED Visits and Hospitalizations, Alameda County and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): T40[0-9]..(A|$|\b)	Alameda County Public Health Department, CAPE Unit	2020–2022
BEHAVIORAL HEALTH	Drug/Alcohol Abuse & Dependence ED Visits and	Age-Adjusted Rate per 100,000 Population. Regex Code(s): F1[0-6,8-9]	Alameda County Public Health Department, CAPE Unit	2020–2022

Category	Indicator	Description	Source	Year(s)
	Hospitalizations, Alameda County and by City			
BEHAVIORAL HEALTH	Excessive Drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted)	CA Behavioral Risk Factor Surveillance System	2020
BEHAVIORAL HEALTH	Frequent Mental Distress	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted)	CA Behavioral Risk Factor Surveillance System	2016–2019
BEHAVIORAL HEALTH	Likely Psychological Distress	The percentage of adults who have likely had serious psychological distress in the last year based on the Kessler 6 scale.	California Health Interview Survey, Neighborhood Edition, 2021–2022, as cited by Healthy Alameda County	2021-2022
BEHAVIORAL HEALTH	Mental Health Hospitalizations among Children	Mental Health Hospitalization Discharges among Children Ages 5-14, 15-19	California Dept. of Health Care Access and Information custom tabulation (Feb. 2021), as cited in KidsData.org	2021
BEHAVIORAL HEALTH	Mental Health Provider Shortage Areas	Designated Healthy Provider Shortage Areas within counties	U.S. Department of Health & Human Services, Health Resources and Services Administration	2022
BEHAVIORAL HEALTH	Mental Health Providers	Ratio of population to mental health providers	Centers for Medicare & Medicaid Services, National Provider Identification	2022
BEHAVIORAL HEALTH	Opioid Poisoning (Overdose) ED Visits and Hospitalizations, Alameda County and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): ((T40[0-4].|T406[09])[1-4])(A|$|\b)	Alameda County Public Health Department, CAPE Unit	2020–2022
BEHAVIORAL HEALTH	Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	CA Behavioral Risk Factor Surveillance System	2020
BEHAVIORAL HEALTH	Ratio of Students to School Psychologists	Ratio of Students to School Psychologists	California Dept. of Education, Staff Assignment and Course Data & DataQuest	2019

Category	Indicator	Description	Source	Year(s)
BEHAVIORAL HEALTH	Ratio of Students to School Social Workers	Ratio of Students to School Social Workers	California Dept. of Education, Staff Assignment and Course Data & DataQuest	2019
BEHAVIORAL HEALTH	Self-Harm ED Visits and Hospitalizations, Alameda County and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): ((T3[6,7,9]9|T414|T427|T4[3,5,7,9]9)2.|(?!(T3[6,7,9]9|T414|T427|T4[3,5,7,9]9))(T3[6-9]|T4[0-9]|T50)..2|((T5[1-4,6-9]|T6[0-3,5])9|(T58|T61)[01]|T64[08])2.|(?!((T5[1-4,6-9]|T6[0-3,5])9|(T58|T61)[01]|T64[0,8]))(T5[1-9]|T6[0-5])..2|(X7[1-9]|X8[0-3])...|T71..2|T1491.{0,1})(A|$|\b)	Alameda County Public Health Department, CAPE Unit	2020–2022
BEHAVIORAL HEALTH	Sequelae Of Drug and Alcohol Abuse & Dependence Deaths, Alameda County and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): F1	Alameda County Public Health Department, CAPE Unit	2019–2023
BEHAVIORAL HEALTH	Severe Mental Illness ED Visits and Hospitalizations, Alameda County and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): F2[0-9]|F30[1-3,8-9]|F31[0-6]| F317[0-1,3,5,7] |F31[8-9]|F32[2-4]|F32[8-9]|F33[1-3]|F334[0-1]|F33[8-9]|F34|F39|F400|F4[1-2]|F431 |F4[4-5]|F48[1-2]|F60|F50|F53|F91	Alameda County Public Health Department, CAPE Unit	2020–2022
BEHAVIORAL HEALTH	Severe Mental Illness ED Visits and Hospitalizations	ED Visits or Hospitalizations per 100,000 population. ICD-10 Codes: F2[0-9]|F30[1-3,8-9]| F31[0-6]| F317[0-1,3,5,7]| F31[8-9]| F32[2-4]| F32[8-9]| F33[1-3]| F334[0-1]| F33[8-9]| F34| F39| F400| F4[1-2]| F431| F4[4-5]| F48[1-2]| F60| F50| F53| F91	California Department of Health Care Access and Information (HCAI), Patient Discharge Data, 2017-2021.	2017–2021
BEHAVIORAL HEALTH	Severe Mental Illness Related to Drug and Alcohol ED Visits and Hospitalizations, Alameda County and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): F1[01,3-6,89][129][4-5]|F1[0,2-6,89]80|F12150|F12[29]5	Alameda County Public Health Department, CAPE Unit	2020–2022

Category	Indicator	Description	Source	Year(s)
BEHAVIORAL HEALTH	Severe Mental Illness Related to Drug and Alcohol ED Visits and Hospitalizations	ED Visits or Hospitalizations per 100,000 population. ICD-10 Codes: F101[4-5]|F10180| F102[4-5] |F10280|F109[4-5]|F10980|F111[4-5]|F112[4-5]|F119[4-4],|F12150|F12180|F1225| F12280|F1295|F12980|F131[4-5]|F13180|F132[4-5]|F13280|F139[4-5]|F13980 |F141[4-5]|F14180| F142[4-5]|F14280|F149[4-5]|F14980|F151[4-5]| F15180|F152[4-5]|F15280|F159[4-5]|F15980|F161[4-5]|F16180|F162[4-5] |F16280 |F169[4-5]|F16980| F181[4-5]| F18180|F182[4-5]|F18280|F189[4-5]|F18980|F191[4-5]|F19180|F192[4-5]| F19280| F199[4-5]|F19980	California Department of Health Care Access and Information (HCAI), Patient Discharge Data	2017–2021
BEHAVIORAL HEALTH	Social Associations	Number of membership associations per 10,000 population	U.S. Census, County Business Patterns	2020
BEHAVIORAL HEALTH	Student Depression	Students Who Had Depression-Related Feelings in the Previous (Year 7th Graders, 9th Graders, 11th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education	2020
BEHAVIORAL HEALTH	Student Drinking	Students Who Have Consumed Alcohol 7 or More Times in Their Lifetimes (7th Graders, 9th Graders, 11th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education	2020
BEHAVIORAL HEALTH	Student Recent Alcohol or Drug Use	Students Who Used Alcohol or Drugs in the Previous Month (7th Graders, 9th Graders, 11th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education	2020
BEHAVIORAL HEALTH	Student Suicidal Ideation the Previous Year	Students Who Seriously Considered Attempting Suicide in the Previous Year (9th Graders, 11th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education	2020
BEHAVIORAL HEALTH	Students Recent Marijuana Use	Students Who Used Marijuana 20-30 Days in the Previous Month (7th Graders, 9th Graders, 11th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education	2020

Category	Indicator	Description	Source	Year(s)
BEHAVIORAL HEALTH	Students with a Low Level of Caring Relationships with Adults at School	Students with a Low Level of Caring Relationships with Adults at School (7th Graders, 9th Graders, 11th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education	2020
BEHAVIORAL HEALTH	Suicide Among Leading Causes of Death	Rank among reasons for death within counties	California Department of Public Health, 2024 Death Statistics File.	2022
BEHAVIORAL HEALTH	Suicide Deaths, Alameda County and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): U03|X[6-7]|X8[0-4]|Y870	Alameda County Public Health Department, CAPE Unit	2019–2023
BEHAVIORAL HEALTH	Adults with 1-3 Adverse Childhood Experiences	Percent of adults with 1-3 adverse childhood experiences	UC Davis Violence Prevention Research Program, tabulation of data from the CA Behavioral Risk Factor Surveillance System and American Community Survey, as cited by KidsData.org	2011–2017
BEHAVIORAL HEALTH	Children with 2 or More Adverse Experiences	Percent of children Ages 0-17 with 2 or More Adverse Experiences (Parent Reported)	Population Reference Bureau, analysis of National Survey of Children's Health and the American Community Survey, as cited by KidsData.org	2017–2021
BEHAVIORAL HEALTH	Adults with 4 or More Adverse Childhood Experiences 2017	Percent of adults with 4 or more adverse childhood experiences	UC Davis Violence Prevention Research Program, tabulation of data from the California Behavioral Risk Factor Surveillance System, as cited by KidsData.org	2011–2017
BH: VIOLENCE/ ABUSE[72]	Assault Deaths (Homicide)	Number of deaths due to homicide per 100,000 population	National Center for Health Statistics - Mortality Files, as cited by County Health Rankings	2014–2020

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[72] BH stands for Behavioral Health.

Category	Indicator	Description	Source	Year(s)
BH: VIOLENCE/ ABUSE	Assault Deaths (Homicide) Among Leading Causes of Death	Rank within county	California Department of Public Health, 2024 Death Statistics File	2022
BH: VIOLENCE/ ABUSE	Assault ED Visits and Hospitalizations, Alameda County and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): ((T3[679]9|T414|T427|T4[3579]9)3.|(?!(T3[679]9|T414|T427|T4[3579]9))(T3[6-9]|T4[0-9]|T50)..3|((T5[1-46-9]|T6[0-35])9|(T58|T61)[01]|T64[08])3.|(?!((T5[1-46-9]|T6[0-35])9|(T58|T61)[01]|T64[08]))(T5[1-9]|T6[0-5])..3|T71..3|(X9[2-9]|Y0[0-68]|T7[46])...|Y07.{1,3}|Y09)(A|$|\b)	Alameda County Public Health Department, CAPE Unit	2019–2023
BH: VIOLENCE/ ABUSE	Child Abuse or Neglect	The number of children under 18 years of age that experienced abuse or neglect in cases per 1,000 children. Rates are based on children with a substantiated maltreatment allegation.	California Child Welfare Indicators Project, CCWIP Reports. University of California at Berkeley & California Dept. of Social Services, as cited by KidsData.org	2020
BH: VIOLENCE/ ABUSE	Domestic Violence-Related Calls	Domestic Violence-Related Calls for Assistance among Adults Ages 18-69	California Dept. of Justice Criminal Justice Statistics Center, Domestic Violence-Related Calls for Assistance	2021
BH: VIOLENCE/ ABUSE	Firearm-Related Deaths	Number of deaths due to firearms per 100,000 population	National Center for Health Statistics - Mortality Files, as cited by County Health Rankings	2016–2020
BH: VIOLENCE/ ABUSE	Firearm-Related ED Visits and Hospitalizations, Alameda County and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): ((W3[23][01]|(X74|X95|Y24)[89]|Y384)..|((X7|Y2)[23]|X9[34])...|W34[01][09].|Y350[0-39].)(A|$|\b)	Alameda County Public Health Department, CAPE Unit	2019–2023

Category	Indicator	Description	Source	Year(s)
BH: VIOLENCE/ ABUSE	Foster Care - Length of Stay	Median Length of Stay in Foster Care (Months) among Children Ages 0-17 Entering Foster Care	California Child Welfare Indicators Project, CCWIP Reports. University of California at Berkeley & California Dept. of Social Services	2024
BH: VIOLENCE/ ABUSE	Juvenile Arrests	Rate of delinquency cases per 1,000 juveniles	Easy Access to State and County Juvenile Court Case Counts, as cited by Community Health Rankings	2019
BH: VIOLENCE/ ABUSE	Student Gang Affiliation	Students Who Consider Themselves Gang Members (7th Graders, 9th Graders, 11th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education	2020
BH: VIOLENCE/ ABUSE	Students Bullied or Harassed at School	Students Bullied or Harassed at School in the Previous Year (7th Graders, 9th Graders, 11th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education	2020
BH: VIOLENCE/ ABUSE	Students Bullied or Harassed at School because of Race/Ethnicity or National Origin	Students who were bullied or harassed at school in the previous year on the basis of their race/ethnicity or national origin, by race/ethnicity and number of occasions (7th Graders, 9th Graders, 11th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education	2017–2019
BH: VIOLENCE/ ABUSE	Students Cyberbullied	Students Cyberbullied 4 or More Times in the Previous Year (7th Graders, 9th Graders, 11th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education	2020
BH: VIOLENCE/ ABUSE	Students Fear Being Beaten Up at School	Students Who Feared Being Beaten Up at School on 4 or More Occasions in the Previous Year (7th Graders, 9th Graders, 11th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education	2020
BH: VIOLENCE/ ABUSE	Students Who Feel Very Unsafe at School	Students Who Feel Very Unsafe at School (7th Graders, 9th Graders, 11th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education	2020
BH: VIOLENCE/ ABUSE	Violent Crime Rate	Number of reported violent crime offenses per 100,000 population	Uniform Crime Reporting – FBI, as cited by County Health Rankings	2007–2016

Category	Indicator	Description	Source	Year(s)
BH: VIOLENCE/ABUSE	Foster Care, Ages 0-21	Children Ages 0-21 in Foster Care, per 1,000 people ages 0-21	California Child Welfare Indicators Project, CCWIP Reports. University of California at Berkeley & California Dept. of Social Services	2024
BH: VIOLENCE/ABUSE	Felony Arrests among Juveniles Ages 10-17	Rate of Felony Arrests among Juveniles Ages 10-17, per 1,000 juveniles	California Dept. of Justice, Crime Statistics: Arrests; California Dept. of Finance, Population Estimates and Projections	2021
CANCER	Breast Cancer (Female) Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website	2012–2021
CANCER	Breast Cancer Screening (Mammography	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.	Centers for Medicare & Medicaid Services, Mapping Medicare Disparities Tool	2020
CANCER	Breast Cancer Screening (Mammography	Percentage of female Medicare enrollees ages 50-74 that received an annual mammography screening.	Healthy Alameda County	2022
CANCER	Cancer Among Leading Causes of Death	Rank within county	California Department of Public Health, 2024 Death Statistics File.	2022
CANCER	Cancer ED Visits by Site, Alameda County and by City	Age-Adjusted ED Visit and hospitalizations rates per 100,000 by site: breast, cervix, prostate, colon/rectum/anus, trachea/bronchus/lung	Alameda County Public Health Department (ACPHD) Community Assessment, Planning, and Evaluation (CAPE), with data from Department of Health Care Access and Information (HCAI)	2020-2022
CANCER	Cancer Hospitalization Rates by Site, Alameda County and by City	Age-Adjusted hospitalizations rates per 100,000 by site: breast, cervix, prostate, colon/rectum/anus, trachea/bronchus/lung	Alameda County Public Health Department (ACPHD) Community Assessment, Planning, and Evaluation (CAPE), with data from Department of Health Care Access and Information (HCAI)	2020-2022

Category	Indicator	Description	Source	Year(s)
CANCER	Cancer Incidence, All Sites	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for each site	University of California, San Francisco. California Health Maps website	2012–2021
CANCER	Cancer Mortality by Site, Alameda County and by City	Age-Adjusted mortality rates per 100,000 by site: breast, cervix, prostate, colon/rectum/anus, trachea/bronchus/lung	Alameda County Public Health Department (ACPHD) Community Assessment, Planning, and Evaluation (CAPE), with data from Alameda County deaths files from VRBIS and CDPH out-of-state death files	2019-2023
CANCER	Cervical Cancer Screening	Percent of women ages 21-65 who received a cervical cancer screening.	Healthy Alameda County	2022
CANCER	Colorectal cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site	University of California, San Francisco. California Health Maps website	2012–2021
CANCER	Colorectal cancer Screening	Percent of those ages 50-75 who have had recommended screenings (Preventive Service Task Forces) based on age and family history.	Healthy Alameda County	2022
CANCER	Kidney Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site	University of California, San Francisco. California Health Maps website	2012–2021
CANCER	Liver Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site	University of California, San Francisco. California Health Maps website	2012–2021
CANCER	Lung Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site	University of California, San Francisco. California Health Maps website	2012–2021

Category	Indicator	Description	Source	Year(s)
CANCER	Lymph Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site	University of California, San Francisco. California Health Maps website	2012–2021
CANCER	Melanoma Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site	University of California, San Francisco. California Health Maps website	2012–2021
CANCER	Pancreas Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site	University of California, San Francisco. California Health Maps website	2012–2021
CANCER	Prostate Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site	University of California, San Francisco. California Health Maps website	2012–2021
CANCER	Thyroid Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site	University of California, San Francisco. California Health Maps website	2012–2021
CANCER	Urinary Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site	University of California, San Francisco. California Health Maps website	2012–2021
CANCER	Uterine Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site	University of California, San Francisco. California Health Maps website	2012–2021
CANCER	Cancer Incidence Among Children Ages 0-19	Cancer Incidence among Children Ages 0-19	National Cancer Institute, Surveillance, Epidemiology, and End Results (SEER) Program Research Data; U.S. Cancer Statistics Working Group, U.S. Cancer Statistics Data Visualizations Tool	2018

Category	Indicator	Description	Source	Year(s)
CLIMATE & NATURAL ENV[73]	Air Pollution - Diesel	Average daily amount of particulate pollution from diesel sources	California Office of Environmental Health Hazard Assessment, CalEnviroScreen 4.0	2016
CLIMATE & NATURAL ENV	Long Commute - Driving Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
CLIMATE & NATURAL ENV	Traffic Volume	Average traffic volume per meter of major roadways in the county	EJSCREEN: Environmental Justice Screening and Mapping Tool, as cited by Community Health Rankings	2019
CLIMATE & NATURAL ENV	Air Pollution - Particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	Environmental Public Health Tracking Network	2019
CLIMATE & NATURAL ENV	Air Pollution - Particulate Matter	Annual average amount of fine particulate matter (PM2.5)	National Institute for Minority Health and Health Disparities	2015–2017
CLIMATE & NATURAL ENV	Change in Average Daily Temperature	Change in Average Daily Temperature (Degrees Fahrenheit)	First Street Technology	2025
CLIMATE & NATURAL ENV	Commuting Alone	Percentage of the workforce that drives alone to work.	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
CLIMATE & NATURAL ENV	Drinking Water Contaminants	Index score combining information about 13 contaminants and 2 types of water quality violations found during drinking water sample testing	California Environmental Protection Agency (CalEPA)	2011–2019
CLIMATE & NATURAL ENV	Drinking Water Violations	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.	U.S. EPA, Safe Drinking Water Information System	2021

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[73] Env stands for Environment.

Category	Indicator	Description	Source	Year(s)
CLIMATE & NATURAL ENV	Extreme Heat Days (Projected)	Projected number of extreme heat days annually for 2050 and 2085. Extreme heat refers to 90 degrees or more.	CDPH California Building Resilience Against Climate Effects (CalBRACE)	2022
CLIMATE & NATURAL ENV	Flood Risk	Flood risk now and in 30 years (minor to severe) by type (residential, commercial, infrastructure, social, and roads)	First Street Technology	2025
CLIMATE & NATURAL ENV	High Temperature Days	Number of Days in excess of 95° (Projected)	First Street Technology	2025
CLIMATE & NATURAL ENV	Poor Air Quality	The likely number of days with air quality considered to be "Unhealthy" or "Unhealthy for Sensitive Groups," based on the U.S. Environmental Protection Agency's Air Quality Index (AQI), for both today and 30 years in the future under the influence of climate change	First Street Technology	2025
CLIMATE & NATURAL ENV	Wildfire Risk	Wildfire risk now and in 30 years (1=minimal; 10=extreme)	First Street Technology	2025
COGNITIVE DECLINE	Alzheimer's Disease among Leading Causes of Death	Rank within county	California Department of Public Health, 2024 Death Statistics File.	2022
COGNITIVE DECLINE	Alzheimer's Disease/Related Dementias ED Visit Rate, Alameda County and Cities	Age-adjusted rate per 100,000 Population. Regex Code(s): F01|F02|F03|F04|F102[6-7]|F109[6-7]|F132[6-7]|F191[6-7]|F192[6-7]|G30|G31[0-2,9]|G318[3,5-9]|R4181|R41[1-3]	Alameda County Public Health Department, CAPE Unit	2020-2022
COGNITIVE DECLINE	Alzheimer's Disease/Related Dementias Hospitalization Rate, Alameda County and Cities	Age-adjusted rate per 100,000 Population. Regex Code(s): F01|F02|F03|F04|F102[6-7]|F109[6-	Alameda County Public Health Department, CAPE Unit	2020-2022

Category	Indicator	Description	Source	Year(s)
		7]|F132[6-7]|F191[6-7]|F192[6-7]|G30|G31[0-2,9]|G318[3,5-9]|R4181|R41[1-3]		
COGNITIVE DECLINE	Alzheimer's Disease/Related Dementias Mortality Rate, Alameda County and Cities	Age-adjusted rate per 100,000 Population. Regex Code(s): F0[1-3]|G3[0-1]	Alameda County Public Health Department, CAPE Unit	2019-2023
DEMOGRAPHICS	Percent Not Proficient in English	Percentage of population aged 5 and over who reported speaking English less than "well"	United States Census Bureau, American Community Survey, 5-year estimates	2019–2023
DEMOGRAPHICS	Percent of Population by Age	Percentage of population ages 0-18, 65 and older	United States Census Bureau, American Community Survey, 5-year estimates	2019–2023
DEMOGRAPHICS	Percent of Population by Gender	Percentage of population by gender	U.S. Census Population Estimates	2021
DEMOGRAPHICS	Percent of Population by Race	Percentage of population self-identifying as American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, Black, or White	United States Census Bureau, American Community Survey, 5-year estimates	2019–2023
DEMOGRAPHICS	Percent of Population, Hispanic	Percentage of population self-identifying as Hispanic	United States Census Bureau, American Community Survey, 5-year estimates	2019–2023
DEMOGRAPHICS	Population	Resident population	U.S. Census Population Estimates	2019–2023
DEMOGRAPHICS	Rural Population	Percentage of population living in a rural area	U.S. Census Population Estimates	2010
DEMOGRAPHICS	Kids Ages 0-17 Living in LEP Households	Children Ages 0-17 living in limited English-speaking households	Population Reference Bureau, analysis of U.S. Census Bureau American Community Survey public use microdata	2024
DIABETES & OBESITY	Diabetes ED Visits & Hospitalizations	R Diabetes mellitus age-adjusted ED visits and hospitalization rates per	Alameda County Public Health Department, CAPE Unit	2020-2022

Category	Indicator	Description	Source	Year(s)
		100,000. Regex Code(s): E0[8,9]|E1[0,1,3]		
DIABETES & OBESITY	Diabetes Mortality Rate for all causes,	Diabetes mellitus age-adjusted death rate per 100,000. Regex Code(s): E1[0-4]	Alameda County Public Health Department, CAPE Unit	2019–2023
DIABETES & OBESITY	Diabetes Prevalence	Percent of adults ever told they have diabetes.	California Health Interview Survey. Retrieved from Healthy Alameda County.	2021-2022
DIABETES & OBESITY	Obesity Prevalence, Adults	Percentage of adults aged 18 and older who are obese according to the Body Mass Index (Weight (Kg)/[Height (m) ^ 2]). A BMI=30 is considered obese.	California Health Interview Survey. Retrieved from Healthy Alameda County.	2022
DIABETES & OBESITY	Obesity/Overweight, Teens	Percentage of high school students who are overweight or obese. Using body mass index reference data by age and sex, overweight is categorized as 85th percentile but 95th percentile and obese is 95th percentile. The BMI is calculated by taking a person's weight and dividing it by their height squared in metric units. (BMI = Weight (Kg)/[Height (m) ^ 2])	California Health Interview Survey. Retrieved from Healthy Alameda County.	2021-2022
DIABETES & OBESITY	Overweight Children	Percentage of children aged 2-11 who are overweight for their age where weight = 95th percentile. This measure considers sex, age, and weight, but does not include height.	California Health Interview Survey. Retrieved from Healthy Alameda County.	2021-2022
DIABETES & OBESITY	Sufficient Fruit and Vegetable Consumption, Children	Children Ages 2-11, 12-17 Who Ate 5 or More Servings of Fruits and Vegetables in the Previous Day	UCLA Center for Health Policy Research, California Health Interview Survey	2020

Category	Indicator	Description	Source	Year(s)
ECON: EDUCATION[74]	Child Care Centers	Number of child care centers per 1,000 population under 5 years old	Homeland Infrastructure Foundation-Level Data, as cited by County Health Rankings	2010–2022
ECON: EDUCATION	High School Completion	Percentage of adults ages 25 and over with a high school diploma or equivalent	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
ECON: EDUCATION	High School Graduates Completing College Preparatory Courses	High School Graduates Completing College Preparatory Courses	California Dept. of Education, Adjusted Cohort Graduation Rate and Outcome Data	2020
ECON: EDUCATION	High School Graduation	Percentage of ninth-grade cohort that graduates in four years	U.S. Department of Education, EDFacts	2019–2020
ECON: EDUCATION	Math Scores	Average grade level performance for 3rd graders on math standardized tests	Stanford University, Stanford Education Data Archive	2018
ECON: EDUCATION	Ratio of Students to School Counselors	Ratio of Students to School Counselors	California Dept. of Education, Staff Assignment and Course Data & DataQuest	2019
ECON: EDUCATION	Reading Scores	Average grade level performance for 3rd graders on English Language Arts standardized tests	Stanford University, Stanford Education Data Archive	2018
ECON: EDUCATION	School Funding Adequacy	The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district.	Albert Shanker Institute, University of Miami School of Education and Human Development, and the Rutgers University Graduate School of Education: School Finance Indicators Database	2020
ECON: EDUCATION	School Segregation	The extent to which students within different race and ethnicity groups are unevenly distributed across schools	National Center for Education Statistics	2021–2022

[74] Econ stands for Economic Security.

Category	Indicator	Description	Source	Year(s)
		when compared with the racial and ethnic composition of the local population. Index 0 to 1; 0=school composition that approximates race and ethnicity distributions in the student populations within the county;1=more segregation		
ECON: EDUCATION	Some College	Percentage of adults ages 25-44 with some post-secondary education	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
ECON: EDUCATION	Students Meeting English Language Standards	11th Graders Meeting or Exceeding Grade-Level CAASPP Standard in English Language Arts	California Dept. of Education, Test Results for California's Assessments	2022
ECON: EDUCATION	Students Meeting Math Standards	11th Graders Meeting or Exceeding Grade-Level CAASPP Standard in Mathematics	California Dept. of Education, Test Results for California's Assessments	2022
ECON: EDUCATION	Students Not Completing High School	Students Not Completing High School	California Dept. of Education, Dropouts by Race and Gender & Adjusted Cohort Graduation Rate and Outcome Data	2022
ECON: EDUCATION	Students with a Low Level of Meaningful Participation at School	Students with a Low Level of Meaningful Participation at School (7th Graders, 9th Graders, 11th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education	2020
ECON: EDUCATION	Students with a Low Level of School Connectedness	Students with a Low Level of School Connectedness (7th Graders, 9th Graders, 11th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education	2020
ECONOMIC SECURITY	Broadband Access	Percentage of households with broadband internet connection	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021

Category	Indicator	Description	Source	Year(s)
ECONOMIC SECURITY	Child Care Cost Burden	Child care costs for a household with two children as a percent of median household income.	The Living Wage Calculator; Small Area Income and Poverty Estimates	2022 & 2021
ECONOMIC SECURITY	Children Eligible for Free or Reduced-Price Lunch	Percentage of children enrolled in public schools that are eligible for free or reduced-price lunch	National Center for Education Statistics, as cited by County Health Rankings	2020–2021
ECONOMIC SECURITY	Children in Single-Parent Households	Percentage of children that live in a household headed by a single parent	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
ECONOMIC SECURITY	Disconnected Youth	Percentage of teens and young adults ages 16-19 who are neither working nor in school	United States Census Bureau, American Community Survey, 5-year estimates, as cited by County Health Rankings	2017–2021
ECONOMIC SECURITY	Food Insecurity	Percentage of population who lack adequate access to food	USDA Food Environment Atlas; Map the Meal Gap from Feeding America, as cited by County Health Rankings	2020
ECONOMIC SECURITY	Gender Pay Gap	Ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar"	United States Census Bureau, American Community Survey, 5-year estimates, as cited by County Health Rankings	2017–2021
ECONOMIC SECURITY	Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	United States Census Bureau, American Community Survey, 5-year estimates, as cited by County Health Rankings	2017–2021
ECONOMIC SECURITY	Kids in Working Families for Whom Licensed Childcare is Available	Children Ages 0-12 in Working Families for Whom Licensed Childcare is Available	California Child Care Resource and Referral Network, California Child Care Portfolio; U.S. Census Bureau, American Community Survey public use microdata	2022

Category	Indicator	Description	Source	Year(s)
ECONOMIC SECURITY	Median Household Income	The income where half of households in a county earn more and half of households earn less	U.S. Census Bureau, Small Area Income and Poverty Estimates, as cited by County Health Rankings, 2021; U.S. Census ACS, 5-year estimates, 2019–2023	2021, 2019–2023
ECONOMIC SECURITY	Poverty, Children	Percentage of people under age 18 in poverty	U.S. Census Bureau, Small Area Income and Poverty Estimates, as cited by County Health Rankings	2021
ECONOMIC SECURITY	Poverty, Children, Alameda County and Cities	Percent of children living below the Federal Poverty Limit.	U.S. Census Bureau; American Community Survey, American Community Survey 5-Year Estimates. Retrieved from Healthy Alameda County platform.	2019-2023
ECONOMIC SECURITY	Poverty, Families, Alameda County and Cities	Percent of families living below the Federal Poverty Limit.	U.S. Census Bureau; American Community Survey, American Community Survey 5-Year Estimates. Retrieved from Healthy Alameda County platform.	2019-2023
ECONOMIC SECURITY	Poverty, Older Adults, Alameda County and Cities	Percent of adults aged 65 and older living below the Federal Poverty Limit.	U.S. Census Bureau; American Community Survey, American Community Survey 5-Year Estimates. Retrieved from Healthy Alameda County platform.	2019-2023
ECONOMIC SECURITY	Real Cost Measure	Funds needed to afford the cost of living based on the cost of housing, childcare, food, health care, transportation, taxes and other miscellaneous things	United Ways of California, Real Cost Measure Interactive Data Dashboard, https://unitedwaysca.org/realcost.	2023
ECONOMIC SECURITY	Unemployment Rate	Percentage of population ages 16 and older unemployed but seeking work,	U.S. Bureau of Labor Statistics	2025

Category	Indicator	Description	Source	Year(s)
		Oakland-Berkeley-Fremont metropolitan area		
ECONOMIC SECURITY	Children Ages 0-17 Living in Food Insecure Households	Children Ages 0-17 Living in Food Insecure Households	USDA Food Environment Atlas; Map the Meal Gap from Feeding America	2021
ECONOMIC SECURITY	Children Ages 0-17 without Secure Parental Employment	Children Ages 0-17 without Secure Parental Employment	Population Reference Bureau, analysis of U.S. Census Bureau American Community Survey public use microdata	2022
ECONOMIC SECURITY	Annual Cost of Childcare for Infants Ages 0-2 in a Childcare Center	Annual Cost of Childcare for Infants Ages 0-2 in a Childcare Center	California Child Care Resource and Referral Network, California Child Care Portfolio	2023
ECONOMIC SECURITY	Annual Cost of Childcare for Preschoolers Ages 3-5 in a Childcare Center	Annual Cost of Childcare for Preschoolers Ages 3-5 in aChildcare Center	California Child Care Resource and Referral Network, California Child Care Portfolio	2023
ECONOMIC SECURITY: HOUSING	Blood Lead Levels, Kids/Youth	Children/youth Ages 6-20 with moderate/very high blood lead levels among those tested. Moderate: 4.5-9.49 mcg/dL Very high: at least 9.5 mcg/dL	California Dept. of Public Health, Childhood Lead Poisoning Prevention Branch, California Blood Lead Data & California's Progress in Preventing and Managing Childhood Lead Exposure	2022
ECONOMIC SECURITY: HOUSING	Homeless Children, Unsheltered, Alameda County and by City	Point-in-Time Count of Unsheltered Homeless Children Ages 0-17 (multiple counties and California)	U.S. Dept. of Housing and Urban Development, Point-In-Time Estimates of Homelessness in the U.S., as cited in KidsData.org	2023
ECONOMIC SECURITY: HOUSING	Homeless Children, Alameda County and by City	Point-in-Time Count of Homeless Children Ages 0-17 (multiple counties and California)	U.S. Dept. of Housing and Urban Development, Point-In-Time Estimates of Homelessness in the U.S.	2023

Category	Indicator	Description	Source	Year(s)
ECONOMIC SECURITY: HOUSING	Homeless Population, Alameda County and Cities	Point-in-time count of homeless individuals, sheltered and unsheltered, with demographics (e.g. race and Age)	Alameda County Homeless Census & Survey Executive Summary	2024
ECONOMIC SECURITY: HOUSING	Homeless Population, Proportion by Race, Alameda County and Cities	Percent of homeless individuals by race compared to share of the overall population.	Alameda County Homeless Census & Survey Executive Summary	2024
ECONOMIC SECURITY: HOUSING	Homeless Youth, Alameda County and by City	Point-in-Time Count of Homeless Youth Ages 18-24 (multiple counties and California)	U.S. Dept. of Housing and Urban Development, Point-In-Time Estimates of Homelessness in the U.S., as cited in KidsData.org	2023
ECONOMIC SECURITY: HOUSING	Homeless Youth, Unsheltered, Alameda County and by City	Point-in-Time Count of Unsheltered Homeless Youth Ages 18-24 (multiple counties and California)	U.S. Dept. of Housing and Urban Development, Point-In-Time Estimates of Homelessness in the U.S., as cited in KidsData.org	2023
ECONOMIC SECURITY: HOUSING	Homeownership	Percentage of owner-occupied housing units.	United States Census Bureau, American Community Survey, 5-year estimates, as cited by Community Health Rankings	2017–2021
ECONOMIC SECURITY: HOUSING	Rent-Burdened	Percent of residents who are rent-burdened, including severely rent-burdened (by race, socioeconomic status)	California Housing Partnership	2022
ECONOMIC SECURITY: HOUSING	Severe Housing Cost Burden	Percentage of households that spend 50% or more of their household income on housing	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
ECONOMIC SECURITY: HOUSING	Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack	U.S. Department of Housing & Urban Development, Comprehensive Housing Affordability Strategy (CHAS) data	2015–2019

Category	Indicator	Description	Source	Year(s)
		of kitchen facilities, or lack of plumbing facilities		
ECONOMIC SECURITY: HOUSING	Students Recorded as Homeless at Some Point during the School Year	Students Recorded as Homeless at Some Point during the School Year	California Dept. of Education, Coordinated School Health and Safety Office custom tabulation & DataQuest	2023
ECONOMIC SECURITY: HOUSING	Children Ages 0-17 Living in Crowded Households	Children Ages 0-17 Living in Crowded Households	Population Reference Bureau, analysis of U.S. Census Bureau American Community Survey public use microdata	2022
ECONOMIC SECURITY: HOUSING	Blood Lead Levels, Kids 0-5	Children Ages 0-5 with moderate/very high blood lead levels among those tested. Moderate: 4.5-9.49 mcg/dL Very high: at least 9.5 mcg/dL	California Dept. of Public Health, Childhood Lead Poisoning Prevention Branch, California Blood Lead Data & California's Progress in Preventing and Managing Childhood Lead Exposure	2022
GENERAL HEALTH, LIFE/ MORTALITY	All-Cause Mortality, Alameda County and by City	Mortality for all causes, age-adjusted rate per 100,000	Alameda County Public Health Department, CAPE Unit	2019–2023
GENERAL HEALTH, LIFE/ MORTALITY	Child Mortality	Number of deaths among residents under age 18 per 100,000 population	National Center for Health Statistics - Mortality Files	2017–2020
GENERAL HEALTH, LIFE/ MORTALITY	Frequent Physical Distress	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted)	CA Behavioral Risk Factor Surveillance System	2020
GENERAL HEALTH, LIFE/ MORTALITY	Insufficient Sleep	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted)	CA Behavioral Risk Factor Surveillance System	2020
GENERAL HEALTH, LIFE/ MORTALITY	Life Expectancy	Average number of years a person can expect to live	National Center for Health Statistics - Mortality Files, as cited by County Health Rankings	2018–2020

Category	Indicator	Description	Source	Year(s)
GENERAL HEALTH, LIFE/ MORTALITY	Life Expectancy, Alameda County and by City	Average number of years a person can expect to live	Alameda County Public Health Department, CAPE Unit	2019–2023
GENERAL HEALTH, LIFE/ MORTALITY	Mortality Rates and Rank, Alameda County	Mortality counts and age-adjusted rates per 100,000	Alameda County Examining Increases in Mortality and Disparities from 2018-2019 to 2020-2021, Alameda County Public Health Department	2024
GENERAL HEALTH, LIFE/ MORTALITY	Mortality Rates and Rank, California and by County	Mortality counts and age-adjusted rates per 100,000, ranked	California Dept. of Public Health, Death Statistical Master Files.	2022
GENERAL HEALTH, LIFE/ MORTALITY	Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted)	CA Behavioral Risk Factor Surveillance System	2020
GENERAL HEALTH, LIFE/ MORTALITY	Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)	CA Behavioral Risk Factor Surveillance System	2020
GENERAL HEALTH, LIFE/ MORTALITY	Total Population	Total population of each county	U.S. Census Bureau, American Community Survey 5-year Estimates	2017–2021
GENERAL HEALTH, LIFE/ MORTALITY	Child/Youth Mortality (Ages 1-24)	Deaths among Children and Youth Ages 1-24	California Dept. of Public Health, Death Statistical Master Files; California Dept. of Finance, Population Estimates and Projections; CDC WONDER Online Database, Underlying Cause of Death	2020
HEALTH CARE ACCESS & DELIVERY	Adults Delayed or Had Difficulty Obtaining Care Aged 18+ (Percent)	Percentage of adults aged 18 and over who report having delayed or not received other medical care they felt they needed	California Health Interview Survey, Neighborhood Edition, UCLA Center for Health Policy Research	2021–2022

Category	Indicator	Description	Source	Year(s)
HEALTH CARE ACCESS & DELIVERY	Kindergarteners with All Required Immunizations	Kindergarteners with All Required Immunizations	California Dept. of Public Health, Immunization Branch, Reporting Data for Kindergarten and 7th Grade	2022
HEALTHCARE ACCESS & DELIVERY	Children in Limited English Households	Percent of Children Living in Limited English-Speaking Households	Population Reference Bureau, analysis of U.S. Census Bureau American Community Survey public use microdata, as cited on KidsData.org	2021
HEALTHCARE ACCESS & DELIVERY	Children with Health Insurance Coverage	Children Ages 0-18 with Health Insurance Coverage	Population Reference Bureau, analysis of U.S. Census Bureau American Community Survey public use microdata	2024
HEALTHCARE ACCESS & DELIVERY	Health Provider Shortage Areas: Primary Care	Designated Healthy Provider Shortage Areas within County	U.S. Department of Health & Human Services, Health Resources and Services Administration	2022
HEALTHCARE ACCESS & DELIVERY	Limited English Proficiency, Alameda County and Cities	Percent of population over 5 years old that speak non-English at home less than "very well."	US Census Bureau, 2023 5-Year Estimates, American Community Survey. Table S1601.	2021
HEALTHCARE ACCESS & DELIVERY	Non-Physician Primary Care Providers Ratio	Ratio of population to primary care providers other than physicians	Centers for Medicare & Medicaid Services, National Provider Identification	2022
HEALTHCARE ACCESS & DELIVERY	Preventable Hospital Stays	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	Centers for Medicare & Medicaid Services, Mapping Medicare Disparities Tool, as cited by County Health Rankings	2020
HEALTHCARE ACCESS & DELIVERY	Primary Care Physicians	Ratio of population to primary care physicians	Area Health Resource File/American Medical Association	2020

Category	Indicator	Description	Source	Year(s)
HEALTHCARE ACCESS & DELIVERY	Ratio of Students to School Nurses	Ratio of Students to School Nurses	California Dept. of Education, Staff Assignment and Course Data & DataQuest	2019
HEALTHCARE ACCESS & DELIVERY	Ratio of Students to School Speech/Language/Hearing Specialists	Ratio of Students to School Speech/Language/Hearing Specialists	California Dept. of Education, Staff Assignment and Course Data & DataQuest	2019
HEALTHCARE ACCESS & DELIVERY	Top Non-English Languages Spoken at Home	Number and percent of population by language spoken	US Census Bureau, 2023 5-Year Estimates, American Community Survey. Table B16001.	2023
HEALTHCARE ACCESS & DELIVERY	Uninsured	Percentage of population under age 65 without health insurance	U.S. Census Bureau, Small Area Health Insurance Estimates	2020
HEALTHCARE ACCESS & DELIVERY	Uninsured Adults	Percentage of adults under age 65 without health insurance	U.S. Census Bureau, Small Area Health Insurance Estimates	2020
HEALTHCARE ACCESS & DELIVERY	Uninsured Children	Percentage of children under age 19 without health insurance	U.S. Census Bureau, Small Area Health Insurance Estimates	2020
HEALTHCARE ACCESS: ORAL HEALTH	Dentists	Ratio of population to dentists	Area Health Resource File/National Provider Identifier Downloadable File	2021
HEALTHCARE ACCESS: ORAL HEALTH	Health Provider Shortage Areas: Dental Health	Designated Healthy Provider Shortage Areas within County	U.S. Department of Health & Human Services, Health Resources and Services Administration	2022
HEART/ STROKE	Acute Myocardial Infarction Deaths, Alameda County, Alameda and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): I2[1-2]	Alameda County Public Health Department, CAPE Unit	2019–2023
HEART/ STROKE	Acute Myocardial Infarction ED Visits and Hospitalizations, Alameda County and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): I2[1-2]	Alameda County Public Health Department, CAPE Unit	2020–2022

Category	Indicator	Description	Source	Year(s)
HEART/ STROKE	All Heart Disease Deaths, Alameda County and by City	Age-Adjusted Rate per 100,000 Population	Alameda County Public Health Department, CAPE Unit	2019–2023
HEART/ STROKE	Cardiac Dysrhythmia Deaths, Alameda County and by City	Age-Adjusted Rate per 100,000 Population	Alameda County Public Health Department, CAPE Unit	2019–2023
HEART/ STROKE	Cardiac Dysrhythmia ED Visits and Hospitalizations, Alameda County and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): I4[7-9]	Alameda County Public Health Department, CAPE Unit	2020–2022
HEART/ STROKE	Cardiovascular Disease Deaths and by City	Age-Adjusted Rate per 100,000 Population	Alameda County Public Health Department, CAPE Unit	2019–2023
HEART/ STROKE	Cardiovascular Disease ED Visits and Hospitalizations and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): I[0-6]|I7[0-8]	Alameda County Public Health Department, CAPE Unit	2020–2022
HEART/ STROKE	Cerebrovascular Diseases Among Leading Causes of Death	Rank within county	California Department of Public Health, 2024 Death Statistics File.	2022
HEART/ STROKE	Cerebrovascular Diseases Deaths, Alameda County and by City	Age-Adjusted Rate per 100,000 Population	Alameda County Public Health Department, CAPE Unit	2019–2023
HEART/ STROKE	Essential Hypertension and Hypertensive Renal Disease Among Leading Causes of Death	Rank within county	California Department of Public Health, 2024 Death Statistics File.	2022
HEART/ STROKE	Heart Disease ED Visits and Hospitalizations, Alameda County and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): I0[0-9]|I1[1,3]|I2-4]|I5[0,1]	Alameda County Public Health Department, CAPE Unit	2020–2022
HEART/ STROKE	Heart Disease Prevalence	Percent of adults who have been told that they have heart disease.	California Health Interview Survey (Neighborhood Edition). UCLA Center for Health Policy Research. Retrieved from Healthy Alameda County	2021-2022
HEART/ STROKE	Heart Diseases Among Leading Causes of Death	Rank within county	California Department of Public Health, 2024 Death Statistics File.	2022

Category	Indicator	Description	Source	Year(s)
HEART/ STROKE	Heart Failure ED Visits and Hospitalizations, Alameda County and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): I0981|I1[1,3]0|I132|I50[1-4,8-9]	Alameda County Public Health Department, CAPE Unit	2020–2022
HEART/ STROKE	Heart Failure MCOD Deaths, Alameda County and by City	Multiple causes of death: Age-Adjusted Rate per 100,000 Population. Regex Code(s): I50	Alameda County Public Health Department, CAPE Unit	2019–2023
HEART/ STROKE	Hemorrhagic Stroke Deaths, Alameda County and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): I6[0-2]	Alameda County Public Health Department, CAPE Unit	2019–2023
HEART/ STROKE	Hemorrhagic Stroke ED Visits and Hospitalizations, Alameda County and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): I6[0-2]	Alameda County Public Health Department, CAPE Unit	2020–2022
HEART/ STROKE	High Blood Pressure Prevalence	Percent (Crude Prevalence) of Population with High Blood Pressure	CDC Interactive Atlas of Heart Disease and Stroke (BRFSS)	2021
HEART/ STROKE	Hypertension Deaths, Alameda County and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): I1[0-3]	Alameda County Public Health Department, CAPE Unit	2019–2023
HEART/ STROKE	Hypertension ED Visits and Hospitalizations, Alameda County and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): I1[0-5]	Alameda County Public Health Department, CAPE Unit	2020–2022
HEART/ STROKE	Hypertension MCOD Deaths, Alameda County and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): I1[0-5]	Alameda County Public Health Department, CAPE Unit	2019–2023
HEART/ STROKE	Ischemic Heart Diseases Deaths, Alameda County and by City	Per Mayo clinic: A life-threatening condition that occurs when blood flow to the brain is blocked. This prevents brain tissue from getting oxygen and nutrients, which can lead to brain cell death. Ischemic strokes are the most common type of stroke. Age-Adjusted Rate per 100,000 Population. Regex Code(s): I2[0-5]	Alameda County Public Health Department, CAPE Unit	2019–2023
HEART/ STROKE	Ischemic Heart Diseases ED Visits and Hospitalizations and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): I2[0-5]	Alameda County Public Health Department, CAPE Unit	2020–2022

Category	Indicator	Description	Source	Year(s)
HEART/ STROKE	Ischemic Stroke Deaths, Alameda County and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): I6[3,5-6]	Alameda County Public Health Department, CAPE Unit	2019–2023
HEART/ STROKE	Ischemic Stroke ED Visits and Hospitalizations and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): I6[3,5-6]	Alameda County Public Health Department, CAPE Unit	2020–2022
HEART/ STROKE	Stroke ED Visits and Hospitalizations, Alameda County and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): I6	Alameda County Public Health Department, CAPE Unit	2020–2022
MATERNAL/ INFANT HEALTH	Top 3 Priorities for Child Health	Among Alameda County Maternal, Paternal, Child, and Adolescent Health (MPCAH) population	Alameda County Title V Local MPCAH Needs Assessment	2024
MATERNAL/ INFANT HEALTH	Top 3 Priorities for Perinatal/Infant Health	Among Alameda County Maternal, Paternal, Child, and Adolescent Health (MPCAH) population	Alameda County Title V Local MPCAH Needs Assessment	2024
MATERNAL/ INFANT HEALTH	Babies Breastfed in Hospital	Babies Breastfed in Hospital	California Dept. of Public Health, In-Hospital Breastfeeding Initiation Data, as cited by KidsData.org	2021
MATERNAL/ INFANT HEALTH	Babies Breastfed in Hospital Exclusively	Babies Breastfed Exclusively in Hospital	California Dept. of Public Health, In-Hospital Breastfeeding Initiation Data, as cited by KidsData.org	2021
MATERNAL/ INFANT HEALTH	Early Prenatal Care	Babies Born to Mothers Who Received Prenatal Care in the First Trimester	California Dept. of Public Health, California Vital Data (Cal-ViDa) Query Tool and Birth Statistical Master Files	2022
MATERNAL/ INFANT HEALTH	Experiences Of Racism and Discrimination in Healthcare	Among Alameda County Maternal, Paternal, Child, and Adolescent Health (MPCAH) population	Alameda County Title V Local MPCAH Needs Assessment	2024
MATERNAL/ INFANT HEALTH	Infant Mortality	Number of infant deaths (within 1 year) per 1,000 live births	National Center for Health Statistics - Mortality Files, as cited in KidsData.org	2014–2020

Category	Indicator	Description	Source	Year(s)
MATERNAL/ INFANT HEALTH	Infant Mortality, Alameda County and by City	Number of infant deaths (within 1 year) per 1,000 live births	Alameda County Public Health Department, CAPE Unit	2019–2023
MATERNAL/ INFANT HEALTH	Low Birthweight Babies and by City	Percentage of live births with low birthweight (< 2,500 grams)	National Center for Health Statistics - Natality files, as cited by County Health Rankings	2014–2020
MATERNAL/ INFANT HEALTH	Maternal Mortality by Race, by County	Rate per 10,000 live births. Pregnancy-related death is a death while pregnant or within one year of the end of pregnancy – regardless of the outcome, duration or site of the pregnancy – from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.	The California Pregnancy Mortality Surveillance System (CA-PMSS)	2021
MATERNAL/ INFANT HEALTH	Severe Maternal Morbidity by Race	Rate of SMM events per 10,000 labor hospitalizations among females, aged 12 to 55 years	California Department of Public Health, The California Pregnancy Mortality Surveillance System (CA-PMSS)	2021
MATERNAL/ INFANT HEALTH	Singleton Low Birth Weight, Alameda County and by City	Percentage of live births with low birthweight (< 2,500 grams)	Alameda County Public Health Department, CAPE Unit	2019–2023
MATERNAL/ INFANT HEALTH	Singleton Premature Birth, Alameda County and by City	Singleton Preterm birth = Live birth with estimated gestational age < 37 weeks, excluding all multiple births	Alameda County Public Health Department, CAPE Unit	2020–2021
MATERNAL/ INFANT HEALTH	Teen Birth Rate, Alameda County and by City	Number of births per 1,000 female population ages 15-19	Alameda County Public Health Department, CAPE Unit	2019–2023
MATERNAL/ INFANT HEALTH	Top 3 Priorities for Adolescent Health	Among Alameda County Maternal, Paternal, Child, and Adolescent Health (MPCAH) population	Alameda County Title V Local MPCAH Needs Assessment	2024

Category	Indicator	Description	Source	Year(s)
MATERNAL/ INFANT HEALTH	Top 3 Priorities for Children/Youth with Special Health Care Needs	Among Alameda County Maternal, Paternal, Child, and Adolescent Health (MPCAH) population	Alameda County Title V Local MPCAH Needs Assessment	2024
MATERNAL/ INFANT HEALTH	Top 3 Priorities for Paternal Health	Among Alameda County Maternal, Paternal, Child, and Adolescent Health (MPCAH) population	Alameda County Title V Local MPCAH Needs Assessment	2024
MATERNAL/ INFANT HEALTH	Top 3 Priorities for Women/Maternal Health	Among Alameda County Maternal, Paternal, Child, and Adolescent Health (MPCAH) population	Alameda County Title V Local MPCAH Needs Assessment	2024
RESPIRATORY HEALTH	Asthma Deaths, Alameda County and by City	Deaths from asthma	Alameda County Public Health Department, CAPE Unit	2019–2023
RESPIRATORY HEALTH	Asthma ED Visits and Hospitalizations, Alameda County and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): J45	Alameda County Public Health Department, CAPE Unit	2020–2022
RESPIRATORY HEALTH	Asthma Prevalence, Children	Children Ages 1-17 Ever Diagnosed with Asthma	UCLA Center for Health Policy Research, California Health Interview Survey, as cited on KidsData.org	2022
RESPIRATORY HEALTH	Asthma/Bronchitis as Reason for Child Hospitalization	Based on percentage of hospital discharges among children ages 0-17 for the 11 most common primary diagnoses, excluding childbirth.	California Dept. of Health Care Access and Information custom tabulation, as cited on KidsData.org	2021
RESPIRATORY HEALTH	Chronic Lower Respiratory Diseases Among Leading Causes of Death	Rank within county	California Department of Public Health, 2024 Death Statistics File	2022
RESPIRATORY HEALTH	Chronic Lower Respiratory Diseases Deaths, Alameda County and by City	Deaths from chronic lower respiratory disease	Alameda County Public Health Department, CAPE Unit	2019–2023
RESPIRATORY HEALTH	Chronic Lower Respiratory Diseases ED Visits and	Age-Adjusted Rate per 100,000 Population. Regex Code(s): J4[0-7]	Alameda County Public Health Department, CAPE Unit	2020–2022

Category	Indicator	Description	Source	Year(s)
	Hospitalizations, Alameda County and by City			
RESPIRATORY HEALTH	Flu Vaccinations	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.	Centers for Medicare & Medicaid, Mapping Medicare Disparities Tool	2020
RESPIRATORY HEALTH	Influenza and Pneumonia Among Leading Causes of Death	Rank within county	California Department of Public Health, 2024 Death Statistics File	2022
RESPIRATORY HEALTH	Tuberculosis Case Rate	Tuberculosis Cases, Rates per 100,000 Population, and Rank	California Department of Public Health, Tuberculosis Control Branch	2022
RESPIRATORY HEALTH	Tuberculosis Case Rate and Rank	Tuberculosis Cases, Rates per 100,000 Population, and Rank	California Department of Public Health, Tuberculosis Control Branch	2022
RESPIRATORY HEALTH	Covid-19 Deaths, Alameda County and by City	Deaths from COVID-19	Alameda County Public Health Department, CAPE Unit	2019–2023
RESPIRATORY HEALTH	COVID-19 Deaths, ED Visits and Hospitalizations, Alameda County and by City	Age-adjusted rate per 100,000 Population. Regex Code(s): U071	Alameda County Public Health Department, CAPE Unit	2019–2023
RESPIRATORY HEALTH	Asthma Hospitalizations Among Children Ages 5-17	Asthma Hospitalizations among Children Ages 5-17 per 10,000	California Breathing, tabulation of data from the California Dept. of Health Care Access and Information, as cited on KidsData.org	2021
RESPIRATORY HEALTH	Asthma Hospitalizations Among Children Ages 0-4	Asthma Hospitalizations among Children Ages 0-4 per 10,000	California Breathing, tabulation of data from the California Dept. of Health Care Access and Information, as cited on KidsData.org	2021
SEXUAL HEALTH	Chlamydia Incidence	Number of newly diagnosed chlamydia cases per 100,000 population	California Dept. of Public Health, Sexually Transmitted Diseases Control Branch custom tabulation; Centers for Disease Control and	2020

Category	Indicator	Description	Source	Year(s)
			Prevention, Sexually Transmitted Disease Surveillance	
SEXUAL HEALTH	HIV Disease Deaths, Alameda County and by City	Age-Adjusted Rate per 100,000 Population due to Human Immunodeficiency Virus.. Regex Code(s): B2[0-4]	Alameda County Public Health Department, CAPE Unit	2019–2023
SEXUAL HEALTH	HIV Disease ED Visits and Hospitalizations, Alameda County and by City	Age-Adjusted Rate per 100,000 Population due to Human Immunodeficiency Virus. Regex Code(s): B20	Alameda County Public Health Department, CAPE Unit	2020–2022
SEXUAL HEALTH	HIV Prevalence	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2020
SEXUAL HEALTH	Chlamydia Incidence, Youth Ages 10-19	Number of newly diagnosed chlamydia cases per 100,000 population ages 10-19	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2023
SEXUAL HEALTH	Gonorrhea Incidence, Youth Ages 15-19	Number of newly diagnosed gonorrhea cases per 100,000 population	California Dept. of Public Health, Sexually Transmitted Diseases Control Branch custom tabulation; Centers for Disease Control and Prevention, Sexually Transmitted Disease Surveillance	2020
INEQUITY/ DISCRIM[75]	Residential Segregation	Index of dissimilarity where higher values indicate greater residential segregation between Black and white county residents	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021

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[75] Discrim stands for Discrimination.

Category	Indicator	Description	Source	Year(s)
INEQUITY/ DISCRIM	Premature Death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)	National Center for Health Statistics - Mortality Files, as cited by County Health Rankings	2018–2020
INEQUITY/ DISCRIM	Premature Mortality	Number of deaths among residents under age 75 per 100,000 population (age-adjusted)	National Center for Health Statistics - Mortality Files	2018–2020
UNINTENDED INJURY	Crash Fatalities	Number and rate of fatal crashes (bicycle, pedestrian, and vehicle) per 100 vehicle miles driven	Metropolitan Transportation Commission and Association of Bay Area Governments, Vitalsigns.mtc.ca.gov	2022
UNINTENDED INJURY	Drowning Deaths, Alameda County and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): W6[5-9]|W7[0-4]|X71|X92|Y21	Alameda County Public Health Department, CAPE Unit	2019–2023
UNINTENDED INJURY	Drowning ED Visits and Hospitalizations, Alameda County and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): (T751..| W16[49]1.| (?!W16[49]) W16..1|W22041| (V9[02]| W6[5-9]| W7.|X71|X92| Y21)...) (A|$|\b)	Alameda County Public Health Department, CAPE Unit	2020–2022
UNINTENDED INJURY	Injury Deaths	Number of deaths due to injury (including assault and unintentional injuries) per 100,000 population	National Center for Health Statistics - Mortality Files, as cited in Community Health Rankings	2016–2020
UNINTENDED INJURY	Motor Vehicle - Pedestrian ED Visits and Hospitalizations, Alameda County and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): ((V0[2-4][19]|V09[23]|Y0[23]0)..)(A|$|\b)	Alameda County Public Health Department, CAPE Unit	2020–2022
UNINTENDED INJURY	Motor Vehicle Crash Deaths	Number of motor vehicle crash deaths per 100,000 population	National Center for Health Statistics - Mortality Files	2014–2020
UNINTENDED INJURY	Motor Vehicle Transport Deaths, Alameda County and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): V0[2-4][1,9]|V092|V1[2-4][3-9]|V19[4-6]|V2[0-8][3-9]|V29[4-9]|V[3-7][0-9][4-9]|V80[3-5]|V811|V821|V8[3-6][0-3]|V87[0-8]|V892	Alameda County Public Health Department, CAPE Unit	2019–2023

Category	Indicator	Description	Source	Year(s)
UNINTENDED INJURY	Motor Vehicle Transport ED Visits and Hospitalizations and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): ((V0[2-4][19]|V09[23]|V1[2-4][3-5,9]|V19[4-69]|V2[0-8][3-5,9]|V29[4-9]|V[3-7].[4-9]|V8[3-6][0-3]|V80[3-5]|V8[12]1|V87[0-8]|V892|X810|Y020)..|(X82|Y03|Y32)...)(A|$|\b)	Alameda County Public Health Department, CAPE Unit	2020–2022
UNINTENDED INJURY	Pedestrian Deaths, Alameda County and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): V0[2-4][1,9]|V092	Alameda County Public Health Department, CAPE Unit	2019–2023
UNINTENDED INJURY	Unintentional Injuries (Accidents) Among Leading Causes of Death	Rank within county	California Department of Public Health, 2024 Death Statistics File	2022
UNINTENDED INJURY	Unintentional Injury Deaths, Alameda County and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): V|W|X[0-5]|Y85|Y86	Alameda County Public Health Department, CAPE Unit	2019–2023
UNINTENDED INJURY	Unintentional Injury ED Visits and Hospitalizations, Alameda County and by City	Age-Adjusted Rate per 100,000 Population. Regex Code(s): (T1[5-9]...|(T3[679]9|T414|T427|T4[3579]9)1.|(?!(T3[679]9|T414 |T427|T4[3579]9)) (T3[6-9]|T4[0-9]|T50)..1 |((T5[1-46-9]|T6[0-35])9|(T58|T61)[01]|T64[08])1.|(?!((T5[1-46-9]|T6[0-35])9|(T58|T61)[01]|T64[08]))(T5[1-9]|T6[0-5])..1 |(V|W)\d....|X[0-5]....|T71..1|T712[019].|T719..|T73...|T75[0234]..)(A|$|\b)	Alameda County Public Health Department, CAPE Unit	2020–2022
UNINTENDED INJURY	Share of Hospitalizations among children Ages 0-17 for Poisoning	Share of Hospitalizations among children Ages 0-17 for Poisoning	California Dept. of Health Care Access and Information custom tabulation	2021
UNINTENDED INJURY	Share of Hospitalizations among children Ages 0-17 for Traumatic Injuries	Share of Hospitalizations among children Ages 0-17 for Traumatic Injuries	California Dept. of Health Care Access and Information custom tabulation	2021

ATTACHMENT 3: SECONDARY DATA TABLES

DATA TABLE NOTES

Data tables in this section provide additional data which were analyzed for Washington Health's identified health needs. Statistical data tables compare Tri-City data to Alameda County benchmarks. The CHNA study team also collected and analyzed data by race/ethnicity where available. Readers may find additional race/ethnicity data online from the sources listed beneath each table (e.g., Healthy Alameda County platform). Indicator details, including the original sources and time periods for the data, may be found in the "Secondary Data Indicators" list provided separately. Please contact Washington Health if your organization needs assistance with accessing this data for the purposes of improving community health. Note that demographic tables are presented first, followed by health needs in alphabetical order.

Rates: All mortality data, emergency department (ED) visits data, and hospitalization data rates are age-adjusted per 100,000 people in the population (unless otherwise noted).

Position: Some hospitalization and ED visits data indicate whether the rate is for a "principal" position or "all" positions. Principal position: This is the primary reason for the ED Visit or hospitalization and is typically the first listed diagnosis on the discharge record. "All" positions include identified during the patient's ED visit or hospitalization, including the principal diagnosis and any other coexisting or secondary conditions.

Failing benchmarks: Yellow shading in the tables indicates that the rate/percent for the city is worse than the county overall by 5% or more. In tables with race/ethnicity disaggregation, yellow shading indicates that the rate/percent for the ethnic/racial group is worse than the overall <u>city</u> by 5% or more. **Bold text** indicates that the rate is worse than the benchmark, but by less than 5%.

Trends: Where trends were available, color-coded arrows are used to show directionality. Green marks positive trends, red marks negative trends, and black marks neutral indicators.

Speak a Language Other Than English at Home

	Fremont	Newark	Union City	Alameda County
Number	137,792	25,216	39,767	728,484
Percent of Population	63.8%	57.2%	61.2%	46.6%

Source: US Census Bureau, 2023 5–Year Estimates, American Community Survey. Table S1601. Percent of the Population over 5 years old. Includes those who speak English "very well."

Top Non-English Languages Spoken at Home, Alameda County

Rank	Group	County Estimate	Percent of County	Margin of Error
1	Spanish	255,293	16.6%	±8,897
2	Chinese (incl. Mandarin, Cantonese)	149,126	9.7%	±9,239
3	Tagalog (incl. Filipino)	49,176	3.2%	±6,047
4	Hindi	40,048	2.6%	±4,756
5	Vietnamese	24,946	1.6%	±4,054
6	Punjabi	18,747	1.2%	±4,852
7	Telugu	18,674	1.2%	±4,369
8	Tamil	17,266	1.1%	±3,562
9	Korean	14,844	1.0%	±2,928
10	Persian (incl. Farsi, Dari)	14,404	0.9%	±4,655
11	French	10,655	0.7%	±2,200
12	Arabic	9,922	0.6%	±3,079
13	Nepali, Marathi, Other Indic	9,698	0.6%	±2,643
14	Ilocano, Samoan, Hawaiian, other Austronesian	9,590	0.6%	±2,648
15	Other languages of Asia	9,545	0.6%	±3,175
16	Gujarati	7,958	0.5%	±2,464
17	Malayalam, Kannada, other Dravidian	7,022	0.5%	±1,761
18	Portuguese	6,998	0.5%	±2,355
19	Japanese	6,492	0.4%	±1,810
20	Amharic, Somali, other Afro–Asiatic	5,907	0.4%	±2,101

Source: US Census Bureau, 2023 5–Year Estimates, American Community Survey. Table B16001. Note: Data by city (Table B16001) were not available.

Limited English (Percentage of Population)

	Fremont	Newark	Union City	Alameda County
2011	21.0%	—	26.2%	19.6%
2014	18.0%	—	21.4%	18.7%
2017	17.5%	—	19.1%	18.0%
2021	🕐17.3%	—	🕐 22.2%	17.3%

Source: US Census Bureau, 1–Year Estimates, American Community Survey. Table DP02. Notes: Limited English is defined as those who are over five years of age and speak English less than "very well." Data not available for city of Newark. Yellow shading indicates that the data is higher than the county by 5% or more. See also UC Census Bureau Table B16005 for data about English proficiency by language group (Spanish, Indo–European languages, Asian and Pacific Island languages, and other languages).

BEHAVIORAL HEALTH

Adults with Likely Serious Psychological Distress

	Fremont	Newark	Union City	Alameda County
2011–2012	7.0%	7.7%	7.1%	NA
2013–2014	4.8%	5.7%	5.2%	2013–2014: 6.6%
2015–2016	7.4%	7.7%	7.5%	8.3%
2017–2018	9.8%	10.5%	10.0%	10.8%
2019–2020	9.6%	9.9%	9.5%	2020–2021: 15.7%
2021–2022	17.5%	18.5%	17.2%	18.8%

Definition: This indicator shows the percentage of adults who have likely had serious psychological distress in the last year based on the Kessler 6 scale. Source: California Health Interview Survey, Neighborhood Edition. Retrieved from Healthy Alameda County. None of these

Self–Inflicted Injury ED Visits

	Fremont	Newark	Union City	Alameda County
2016–2017*	57.6	52.8	42.9	76.6
2020–2022 Position: Primary	🔴 44.5	🟢 45.3	🔴 50.1	🟢 69.8

Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from Office of Statewide Health Planning and Development, 2020–2022. For self–harm codes, see the CSTE definition at https://resources.cste.org/Injury–Surveillance–Methods–Toolkit/Home/GeneralInjuryIndicators.
Note: * = Position unknown.

Self–Inflicted Injury Hospitalizations

	Fremont	Newark	Union City	Alameda County
2016–2017*	12.7	**17.7**	16.6	17.3
2018–2020*	17.2	14.0	15.0	26.8
2020–2022 Position: Primary	◐ 12.7	◐ 11.2	◑ 16.3	◐ 19.1

Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from Office of Statewide Health Planning and Development. For self–harm codes, see the CSTE definition. Note: Bold indicates that the data are worse than the county, but by less than 5%. Note: * = Position unknown.

Suicide Mortality

	Fremont	Newark	Union City	Alameda County
2011–2013	6.3	5.0	4.2	8.6
2012–2014	6.5	7.2	4.0	9.1
2013–2015	6.0	5.8	7.3	9.4
2014–2016	5.9	8.6	**9.4**	9.3
2015–2017	6.7	5.3	8.3	8.7
2016–2018	7.3	6.9	6.5	8.7
2018–2020	6.7	── (N<10)	7.1	8.3
2019–2023	◐ 5.8 (N=72)	◐ 5.0 (N=13)	◐ 6.4 (N=25)	◑ 8.6 (N=754)

Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from Alameda County vital statistics files, 2019–2023. 2019–23 Regex Code(s): U03|X[6–7]|X8[0–4]|Y870; prior years: ICD–10 codes U03, X60–X84, Y87.0. Note: N=Number (count). Bold text indicates that the data are worse than the county, but by less than 5%.

Deaths of Despair

	Fremont	Newark	Union City	Alameda County
2019–2023	20.0 (N=249)	21.3 (N=55)	27.9 (N=108)	37.7 (N=3,373)

Definition: Deaths due to suicide, drug overdose, and alcohol–related deaths (e.g. liver failure). Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from Alameda County vital statistics files, 2019–2023.Regex Codes: K70[0–4]|K7[3–4]|X4[0–5]|X[6–7]|X8[0–4]|Y1[0–5]|Y4[5,7,9]|Y870.

Severe Mental Illness-Related ED Visits and Hospitalizations (Any Position)

		Fremont	Newark	Union City	Alameda County
ED Visits	2018–2020*	1,048.9	1,336.5	1,485.3	1,703.1
ED Visits	2020–2022 Position: All	⏱ 1,538.0	⏱ 1,973.3	⏱ 2,072.5	⏱ 2,298.8
Hospitalizations	2016–2017*	869.9	1,130.1	1,007.9	1,452.2
Hospitalizations	2018–2020*	755.1	876.5	906.0	1403.4
Hospitalizations	2020–2022 Position: All	⏱ 806.2	⏱ 915.1	⏱ 931.3	⏱ 1,419.0

Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from Office of Statewide Health Planning and Development. Regex Code(s): F2[0–9]|F30[1–3,8–9]|F31[0–6]|F317[0–1,3,5,7]|F31[8–9]|F32[2–4]|F32[8–9]|F33[1–3]|F334[0–1]|F33[8–9]|F34|F39|F400|F4[1–2]|F431|F4[4–5]|F48[1–2]|F60|F50|F53|F91]. Note: * = Position unknown.

Severe Mental Illness-Related ED Visits and Hospitalizations (Primary Position)

	Fremont	Newark	Union City	Alameda County
ED Visits	369.7	468.5	445.9	578.3
Hospitalizations	213.7	231.7	236.4	415.9

Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from Office of Statewide Health Planning and Development. 2020–2022. Regex Code(s): F2[0–9]|F30[1–3,8–9]|F31[0–6]|F317[0–1,3,5,7]|F31[8–9]|F32[2–4]|F32[8–9]|F33[1–3]|F334[0–1]|F33[8–9]|F34|F39|F400|F4[1–2]|F431|F4[4–5]|F48[1–2]|F60|F50|F53|F91]. Position: Primary.

Severe Mental Illness Related to Drugs/Alcohol ED Visits and Hospitalizations

	Fremont	Newark	Union City	Alameda County
ED Visits	5.7	14.4	NA	12.6
Hospitalizations	2.0	NA	NA	7.6

Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from Office of Statewide Health Planning and Development. 2020–2022. Regex Code(s): F1[01,3–6,89][129][4–5]|F1[0,2–6,89]80|F12150|F12[29]5. Position: Primary. NA=Rate not available (N<12).

Substance Use-Related ED Visits and Hospitalizations

	Fremont	Newark	Union City	Alameda County
Substance Use ED Visits	15.5	13.8	28.1	45.6
Substance Use Hospitalizations	4.5	NA	5.2	19.4
Severe Mental Illness Re: Drugs/Alcohol ED Visits	2018–20: 6.0 2020–22: 5.7	2018–20: 9.1 2020–22: **14.4**	2018–20: 8.4 2020–22:(N<12)	2018–20: 19.0 2020–22: 12.6
Severe Mental Illness Re: Drugs/Alcohol Hospitalizations	2.0	NA	(N<12)	7.6

Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from Office of Statewide Health Planning and Development, 2020–2022. Regex Code(s): F1[0–6,8–9]|T40[0–9]..(A|$|\b). NA=Not available (N<12). Position: Primary. Yellow shading indicates that the rate is higher than Alameda County overall by 5% or more.

Alcohol/Drug-Related Mortality Rates

	Fremont	Newark	Union City	Alameda County
Drug Poisoning (overdose)	8.8	9.4	12.7	20.1
Drug Poisoning (overdose) Involving Any Opioid	5.3	3.9	7.5	12.5
Drug and Alcohol Abuse & Dependence	1.6	NA	NA	3.1

Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit. Mortality 2019–2023 (data from Alameda County vital statistics files). Regex Code(s): Drug poisoning: X4[0–4]|X6[0–4]|X85|Y1[0–4]; Drug poisoning (opioid): Regex Code(s): T40[0–4,6]; Drug/alcohol abuse/dependence: F1. NA=Not available (N<10).

CANCER

Cancer Screenings (Percent)

Cancer Site	Fremont	Newark	Union City	Alameda County
Cervical (Ages 21–65)	78.5%	79.0%	75.5%	79.0%
Colon (Ages 50–75)	58.4%	58.7%	59.0%	59.5%
Mammogram in the Past 2 Years (Ages 50–74)	**76.2%**	**75.2%**	**75.7%**	74.5%

Source: Healthy Alameda County. Notes: Colon screening measures those who have had recommended screenings (Preventive Service Task Forces) based on age and family history. Bold indicates that the data are worse than the county, but by less than 5%. Cervical: 2020; colon: 2022; mammograms: 2022.

Cancer Mortality Rates by City and Race/Ethnicity

Fremont Cancer Mortality by Race/Ethnicity

Cancer Mortality Site	Fremont All Races	Black	Latino	White	Asian	Multi-racial
All Sites	99.5	246.5	105.8	123.4	81.8	41.9
Colon, Rectum and Anus	8.7	NA	12.1	10.9	5.9	NA
Trachea, Bronchus and Lung	17.6	NA	10.1	20.7	16.4	NA

Note: NA=Rate not available (N<12). Rates for Pacific Islander group not available. Yellow shading indicates that the rate is higher than Fremont overall by 5% or more.

Newark Cancer Mortality by Race/Ethnicity

Cancer Mortality Site	Newark All Races	Black	Latino	White	Asian	Pacific Islander
All Sites	106.5	147.0	105.1	114.3	95.7	481.4
Colon, Rectum and Anus	9.4	NA	NA	NA	12.1	NA
Trachea, Bronchus and Lung	22.4	NA	NA	31.1	18.7	NA

Note: NA=Rate not available (N<12). Rates for multiracial group not available. Yellow shading for ethnic/racial subgroups indicates that the rate is higher than Newark overall by 5% or more. Newark's overall rate for trachea/bronchus/lung is worse than Alameda County by 9%.

Union City Cancer Mortality by Race/Ethnicity

Cancer Mortality Site	Union City All Races	Black	Latino	White	Asian
All Sites	117.0	244.4	114.6	171.6	98.8
Colon, Rectum and Anus	10.8	NA	NA	16.8	10.0
Trachea, Bronchus and Lung	19.8	NA	NA	29.2	19.7

Note: NA=Rate not available (N<12). Rates for Pacific Islander and multiracial groups not available. Yellow shading for ethnic/racial subgroups indicates that the rate is higher than Union City overall by 5% or more.

COGNITIVE DECLINE

Alzheimer's Disease and Related Dementias

	Fremont	Newark	Union City	Alameda County
ED Visits	22.2	18.8	33.9	29.8
Hospitalizations	6.9	11.5	4.9	14.2
Mortality	58.1	48.2	74.4	60.7

Sources: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit. Mortality 2019–2023 (data from Alameda County vital statistics files); ICD–10 codes: F0[1–3]|G3[0–1]; ED and Hospitalizations 2020–2022 (data from Office of Statewide Health Planning and Development); ICD–10 codes: F01|F02|F03|F04|F102[6–7]|F109[6–7]|F132[6–7]|F191[6–7]|F192[6–7]|G30|G31[0–2,9]|G318[3,5–9]|R4181|R41[1–3]. Yellow shading indicates that the rate is higher than the county overall by 5% or more.

Alzheimer's/Dementia Mortality, by City and Race/Ethnicity

	All Races	Black	Latino	White	Asian
Fremont	58.1	162.4	72.2	77.7	37.7
Newark	48.2	NA	57.7	56.0	41.4
Union City	74.4	163.5	53.8	123.2	58.8
Alameda County	60.7	85.1	**63.3**	68.1	43.4

NA=Rate not available due to low numbers. Yellow shading for ethnic/racial subgroups indicates that the rate is higher than the city overall by 5% or more. Bold indicates that the data are worse than the county, but by less than 5%.

DIABETES & OBESITY

Diabetes Prevalence, Adults (Percent)

	Fremont	Newark	Union City	Alameda County
2011–2012	7.0%	8.2%	8.2%	6.4 (2012)
2013–2014	**5.8%**	**6.4%**	**6.9%**	4.0 (2013)
2015–2016	8.5%	9.7%	10.1%	7.1
2017–2018	9.0%	10.0%	10.3%	8.1
2019–2020	11.4%	13.6%	13.7%	10.3
2021–2022	13.4%	14.8%	15.6%	11.5

Source: California Health Interview Survey. Retrieved from Healthy Alameda County. Yellow shading indicates that the rate is higher than the county overall by 5% or more.

Diabetes ED Visits

	Fremont	Newark	Union City	Alameda County
2016–2017	2,008.2	2,890.0	3,191.6	2,674.7
2018–2020	⊕ 1,396.0	⊕ 2,053.8	⊕ 2,280.7	⊕ 1,541.0
Data below may not be comparable to previous years (see notes).				
2020–2022 Position: All	1,863.3	2,746.2	3,019.9	2,191.6
2020–2022 Position: Primary	104.3	167.0	160.2	184.5

Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from Office of Statewide Health Planning and Development. 2020–22 Regex Code(s): E0[8,9]|E1[0,1,3]; previous years: ICD–10 codes E10, E11, E13. Note: Yellow shading indicates that the data is worse than the county by 5% or more.

Diabetes Hospitalizations

	Fremont	Newark	Union City	Alameda County
2016–2017	1,494.1	1,844.8	2,054.1	1,702.8
2018–2020	⏱ 1,307.9	⏱ 1,592.1	⏱ 1,831.7	⏱ 1,512.0
Data below may not be comparable to previous years (see notes).				
2020–2022 Position: Primary	69.7	104.3	89.5	114.6
2020–2022 Position: All	1,177.6	**1,501.4**	1,712.6	1,478.3

Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from Office of Statewide Health Planning and Development, 2020–2022. 2020–22 Regex Code(s): E0[8,9]|E1[0,1,3]; previous years: ICD–10 codes E10, E11, E13. Note: Yellow shading indicates that the data is worse than the county by 5% or more. Bold text indicates data that is worse than the county but by less than 5%.

Diabetes Mortality

	Fremont	Newark	Union City	Alameda County
2019–2023	16.9	17.4	22.9	19.3

Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from Office of Statewide Health Planning and Development. Regex Code(s): E1[0–4]. Note: Yellow shading indicates that the data is worse than the county by 5% or more.

Adults Who Are Obese (Percent)

	Fremont	Newark	Union City	Alameda County
2018	19.0%	23.9%	20.3%	22.1%
2019	18.5%	23.2%	19.6%	21.5%
2020	19.6%	24.6%	20.7%	22.7%
2021	20.8%	26.0%	21.9%	24.0%
2022	14.5%	18.0%	15.8%	18.5%

Source: California Health Interview Survey. Retrieved from Healthy Alameda County. This indicator shows the percentage of adults aged 18 and older who are obese according to the Body Mass Index (BMI). The BMI is calculated by taking a person's weight and dividing it by their height squared in metric units (BMI = Weight (Kg)/[Height (m) ^ 2]). A BMI=30 is considered obese. Yellow shading indicates that the data is worse than the county by 5% or more.

Children Ages 2–11 Who Are Overweight (Percent)

	Fremont	Newark	Union City	Alameda County
2015–2016	19.6%	28.3%	24.8%	18.2%
2017–2018	11.8%	16.9%	14.4%	11.4%
2019–2020	13.3%	15.0%	15.2%	13.2%
2021–2022	8.5%	11.8%	10.7%	9.6%

Source: California Health Interview Survey. Retrieved from Healthy Alameda County. This indicator shows the percentage of children aged 2–11 who are overweight for their age where weight = 95th percentile. This measure considers sex, age, and weight, but does not include height. Yellow shading indicates that the rate is higher than the county overall by 5% or more.

Teens Who Are Overweight or Obese (Percent)

	Fremont	Newark	Union City	Alameda County
2015–2016	51.6%	64.8%	58.5%	47.4%
2017–2018	33.0%	42.4%	37.7%	33.2%
2019–2020	23.9%	26.0%	26.8%	23.2%
2021–2022	35.6%	42.9%	39.2%	36.3

Source: California Health Interview Survey. Retrieved from Healthy Alameda County. This indicator shows the percentage of high school students who are overweight or obese. Using body mass index reference data by age and sex, overweight is categorized as 85th percentile but 95th percentile and obese is 95th percentile. The BMI is calculated by taking a person's weight and dividing it by their height squared in metric units. (BMI = Weight (Kg)/[Height (m) ^ 2]). Yellow shading indicates that the data is worse than the county by 5% or more.

Unemployment Rate, Oakland-Fremont-Berkeley Metropolitan Division
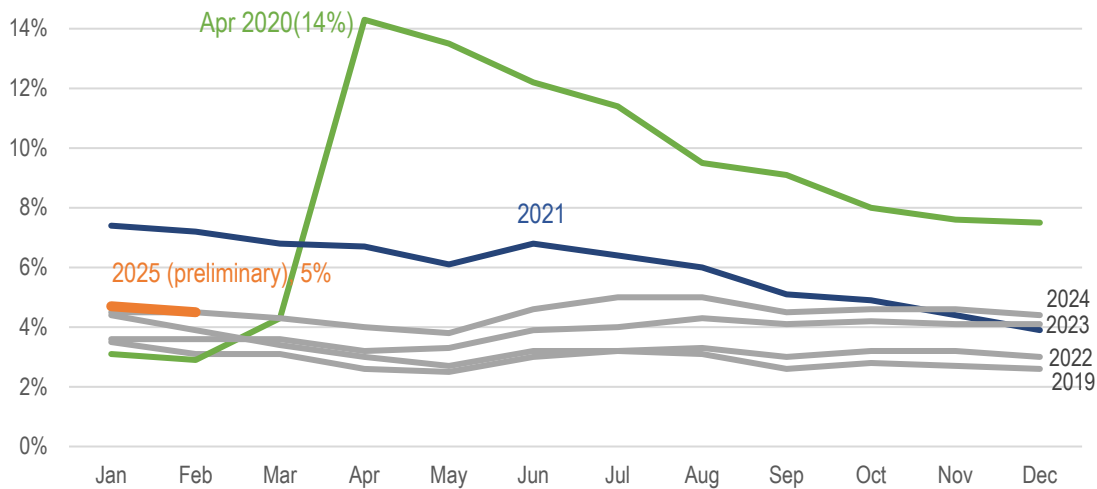
Source: US Bureau of Labor Statistics. Retrieved April 2025.

Median Household Income (Dollars)

	Fremont	Newark	Union City	Alameda County
2007–2011	98,513	81,777	82,634	70,821
2010–2014	103,591	86,521	82,564	73,775
2013–2017	122,191	96,817	95,625	85,743
2016–2020	142,374	127,619	120,772	104,888
2019–2023	176,350	164,909	137,194	126,240

Source: U.S. Census Bureau; American Community Survey 5–Year Estimates. Table B19013. Retrieved from Healthy Alameda County platform.

Children Living Below 100% FPL (Percent)

	Fremont	Newark	Union City	Alameda County
2010–2014	7.1%	11.7%	10.1%	15.8%
2011–2015	6.2%	12.2%	9.8%	15.2%
2012–2016	4.8%	10.7%	9.1%	14.4%
2013–2017	3.9%	9.2%	8.3%	13.0%
2016–2020	3.5%	4.0%	5.3%	10.2%
2019–2023	4.2%	3.5%	6.3%	9.1%

Source: U.S. Census Bureau; American Community Survey, American Community Survey 5–Year Estimates. Note: FPL=Federal Poverty Limit. Retrieved from Healthy Alameda County platform.

Families Living Below 100% FPL (Percent)

	Fremont	Newark	Union City	Alameda County
2016–2020	2.8%	1.9%	3.3%	5.8%
2019–2023	3.6%	2.1%	4.5%	5.6%

Source: U.S. Census Bureau; American Community Survey, American Community Survey 5–Year Estimates. Note: FPL=Federal Poverty Limit. Retrieved from Healthy Alameda County platform.

Older Adults Living Below 100% FPL (Percent)

	Fremont	Newark	Union City	Alameda County
2010–2014	6.7%	6.8%	8.5%	9.7%
2011–2015	6.8%	8.2%	8.1%	9.2%
2012–2016	6.3%	7.1%	8.1%	9.5%
2014–2018	7.3%	5.4%	6.4%	9.7%
2016–2020	7.1%	5.1%	7.6%	9.8%
2019–2023	◑ 8.2%	◑ 8.9%	◑ 10.1%	◑ 11.0%

Source: U.S. Census Bureau; American Community Survey, American Community Survey 5–Year Estimates. Table S1701. Note: FPL=Federal Poverty Limit. Retrieved from Healthy Alameda County platform. Older adults are individuals aged 65 and older.

Youth Ages 16–19 Not in School nor Working (Percent)

	Fremont	Newark	Union City	Alameda County
2014–2018	3.9%	4.8%	4.4%	5.0%
2015–2019	3.0%	8.3%	3.7%	4.5%
2016–2020	1.8%	7.5%	2.2%	4.4%
2017–2021	1.9%	5.1%	2.5%	4.7%
2018–2022	0.7%	0.5%	0.7%	0.6%
2019–2023	◐ 0.6%	0.5%	◐ 0.3%	◑ 0.8%

Source: U.S. Census Bureau; American Community Survey 5–Year Estimates. Note: Yellow shading indicates that the data is worse than the county by 5% or more. Retrieved from Healthy Alameda County platform.

Individuals Experiencing Homelessness (Count)

		Fremont	Newark	Union City	Alameda County
2017	Sheltered	197	42	0	1,766
	Unsheltered	282	28	40	3,863
	Total	479	70	40	5,629
2019	Sheltered	123	30	0	1,710
	Unsheltered	485	59	106	6,312
	Total	608	89	106	8,022
2022	Sheltered	160	26	0	2,612
	Unsheltered	866	32	489	7,135
	Total	1,026	58	489	9,747
2024	Sheltered	☉ 276	☉ 29	0	☉all: 3,107 South:224
	Unsheltered	☉ 614	☉ 47	☉ 191	☉ all:6,343 South: 850
	Total	☉ 890	☉ 76	☉ 191	☉all: 9,450 south: 1074

Source: Alameda County Point–in–Time Report 2024. Note: Data not available by city prior to 2017.

Individuals Experiencing Homelessness, 2024 (Count)
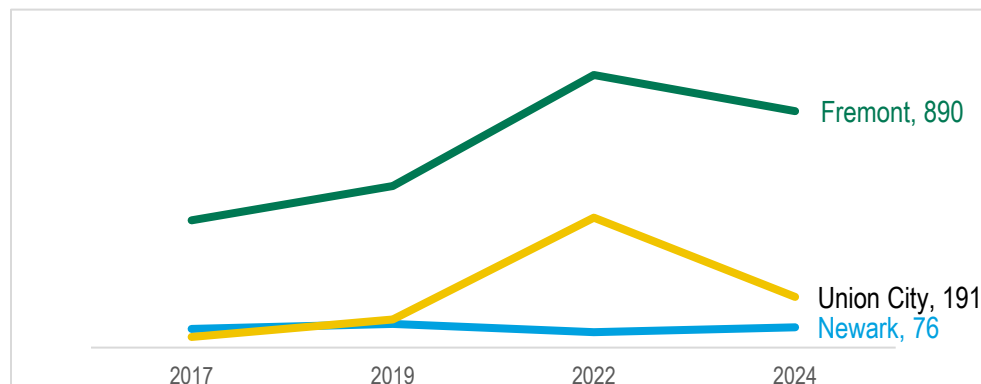
Source: Alameda County Point–in–Time Report 2024.

Homeless Population by City (Percent of County Homeless)

	Fremont	Newark	Union City	Alameda County
2022	5%	2%	2%	100%
2024	☉ 9%	☉0.8%	2%	100%

Source: Alameda County Point–in–Time Report 2024.

HEALTHCARE ACCESS & DELIVERY

Adults Delayed or Had Difficulty Obtaining Care Aged 18+ (Percent)

	Fremont	Newark	Union City	Alameda County
2011–2012	19.0%	20.1%	18.5%	22.0%
2013–2014	16.9%	18.2%	15.7%	18.7%
2015–2016	15.0%	15.0%	14.2%	16.7%
2017–2018	14.7%	15.2%	14.7%	16.8%
2019–2020	19.2%	18.6%	18.4%	21.9%
2021–2022	◔ 24.5%	◔ 24.9%	◔ 24.1%	◔ 26.6%

Source: California Health Interview Survey. UCLA Center for Health Policy Research, Los Angeles, CA. 2021–2022. Note: Retrieved from Healthy Alameda County.

Adults With Health Insurance Aged 18–64 (Percent)

	Fremont	Newark	Union City	Alameda County
2010–2014	92.4%	90.1%	89.5%	88.2%
2011–2015	93.3%	90.4%	91.4%	89.9%
2012–2016	94.9%	92.5%	93.4%	91.6%
2013–2017	96.6%	94.4%	95.0%	93.1%
2018–2020	**92.8%**	**91.9%**	**92.2%**	93.2%
2020–2021	◔ 93.1%	◔ 91.5%	◔ 92.0%	◔ 94.5%

Source: California Health Interview Survey. UCLA Center for Health Policy Research, Los Angeles, CA. 2019. Note: Bold indicates that the data are worse than the county, but by less than 5%. Retrieved from Healthy Alameda County.

HEART/STROKE

Acute Myocardial Infarction ED Visits and Hospitalizations

	Fremont	Newark	Union City	Alameda County
ED Visits	18.8	18.7	36.6	22.1
Hospitalization	107.0	117.8	144.4	111.8

Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from Office of Statewide Health Planning and Development, 2020–2022. Position: Primary. Note: Yellow shading indicates that the data is worse than the county by 5% or more. Regex Code(s): I2[1–2].

Acute Myocardial Infarction Mortality

	Fremont	Newark	Union City	Alameda County
2009–2011	19.4	24.9	**25.9**	25.8
2010–2012	16.9	19.2	23.8	24.8
2011–2013	17.8	19.3	23.0	23.9
2012–2014	16.7	16.0	17.6	22.1
2013–2015	14.9	15.1	17.5	20.7
2014–2016	15.1	11.9	21.0	21.0
2015–2017	15.8	14.8	23.5	20.4
2016–2018	15.4	17.6	25.8	19.5
2018–2020	14.3	14.7	27.8	19.9
2019–2023	12.8	16.3	22.6	19.2

Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from Alameda County vital statistics files, 2009–2023. Notes: Yellow shading indicates that the data is worse than the county by 5% or more. Bold indicates that the data are worse than the county, but by less than 5%. Regex Code(s): I2[1–2].

Cardiac Dysrhythmia ED Visits, Hospitalization, and Mortality Rates

	Fremont	Newark	Union City	Alameda County
ED Visits	80.0	107.1	87.7	110.8
Hospitalizations	58.2	86.0	65.8	74.9
Mortality	4.1	9.9	4.4	7.5

Sources: Mortality: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from Alameda County vital statistics files, 2009–2023. ED visits and hospitalization: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from Office of Statewide Health Planning and Development, 2020–2022. Position: Primary. Note: Yellow shading indicates that the data is worse than the county by 5% or more. Regex Code(s): I4[7–9]

Cardiovascular Disease ED Visits, Hospitalization, and Mortality Rates

	Fremont	Newark	Union City	Alameda County
ED Visits	431.3	540.4	589.5	554.0
Hospitalizations	607.9	720.5	808.7	804.1
Mortality	124.7	134.3	171.0	158.7

Sources: Mortality: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from Alameda County vital statistics files, 2019–2023; Regex Code(s): I[0–7].ED visits and hospitalization: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with

data from Office of Statewide Health Planning and Development, 2020–2022;Regex Code(s): I[0–6]|I7[0–8].
Position: Primary. Note: Yellow shading indicates that the data is worse than the county by 5% or more.

Cerebrovascular Diseases Mortality

	Fremont	Newark	Union City	Alameda County
Cerebrovascular Diseases Mortality	32.3	32.5	45.0	41.0

Sources: Mortality: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from Alameda County vital statistics files, 2019–2023. Regex Code(s): I6. Note: Yellow shading indicates that the data is worse than the county by 5% or more.

Heart Disease Prevalence (Adults) (Percent)

	Fremont	Newark	Union City	Alameda County
2011–2012	5.7%	5.8%	**5.9%**	5.8%
2013–2014	5.4%	5.2%	5.5%	5.5%
2018–2019	5.8%	5.5%	5.8%	5.9%
2021–2022	☻ 7.9%	☻ 7.8%	☻ 8.0%	☻ 8.1%

Source: California Health Interview Survey (Neighborhood Edition). UCLA Center for Health Policy Research, Los Angeles, CA. 2019. Note: Bold indicates that the data are worse than the county, but by less than 5%. Retrieved from Healthy Alameda County.

Heart Disease ED Visits

	Fremont	Newark	Union City	Alameda County
2016–2017	372.3	384.3	459.3	481.2
2018–2020	236.5	**307.2**	301.1	306.4
2020–2022	☻ 203.9	☻ 264.0	☻ 272.0	☻ 288.0

Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from Office of Statewide Health Planning and Development, 2020–2022. Regex Code(s): I0[0–9]|I1[1,3]|I[2–4]|I5[0,1]. Position: Primary. Note: Bold indicates that the data are worse than the county, but by less than 5%.

Heart Disease Hospitalizations

	Fremont	Newark	Union City	Alameda County
2016–2017	469.8	518.6	593.6	559.7
2018–2020	☻ 464.6	☻ 534.4	☻ 622.2	☻ 565.7
Data below may not be comparable to previous years (see notes).				
2020–2022	434.4	523.7	**581.4**	554.9

Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from Office of Statewide Health Planning and Development, 2016–2022. Note: 2020–2022 Regex Code(s): I0[0–

Heart Disease Mortality

	Fremont	Newark	Union City	Alameda County
2009–2011	126.1	126.6	124.7	133.8
2010–2012	121.7	120.7	125.0	130.4
2011–2013	118.8	111.4	135.6	128.1
2012–2014	107.9	106.1	**127.1**	123.1
2013–2015	102.7	101.3	109.7	121.0
2014–2016	97.2	105.2	**122.4**	119.5
2015–2017	100.8	**117.9**	133.4	116.5
2016–2018	95.6	**114.1**	140.5	111.6
2018–2020	☺ 86.9	☺ 90.9	☺ 120.1	☺ 109.0
Data below may not be comparable to previous years (see notes).				
2020–2022	86.3	97.8	117.1	110.8

Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from Alameda County vital statistics files, 2009–2020. Note: 2020–2022 Regex Code(s): I0|I1[1,3]|I[2–4]|I5[0–1]; previous years: ICD–10 codes I00–I09, I11, I13, I20–I51. Note: Yellow shading indicates that the data is worse than the county by 5% or more. Bold indicates that the data are worse than the county, but by less than 5%.

Ischemic Heart Disease ED Visits and Hospitalizations

	Fremont	Newark	Union City	Alameda County
ED Visits	39.3	41.9	62.3	37.0
Hospitalizations	158.5	171.6	200.9	156.4

Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from Office of Statewide Health Planning and Development, 2020–2022. Regex Code(s): I6[3,5–6]. Note: Yellow shading indicates that the data is worse than the county by 5% or more. Position: Primary.

Ischemic Heart Disease Mortality

	Fremont	Newark	Union City	Alameda County
2009–2011	80.8	83.8	92.4	84.1
2010–2012	76.6	71.9	91.2	80.6
2011–2013	76.8	65.2	88.9	77.6
2012–2014	69.4	63.1	77.0	72.3
2013–2015	65.0	60.9	65.7	69.8

	Fremont	Newark	Union City	Alameda County
2014–2016	58.6	63.0	76.3	67.0
2015–2017	58.3	77.7	82.3	63.4
2016–2018	53.0	73.4	83.9	57.6
2018–2020	49.9	48.7	75.6	56.0
2019–2023	🕐 49.8	🕐 54.0	🕐 69.5	🕐 58.2

Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from Alameda County vital statistics files, 2009–2020. Regex Code(s): I2[0–5]. Note: Yellow shading indicates that the data is worse than the county by 5% or more.

Heart Failure ED Visits

	Fremont	Newark	Union City	Alameda County
2018–2020	339.4	**423.5**	481.5	413.9
Data below may not be comparable to previous years (see notes).				
2020–2022 Position: All	461.3	570.9	665.0	602.6
2020–2022 Position: Primary	45.9	64.7	76.8	85.8

Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from Office of Statewide Health Planning and Development, 2020–2022. 2020–2022 Regex Code(s): I0981|I1[1,3]0|I132|I50[1–4,8–9]. Notes: Yellow shading indicates that the data is worse than the county by 5% or more. Bold indicates that the data are worse than the county, but by less than 5%.

Heart Failure Hospitalizations

	Fremont	Newark	Union City	Alameda County
2018–2020	641.0	757.0	888.5	924.0
Data below may not be comparable to previous years (see notes).				
2020–2022 Position: All	698.1	842.6	947.3	997.5
2020–2022 Position: Primary	149.5	186.0	**231.7**	231.4

Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from Office of Statewide Health Planning and Development, 2020–2022. 2020–2022 Regex Code(s): I0981|I1[1,3]0|I132|I50[1–4,8–9]; 2018–2020: I50. Notes: Yellow shading indicates that the data is worse than the county by 5% or more. Bold indicates that the data are worse than the county, but by less than 5%.

Heart Failure Mortality

	Fremont	Newark	Union City	Alameda County
2020–2022	44.8	43.7	49.8	54.09

Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from Office of Statewide Health Planning and Development, 2020–2022. Regex Code(s): I50 (MCOD).

Hypertension ED Visits

	Fremont	Newark	Union City	Alameda County
2016–2017	4,092.7	**5,421.0**	5,874.8	5,405.0
2018–2020	2,311.1	2,994.1	3,517.9	2,827.2
Data below may not be comparable to previous years (see notes).				
2020–2022 Position: All	3,115.2	4,044.9	4,681.4	4,100.8
2020–2022 Position: Primary	198.8	**244.8**	277.4	239.5

Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from Office of Statewide Health Planning and Development, 2020–2022. 2020–2022 Regex Code(s): I1[0–5]; previous years ICD–10 code I10. Note: Yellow shading indicates that the data is worse than the county by 5% or more. Bold indicates that the data are worse than the county, but by less than 5%.

Hypertension Hospitalizations

	Fremont	Newark	Union City	Alameda County
2016–2017	2,430.9	3,007.0	**3,172.7**	3,058.0
2018–2020	1,936.8	2,264.3	2,736.9	2,520.2
Data below may not be comparable to previous years (see notes).				
2020–2022 Position: All	2,064.1	2,404.5	**2,786.5**	2,746.7
2020–2022 Position: Primary	148.0	189.1	**231.6**	222.8

Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from Office of Statewide Health Planning and Development. 2020–2022 Regex Code(s): I1[0–5]; previous years ICD–10 codes I10–I13. Notes: Yellow shading indicates that the data is worse than the county by 5% or more. Bold indicates that the data are worse than the county, but by less than 5%.

Hypertension Mortality

	Fremont	Newark	Union City	Alameda County
2009–2011	10.3	3.8	12.1	12.4
2010–2012	11.7	8.6	15.3	13.9
2011–2013	11.7	14.0	13.5	14.0
2012–2014	12.0	13.3	13.7	14.1
2013–2015	13.0	7.7	8.6	13.1
2014–2016	12.2	7.4	10.4	13.0
2015–2017	**14.1**	11.5	8.4	13.8
2016–2018	10.9	14.9	11.2	13.8
2018–2020	⊙ 11.6	⊙ 10.8	⊙ **14.0**	13.8
Data below may not be comparable to previous years (see notes).				
2019–2023	21.6	21.2	**26.3**	26.2

Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from Alameda County vital statistics files, 2009–2020. 2019–2023 Regex Code(s): I1[0–3]; previous years: ICD–10 codes I10, I12, I15. Note: Yellow shading indicates that the data is worse than the county by 5% or more. Bold indicates that the data are worse than the county, but by less than 5%.

Stroke ED Visits

	Fremont	Newark	Union City	Alameda County
2016–2017	71.9	119.0	83.9	87.9
2018–2020	⊙ 45.1	⊙ 54.0	⊙ 68.9	⊙ 56.2
Data below may not be comparable to previous years (see notes).				
2019–2023 Position: Primary	31.6	45.8	53.3	50.9

Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from Office of Statewide Health Planning and Development, 2020–2022. 2020–2022 Regex Code: I6; previous years ICD–10 codes G45, G46, I6. Note: Yellow shading indicates that the data is worse than the county by 5% or more.

Stroke Hospitalizations

	Fremont	Newark	Union City	Alameda County
2016–2017	158.5	249.4	**223.8**	220.9
2018–2020	152.4	178.2	205.8	212.5
Data below may not be comparable to previous years (see notes).				
2019–2023 Position: Primary	134.6	151.8	171.6	189.6

Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from Office of Statewide Health Planning and Development, 2020–2022. 2020–2022 Regex Code: I6; previous years ICD–10 codes G45, G46, I6. Note: Yellow shading indicates that the data is worse than the county by 5% or more. Bold indicates that the data are worse than the county, but by less than 5%.

Stroke Mortality

	Fremont	Newark	Union City	Alameda County
2005	36.9	NA	46.9	48.9
2006	32.8	47.8	49.4	45.6
2007	34.7	37.1	38.9	42.9
2008	24.3	NA	27.0	42.7
2009	21.8	NA	43.7	38.3
2010	27.7	NA	33.1	37.4
2011	26.0	46.5	37.1	38.8
2012	26.3	40.7	38.5	37.8
2013	28.4	NA	26.2	36.1
2014	28.4	28.5	28.8	34.3
2015	31.3	38.0	39.0	41.7
2016	34.5	36.7	37.3	39.4
2017	46.1	32.2	37.5	45.6
2018	30.8	NA	39.2	38.3
2019	29.9	30.1	41.5	36.1
2020	29.7	29.7	41.5	34.3
2021	33.9	20.9	55.0	41.7
2022	32.9	37.0	49.9	39.4
2023	37.8	51.2	42.3	45.6

Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from Alameda County vital statistics files, 2009–2020. ICD–10 codes I60–I69. Rates can be volatile with smaller geographies, especially Newark, so this data should be used carefully. See chart below. Yellow shading indicates that the rate is higher than the county overall by 5% or more. NA=Rate not available due to low numbers.

Stroke Mortality, 2013–2023

Newark, 51.2
Union City, 42.3
Fremont, 37.8
Alameda County
HP2030 Target, 33.4

Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from Alameda County vital statistics files, 2013–2023. ICD–10 codes I60–I69.

INEQUITY & DISCRIMINATION

Life Expectancy by City

Fremont 85.3
Newark 84.6
Union City 82.4
Alameda County 82.2
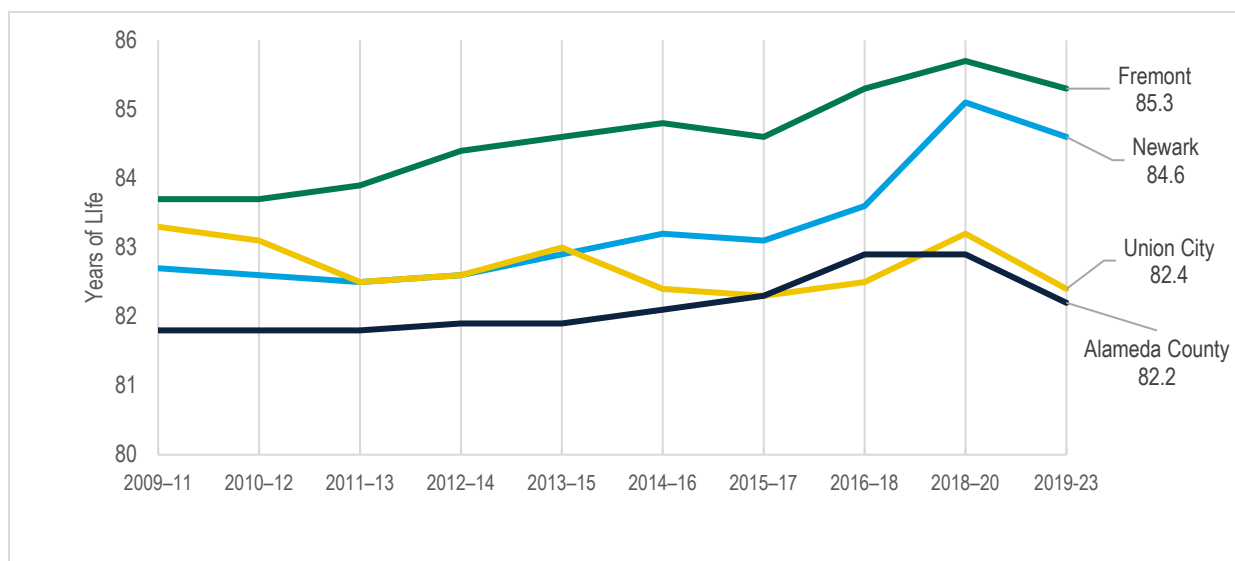
Life Expectancy at Birth (Years)

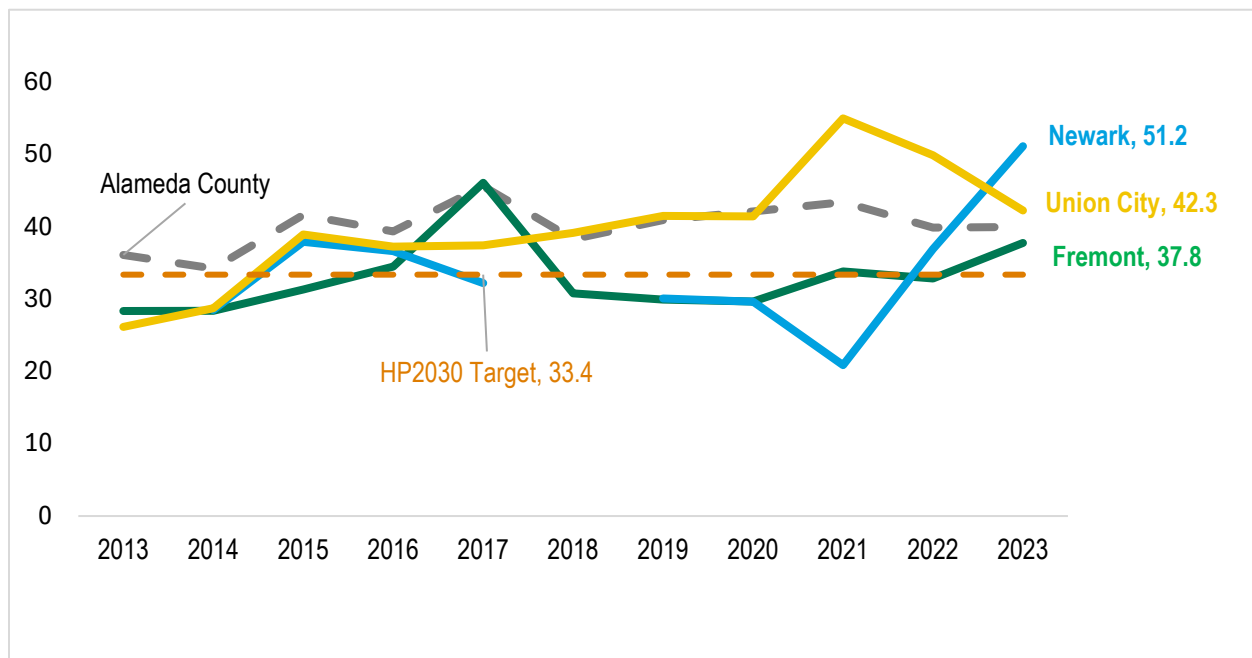|	Fremont	Newark	Union City	Alameda County
2009–2011	83.7	82.7	83.3	81.8
2010–2012	83.7	82.6	83.1	81.8
2011–2013	83.9	82.5	82.5	81.8
2012–2014	84.4	82.6	82.6	81.9
2013–2015	84.6	82.9	83.0	81.9
2014–2016	84.8	83.2	82.4	82.1
2015–2017	84.6	83.1	82.3	82.3
2016–2018	85.3	83.6	82.5	82.9
2018–2020	85.7	85.1	83.2	82.9
2019–2023	85.3	84.6	82.4	82.2

Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from Alameda County vital statistics files. Note: Life expectancy at birth is defined as the average number of years that a newborn can expect to live if he or she passes through life subject to the age–specific mortality rates of a given period.

Life Expectancy at Birth (Years), by Race/Ethnicity

Race	Fremont	Newark	Union City	Alameda County
Asian	88.8	87.1	85.4	86.7
All Races	85.3	84.6	82.4	82.2
White	82.2	83.5	77.6	82.6
Latino	82.1	83.4	80.7	80.7
American Indian/Alaska Native	No data available			76.0
Pacific Islander	77.4	No data available		72.1
Black	75.1	79.8	73.4	71.9

Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit with data from Alameda County vital statistics files. Notes: Data for the American Indian/Native Alaskan population was not provided; the multiracial population data is excluded because the margin of error is extremely high (between 13–40 years).

Overall Mortality Rates by City and Race/Ethnicity

Fremont

Race/Ethnicity	Rate
Multirace	229.8
Asian	341.1
All Races	461.0
Native Am	527.9
Latino	587.9
Pac Isl	1076.6
Black	1115.2

Union City

Race/Ethnicity	Rate
Multirace	207.2
Asian	455.9
All Races	596.1
Latino	649.8
Pac Isl	1106.8
Black	1243.7

Newark

Race/Ethnicity	Rate
Multirace	257.6
Asian	392.6
All Races	492.7
Latino	556.0
Pac Isl	1,965.5
Black	714.1

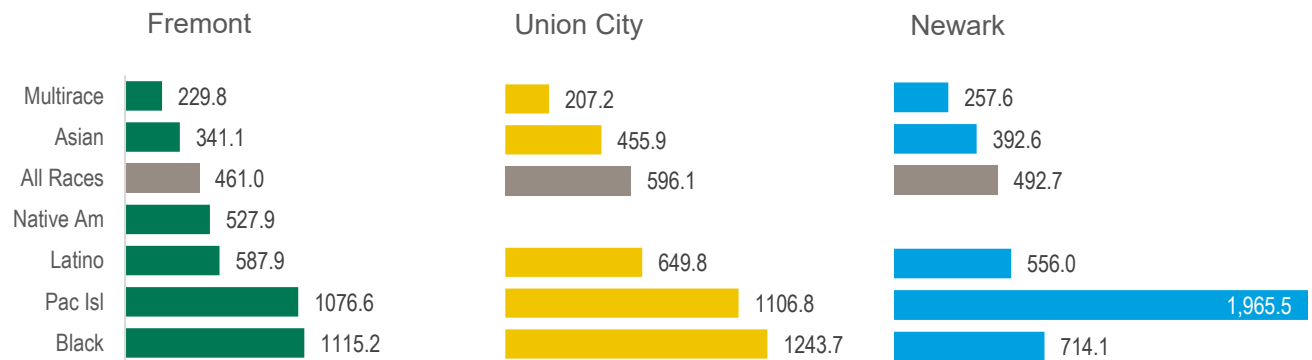Note: Rates can be volatile with smaller geographies, especially Newark, so these rates should be used carefully.
Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit with data from Alameda County vital statistics files.

MATERNAL/INFANT HEALTH

Maternal/Infant Health Indicators

Indicator	Fremont	Newark	Union City	Alameda County
Teen Births Rate (per 1,000 females aged 15–19)	1.5	3.5	2.7	5.9
Low Birthweight (Singleton) Percent of Births	6.7%	6.3%	7.3%	6.2%
Premature Births (Singleton) Percent of Births	7.0%	7.0%	7.8%	7.3%
Infant Mortality Rate (per 1,000 live births)	4.4	5.2	5.2	3.5

Source: ACPHD CAPE, with data from Alameda County births files from VRBIS. 2019–2023. Notes: The natural fluctuation in the number of births each year leads to uncertainty about the rates. These uncertainties are represented in the lower and upper confidence levels provided by Alameda County (provided upon request). Yellow shading indicates that the rate is higher than the county overall by 5% or more.

Fremont Maternal/Infant Health Data by Race/Ethnicity

	All Races	Black	Latino	White	Asian
Infant Mortality Rate	4.4	NA	NA	NA	3.5
Low Birthweight	6.7%	8.5%	4.5%	4.1%	7.6%
Premature Births	7.0%	8.5%	6.4%	5.6%	7.2%
Teen Births Rate	1.5	NA	6.4	NA	NA

Notes: Fremont: NA=Rate not available due to small numbers (N<10). Due to the small numerators, data for Native American, Pacific Islander, and multiracial groups not provided. Yellow shading indicates that the rate/percent for the ethnic/racial group is worse than the city overall by 5% or more.

Newark Maternal/Infant Health Data by Race/Ethnicity

	All Races	Black	Latino	White	Asian
Low Birthweight	6.3%	NA	6.6%	NA	**6.4%**
Premature Births	7.0%	NA	8.4%	5.5%	6.6%
Teen Births Rate	3.5	NA	6.5	NA	NA

Notes: Newark: NA=Rate not available due to small numbers (N<10). Due to the small numerators, data for Native American, Pacific Islander, and multiracial groups not provided. Infant mortality by race is not available for Newark. Yellow shading indicates that the rate/percent for the ethnic/racial group is worse than the city overall by 5% or more. Bold indicates that the data are worse than the county, but by less than 5%.

Union City Maternal/Infant Health Data by Race/Ethnicity

	All Races	Black	Latino	White	Asian
Low Birthweight	7.3%	18.9%	4.8%	6.7%	8.1%
Premature Births	7.8%	17.6%	5.4%	10.0%	7.6%
Teen Births Rate	2.7	NA	5.0	NA	NA

Notes: Union City: NA=Rate not available due to small numbers (N<10). Due to the small numerators, data for Native American, Pacific Islander, and multiracial groups not provided. Infant mortality by race is not available for Union City. Yellow shading indicates that the rate/percent for the ethnic/racial group is worse than the city overall by 5% or more.

UNINTENDED INJURY

Unintended injuries are the #1 reason for preventable ED visits and hospitalizations in Alameda County and Washington Health's principal cities.

Unintended Injuries ED Visits and Hospitalization Rates

	Fremont		Newark		Union City		Alameda County	
	ED Visits	Hosp	ED Visits	Hosp	ED Visits	Hosp	ED Visits	Hosp
Motor Vehicle Transport	326.3	29.0	493.0	38.3	477.3	35.9	600.6	56.7
Pedestrian	9.1	3.3	15.8	NA	14.0	NA	33.1	9.9
Unintentional Injuries	3384.0	326.3	4108.5	349.4	4060.1	390.7	4845.3	466.9

Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from Office of Statewide Health Planning and Development, 2020–2022. Notes: Hosp = Hospitalizations. None of the rates by city are worse than Alameda County by 5% or more. Dashes indicate that no rate was calculated because there were fewer than 12 visits/hospitalizations. NA=Rate not available due to small numbers.

Unintended Injuries Mortality Rates

	Fremont	Newark	Union City	Alameda County
Motor Vehicle Transport	5.1	5.3	5.1	6.8
Pedestrian	1.5	NA	NA	2.1
Unintentional Injuries	20.1	24.7	24.7	36.9

Source: Alameda County Public Health Community Assessment Planning & Evaluation (CAPE) Unit, with data from with data from , with data from Alameda County vital statistics files., 2019–2023. Notes: None of the rates by city are worse than Alameda County by 5% or more. Dashes indicate that no rate was calculated because there were fewer than 10 deaths. NA=Rate not available due to small numbers.

Unintended Injuries Mortality, by City and Race/Ethnicity

	All Races	Black	Latino	White	Asian	Multiracial
Fremont	20.1	56.9	38.8	37.2	9.0	25.4
Newark	24.7	NA	19.4	33.2	16.8	NA
Union City	28.0	84.2	36.0	52.3	17.1	NA
Alameda Co	36.9	101.8	43.4	37.2	13.1	26.8

NA=Rate not available (N<12). Yellow shading indicates that the rate/percent for the ethnic/racial group is worse than the "All races" rate by 5% or more. NA=Rate not available due to small numbers.

ATTACHMENT 4: DEMOGRAPHICS BY CITY

Demographics, Fremont

Race: A majority of residents are non-White.

Asian 63%
- 30% Asian Indian
- 18% Chinese
- 6% Filipinx
- 9% Other Asian

White 19%
Other 8%
Multi 7%
Black 3%
Pac Isl 1%
Native Am 1%
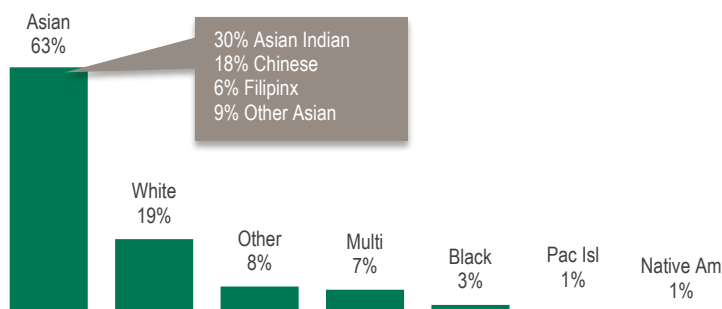
Ethnicity: One in seven are Latino.

13%
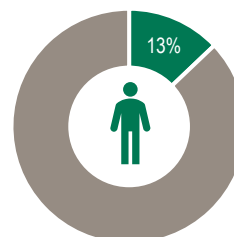
Age: Close to one in four residents are children.

Aged 18-64 64%
Under 18 23%
Over 64 14%
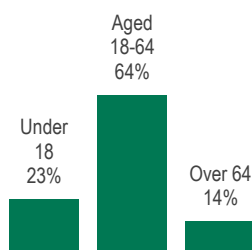
Nativity: Half of residents are foreign-born.

50%
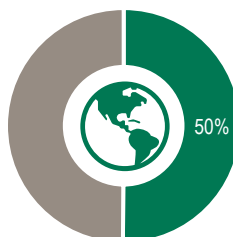
Language: Nearly one in five over age 5 speak limited English.

19%
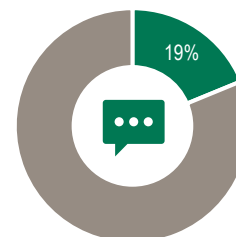
$176,350
median household income

$1.6M
median home sale price

Income: More than one in four households earn less than $100,000 annually.*

28%
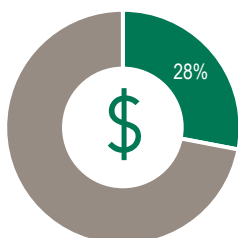
Disabilities: Fewer than one in 10 residents lives with a disability.

7%

Education: Nearly two-thirds age 25+ earned at least a Bachelor's.

63%

*Note, Real Cost Measure for 4-person household in Alameda County: $121,703. See *Community Served*, Section 3: About Washington Health for details. Sources: Redfin.com: Median home price, 2024. Other data: U.S. Census Bureau, 2019-2023.

Demographics, Newark

Race: A majority of residents are non-White.

14% Chinese
12% Asian Indian
8% Filipinx
9% Other Asian

Asian
43%

White
23%

Multi
14%

Other
13%

Black
4%

Pac Isl
2%

Native Am
1%

Ethnicity: Between one-quarter and one-third are Latino.

29%

Age: Nearly one in five residents are children.

Aged
18-64
68%

Under
18
19%
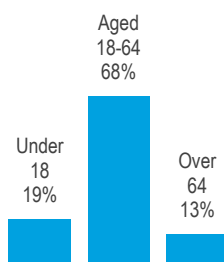
Over
64
13%

Nativity: Close to half of residents are foreign-born.

43%
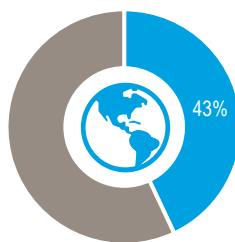
Language: About one in five over age 5 speak limited English.

19%
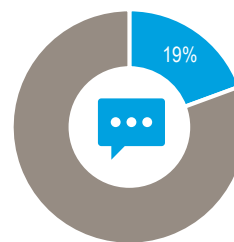
$164,909

median household income

$1.2M

median home sale price

Income: More than one in four households earn less than $100,000 annually.*

27%
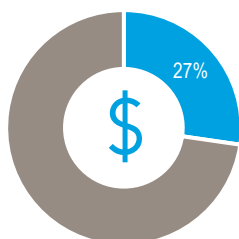
Disabilities: About in 10 residents lives with a disability.

9%
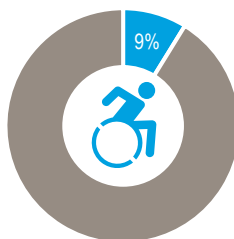
Education: Almost half of residents age 25+ earned at least a Bachelor's.
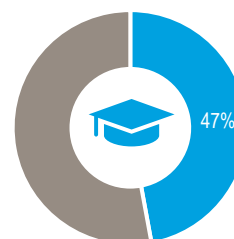
47%

*Note, Real Cost Measure for 4-person household in Alameda County: $121,703. See *Community Served*, Section 3: About Washington Health for details. Sources: Redfin.com: Median home price, 2024. Other data: U.S. Census Bureau, 2019-2023.

Demographics, Union City

Race: A majority of residents are non-White.

Asian 56%
- 17% Filipinx
- 14% Asian Indian
- 13% Chinese
- 12% Other Asian

White 18%
Other 10%
Multi 10%
Black 5%
Pac Isl 1%
Native Am 1%
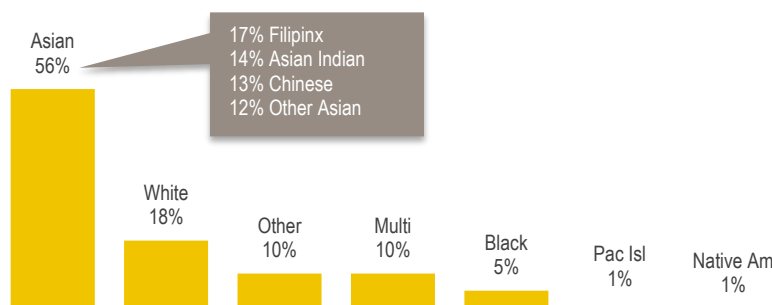
Ethnicity: Nearly one in five are Latino.

19%
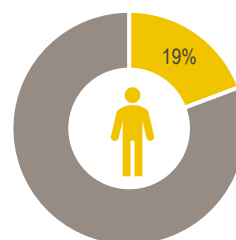
Age: Just under one in five residents are older adults.

Aged 18-64 64%
Under 18 18%
Over 64 18%
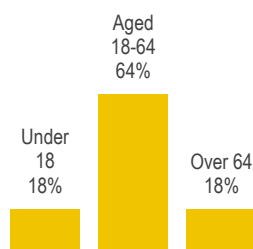
Nativity: Almost half of residents are foreign-born.

47%
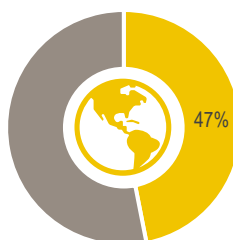
Language: About one in four over age 5 speak limited English.

24%
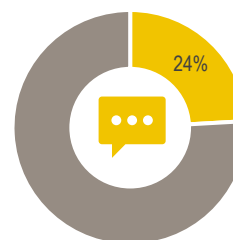
$137,194
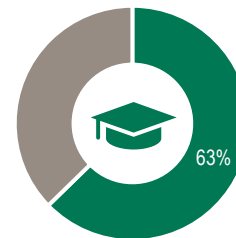median household income

$1.4M
median home sale price

Income: Over one in three households earn less than $100,000 annually.*

36%
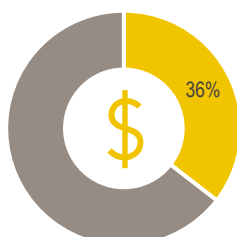
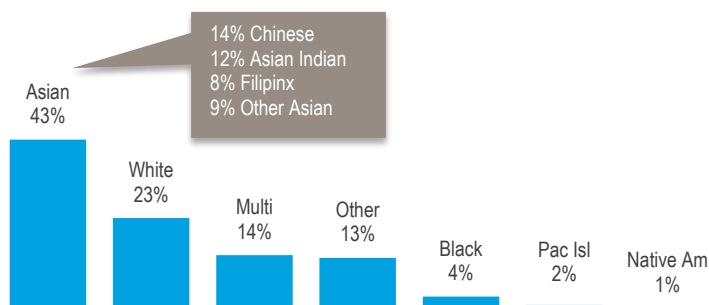## Disabilities: One in 10 residents lives with a disability.

10%
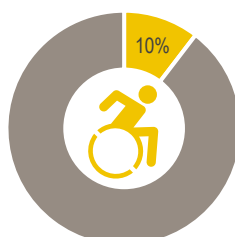
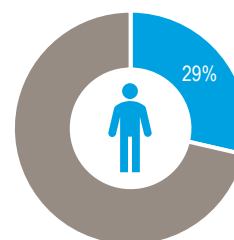## Education: Close to half of residents aged 25+ earned at least a Bachelor's.
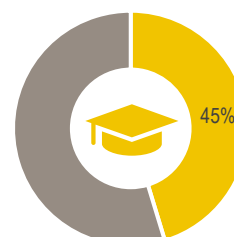
45%

*Note, Real Cost Measure for 4-person household in Alameda County: $121,703. See *Community Served*, Section 3: About Washington Health for details. Sources: Redfin.com: Median home price, 2024. Other data: U.S. Census Bureau, 2019-2023.

**ATTACHMENT 5: COMMUNITY ASSETS AND RESOURCES**

Healthcare Facilities and Agencies

The following healthcare facilities are available in Alameda County.

HOSPITALS

- Alameda Health System, John George Psychiatric Hospital
- Kaiser Foundation Hospital–Fremont
- St. Rose Hospital
- Sutter Health Eden Medical Center
- Washington Health Hospital

FEDERALLY QUALIFIED HEALTH CENTERS

- Bay Area Community Health (multiple sites and Mobile Clinics)
- Tiburcio Vásquez Health Center (multiple sites)

OTHER HEALTH CLINICS

- Alameda Health System: Hayward Wellness, Newark Wellness
- Fremont Hospital mental health clinic
- Sutter Health Palo Alto Medical Foundation, Fremont Center
- Washington Health Medical Group (multiple sites)

OTHER ORGANIZATIONS

- Alameda County Health Care Services: HealthPAC
- Alameda County Social Services Agency
- East Bay Agency for Children
- Eden I & R, Inc.
- Family Resource Center, Fremont
- George Mark Children's House
- Operation Access
- Rubicon Programs Wellness Services
- Special Need Children Center
- Union City Family Center
- Washington Women's Center

Assets and Resources by Identified Health Need

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

BEHAVIORAL HEALTH

Including mental health and violence prevention/intervention.

Resource Name	Summary Description	Website	Area
Afghan Coalition	Supports and empowers Afghani refugee families, women, and youth to achieve health and wellness	https://www.afghancoalition.org/	AC
Alameda County Behavioral Healthcare 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/	AC
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/	AC
Alameda County Medical Center Substance Abuse Program	Offers high quality treatment and prevention services for residents seeking recovery from drug and alcohol addictions	https://www.acbhcs.org/substance-use-treatment/	AC
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	AC
Alameda Health System	Aims to extend care, wellness, and prevention to all members of the community	http://www.alamedahealthsyste m.org/	AC
Alameda Health System John George	Provides psychiatric emergency and acute care services to adults	https://www.alamedahealthsystem.org/locations/joh	AC

Resource Name	Summary Description	Website	Area
Psychiatric Hospital	experiencing severe and disabling mental illnesses	n-george-psychiatric-hospital/	
Al-Anon	12-step program for adult relatives and friends of alcoholics or someone coping with alcoholism	https://al-anon.org/	AC
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	AC
Alcoholics Anonymous	12-step program for individuals who need help with alcohol addiction or excessive drinking	https://www.aa.org/	AC
Asian Health Services - Specialty Mental Health	Provide children and youth ages 0-8 (early childhood) and 5-21 (children & youth) living in Alameda County with social-emotional support through screening, assessment, education, early intervention, medication support, and individual and family therapy.	http://www.asianhealthservices.org	AC
Bay Area Community Services	Provides behavioral health and housing services for teens, adults, older adults, and their families across the Bay Area.	https://www.bayareacs.org	AC
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/	AC
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/	AC

Resource Name	Summary Description	Website	Area
California Smokers Helpline	Free telephone program that helps smokers quit.	1-800-BUTTS	AC
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/	Mid
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/	AC
Cherry Hill Detox	Sobering Unit assists those needing immediate sobering services for 23 hours or less; Detox Unit residential program serves men and women who are withdrawing from the effects of alcohol or drug use	https://www.horizonservices.org/cherry-hill/	Mid
City of Union City Youth and Family Services	Provides youth violence prevention and intervention services (ages 8-24)	https://www.unioncity.org/182/Youth-Family-Services	Mid/ South
City of Fremont Youth and Family Services Clinic	Family-focused behavioral health services for children and youth ages 0 to 21 years old to improve social-emotional well-being, strengthen family relationships, reduce delinquency, and increase school achievement.	https://www.fremont.gov/government/departments/human-services/mental-health-services/family-counseling	South
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/	AC
Cronin House	Residential treatment program for men age 18+ living with mental health and substance use disorders.	https://www.horizonservices.org/cronin-house/	Mid

Resource Name	Summary Description	Website	Area
CURA, Inc.	Helps individuals experiencing difficulties with substance abuse achieve sobriety, health, and wellness	https://www.curainc.com/Home.html	AC
DeafPlus	Integrated adult day program that serves deaf adults with disabilities, including addressing social isolation	https://deafplus.us/	South
Davis Street Community Center	Behavioral Health Services for adults and children	https://www.davisstreet.org	Mid
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/	AC
Eden I&R, Inc.	Serves as a centralized source of health, housing, and human services information	http://edenir.org/	Mid
Family Education and Resource Center	Offers educational information on health, family relationships and well-being	http://askferc.org/	AC
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/	AC
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/	AC
Flourish Agenda	Strives to help youth of color flourish	https://flourishagenda.com/	AC
Fred Finch Youth & Family Services	Comprehensive behavioral health services for children, youth, young adults, and their families to	https://www.fredfinch.org	AC

Resource Name	Summary Description	Website	Area
	address challenges that may include mental or emotional impairment, developmental disability, early trauma and abuse		
Fremont Family Resource Center	Combines the best efforts of multiple social services programs, including providing mental health services for all ages and substance use intervention for teens	https://www.fremont.gov/government/departments/human-services/fremont-family-resource-center	South
Friends of Children with Special Needs	Provides information and assistance to children with special needs, adults with special needs, and their communities.	https://fcsn1996.org/	South
Gamblers Anonymous	12-step program for people coping with a gambling addiction	http://www.gamblersanonymous.org/ga/	AC
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/	Mid
Girls, Inc.	Runs programs designed to empower and inspire girls and young women	https://girlsinc.org/	AC
Hively	Hively Mental Health provides counseling services to individuals, families and children via MediCal and private payment options. We serve ALL ages.	https://behively.org/mental-health-services/	AC
Horizon Services, Inc.	Provides preventive, educational, and therapeutic services and environments for individuals, families, and the community	https://www.horizonservices.org/	AC
Hume Center	Provides mental health prevention, intervention, and support.	http://www.humecenter.org	TV, South

Resource Name	Summary Description	Website	Area
Jewish Family and 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/	AC
Kidango, Inc.	Runs free and reduced-cost pre-school/ child care centers	https://www.kidango.org/	AC
La Familia Counseling Services	Supplies mental health and community support services to underserved multicultural communities	https://www.lafamiliacounseling. org/	Mid
Lambda Project Eden Drop-In Center	Provides mental health services and support to young people aged 12-24 who identify as LGBTQIA+	https://www.horizonservices.org/project-eden/lambda-youth-project/	Mid
Lincoln Families	Provides children with support and services, from an early age through high-school graduation	http://lincolnfamilies.org/	AC
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/	AC
Narcotics Anonymous	12-step program for individuals coping with substance abuse or drug addiction	https://www.na.org/	AC
National Alliance on Mental Illness (NAMI)	Offers education, support, and advocacy for people affected by mental illness	http://www.namiacs.org/	AC
Niroga	Offers programs in schools to strengthen resilience and empathy, using trauma- informed Dynamic Mindfulness	https://www.niroga.org/	AC
OneChild	Helps youth take action against sex trafficking through education, advocacy, mobilization, and survivor care and empowerment	https://www.onechild.ca/	AC

Resource Name	Summary Description	Website	Area
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/	AC
Pacific Center for Human Growth	Delivers LGBTQ-proficient mental health and wellness services to enhance the well- being of community members	http://pacificcenter.org/	AC
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-healthcare, clinical training, and policy advocacy	https://traumapartners.org/	AC
RAMS: Pacific Islander Wellness Initiative	Screening, individual and group counseling, workshops, and other services for all ethnicities and populations, with a special focus on Pacific Islanders	https://ramsinc.org/programs/prevention-early-intervention/pacific-islander-wellness-initiative/	Mid
Second Chance, Inc.	Offers individual and group substance abuse treatment	https://secondchanceinc.com/	AC
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/	AC
Side by Side	Helps youth overcome traumas caused by adversity and embrace resilience	https://www.sidebysideyouth.org/	AC
Special Need Children Center Foundation	Funds projects that address educational, social or physical	https://snccf.org/	South

Resource Name	Summary Description	Website	Area
	needs of special needs children and youth		
Through the Looking Glass	Home-based support for parents with intellectual disability and their children. Adaptations (e.g. cognitive adaptations, adaptations in communication) and case management.	http://www.lookingglass.org	AC
Tobacco Control Coalition of Alameda County	Grassroots coalition of educators, professionals, and community members that work to prevent, reduce, and limit tobacco use in Alameda County through education, advocacy, and policy.	https://tobaccofreealamedacounty.org/	AC
Union City Family Center	Connects youth, families and community members to urgent living resources, and offers support groups and empowerment workshops.	https://www.unioncityfamilycenter.org/	Mid/ South
Wellness Together	Partners with K-12 school districts and colleges to provide mental health services for students, families, and educators.	https://www.wellnesstogether.org/	AC
Willow Rock Center	23-hour crisis stabilization and outpatient services	https://www.telecarecorp.com/willow-rock-center	Mid
Women and Men on the Way	Provides an alcohol and drug free environment and recovery services in a home like setting for a period of 6-12 months with an ongoing aftercare plan.	https://womenandmenontheway.org/	AC
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	AC

Resource Name	Summary Description	Website	Area
YMCA of the East Bay	Offers a variety of programs through its five health and wellness centers, 20-plus childcare sites, a teen center, and three camps	https://ymcaeastbay.org/	AC

Behavioral Health: Violence Prevention/Intervention

Resource Name	Summary Description	Website	Area
A Safe Place	Provides domestic violence shelter and services	https://www.asafeplace.org/	AC
Afghan Coalition	Supports and empowers Afghani refugee families, women, and youth to achieve health and wellness	https://www.afghancoalition.org/	AC
Alameda County Court Appointed Special Advocates	Promotes and supports quality volunteer advocates to speak for the best interests of abused and neglected children in the dependency court system.	https://casaofalamedacounty.org/	AC
Alameda County Deputy Sheriffs' Activities League	Collaborates with residents on initiatives that reduce crime and improve community health	https://www.acdsal.org/	AC
Alameda County District Attorney Accountability Table	Coalition of Alameda County-based organizations working together to advance public safety solutions.	https://acaccountability.org	AC
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/	AC
Alameda Family Services	Offers programs to improve the emotional, psychological, and physical health of children, youth and families	https://www.alamedafs.org/	AC
Alternatives in Action	Offers school and community programs for youth	https://www.alternativesinaction.org/	AC
Bananas	Supports families and individuals with children by providing referrals to childcare, education around imbursement for childcare, and workshops for parents	https://bananasbunch.org/	AC

Resource Name	Summary Description	Website	Area
Boys and Girls Clubs	Provide mentorship, programming (including sports, arts, wellness, and leadership), and safe places for young people.	https://www.bgca.org/	Mid, North
BRAVE Bay Area	BRAVE Bay Area (Believing, Responding to, Advocating for, Validating, and Empowering survivors), formerly known as Bay Area Women Against Rape, is a nonprofit organization dedicated to supporting survivors of all forms of gender-based violence and challenging societal norms that perpetuate cycles of violence	https://www.bawar.org	AC
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/	AC
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/	AC
Catholic Charities of the East Bay	Offers services to aid youth, children, and families facing difficulties with immigration, eviction, literacy, or surviving traumatic violence	https://www.cceb.org/	AC
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,	http://achealthyschools.org/reach-ashland-youth-center.html	Mid

Resource Name	Summary Description	Website	Area
	art, career and employment, and health and wellness		
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/	AC
Community and Youth Outreach	Provides outreach, mentoring, case management, and support to high-risk youth and young adults	http://www.cyoinc.org/	AC
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/	AC
Eden I&R, Inc.	Serves as a centralized source of health, housing, and human services information	http://edenir.org/	Mid
Eden Youth and Family Center	Provides services to promote the health and socioeconomic well-being of children, youth, and families	http://www.eyfconline.org/	Mid
Exonerated Nation	Helps exonerated formerly incarcerated individuals transition to life outside prison	https://exoneratednation.org/	AC
Family Support Services	Assists families who face serious challenges in successfully caring for their children	https://fssba.org/	AC
Family Violence Law Center	Helps diverse communities in Alameda County heal from domestic violence and sexual assault, advocating for justice and healthy relationships	https://fvlc.org/	AC
Fresh Lifelines for Youth	Prevents juvenile crime and incarceration through legal education, leadership training, and one-on-one mentoring	https://flyprogram.org/	AC
Girls, Inc.	Runs programs designed to empower and inspire girls and young women	https://girlsinc.org/	AC

Resource Name	Summary Description	Website	Area
Highland Hospital Sexual Assault Response and Recovery Team	Provides comprehensive services to victims of domestic violence and sexual assault	https://www.alamedahealthsystem.org/sarrt/	AC
Hively	Hively helps families find and pay for child care, offers mental health support and provides basic necessities to families in need, helping to disrupt neglect and abuse.	https://behively.org/	AC
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/	AC
KidPower International	Provides resources and training to support education on safety, including bullying solutions, sexual assault prevention, child abuse prevention, self-defense, and online safety.	https://www.kidpower.org/	AC
The Latina Center	Focuses on uplifting the health and growth of the Latinx community by providing leadership and personal development opportunities	https://thelatinacenter.org/	AC
Narika	Helps domestic violence survivors with advocacy, support, and education	https://www.narika.org/	AC
OneChild	Helps youth take action against sex trafficking through education, advocacy, mobilization, and survivor care and empowerment	https://www.onechild.ca/	AC
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/	AC

Resource Name	Summary Description	Website	Area
Reentry Success Center	Supports formerly incarcerated individuals in transitioning back into the community	http://reentrysuccess.org/	AC
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/	Mid
Safe Alternatives to Violent Environments	Supports victims of domestic violence through providing shelter, support and educational opportunities	https://save-dv.org/	South
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/	AC
Youth Alive!	Works to prevent violence, and helps violently wounded people heal themselves and their community	http://www.youthalive.org/	AC

CANCER

Resource Name	Summary Description	Website	Area
American Cancer Society	Aims to freeing the world from cancer by funding and conducting research, sharing expert information, supporting patients, and spreading the word about prevention.	https://www.cancer.org/	AC
CancerCare	Professional oncology social workers provide free emotional and practical support for people with cancer, caregivers, loved ones and the bereaved.	https://www.cancercare.org/	AC
Every Woman Counts	Run by the California Department of Healthcare Services, provides free breast and cervical cancer screening and diagnostic services to California's underserved populations.	https://www.dhcs.ca.gov/services/Cancer/ewc/Pages/default.aspx	AC
HERS Breast Cancer Foundation	Supports all individuals healing from breast cancer by providing post-surgical products and services regardless of financial status.	https://hersbreastcancerfoundation.org/	South, Mid, TV
The Leukemia and Lymphoma Society	Strives to find a cure for leukemia, lymphoma, Hodgkin's disease and myeloma, and to improve the quality of life of patients and their families	https://www.lls.org/	AC
Tobacco Control Coalition of Alameda County	Grassroots coalition of educators, professionals, and community members that work to prevent, reduce, and limit tobacco use in Alameda County through education, advocacy, and policy.	https://tobaccofreealamedacounty.org/	AC
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/	AC

CLIMATE/NATURAL ENVIRONMENT

Resource Name	Summary Description	Website	Area
Alameda County Department of Environmental Health	Ensures food and recreational safety, reduces exposures to toxics and pests, protects the quality of local water, air, and physical environment.	https://deh.acgov.org/index.page	AC
Alameda County Office of Sustainability	Leads implementation of county's Climate Action Plan.	https://www.acgov.org/sustain/	AC
Asian Pacific Environmental Network	Supports environmental justice movement with work focused on Asian immigrant and refugee communities.	https://apen4ej.org/	AC
Bay Area Climate Adaptation Network (BayCAN)	A collaborative network of local government staff and partnering organizations working to help the Bay Area respond effectively and equitably to the impacts of climate change on human health, infrastructure, and natural systems	https://www.baycanadapt.org/	AC
Bay Area Air Quality Management District	Oversees and implements policies and regulations for the control of air pollution within the nine counties that surround San Francisco Bay.	https://www.baaqmd.gov/	AC
City of San Leandro: Hub Network	This network of sites – including places of worship, community centers, and neighborhoods – will center the most vulnerable populations and focus on disaster preparedness, community care, and belonging, and climate mitigation and adaptation to be "ready for anything."	https://www.sanleandro.org/1173/Hub-Sites-in-San-Leandro	Mid
Climate Protection Planning Program	Supporting development and implementation of Comprehensive Climate Action Plan, a roadmap for meeting regional near- and long-term greenhouse gas (GHG)	https://www.baaqmd.gov/en/plans-and-climate/climate-planning/bay-area-regional-climate-	AC

Resource Name	Summary Description	Website	Area
	reduction targets by reducing GHG emissions and enhancing carbon sinks in the Bay Area.	action-planning-initiative	
Collective Resilience	Supports the development of resilience hubs.	https://collectiveresiliencenow.org	AC
East Bay Regional Park District	Conserve open space resources and provide outdoor recreational opportunities for present and future generations.	https://www.ebparks.org/	AC
Local Clean Energy Alliance	Membership organization to promote the development and democratization of local renewable energy resources.	https://localcleanenergy.org/	AC
Sierra Club	Grassroots organization that supports efforts to appreciate and protect the environment and create a more sustainable future.	https://www.sierraclub.org/sfbay	AC
Various cities' Environmental Services Divisions			AC

COGNITIVE DECLINE

See Diabetes and Obesity / Heart and Stroke / Healthy Eating, Active Living in this document for information supporting nutrition and exercise.

Resource Name	Summary Description	Website	Area
Alameda County Social Services Agency, Area Agency on Aging	Provides Adult Day Care, Family Caregiver Support programs, Food and Nutrition programs, Legal Assistance, Senior Information and Assistance, Long Term Care Ombudsman Services, Senior Center Services and Visiting.	https://www.alamedacountysocialservices.org/our-services/Seniors-and-Disabled/Area-Agency-on-Aging/Area-agency-on-aging	AC

Resource Name	Summary Description	Website	Area
Alzheimer's Association (Northern California & Northern Nevada chapter)	Offering support to anyone facing Alzheimer's, advocating for the needs and rights of those facing dementia, and advancing critical research, to work toward methods of treatment, prevention, and ultimately, a cure.	https://www.alz.org/ https://www.alz.org/norcal	AC
Alzheimer's Services of the East Bay	Provides services for individuals with dementia, as well as for their families, including Adult Day Care, Family Support, and Education & Community Outreach Services.	https://aseb.org	AC
Bay Area Caregiver Resource Center	Provides services to family caregivers of adults with physical and cognitive impairments, such as Parkinson's, stroke, Alzheimer's and other types of dementia. Services include assessment, care planning, direct care skills, wellness programs, respite services, and legal/financial consultation vouchers.	https://www.caregiver.org/	AC
City of Fremont, Aging & Family Services	In-person AgeWell Centers at Lake Elizabeth and in South Fremont; Senior InfoLine to call for resources and assistance (510-574-2041) in English, Spanish, Farsi, or Mandarin.	https://www.fremont.gov/government/departments/human-services/aging-and-family-services	South

DIABETES AND OBESITY / HEART AND STROKE / HEALTHY EATING, ACTIVE LIVING

See Economic Security: Food Security for free food resources.

Resource Name	Summary Description	Website	Area
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	AC
Alameda County Public Health Department	Promoting and supporting healthy eating and physical activity.	https://acphd.org/nutrition-services/programs/	AC
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.alamedacountysocialservice s.org/our-services/Health-and-Food/index	AC
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/	AC
American Heart Association	Strives to prevent and cure heart disease	https://www.heart.org/en/affiliates/california/greater-bay-area	AC
American Stroke Association	Resource for evidence-based information on stroke, post-stroke recovery, and caregiver info	https://www.stroke.org/en/	AC
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/	Mid
Centro de Servicios	Offers weekly food distribution to the hungry.	https://centrouc.org/	South

Resource Name	Summary Description	Website	Area
East Bay Regional Park District	Conserve open space resources and provide outdoor recreational opportunities for present and future generations.	https://www.ebparks.org/	AC
Fremont Family Resource Center	Combines the best efforts of multiple social services programs, including food assistance and referrals to older adult services	https://www.fremont.gov/government/departments/human-services/fremont-family-resource-center	South
LIFE Eldercare, Inc.	Offers Meals on Wheels, transportation, friendly visitors, and fall prevention for the elderly	https://lifeeldercare.org	AC
Solid Rock Community Services, Newark	Provides resources, food, health/wellness and family reunification services to improve the quality of life for families in Alameda County to ensure basic needs are met.	https://solidrockcommunityservices.org/	South
Union City Family Center	Provides multiple supports including food distribution and partners with mobile health clinic.	https://www.unioncityfamilycenter.org/	South
Viola Blythe Community Service Center of Newark	Distributes emergency food and clothing, makes referrals to other social services agencies.	https://www.violablythe.org/	South
Various cities' Parks and Recreation Departments			AC

Healthy Eating, Active Living: Senior Centers

Name	Location	Website
Age Well Center at South Fremont	Fremont	https://www.fremont.gov/government/departments/human-services/age-well-centers
Age Well Center at Lake Elizabeth	Fremont	https://www.fremont.gov/government/departments/human-services/age-well-centers

Name	Location	Website
City of Union City	Union City	https://www.unioncity.org/289/Ralph-and-Mary-Ruggieri-Senior-Center
Hayward Area Senior Center	Hayward	https://www.haywardrec.org/Facilities/Facility/Details/Hayward-Area-Senior-Center-93
Kenneth C. Aitken Senior Center	Castro Valley	https://haywardrec.org/facilities/facility/details/Kenneth-C-Aitken-Senior-Community-Center-89
San Leandro Senior Community Center	San Leandro	https://www.sanleandro.org/517/Senior-Services

ECONOMIC SECURITY

See subsection on Food Security for free food resources.

Resource Name	Summary Description	Website	Area
Abode Services: Project Independence	Provides young adults leaving the foster care system with supportive housing and services aimed at helping them achieve self-sufficiency and stability in their lives, including case management, education and vocational training, employment placement, and financial literacy training.	https://abode.org/services	AC
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.alamedacountysocialservices.org/our-services/Health-and-Food/index	AC
America Works	Provides work readiness training, vocational training, career placement, career advancement, and employment retention services.	https://americaworks.com/	AC
Bay Area Legal Aid	Increases access to the civil justice system through legal assistance for low-income individuals	https://baylegal.org/ Legal Advice Line: 1-800-551-5554	AC

Resource Name	Summary Description	Website	Area
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/	AC
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/	Mid
Centro de Servicios	Weekly food distribution to the hungry, community thrift store, assistance for veterans, job placement assistance.	https://centrouc.org/	South
Citizens for Better Community	Student internship program; business networking for Chinese community	https://www.cbcsfbay.org/	South
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/	AC
DeafPlus	Integrated adult day program that serves deaf adults with disabilities, including support necessary to gain access to employment and education	https://deafplus.us/	South
Davis Street Community Center	Provide programs and services encompassing: primary care (including medical, dental, pediatric, behavioral health and women's health services), child care, programs for adults living with developmental disabilities, free food and clothing, housing information, utility assistance and more.	https://www.davisstreet.org	Mid

Resource Name	Summary Description	Website	Area
East Bay Asian Local Development Corporation	As the lead agency of SparkPoint Oakland, EBALDC assists families and individuals to stabilize their financial situations and develop asset-building tools as part of its work with and for the diverse populations of the East Bay to build healthy, vibrant, and safe neighborhoods through community development	https://ebaldc.org/ https://ebaldc.org/sparkpoint-oakland/	AC
East Bay Community Foundation	Supports entrepreneurs of color through community-controlled and democratically governed loan fund for businesses with a strong social mission; funds economic justice nonprofits and impact investing.	https://www.ebcf.org/	AC
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/	AC
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/	AC
Eden I&R, Inc.	Serves as a centralized source of health, housing, and human services information	http://edenir.org/	Mid
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	AC

Resource Name	Summary Description	Website	Area
Give Teens 20 / Nav Z	Website with self-sufficiency resources for teens.	https://gt20.org/	AC
Hayward Day Labor Center	Enables low-income, mostly migrant workers in the East Bay achieve self- sufficiency	http://daylaborcenter.org/	Mid
The Hub Family Resource Center	Assistance with obtaining Medi-Cal, Cal Fresh (food stamps), health insurance, CalWorks, job search, child support paperwork, application assistance with EDD, USDI, SSI, Family Leave, etc.	http://www.husd.us/hub	Mid
Narika Seed Program	Job training program to foster economic independence and self-reliance among survivors of domestic violence and new immigrant populations that are particularly vulnerable to abuse and exploitation.	https://www.narika.org/seed-program	AC
One-Stop Career Center (EDD)	Offers free help to job seekers, including employment and training assistance, and serves a range of specialized clients including veterans, youth, laid-off workers, and employers.	https://www.careeronestop.org/LocalHelp/AmericanJobCenters/find-american-job-centers.aspx	multi
Rising Sun Center for Opportunity	Provides green training, employment, and residential energy-efficiency services	https://risingsunopp.org	AC
Rubicon Programs	Equips East Bay residents with resources to break the cycle of poverty	http://rubiconprograms.org/	AC
Solid Rock Community Services	Solid Rock Community Services provides resources, food, health/wellness and family reunification services to improve the quality of life for families in Alameda County to ensure basic needs are met.	https://solidrockcommunityservices.org/	South

Resource Name	Summary Description	Website	Area
Unity Council	Helps families and individuals build wealth and assets through sustainable economic, social, and neighborhood development programs	https://unitycouncil.org/	AC
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/	AC
Various cities' Human Services Departments			AC

Economic Security: Education

Resource Name	Summary Description	Website	Area
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	AC
Alameda County Library	Offers family literacy days and free 1:1 learning for reading, writing, and speaking English better.	https://aclibrary.org/	AC
Alameda County Office of Education	Oversees school districts' budgets and educational plans, serves as a school district, and provides programs to the county's most vulnerable students. Also provides training and support services for educators.	https://www.acoe.org/	AC
Alameda County Tri-City Children and Youth Service	Trains current graduate students in counseling and social work.	https://www.acbhcs.org/plan-administration/intern-and-trainee-programs-acbh-tri-city-children-and-youth-services/	South

Resource Name	Summary Description	Website	Area
Boys and Girls Clubs of San Leandro	Provides a variety of recreational programs for children and youth, also after-school kinder care in elementary schools	http://bgcsl.org/	Mid
Chabot College	Community college that offers educational programs and experiences for students to succeed in their education, progress in the workplace, and engage in the civic and cultural life of the community.	https://www.chabotcollege.edu/about/	Mid
Castro Valley Education Foundation	CVEF provides resources and programs that support academic opportunities in Castro Valley Unified School District	https://www.cvef.org/	Mid
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/	Mid
Catholic Charities of the East Bay	Offers services to aid youth, children, and families facing difficulties with immigration, eviction, literacy, or surviving traumatic violence	https://www.cceb.org/	AC
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	AC
DayBreak Adult Care	Provides education, training, and support for family caregivers	www.daybreakac.org	AC
Eden Area ROP	Provides Career Technical Education (CTE) to high school students in CVUSD, HUSD, SLUSD,	https://www.edenrop.org/	Mid

Resource Name	Summary Description	Website	Area
	and SLzUSD. Provides CTE for Adults throughout Bay Area.		
Davis Street Community Center	Supports children and families through State Subsidized Alternative Payment Program(APP) and child development centers.	https://www.davisstreet.org	AC
Eden Youth and Family Center	Provides services to promote the health and socioeconomic well-being of children, youth, and families	http://www.eyfconline.org/	Mid
First 5 Alameda	Provide funding and programming for childcare and learning (e.g., parenting classes, childcare provider training), as well as advocacy and partnership.	https://first5alameda.org/	AC
Fremont Education Foundation	Provides grants to classroom teachers, music education, and other efforts in Fremont Unified School District.	https://www.fremont-education.org/	South
Fremont Family Resource Center	Combines the best efforts of multiple social services programs, including educational events and child care information and subsidies	https://www.fremont.gov/government/departments/human-services/fremont-family-resource-center	South
Friends of Children with Special Needs	Provides information and assistance to children with special needs, adults with special needs, and their communities.	https://fcsn1996.org/	South
Give Teens 20 / NavZ	Website with self-sufficiency resources for teens, including information on funding for college.	https://gt20.org/	AC
Hidden Genius Project	Focuses on increasing diversity in the workforce and transforming	http://www.hiddengeniusproject.org/	AC

Resource Name	Summary Description	Website	Area
	communities by mentoring black male youth in technology creation, entrepreneurship, and leadership skills		
Hively	Provides education and training to child care providers and helps families find and pay for child care that promotes early childhood development and learning.	https://behively.org/	AC
Mission Valley ROP	Provides career training for successful business, medical, and technical careers.	https://www.mvrop.org/	South
New Haven Schools Foundation	Administers an annual grant program that provides funding for innovative classroom and enrichment programs in the New Haven School District.	https://nhsfoundation.org/	South
Newark Education Foundation	Supports major initiatives and programs in Science, Technology, and the Arts for the Newark Unified School District	https://newarkeducational foundation.org/	South
Ohlone Community College	Community college that provides excellent instruction and support services, awards associate degrees and certificates, and promotes university transfer.	https://www.ohlone.edu/	South
San Leandro Education Foundation	Funds positive youth development activities in the San Leandro community.	https://www.sledfund.org/	Mid
Special Need Children Center Foundation	Funds projects that address educational, social or physical needs of special needs children and youth	https://snccf.org/	South
Union City Family Center	Bilingual story time, kinder readiness programs for families with children ages 0-5 who reside	http://www.unioncityfamil ycenter.org	South

Resource Name	Summary Description	Website	Area
	in Union City and New Haven Unified School District boundaries.		

School Districts

School District	Location	Website
Fremont USD	Fremont	https://fremontunified.org/
Hayward USD	Hayward	https://www.husd.us/
New Haven USD	Union City	https://mynhusd.org/
Newark USD	Newark	https://www.newarkunified.org/

Economic Security: Food Security

Also see overall Economic Security for resources.

Resource Name	Summary Description	Website	Area
18 Reasons	Empowers community members with the confidence to buy, cook, and eat good food every day	https://18reasons.org/	AC
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/	AC
Alameda County Food Resources	Lists community groups providing food assistance	https://www.needhelppayingbills.com/html/alameda_county_food_banks.html	AC
Alameda County Deputy Sheriffs' Activities League	Collaborates with Alameda County adults and youth on initiatives to	https://www.acdsal.org/	AC

Resource Name	Summary Description	Website	Area
	reduce crime and improve community health		
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	AC
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/	AC
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	AC
Building Blocks Collaborative	Committed to improving health conditions in our most troubled neighborhoods. Focused on food justice.	https://acphd.org/building-blocks/projects/bbc/	AC
Catholic Charities of the East Bay	Offers services to aid youth, children, and families facing difficulties with immigration, eviction, literacy, or surviving traumatic violence.	https://www.cceb.org/	AC
City Slicker Farms	Reinforces self-sustaining access to food through urban farming, education, and recreation.	http://www.cityslickerfarms.org/	AC
Daily Bowl	Recovers excess food that would otherwise go to waste and delivers it to Bay Area agencies that feed families who are hungry.	https://dailybowl.org/	AC

Resource Name	Summary Description	Website	Area
Davis Street Community Center	Provides emergency food, clothing, utility assistance and housing support.	https://www.davisstreet.org	AC
First 5 Alameda County	Provide funding, programming, advocacy, and partnership to support children aged 0-5 and their families, including ensuring basic resources such as food.	https://first5alameda.org/	AC
Fremont Family Resource Center	Combines the best efforts of multiple social services programs, including food assistance.	https://www.fremont.gov/government/departments/human-services/fremont-family-resource-center	South
Fresh Approach	Improves healthy food access in the community through farmers markets, community gardens, and cooking and nutrition classes	https://www.freshapproach.org/	AC
LIFE Eldercare, Inc.	Offers Meals on Wheels, transportation, friendly visitors, and fall prevention for the elderly	https://lifeeldercare.org	AC
Mandela MarketPlace	Builds health, wealth, and assets in low- income communities by creating local food enterprises	https://www.mandelapartners.org/	AC
Meals on Wheels of Alameda County	Delivers nutritious meals to, and performs wellness checks on, frail and/or homebound seniors	https://www.feedingseniors.org/	AC
Solid Rock Community Services	Solid Rock Community Services provides resources, food, health/wellness and family reunification services to improve the quality of life for families in Alameda County to ensure basic needs are met.	https://solidrockcommunityservices.org/	South
South Hayward Parish Emergency Food Pantry	Food pantry serves thousands of pounds of food per month.	https://www.southhaywardparish.org/food-pantry	Mid/ South

Resource Name	Summary Description	Website	Area
Spectrum Community Services: Meals on Wheels, Senior Meals	Meals on Wheels offers healthy, home-delivered meals for seniors who are unable to prepare their own food and have difficulty with mobility; Senior Meals distributes freshly prepared, nutritious meals to various Alameda County locations where registered seniors can pick them up.	https://www.spectrumcs.org/senior-services	AC
Tri-City Volunteers Food Bank & Thrift Store	Provides food assistance to the residents of Alameda County; largest client-direct food bank in the area, with marketplace, mobile pantry, and bag lunch program.	https://tcvfoodbank.org/	South
Union City Family Center	Provides multiple supports including food distribution.	https://www.unioncityfamilycenter.org/	South
Viola Blythe Community Service Center of Newark	Distributes emergency food and clothing, makes referrals to other social services agencies.	https://www.violablythe.org/	South

Economic Security: Housing

Resource Name	Summary Description	Website	Area
Abode Services	Works with government, supporters, landlords, and clients to provide housing for people experiencing homelessness	https://www.abodeservices.org/	AC
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/	AC
Alameda County Homeless Project	(includes special needs housing)	https://www.self-sufficiency.org/schp	Mid, South

Resource Name	Summary Description	Website	Area
Alameda County Housing and 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/	AC
Bay Area Community Services	Provides behavioral health and housing services for teens, adults, older adults, and their families across the Bay Area.	https://www.bayareacs.org/	AC
Bay Area Legal Aid	Increases access to the civil justice system through legal assistance for low-income people	https://baylegal.org/	AC
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/	AC
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/	AC
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/	AC
DayBreak Adult Care	Housing navigation and support for vulnerable seniors in Alameda County.	www.daybreakac.org	AC
DeafPlus	Integrated adult day program that serves deaf adults with disabilities, including support necessary to develop independent living skills.	https://deafplus.us/	South

Resource Name	Summary Description	Website	Area
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	AC
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/	AC
East Bay Community Law Center Housing Program	Defends low-income tenants in eviction lawsuits brought against them	https://ebclc.org/need-services/housing-services	AC
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/	AC
Eden Council for Hope and Opportunity (ECHO) Housing	Fair housing or tenant rights and other services.	https://www.echofairhousing.org/	Mid
Eden Housing	Creates and sustains affordable housing for very low, low and moderate-income families, seniors, veterans, people living with physical, mental, or developmental disabilities, and the formerly homeless	https://edenhousing.org/	Mid
Eden I&R, Inc.	Serves as a centralized source of health, housing, and human services information	http://edenir.org/	Mid
Everyone Home	Supports collaborative projects to end homelessness	http://everyonehome.org/	AC

Resource Name	Summary Description	Website	Area
FESCO	Provides low/extremely low-income homeless families with food, emergency, transitional, permanent housing, and supportive services	https://www.fescofamilyshelter.org/	AC
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	AC
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/	AC
HOPE Project Mobile Health Clinic	Homeless Outreach for People Empowerment Project is a mobile clinic that brings services to those in need. It provides health and social services to homeless people in five locations throughout southern and eastern Alameda County, in partnership between Abode Services and Bay Area Community Health.	https://bach.health/homeless-programs	TV/South
Lava Mae	Brings critical self-care services to people experiencing homelessness via mobile hygiene and pop-up care village programs	https://lavamae.org/	AC
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/	AC
Rubicon Programs	Equips East Bay residents with resources to break the cycle of poverty	http://rubiconprograms.org/	AC

Resource Name	Summary Description	Website	Area
Satellite Affordable Housing Associates (SAHA)	Offers quality affordable homes and services that empower people and strengthen neighborhoods.	https://www.sahahomes.org/	AC
South Hayward Parish	Shelter guests receive a nightly foldable mat, sleeping bag, as well as a hot dinner and breakfast.	https://www.southhaywardparish.org/shelter	Mid
Unity Council	Helps families and individuals build wealth and assets through sustainable economic, social, and neighborhood development programs	https://unitycouncil.org/	AC
Various cities' Housing and Human Services Departments			AC

HEALTHCARE ACCESS AND DELIVERY

See Healthcare Facilities and Agencies listed on the second page of this attachment.

Resource Name	Summary Description	Website	Area
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/	AC
Alameda County Healthcare Services, School Health Services	Provide school districts an array of school-based, school-linked health and wellness services for youth and families, and partner with school districts to build school-based health and wellness systems.	https://achealthyschools.org/	AC
Bay Area Legal Aid	Improves access to the civil justice system through legal assistance for low- income individuals	https://baylegal.org/	AC
California Department of Healthcare 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	AC
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	https://achealthyschools.org/projects	AC
DayBreak Adult Care	Assists Alameda County seniors with accessing and navigating their care needs	www.daybreakac.org	AC
Eden I&R, Inc.	Connects individuals in need with human services agencies	http://edenir.org/	Mid
George Mark Children's Home	Provides pediatric nursing and other support services to children with complex medical conditions	https://georgemark.org/	Mid

Resource Name	Summary Description	Website	Area
Jewish Family and 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/	AC
Operation Access	Enables Bay Area healthcare providers to donate surgical and specialty care to people in need	https://www.operationaccess.org/	AC
Ronald McDonald Care Mobile Dental Clinic	Provides pediatric health services for underserved populations through health education and treatment and referral services	https://rmhcbayarea.org/what-we-do/ronald-mcdonald-care-mobile/	AC
United Seniors of Oakland and Alameda County	Offers programs for older adults to educate, mobilize and enable seniors and their supporters to address the issues that affect their quality of life.	https://www.usoac.org/	AC / North

Access: Transportation

Resource Name	Summary Description	Website	Area
Alameda Alliance For Health Medi-Cal Transportation Benefit	Transportation services are offered through the Alliance's transportation provider, ModivCare. There is no cost when transportation is authorized by the Alliance.	https://alamedaalliance.org/members/medi-cal/benefits-and-covered-services/	AC
Alameda–Contra Costa Transit District (AC Transit)	Provides regional bus service	http://www.actransit.org/	AC
Bay Area Rapid Transit (BART)	Provides elevated and subway rail travel across Bay Area counties	https://www.bart.gov/	AC
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	AC
Bike East Bay	Promotes a healthy, sustainable community by making cycling safe, fun and accessible	https://bikeeastbay.org/	AC

Resource Name	Summary Description	Website	Area
Eden I&R, Inc.	Serves as a centralized source of health, housing, and human services information	http://edenir.org/	Mid
LIFE Eldercare, Inc.	Meals on Wheels, transportation, friendly visitors and fall prevention for the elderly	https://lifeeldercare.org	AC
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/	AC
Ride-On Tri-City!	The program provides a number of transportation and mobility support services for seniors and people with disabilities residing in Fremont, Newark, and Union City.	https://www.fremont.gov/government/departments/human-services/transportation-mobility	South
Union City Transit	Local, city-run bus system.	https://www.unioncity.org/170/Union-City-Transit	South

HEART AND STROKE

See Diabetes and Obesity / Heart and Stroke / Healthy Eating, Active Living in this document.

INEQUITY & DISCRIMINATION

Many of the agencies/organizations addressing the other health needs also address racism/discrimination. The agencies/organizations listed below specifically address it.

Resource Name	Summary Description	Website	Area
Alameda County District Attorney Accountability Table	Coalition of Alameda County-based organizations working together to advance public safety solutions.	https://acaccountability.org	AC
NAACP Hayward South Alameda County	Seek the enactment and enforcement of federal, state and local laws securing civil rights, and inform the public of the adverse effects of racial discrimination.	https://naacphayward.org/advocacy	Mid, South

MATERNAL/INFANT HEALTH

Resource Name	Summary Description	Website	Area
A Better Way Inc.	Assessment/referral and parenting support and education through group classes, topic-specific trainings, and through peer-led support groups.	https://www.abetterwayinc.net/	AC
Alameda County Public Health: Family Health Services Black Infant Health Program	Help reduce stress, build resilience, promote healthy behaviors, and increase social support among pregnant and mothering Black women, and build a community that stands up against the injustices towards African-American women and their birthing experiences.	https://acphd.org/programs-and-services/black-infant-health/	AC
Brighter Beginnings: Family Partnership Program	Home visiting program designed to help families in CalWORKs who have infants and children under 3 years old participate.	https://www.brighter-beginnings.org/programs/parenting-and-child-development/family-partnership-program/	AC
Family Paths: Parenting Stress Helpline	Staffed by professional and volunteer counselors, who support parents and caregivers around a variety of parenting issues.	1-800-829-3777	AC

UNINTENDED INJURIES

Resource Name	Summary Description	Website	Area
Alameda County Health Emergency Medical Services: Injury Prevention Programs	Operates and supports several programs designed to prevent injuries and emergencies from occurring among children and older adults.	https://ems.acgov.org/CommtyResources/PreventionPrograms.page?	AC
Alameda County Transportation Commission: Bicycle Safety Education Program	Educates approximately 4,000 adults, teenagers and children annually in safe bicycle riding techniques. Encourages bicycle riders to ride their bicycles with greater control and awareness to enhance their travel safety.	https://www.alamedactc.org/programs-projects/bicycle-and-pedestrian/bicycle-safety-education	AC
Child Passenger Safety Program	Supports the standardization and quality- control course with content and instructors to ensure that information and materials being taught and disseminated are up-to-date, accurate, and consistent	https://www.in.gov/cji/traffic-safety/occupant-protection/children/child-passenger-safety/	AC
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/	AC
Safe Kids Alameda County	Coalition implements evidence-based programs, such as car-seat checkups, safety workshops and sports clinics, that help parents and caregivers prevent childhood injuries.	https://www.safekids.org/coalition/safe-kids-alameda-county	AC
Spectrum Community Services Fall Prevention Program	Programs to support exercise, walking, and balance to prevent older adult falls.	https://www.spectrumcs.org/senior-services/fall-risk-reduction	AC

ATTACHMENT 6: QUALITATIVE RESEARCH MATERIALS

A. Experts/Leaders Pre-Survey
B. Community Members Pre-Survey
C. Key Informant Interview Protocol
D. Experts/Leaders Focus Group Protocol
E. Community Members Focus Group Protocol

2024 CHNA Survey to Identify Health Needs - Experts/Leaders (Alameda County)

Welcome!

Thank you for clicking through to this survey. It will take less than 10 minutes to complete. **Please respond at least two days before your scheduled interview or focus group.**

Non-profit hospitals in the East Bay, including John Muir Health, St. Rose Hospital, Stanford Health Care Tri-Valley, UCSF Benioff Children's Hospital Oakland, and Washington Hospital Healthcare System, are conducting a community health needs assessment (CHNA) in accordance with IRS guidelines for non-profit hospitals. For the 2025 CHNA, a combination of statistical data and community input are being collected by these hospitals and their consultants, Actionable Insights. This research will generate a list of community health needs.

The survey you are about to complete briefly presents a list of health needs, including all that were prioritized by the community in Alameda County in 2022. You are welcome to add any needs you feel are missing. As a local expert/community leader, **you are being asked to choose up to five needs that you feel are the biggest health issues and/or conditions for the people whom you serve.** The results of this survey will be shared with Actionable Insights and the hospitals, and may also be shared with a limited number of additional non-profit hospitals, community-based organizations, and/or agencies such as the County's Public Health Department. During your upcoming interview/focus group, the Actionable Insights facilitator will ask you to discuss the top needs you chose.

To proceed, please enter your name below and click "Next."

* 1. Your name:

[   ]

2024 CHNA Survey to Identify Health Needs - Experts/Leaders (Alameda County)

List of Health Needs to Select

* 2. Below is a list of health needs. The ones in bold were prioritized by the community during the 2022 Community Health Needs Assessment in Alameda County. They are presented in alphabetical order. Feel free to add any needs you feel may be missing. Please choose <u>up to five</u> needs that you feel are the biggest issues or conditions now for the people whom you serve. There may be overlap; please choose the five that best represent the needs you have in mind.

- [ ] **Cancer**

- [ ] **Climate**/healthy environment (including extreme weather, environmental contaminants, safe air and drinking water)

- [ ] Communicable Diseases (including TB, COVID, flu, salmonella; not including sexually transmitted infections)

- [ ] **Community and family safety**/intentional injury (including child/partner abuse, hate crimes, bullying and school safety, human trafficking, violent crime, arrest rates, and deaths in custody)

- [ ] **Diabetes and obesity,** AKA healthy lifestyles (including fitness and places to exercise; diet, nutrition, and access to fresh food)

- [ ] Disabilities (including vision, hearing, and mobility; neurodivergence such as autism or ADHD; and cognitive disabilities/developmental delays)

- [ ] **Economic security/stability** (including income, employment, child care, and digital access)

- [ ] **Education** (including pre-school, school test scores, learning gaps, vocational training, educational attainment, and wealth)

- [ ] **Food insecurity** (including anxiety about food insufficiency, household food shortages, reduced quality, variety, or desirability of food, diminished nutrient intake, and disrupted eating patterns)

- [ ] **Healthcare access and delivery** (including health insurance, costs of care and medicine, availability of primary and specialty care providers, wait times for appointments, quality of care, and linguistic/cultural competence in care delivery)

- [ ] Healthy aging (including arthritis, cognitive decline/dementia, Alzheimer's disease, aging-related vision and hearing loss, loss of mobility, falls)

- [ ] **Heart disease and stroke** (including heart attack, high cholesterol, and high blood pressure)

- [ ] **Housing and homelessness** (including safe, clean, and affordable housing, overcrowding, and tenant protections)

- [ ] Maternal and infant health (including prenatal care, premature births, and infant mortality)

- [ ] **Mental health** (including stress, anxiety, isolation, and depression; life satisfaction; eating disorders; trauma; and mental health disorders such as schizophrenia)

- [ ] Oral/dental health

- [ ] **Respiratory health** (including asthma, allergies, COVID-19, and COPD)

- [ ] Sexual health (including family planning and sexually-transmitted infections such as gonorrhea, chlamydia, or HIV)

- [ ] **Structural racism** (social, economic and political systems and institutions that perpetuate racial inequities through policies, practices and norms)

- [ ] **Substance use** (including vaping; the use of alcohol, tobacco, opioids, and other substances; addiction; and outcomes such as kidney or liver disease)

- [ ] **Transportation** (including safety and reliability, overall infrastructure, and access)

- [ ] Unintended injuries/accidents (including drownings, poisonings, and bicycle, pedestrian, and motor vehicle accidents)

- [ ] Other (please specify)

When you are done responding to the questions above, please click "Next" for your responses to be tallied.

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2024 CHNA Survey to Identify Health Needs - Experts/Leaders (Alameda County)

Consent

* 3. In order to capture your words accurately, your interview/focus group will be recorded and the recording will be transcribed. A transcript of the interview/focus group discussion will be sent to the health care organizations and their consultants, and may also be shared with a limited number of additional non-profit hospitals, community-based organizations, and/or agencies such as the County's Public Health Department. If a quote from your transcript is used in the report, you will not be identified by name; only as a "local expert." Please indicate that you understand and agree to be recorded.

○ Yes, I understand and agree to be recorded.

○ No, I do not agree to be recorded. I will not participate in the interview/focus group.

actionable insights

2024 CHNA Survey to Identify Health Needs - Experts/Leaders (Alameda County)

Report Acknowledgment

* 4. An appendix to the report will contain a list of experts consulted. Please indicate how you would like to be listed:

○ By name, title, and organization

○ Only my title and organization, not my name

○ Only my organization, not my name or role

○ Do not include me in the list at all

5. Please fill in the fields that correspond to your response above. If you agreed to be listed by name, we will use your name as you entered it at the beginning of this survey.

Title
Organization

* 6. In a few sentences, please tell us what your organization does and how it serves the community.

* 7. In a sentence or two, how would you describe the geographic areas and populations you serve or represent?

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2024 CHNA Survey to Identify Health Needs - Experts/Leaders (Alameda County)

Question about Climate

* 8. In the past three years, have the people you serve been impacted by any of the following climate hazard events? (Please check all that apply.)

☐ Extreme heat (too hot to perform routine activities such as work or be at rest)

☐ Wildfire and/or wildfire smoke (exposure to unsafe conditions or difficulty breathing due to air quality)

☐ Drought (not enough access to clean water)

☐ Extreme rainfall/flooding (too much water)

☐ None. The people I serve were not impacted by a climate hazard event in the past three years.

☐ I prefer not to answer.

☐ Other (e.g., water quality issues, power outages, insect infestations, or diseases from parasites/bacteria/viruses):

Climate Follow-Up

9. Please tell us how the climate hazard(s) impacted the quality of life and well-being of the people you serve (e.g., poor physical or mental health, economic or housing instability, etc.)

Demographics

The IRS would like the hospitals to describe who participated in the interviews and focus groups. We would appreciate it if you would answer the questions below, but responding is optional. We will only report these answers for experts as a group, not for individual participants.

10. What is your age? *(Please enter a number only.)*

11. Are you of Hispanic/Latinx ethnicity?

○ Yes

○ No

12. What is your race? (Please choose all that apply.)

☐ American Indian/Alaskan Native

☐ Asian (indicate specific ancestry, e.g., "Chinese," in Other field below)

☐ Black/African American

☐ Native Hawaiian/Other Pacific Islander

☐ White

☐ Some other race (please specify)

[   ]

13. Which of the following most accurately describes you?

○ Female

○ Male

○ Non-binary

○ Transgender

○ Intersex

○ Let me type...

[   ]

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2024 CHNA Survey to Identify Health Needs - Experts/Leaders (Alameda County)
Thank you!

Thank you for responding to the survey. Your facilitator will review your responses prior to your scheduled interview/focus group. If you are finished with this survey, please click "Done."

2024 CHNA Survey to Identify Health Needs - Community Members (Alameda County)

Welcome!

Thank you for clicking through to this survey. It will take less than than 10 minutes to complete. **Please respond at least two days before your scheduled focus group discussion.**

Health care organizations in the East Bay, including John Muir Health, St. Rose Hospital, Stanford Health Care Tri-Valley, UCSF Benioff Children's Hospital Oakland, and Washington Hospital Healthcare System, would like to understand the needs of the community better, including its physical, emotional, and environmental health. For this Community Health Needs Assessment, these organizations are collecting thoughts and opinions from people in the community with the help of their consultants and the Alameda County Public Health Department. This will help to make a list of community health needs.

This survey has a list of health needs. It includes the ones that were found in 2022 for Alameda County. You are welcome to add any needs you feel are missing. As a community member, **you are being asked to choose up to five needs that you feel are the most important for your community right now.** The Public Health Department, the health care organizations, and their consultants will receive the answers from this survey and then summarize them. They may also share them with a small number of other community based organizations and health care organizations, **without using your name or email address**. The Public Health Department's facilitator will lead a conversation about the needs that were rated as the most important, or pressing, in your upcoming focus group.

To proceed, please enter your email address below and click "Next."

* 1. Your email address:

[   ]

* 2. At the end of the focus group, you will receive a gift card as a "thank you" for participating. Which company's gift card would you like?

○ Amazon

○ Safeway

○ Target

* 3. In order to get everyone's words exactly right, your focus group will be recorded. A written copy of the discussion <u>without people's names</u> will be sent to the County's Public Health Department, the healthcare organizations and their consultants. They may also share it with a small number of other community based organizations and health care organizations. If you are quoted, you will be identified only as a "community member" -- no names will be used. Please indicate that you understand and agree to be recorded.

○ Yes, I understand and agree to be recorded.

○ No, I do not agree to be recorded. I will not participate in the focus group.

2024 CHNA Survey to Identify Health Needs - Community Members (Alameda County)

List of Health Needs to Select

* 4. Below is a list of health needs. The ones in bold were identified by the community in Alameda County in 2022. They are presented in random order. Please <u>think about how important each need is for your community right now. Then, please choose up to five needs that you feel are the most important now for your community.</u> There is a space at the bottom where you can add anything you feel may be missing. There may be overlap, but please do the best you can.

☐ **Cancer**

☐ **Climate**/healthy environment (including extreme weather, environmental contaminants, safe air and drinking water)

☐ Communicable Diseases (including TB, COVID, flu, salmonella; not including sexually transmitted infections)

☐ **Community and family safety**/intentional injury (including child/partner abuse, hate crimes, bullying and school safety, human trafficking, violent crime, arrest rates, and deaths in custody)

☐ **Diabetes and obesity,** AKA healthy lifestyles (including fitness and places to exercise; diet, nutrition, and access to fresh food)

☐ Disabilities (including vision, hearing, and mobility; neurodivergence such as autism or ADHD; and cognitive disabilities/developmental delays)

☐ **Economic security/stability** (including income, employment, childcare, and digital access)

☐ **Education** (including pre-school, school test scores, learning gaps, vocational training, educational attainment, and wealth)

☐ **Food insecurity** (including anxiety about food insufficiency, household food shortages, reduced quality, variety, or desirability of food, diminished nutrient intake, and disrupted eating patterns)

☐ **Healthcare access and delivery** (including health insurance, costs of care and medicine, availability of primary and specialty care providers, wait times for appointments, telehealth access, quality of care, and linguistic/cultural competence in care delivery)

☐ Healthy aging (including arthritis, cognitive decline/dementia, Alzheimer's disease, aging-related vision and hearing loss, loss of mobility, falls)

☐ **Heart disease and stroke** (including heart attack, high cholesterol, and high blood pressure)

☐ **Housing and homelessness** (including safe, clean, and affordable housing, internet/WiFi access, overcrowding, and tenant protections)

☐ Maternal and infant health (including prenatal care, premature births, and infant mortality)

☐ **Mental health** (including stress, anxiety, isolation, and depression; life satisfaction; eating disorders; trauma; and mental health disorders such as schizophrenia)

☐ Oral/dental health

☐ **Respiratory health** (including asthma, allergies, COVID-19, and COPD)

☐ Sexual health (including family planning and sexually-transmitted infections such as gonorrhea, chlamydia, or HIV)

☐ **Structural racism** (social, economic and political systems and institutions that perpetuate racial inequities through policies, practices, and norms)

☐ **Substance use** (including vaping; the use of alcohol, tobacco, opioids, and other substances; addiction; and outcomes such as kidney or liver disease)

☐ **Transportation** (including safety and reliability, overall infrastructure, and access)

☐ Unintended injuries/accidents (including drownings, poisonings, and bicycle, pedestrian, and motor vehicle accidents)

☐ Other need (please describe)

When you are done responding to the questions above, please click "Next" for your responses to be tallied. You will soon receive an invitation with details about the focus group. We look forward to meeting you!

Alameda County Public Health Department
Celebrating Healthy People in Healthy Communities

2024 CHNA Survey to Identify Health Needs - Community Members (Alameda County)

Questions About Climate

Please answer this question and the one on the next screen. You will be helping the University of California with research on climate and health.

* 5. In the past three years, were you impacted by any of these climate hazard events? (Check all that apply.)

☐ Extreme heat (too hot to perform routine activities or be at rest)

☐ Wildfire and/or wildfire smoke (being in unsafe conditions or finding it hard to breathe because of air quality)

☐ Drought (not enough access to clean water)

☐ Extreme rainfall/flooding (too much water)

☐ None. I was not impacted by a climate hazard event in the past three years.

☐ I prefer not to answer

☐ Other climate events that impacted you (for example, problems with water quality, or being in a power outage)

2024 CHNA Survey to Identify Health Needs - Community Members (Alameda County)

Climate Follow-Up Question

6. Please tell us how the event(s) you experienced impacted your life. For example, you could have had poor physical or mental health, lost your income or housing, etc.

2024 CHNA Survey to Identify Health Needs - Community Members (Alameda County)

Demographics

Thank you for providing your responses to the survey questions! The IRS would like the hospitals to describe who participated in the interviews and focus groups. We would appreciate it if you would answer the questions below. Answering is not required. We will only report these answers for community members as a group, not for individual participants.

7. What city do you live in right now?

8. What is your age? *(Please enter a number only.)*

9. Do you think of yourself as: *(Check all that apply)*

☐ Lesbian or gay

☐ Straight or heterosexual (that is, not gay or lesbian)

☐ Bisexual

☐ Queer

☐ Pansexual

☐ Don't know

☐ Prefer not to answer

☐ Something else (please specify)

[   ]

10. What is your current gender identity? *(Check all that apply)*

☐ Female/woman/girl

☐ Male/man/boy

☐ Nonbinary, genderqueer, or not exclusively female or male

☐ Transgender female/woman/girl

☐ Transgender male/man/boy

☐ Don't know

☐ Prefer not to answer

☐ Another gender (please specify)

[   ]

11. Which category/categories describe you? *Mark all that apply AND add details on the next screen. You may report more than one group.*

☐ Asian

☐ Black or African American

☐ Latino/Latina/Latinx, Hispanic

☐ Middle Eastern or North African

☐ Native American, American Indian, or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Don't know

☐ Prefer not to answer

Please click "Next" for your answers to be tallied.

2024 CHNA Survey to Identify Health Needs - Community Members (Alameda County)

Specific Demographics

12. Asian: Provide details below.

☐ Asian Indian

☐ Bangladeshi

☐ Chinese

☐ Filipino

☐ Hmong

☐ Indonesian

☐ Japanese

☐ Korean

☐ Pakistani

☐ Sinhalese

☐ Taiwanese

☐ Thai

☐ Vietnamese

☐ Specify (for example, Afghani, Burmese, Cambodian, Kyrgyz, etc.):

[   ]

13. Black or African American: Provide details below.

☐ African American

☐ Ethiopian

☐ Haitian

☐ Jamaican

☐ Nigerian

☐ Somali

☐ Specify (for example, Ghanaian, South African, Barbadian, Congolese, etc.):

[   ]

14. Latino/Latina/Latinx, Hispanic: Provide details below.

☐ Cuban

☐ Dominican

☐ Guatemalan

☐ Mexican or Mexican American

☐ Puerto Rican

☐ Salvadoran

☐ Venezuelan

☐ Specify (for example, Colombian, Ecuadorian, Argentine, etc.):

[   ]

15. Middle Eastern or North African: Provide details below.

☐ Algerian

☐ Egyptian

☐ Iranian/Persian

☐ Lebanese

☐ Moroccan

☐ Syrian

☐ Specify (for example, Israeli, Iraqi, Tunisian, etc.):

[   ]

16. Native American, American Indian, or Alaskan Native: Provide details below.

☐ American Indian

☐ Alaskan native

☐ Central or South American indigenous

☐ Mam

☐ Ohlone, including Chochenyo, Karkin, Ramaytush, Yokuts, or Muwekma

☐ Specify (for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat, Nome Eskimo Community, etc.):

[   ]

17. Native Hawaiian or Other Pacific Islander: Provide details below.

☐ Chamorro

☐ Fijian

☐ Guamanian

☐ Marshallese

☐ Native Hawaiian

☐ Samoan

☐ Tongan

☐ Specify (for example, Palauan, Tahitian, Chuukese, etc.):

[   ]

18. White: Provide details below.

☐ English

☐ German

☐ Irish

☐ Italian

☐ Polish

☐ Spanish/Spaniard

☐ Tongan

☐ Specify (for example, Scottish, Norwegian, Dutch, French, etc.):

[   ]

Please click "Next" for your answers to be tallied.

Alameda County Public Health Department
Celebrating Healthy People in Healthy Communities

2024 CHNA Survey to Identify Health Needs - Community Members (Alameda County)

Thank you!

Thank you for responding to the survey. Your facilitator will review your responses prior to your scheduled focus group. Again, you will soon receive an invitation with details about the focus group.

If you are finished with this survey, please click "Done."

CHNA KII Protocol – Experts/Leaders (60 min.)

PREP

- Schedule call, send background, needs, consent, and demographics survey and main topics from page 2 [*minimum: 1 week ahead of time*]. [Insert QR code for survey]
- 48 hours before:
    - Review the individual's background on LinkedIn and/or their organization's website; review their survey response (health needs they identified).
    - Send reminder email; remind them of their survey response (most pressing needs among those they serve) and the main questions.
        - If they didn't respond to the survey, include the link and ask them to respond ASAP before the interview.

INTRODUCTION (5 MIN.)

[Start recording from the beginning of the session.]

- WELCOME: Thank you for agreeing to do this interview today. My name is [NAME] with Actionable Insights. I will be conducting the interview today on behalf of local health care organizations as part of the Community Health Needs Assessment process for them in _____ [County *or* counties].
- [*If they didn't submit survey:* In order to go ahead, we'll need you to take the survey we sent you. Here's the link; I'll wait while you complete it [*place in Zoom chat]*
- What the project is about:
    - Local nonprofit hospitals are conducting a Community Health Needs Assessment. It is a systematic examination of health indicators in _____ [County *or* counties] that will be used to identify key problems and assets in a community and develop strategies to address community health needs. You are an important contributor to this assessment because of your knowledge of the needs in the community you serve or represent. The hospitals greatly value your input.
    - A CHNA is required of all non-profit hospitals in the U.S. every three years. The report based on this assessment will be a snapshot in time; this report will be published next year (in 2025) and consulted through 2028.
- We expect this interview to last no longer than 1 hour; does that still work for you?

- **Today's main topics:**
  - Better understand the needs you identified as most pressing in your area
  - Which populations are experiencing inequities related to the needs
  - How things may have changed in the past few years (trends)
  - The biggest challenges you see in addressing the needs
  - Key resources and any models or best practices you know of for addressing the needs
  - Other areas of concern
  - *[If not one of the needs identified:]* Your expertise as it relates to the community's needs
- What we'll do with the information you tell us today:
  - Will record so that we can get the most accurate record possible
  - Will not share the audio itself; transcript will go to the health care organizations and their consultants, like me.
  - Hospitals will make decisions about which needs they can best address
  - We can keep anything confidential; just let me know any time.
  - The information you provide today will not be reported in a way that would identify you. *[Next part depends on their survey response:]* We plan to name *you/your organization* in the report where we list all the experts we consulted, but will not attach your name to any quotes we might use.
- Do you have any questions before we get started? *[If we don't have the answer, commit to finding it and sending later via email.]*

Kick on Zoom recording!

HEALTH NEEDS DISCUSSION (35 MIN.)

Could you please pronounce your name and share your preferred pronoun? OK, [name], before we get down to the issues you identified, I'd like to ask you:

1. What are the healthiest characteristics of this community? [*Prompt if needed:* For example, a strong transportation system, an active arts and culture sector, safe and accessible spaces for physical activity]
   a. What strengths in the community amplify or support these healthy characteristics?

Thank you. Now, you identified [*read list from survey*] as the biggest health issues or conditions your community struggles with. For each of these needs, I'll ask you six things [*read only **bold text** to introduce this section*]:

1. Please briefly describe **how you see the need playing out.** What does it look like among the people you serve or represent?

2. **What** do **you think creates these issues**? [*Prompts for barriers if they are having trouble thinking of any:* Income/economic issues, language, culture/stigma, lack of awareness/education, policies/laws, budget cuts, lack of community resources, geographic location, transportation, housing, addiction, stress, being victims of abuse/bullying/crime]

3. This may overlap the previous question, but **are there certain people or geographic areas that have been affected by the issues** we've been talking about **more than others**? If so, in what ways? <u>In other words</u>, which specific groups of the population, if any, should the hospitals focus on to reduce disparities and inequities related to race or other factors?
   [*Prompts for populations if they are having trouble thinking of any*: income/education level, housing status, language, immigration status, age, ethnicity, sexual orientation, gender identity, disability status, geographic location; intersectionality of any of these]

4. Next, **how things may have changed** in the last few years (since we know that the data always lag what is happening now)? What emerging trends or areas of concern have you seen since 2021? How has COVID recovery influenced the characteristics of these needs?

5. What are **one or two of the biggest challenges to addressing** the need?

6. [*1st time through only:* As you know, the hospitals will make decisions about which needs they can best address, and develop strategies to address them.] **What** do

you feel is needed to better address this need, including **any models, best practices, or key community resources for addressing the need**? <u>In other words,</u> what are effective strategies to reduce health disparities and inequities in your community? [*Prompts if needed:* Is there work underway that is promising? Who is doing that work? Are there any best practices you have observed within your health system or organization, in our county agencies, national practices you've heard about, or practices you've read about in literature?]

Probes: How would you like to see health care organizations like these hospitals address these needs? Who are the individuals or organizations that are important in connecting the sub-groups most affected by disparities to community resources that support this need?

OK, let's get started. For *[name first need], [start at Q1; address all six questions, then go back to Q1-6 with second need, again with third need, then go on to the questions below.]*

*Only if **their expertise was not related to one or more of the needs chosen:***
FURTHER DISCUSSION: THEIR EXPERTISE (5-10 min.)

You were invited to share your expertise/experience about [*topic, e.g., substance use disorder, maternal health, or homelessness*]. Let's talk a little about that; how does it relate to the community's health needs?

[*Probe:* What services does your organization provide to help meet those needs?]

*Only if **structural inequities were not already discussed:***
FURTHER DISCUSSION: STRUCTURAL INEQUITIES (5-10 min.)

I know you didn't identify structural inequities as a specific need; would you mind…
- Speaking to any particularly detrimental structural inequities that are affecting the people you serve? How do those structural inequities show up?
- Identifying any equity initiatives or strategies you know of, which have momentum – that is, they seem to be making a positive impact?

ADDITIONAL COMMENTS (time permitting)

We have a few minutes left; is there anything else you would like to add regarding community health needs that we haven't already discussed? Any recent reports we should consult? Any other thoughts or comments we can convey to the hospitals?

REQUEST FOR ASSISTANCE WITH ASSETS LIST (2 min.)

The IRS requires that we get feedback from the community on potential resources available to address these health needs. We are compiling a list of resources by health need later this spring, which will be based on 2-1-1's list. **Would you be willing to review a list at that time, related to your area of expertise, and give us feedback?** *[Pause]* For example, we may ask whether the resources seem sufficient or if there are gaps; or if there are resources available that we have missed. *[Make a note as to whether they agree or not.]*

CLOSING (1 min.)

You can look for the hospitals' CHNA reports to be made publicly available on their individual websites in the second half of 2025. If anything occurs to you later that you would like to add to this interview, please feel free to send me an email.

Thank you so much for contributing your expertise and experience to the CHNA.

CHNA FG Protocol – Experts/Leaders (90 min.)

PREP

- Schedule group of 8-10 participants.
- Ahead of time [*minimum: 1 week ahead of time*], send participants:
  - Pre-focus group **consent/demogs & health needs survey** [INSERT LINK] [depending on group] and QR code for survey: [insert QR CODE]
  - FG date, time, and Zoom login information
  - Advise that the session will be recorded

- Prepare:
  - Slide of agenda/questions
  - Review pre-survey responses + create slide of top needs

- 48 hours before:
  - Send reminder email.
    - If they didn't respond to the survey, include the link and ask them to respond ASAP before the interview.

INTRODUCTION (10 MIN.)

- Hello everyone. Thank you for agreeing to participate in this focus group today. Today we are hosting a discussion about health here in [____ County *or* Counties]. This session will run until [*time*] (one hour).
- My name is ____ and I'm with [*organization name and description, e.g.,* "a local consulting firm"]. My colleague will also introduce [her/him/their]self. [*Pause for their introduction*.] We are doing this focus group on behalf of local health care organizations as part of the Community Health Needs Assessment process for them in [COUNTY OR COUNTIES]. When we start our discussion in a few minutes, we will ask you to say your first name and your pronouns before speaking.

- What the project is about:
  - Local nonprofit hospitals are conducting a Community Health Needs Assessment. It is a systematic examination of health indicators in [COUNTY or COUNTIES] that will be used to identify key problems and assets in a community and develop strategies to address community health needs. You

are an important contributor to this assessment because of your knowledge of the needs in the community you serve or represent. The hospitals greatly value your input.

- ○ A CHNA is required of all non-profit hospitals in the U.S. every three years. The report based on this assessment will be a snapshot in time; this report will be published next year (in 2025) and consulted through 2028.
- **Today's main topics:** *show slide or point to agenda*
  - ○ Better understand the needs you identified as most pressing in your area
  - ○ Which populations are experiencing inequities related to the needs
  - ○ How things may have changed in the past few years (trends)
  - ○ The biggest challenges you see in addressing the needs
  - ○ Key resources and any models or best practices you know of for addressing the needs
- Confidentiality:
  - ○ Like you saw in the survey, we asked everyone if it was OK to record this discussion, and you all said yes. We are recording so that we can make sure to take down your words as accurately as possible.
  - ○ We will only use first names here. (If you want to use a pseudonym, that's OK too!)
  - ○ We can keep anything confidential; just let me know any time and we can delete it from the recording.
- What we'll do with the information you tell us today:
  - ○ Hospitals will make decisions about which needs they can best address
  - ○ The information you provide today will not be reported in a way that would identify you. We plan to name *you/your organization* in the report where we list all the experts we consulted unless you told us in the pre-survey that you didn't want us to be included, or only wanted your organization to be listed. We will not attach your name to any quotes we might use.
  - ○ 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.
  - ○ If for any reason you are deciding that you do not want to participate, it is OK to leave the meeting now. No hard feelings!
- Guidelines:

- ○ We know you have other things to do and we really appreciate you taking the time out of your day to be here. It is my job to move us along to keep us on time. I may interrupt you; I don't mean any disrespect, but it is important to get to all of the questions so we can finish on time.
  - ○ We understand that you may have other things going on on your end; we ask that you do the best you can to stay present, and let us know through the chat if you absolutely need to step away.
  - ○ It's OK to disagree, but please be respectful. We want to hear from everyone. Really want your personal opinions and thoughts, even – especially! – if they aren't the same as everyone else's.
- Do you have any questions before we get started? *[If we don't have the answer, commit to finding it and sending later via email.]*
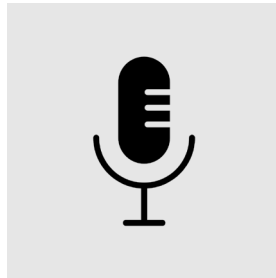
Kick on
Zoom
recording!

HEALTH NEEDS DISCUSSION (35 MIN.)

OK, you identified [*read list from survey on PPT slide*] as the biggest health issues or conditions your community struggles with. For each of these needs, I'll ask this group six things [*read only* **bold text** *to introduce this section*]:

1. Briefly describe **how you see the need playing out.** What does it look like among the people you serve or represent? Remember, please say your name and your pronouns before speaking.

2. **What** do **you think creates these issues**?
   [*Prompts for barriers if they are having trouble thinking of any:* Income/economic issues, language, culture/stigma, lack of awareness/education, policies/laws, budget cuts, lack of community resources, geographic location, transportation, housing, addiction, stress, being victims of abuse/bullying/crime]
3. This may overlap the previous question, but **are there certain people or geographic areas that have been affected by the issues** we've been talking about

more than others? If so, in what ways? In other words, which specific groups of the population, if any, should the hospitals focus on to reduce disparities and inequities related to race or other factors?

[*Prompts for populations if they are having trouble thinking of any*: income/ed level, housing status, language, immigration status, age, ethnicity, sexual orientation, gender ID, disability status, geographic location; intersectionality of any of these]

4. Next, **how things may have changed** in the last few years (since we know that the data always lag what is happening now)? What emerging trends or areas of concern have you seen since 2021? How has the COVID recovery influenced the characteristics of these needs?

5. What are **one or two of the biggest challenges to addressing** the need?

6. **What** do **you feel is needed to better address this need**, including **any models, best practices, or key community resources for addressing the need**?
[*Prompts if needed:* Is there work underway that is promising? Who is doing that work? Are there any best practices you have observed within your health system or organization, in our county agencies, national practices you've heard about, or practices you've read about in literature?] [*Probe*: How would you like to see health care organizations like these hospitals address these needs?]
   a. What are effective strategies to reduce health disparities and inequities in your community? [*Probe*: Who are the individuals or organizations that are important in connecting the sub-groups most affected by disparities to community resources that support this need?]

OK, let's get started. For *[name first need], [start at Q1; address all six questions, then go back to Q1-6 with second need, again with third need, then go on to the questions below.]*

Only if *their expertise was not related to one or more of the needs chosen:*

FURTHER DISCUSSION: THEIR EXPERTISE (5-10 min.)

You were invited to share your expertise/experience about [*topic, e.g., substance use disorder, maternal health, or homelessness*]. Let's talk a little about that; how does it relate to the community's health needs?

[*Probe:* What services do your organizations provide to help meet those needs?]

Only if *structural inequities were not already discussed:*

FURTHER DISCUSSION: STRUCTURAL INEQUITIES (5-10 min.)

I know the group didn't prioritize structural inequities as a specific need; would you mind…
- Speaking to any particularly detrimental structural inequities that are affecting the people you serve? How do those structural inequities show up?
- Identifying any equity initiatives or strategies you know of, which have momentum – that is, they seem to be making a positive impact?

ADDITIONAL COMMENTS (time permitting)

We have a few minutes left; is there anything else you would like to add regarding community health needs that we haven't already discussed? **Any recent reports we should consult?** Any other thoughts or comments we can convey to the hospitals?

REQUEST FOR ASSISTANCE WITH ASSETS LIST (2 min.)

The IRS requires that we get feedback from the community on potential resources available to address these health needs. We are compiling a list of resources by health need later this spring, which will be based on 2-1-1's list. **Would you be willing to review a list at that time, related to your area of expertise, and give us feedback?** *[Pause]* For example, we may ask whether the resources seem sufficient or if there are gaps; or if there are resources available that we have missed. *[Launch Zoom poll.]*

CLOSING (1 min.)

You can look for the hospitals' CHNA reports to be made publicly available on their individual websites in the second half of 2025.

If anything occurs to you later that you would like to add, please feel free to send me [or my colleague] an email.

Thank you so much for contributing your expertise and experience to the CHNA.

CHNA FG Protocol - Community Members (90 min.)

PREP

- Work with host to schedule group of 8-10 participants. If needed, create recruitment email/flier for host. Ahead of time, have host send participants:
    - Pre-focus group **consent/demogs & health needs survey** [INSERT LINK] [depending on group] QR code for survey: [insert QR CODE]
    - FG date, time, and location [or Zoom login information]
    - Advise that the session will be recorded
- Prepare:
    - PDF [or flipchart] of agenda/questions
    - PDF [or flipchart] of prior cycle health needs list (including definition of health care access) [**if no pre-survey**]
    - Review pre-survey responses [depending on group] + create slide of top needs
    - If in person: consent + demogs survey & health needs paper survey [**if no pre-survey**]
    - If virtual: consent language & Zoom poll of health needs [**if no pre-survey**]

INTRODUCTION (10 MIN.)

[Start recording from the beginning of the session.]

- Hello everyone. Thank you for agreeing to participate in this focus group today. Today we are hosting a discussion about health here in [____ County *or* Counties]. This session will run until [*time*] (90 minutes).
- My name is ____ and I'm with [*organization name and description, e.g.,* "a local consulting firm"]. My colleague will also introduce [her/him/their]self. [*Pause for their introduction*.] We are doing this focus group for local hospitals, including [*list names of participating hospitals in the area*]. When we start our discussion in a few minutes, we will call on you and ask you to say your name and your pronouns before speaking.
- Purpose:
    - You are here today to let nonprofit hospitals [*if applicable:* and the health department] know what the biggest health needs are in your community. These can include health conditions and the things that make those conditions better or worse.

- ○ This is called the Community Health Needs Assessment (CHNA), which is required every three years by the IRS, so it is an official, public report.
  - ○ Hospitals will look at the numbers (statistics) and at <u>what **you** </u><u>say</u>, to plan how they will use their resources to improve health and wellness in your county. So your thoughts are really important to them.
- Today's questions: *show slide or point to agenda*
  - ○ What are the needs?
    - ■ Which groups of people are doing better or worse when it comes to the needs?
    - ■ What can hospitals/health systems do to improve health in the community?
  - ○ Lastly, we will get your perspective about equity and cultural competence when it comes to health care.

- Confidentiality:
  - ○ Like you saw in the survey, we asked everyone if it was OK to record this discussion, and you all said yes. We are recording so that we can make sure to get your words right.
  - ○ We will only use first names here -- you will be anonymous. (If you want to use a fake name, that's OK too!)
  - ○ Will not share the audio [and video, if on Zoom]; just the transcript will go to the health care organizations and their consultants [*if applicable:* like me].
  - ○ When we are finished with all of the focus groups, [we *or* the consultants] will read all of the transcripts and summarize the things [we/they] learn. [We/They] will also use some quotes so that the hospitals can read your own words. [We/They] will not use your name when [we/they] give them those quotes.
  - ○ If for any reason you are deciding that you do not want to participate, it is OK to leave the meeting now. No hard feelings!

- Guidelines:
  - ○ We know you have other things to do and we really appreciate you taking the time out of your day to be here. It is my job to move us along to keep us on time. I may interrupt you; I don't mean any disrespect, but it is important to get to all of the questions so we can finish on time.
  - ○ We understand that you may have other things going on [on your end]; we ask that you do the best you can to stay present, and let us know [through the chat] if you absolutely need to step away.

- ○ If no pre-survey: You have a choice of a $50 credit to Amazon or [XYZ]. Please [mark your choice on the sign-in sheet *or* chat your email address to my colleague [*name*] now, along with your choice]. If you don't tell [him/her/them] which one you prefer, we'll [give *or* send] you an Amazon credit.
    - ○ It's OK to disagree, but please be respectful. We want to hear from everyone. Really want your personal opinions and thoughts, even – especially! – if they aren't the same as everyone else's.
  - Any questions before we begin? *[If we don't have the answer, commit to finding it and sending later via email.]*

HEALTH NEEDS DISCUSSION (50-60 MIN.)

If no pre-survey: Here's a list of health needs in your area from 2022. [*show slide <u>or</u> point to flip chart list*] You'll see that there are regular physical health conditions, like cancer, and other kinds of needs, like a healthy climate, and housing. We're going to read the needs, then take a poll for you to choose the five you think are the most important, or pressing, in your community. [*Read off needs, then: launch zoom poll <u>or</u> give five sticky dots to each person in the room. Give people a few minutes to complete*.]

If collected by pre-survey, start here: As a group, you identified [*read list*] as the most important needs in your community -- these are the needs that got the most votes in the pre-survey. For each of these needs, I'll ask you three things [*read only **bold text** in Q1-3 on the next page to introduce this section*].

But before we get down to the needs you all chose, I'd like to ask you to share:

> **What is one thing that you are proud of about your community? How might that relate to the overall health of your community?** [*Prompt if needed:* For example, maybe your community is a place where the people are welcoming to everyone, which could mean people feel safe living there; or maybe there are lots of ways to enjoy nature here, which could mean it's easy for people to be physically active; or there are good services for people who are in need, which could mean people generally have their basic needs taken care of.]

After each participant who wants to share has done so: OK, let's move on to talk about the needs you chose.
1. *[<u>If on Zoom</u>, facilitators call on participants one by one.]* "Please say your first name, and then describe **what the need looks like in your community**, **including what**

might get in the way for people to [live healthier lives / have better outcomes: *use "have better outcomes" language if need is homelessness, economic stability, violence/safety, or transportation; use "live healthier lives" for all other needs]*. You can choose to pass if you didn't vote for the need and don't have anything to say about it."

[*Prompts for barriers if they are having trouble thinking of any:* Income/economic issues, language, culture/stigma, lack of awareness/education, policies/laws, budget cuts, lack of community resources, geographic location, transportation, housing, addiction, stress, being victims of abuse/bullying/crime, poor access to resources]

2. This may overlap the previous question, but I'll ask you to identify **what groups of people are better or worse off than others** for that need and explain how or why.
   [*Prompts for populations if they are having trouble thinking of any*: income/education level, housing status, language, immigration status, age, ethnicity [**get specific**], sexual orientation, gender identity, disability status, geographic location]

3. Finally, I'll ask you to describe, for that issue, **what you think is most needed** to help your community become healthier / improve everyone's lives *[use "improve lives" language if need is homelessness, economic stability, violence/safety, or transportation; use "help become healthier" for all other needs]*.
   a. What is working already, that could be continued or expanded?
      i. What would make it easier for people to access these resources?
   b. Formal resources like government agencies and community organizations can help [*pause*]; so can informal resources like community elders, faith leaders, teachers, and coaches [*pause*]. They can support good programs that are already happening. Or they can help bring services to your community, that aren't here already.
      Thinking of all these organizations and people in your community, **which ones** do you think could best help when it comes to this need?
   c. If you could choose a program, service, or other strategy that's not already here in your community, that you think could help, what would it be? [*Probe if necessary:* How could it help?]

OK, let's get started. For *[name first need], [start at Q1; address all three questions, then go back to Q1-3 with second need, then again with third, then go on to the questions below.]*

YOUR PERCEPTION OF EQUITY ISSUES (20-25 min.)

You have probably heard the words "cultural competence" before; they mean being able to understand the values and beliefs of people who are different from yourself, so you can communicate with them respectfully.

1. We've heard that not all providers know how to care for people in a **culturally competent and respectful** way. What do you think those providers are missing? What do you think they need to learn?

As you probably know, people have been talking about issues of <u>equity</u> now more than ever. "Equity" means fairness and unbiased treatment. When it comes to health care, we'd like to ask about your opinion on equity and cultural competence:

2. What do you think gets in the way of everyone having the **same access** to health care?

3. What do you think gets in the way of everyone getting the **same quality** of health care?

4. What can **hospitals and health systems** do to best address equity for you and the people in your community?

OTHER COMMENTS (time permitting)

Are there any other thoughts or information you would like to share that we have not already talked about?

CLOSING (1 min.)

Thank you for contributing your opinions and experience to the CHNA. The hospitals' CHNA reports will be available on their websites in the second half of 2025. After the assessment, they will be working on their plan for how they will use their resources to improve health and wellness in your county, and those plans will be available in late 2025 or early 2026.

You can contact us if you want any more information about the assessment. If anything occurs to you later that you would like to add, please feel free to send us an email.

ATTACHMENT 7: COMPARISON OF SERVICE AREA CITIES TO ALAMEDA COUNTY

The charts compare each city's statistics to county statistics for identified health needs. The 0% axis represents Alameda County's statistics. Bars to the left of the axis are better than Alameda County, bars to the right are worse than Alameda County.

UNION CITY

Left chart labels (top to bottom):
- Heart/Stroke: Ischemic Heart Dis ED
- Heart: Acute Myocardial Infarc ED
- Maternal/Inf: Infant Mortality
- Diabetes: Diabetes Prevalence
- Heart/Stroke: Ischemic Stroke ED
- Heart/Stroke: Acute Myocardial Infarc H
- Heart/Stroke: Ischemic Heart Dis Hosp
- Cancer: Colorectal Hosp
- Cognitive: Alz/Dementias Mort
- Maternal/Inf: Singleton Low Birth Weigh
- Diabetes: Diabetes Mort
- Heart/Stroke: Acute Myocardial Infarc M
- Heart/Stroke: Hyprtn ED
- Cognitive: Alz/Dementias ED
- Stroke: Hem Stroke Hosp
- Obesity: Kids <12 Prevalence
- Heart/Stroke: Cerebrovascular Dis Mor
- Obesity: Teens Prevalence
- Heart/Stroke: CV Dis Mort
- Heart/Stroke: CV Dis ED
- Maternal/Inf: Singleton Premature Birth
- Heart/Stroke: All Heart Dis Mort
- Heart/Stroke: Stroke Mort
- Heart/Stroke: Stroke ED
- Heart/Stroke: Heart Dis Hosp
- Heart/Stroke: Hyprtn Hosp
- Cancer: Colorectal Mort
- All: All-Cause Mortality Mort
- Heart/Stroke: CV Dis Hosp
- Heart/Stroke: Heart Failure Hosp
- Cancer: All Sites Mort

Right chart labels (top to bottom):
- Cancer: Lung Mort
- Heart/Stroke: Heart Dis ED
- Heart/Stroke: Ischemic Stroke Hosp
- BH: Serious Psych DIstress
- Heart/Stroke: Stroke Hosp
- Heart/Stroke: Heart Failure ED
- Heart/Stroke: Cardiac Dysrhythmia Hosp
- Diabetes: Diabetes ED
- Obesity: Adult Prevalence
- BH: Self-Harm Hosp
- Unintended Inj: All ED
- Injury: All Injury (Intended And Unintended)
- Unintended Inj: All Hosp
- Unintended Inj: Vehicle Crash ED
- Heart/Stroke: Cardiac Dysrhythmia ED
- Diabetes: Diabetes Hosp
- BH: Severe Mental Ill ED
- Unintended Inj: All Mort
- Cancer: Lung Hosp
- BH: Suicide Mort
- BH: Deaths Of Despair Mort
- BH: Self-Harm ED
- BH: Drug/Alc Dependence ED
- Unintended Inj: Vehicle Crash Hosp
- BH: Drug Poisoning Mort
- BH: Substance Poisoning ED
- BH: Opioid Poisoning Mort
- Heart/Stroke: Cardiac Dysrhythmia Mort
- BH: Severe Mental Ill Hosp
- BH: Opioid Poisoning ED
- Stroke: Hem Stroke ED
- Maternal/Inf: Teen Births Rate
- Unintended Inj: Pedestrian ED
- BH: Opioid Poisoning Hosp
- BH: Drug/Alc Dependence Hosp
- Cognitive: Alz/Dementias Hosp
- BH: Substance Poisoning Hosp

Newark

Left chart (axis from -20% to 50%):

- Maternal/Inf: Infant Mortality
- Heart/Stroke: Cardiac Dys Mort
- Diabetes: Diabetes Prevalence
- Heart/Stroke: Stroke Mort
- Obesity: Kids <12 Prevalence
- Obesity: Teens Prevalence
- Heart/Stroke: Cardiac Dys Hosp
- BH: Severe Mental Ill (Drug/Alc) ED
- Heart: Ischemic HD ED
- Cancer: Lung Mort
- Heart: Ischemic HD Hosp
- Heart: Acute Myocardial Infarc Hosp
- Maternal/Inf: Low Birth Weight
- Heart/Stroke: Hyprtns ED
- Heart/Stroke: Hyprtn MCOD Mort
- Stroke: Hemorrhagic Mort
- BH: Serious Psych Distress
- Heart/Stroke: CV Dis ED
- Obesity: Adult Prevalence
- Heart: Cardiac Dysrhythmia ED
- Maternal/Inf: Premature Birth
- Heart/Stroke: Heart Dis Hosp
- Stroke: Ischemic Hosp
- Heart: Ischemic Heart Dis Mort
- Heart/Stroke: Heart Dis ED
- Diabetes: Diabetes Hosp
- Cancer: All Sites Mort
- Diabetes: Diabetes ED
- Diabetes: Diabetes Mort
- Heart/Stroke: Stroke ED
- Heart/Stroke: CV Dis Hosp
- Heart/Stroke: Ischemic Stroke ED
- Cancer: Colorectal Mort
- Heart: All Heart Dis Mort
- Heart: Acute Myocardial Infarc Mort
- Heart/Stroke: Hyprtn Hosp

Right chart (axis from -70% to 0%):

- Unintended Inj: All ED
- Heart/Stroke: CV Dis Mort
- Heart: Acute Myocardial Infarc ED
- All: All-Cause Mortality Mort
- Unintended Inj: Vehicle Crash ED
- BH: Severe Mental Ill ED
- Heart/Stroke: Hyprtn Mort
- Cognitive: Alz/Dementias Hosp
- Heart/Stroke: Heart Failure Hosp
- Heart/Stroke: Stroke Hosp
- Heart Failure MCOD Mort
- Cognitive: Alz/Dementias Mort
- Heart/Stroke: CV Mort
- Unintended Inj: Vehicle Crash Mort
- Heart/Stroke: Heart Failure ED
- Unintended Inj: All Hosp
- Stroke: Hem Stroke Hosp
- Cancer: Colorectal Hosp
- Unintended Inj: Vehicle Crash Hosp
- Unintended Inj: All Mort
- Cancer: Lung Hosp
- BH: Self-Harm ED
- Injury: All
- Stroke: Hemorrhagic ED
- Cognitive: Alz/Dementias ED
- Maternal/Inf: Teen Births Rate
- BH: Self-Harm Hosp
- BH: Drug/Alc Dependence ED
- BH: Suicide Mort
- BH: Deaths Of Despair Mort
- BH: Severe Mental Ill Hosp
- BH: Drug/Alc Dependence Hosp
- Unintended Inj: Pedestrian ED
- BH: Drug Poisoning Mort
- BH: Opioid Poisoning Mort
- BH: Substance Poisoning ED
- BH: Opioid Poisoning ED

Fremont

Left chart (x-axis: -40% to 30%), top to bottom:
- Maternal/Inf: Infant Mortality
- Diabetes: Diabetes Prevalence
- Maternal/Inf: Low Birth Weight
- Heart/Stroke: Ischemic Heart Dis ED
- Heart/Stroke: Ischemic Heart Dis Hosp
- Obesity: Teens Prevalence
- Heart: Acute Myocardial Infarc Hosp
- Cognitive: Alz/Dementias Mort
- Maternal/Inf: Premature Birth
- Heart/Stroke: Stroke Mort
- Cancer: Colorectal ED
- BH: Serious Psych DIstress
- Cancer: Colorectal Hosp
- Heart/Stroke: Hyprtn MCOD Mort
- Heart/Stroke: Ischemic Stroke Mort
- Obesity: Kids <12 Prevalence
- Diabetes: Diabetes Mort
- Cancer: Lung Mort
- Heart/Stroke: Ischemic Heart Dis Mort
- Heart: Acute Myocardial Infarc ED
- Cancer: All Sites Mort
- Heart/Stroke: Hyprtn ED
- Heart/Stroke: Hyprtn Mort
- Cancer: Colorectal Mort
- Heart Failure MCOD Mort
- Heart/Stroke: Cerebrovascular Dis Mort
- All: All-Cause Mortality Mort
- Heart/Stroke: CV Dis Mort
- Obesity: Adult Prevalence
- Heart/Stroke: Heart Dis Hosp
- Stroke: Hem Stroke Hosp
- Heart/Stroke: All Heart Dis Mort
- Heart/Stroke: CV Dis ED
- Heart/Stroke: Cardiac Dysrhythmia Hosp
- Stroke: Hem Stroke Mort
- Heart/Stroke: CV Dis Hosp
- Unintended Inj: Vehicle Crash Mort
- Cognitive: Alz/Dementias ED
- Heart/Stroke: Ischemic Stroke Hosp
- Heart/Stroke: Cardiac Dysrhythmia ED
- Unintended Inj: Pedestrian Mort
- Heart/Stroke: Stroke Hosp

Right chart (x-axis: -100% to 0%), top to bottom:
- Heart/Stroke: Heart Dis ED
- Unintended Inj: All Hosp
- Unintended Inj: All ED
- Cancer: Lung ED
- BH: Suicide Mort
- Heart: Acute Myocardial Infarc Mort
- BH: Self-Harm Hosp
- Heart/Stroke: Hyprtn Hosp
- Cancer: Lung Hosp
- Heart/Stroke: Ischemic Stroke ED
- Heart/Stroke: Heart Failure Hosp
- BH: Severe Mental Ill ED
- BH: Self-Harm ED
- Heart/Stroke: Stroke ED
- Diabetes: Diabetes Hosp
- Injury: All Injury (inc Intended) Mort
- Diabetes: Diabetes ED
- Heart/Stroke: Cardiac Dysrhythmia Mort
- Unintended Inj: All Mort
- Unintended Inj: Vehicle Crash ED
- Heart/Stroke: Heart Failure ED
- BH: Deaths Of Despair Mort
- Stroke: Hem Stroke ED
- BH: Drug/Alc Dependence Mort
- BH: Severe Mental Ill Hosp
- Unintended Inj: Vehicle Crash Hosp
- Cognitive: Alz/Dementias Hosp
- BH: Severe Mental Ill (Drug/Alc) ED
- BH: Drug Poisoning Mort
- BH: Opioid Poisoning Mort
- BH: Drug/Alc Dependence ED
- BH: Drug/Alc Dependence Hosp
- BH: Opioid Poisoning Hosp
- BH: Substance Poisoning ED
- Unintended Inj: Pedestrian Hosp
- Cancer: Prostate Hosp
- Unintended Inj: Pedestrian ED
- BH: Opioid Poisoning ED
- BH: Severe Mental Ill (Drug/Alc) Hosp
- Maternal/Inf: Teen Births Rate
- BH: Substance Poisoning Hosp
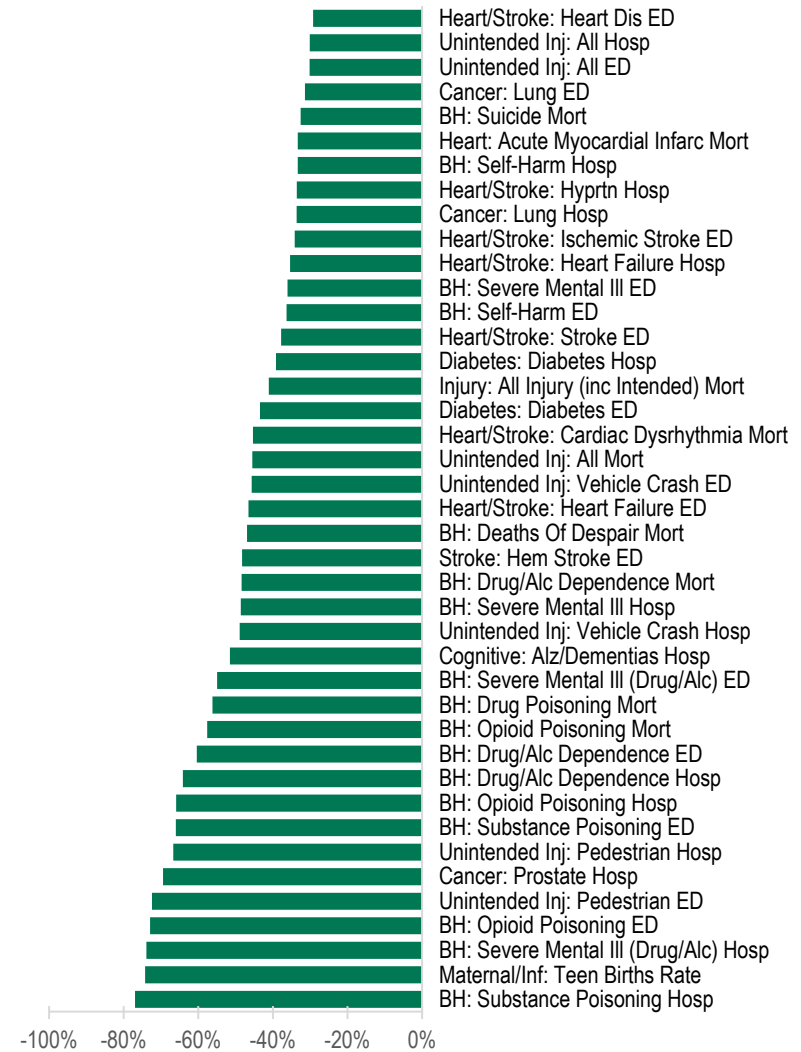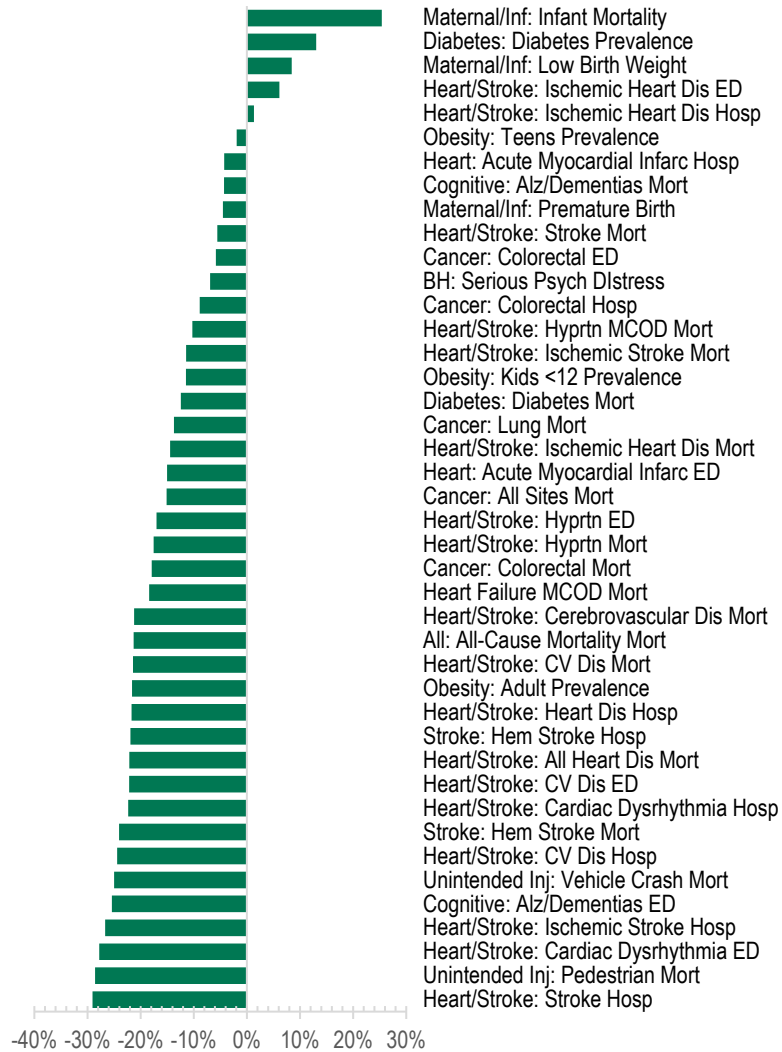
ATTACHMENT 8: IRS CHECKLIST

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 comments received on the hospital's most recently conducted CHNA and most recently adopted implementation strategy.	(b)(5)(C)	Section #2
Describes an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s).	(b)(6)(F)	Section #2
B. Process & Methods		
Background Information		
Identifies any parties with whom the facility collaborated in preparing the CHNA(s).	(b)(6)(F)(ii)	Section #4
Identifies any third parties contracted to assist in conducting a CHNA.	(b)(6)(F)(ii)	Section #4
Defines the community it 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
Describes how the community was determined.	(b)(6)(i)(A)	Section #3
Describes demographics and other descriptors of the hospital service area.		Section #3
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 2 & 3
b. Describes methods of collecting and analyzing the data and information.	(b)(6)(ii)	Section #5

Federal Requirements Checklist	Regulation Section Number	Report Reference
CHNA describes how it took into account input from persons who represent the broad interests of the community it serves in order to identify and prioritize health needs and identify resources potentially available to address those health needs.	(b)(1)(iii) (b)(5)(i) (b)(6)(F)(iii)	Section #5
Describes the medically underserved, low-income, or minority populations being represented by organizations or individuals that provide input.	(b)(6)(F)(iii)	Section #5
a. At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) or a State Office of Rural Health.	(b)(5)(i)(A)	Section #5 & Attachment 1
b. Members of the following populations, or individuals serving or representing the interests of populations listed below. (Report includes the names of any organizations - names or other identifiers not required.)	(b)(5)(i)(B)	Section #5 & Attachment 1
I. Medically underserved populations	(b)(5)(i)(B)	Section #5 & Attachment 1
II. Low-income populations	(b)(5)(i)(B)	Section #5 & Attachment 1
III. Minority populations	(b)(5)(i)(B)	Section #5 & Attachment 1
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 & Attachment 1
Describes how such input was provided (e.g., through focus groups, interviews or surveys).	(b)(6)(F)(iii)	Section #5 & Attachment 1
Describes over what time period such input was provided and between what approximate dates.	(b)(6)(F)(iii)	Section #5 & Attachment 1
Summarizes the nature and extent of the organizations' input.	(b)(6)(F)(iii)	Section #5 & Attachment 1
C. CHNA Needs Description & Prioritization		
Health needs of a community include requisites for the improvement or maintenance of health status both in the community at large and in particular parts of the community	(b)(4)	Section #6

Federal Requirements Checklist	Regulation Section Number	Report Reference
(such as particular neighborhoods or populations experiencing health disparities).		
Prioritized description of significant health needs identified.	(b)(6)(i)(D)	Section #6
Description of process and criteria used to identify certain health needs as significant and prioritizing those significant health needs.	(b)(6)(i)(D)	Section #5
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 #7 & Attachment 5
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
CHNA is a written report that is adopted for the hospital facility by an authorized body of the hospital facility (authorized body defined in §1.501(r)-1(b)(4)).	(b)(iv)	Section #8
Final, complete, and current CHNA report has been made widely available to the public until the subsequent two CHNAs are made widely available to the public. "Widely available on a web site" is defined in §1.501(r)-1(b)(29).	(b)(7)(i)(A)	By 6/30/2025
a. May not be a copy marked "Draft".	(b)(7)(i)(A)	By 6/30/2025
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)	By 6/30/2025
c. Instructions for accessing CHNA report are clear.	(b)(7)(i)(A)	By 6/30/2025
d. Individuals with Internet access can access and print reports without special software, without payment of a fee, and without creating an account.	(b)(7)(i)(A)	By 6/30/2025
e. Individuals requesting a copy of the report(s) are provided the URL.	(b)(7)(i)(A)	By 6/30/2025
f. Makes a paper copy available for public inspection upon request and without charge at the hospital facility.	(b)(7)(i)(B)	By 6/30/2025

Further IRS requirements not applicable to this report:

- §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

Washington Health