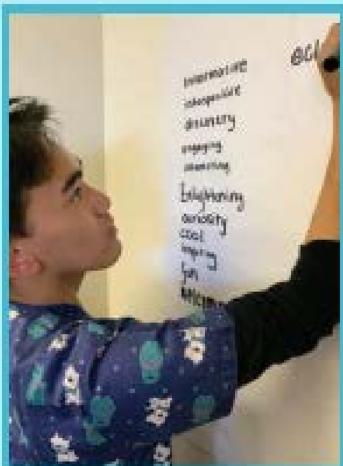
JOHN MUIR HEALTH

2026-2028 Implementation Strategy Report



General Information

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Years the Plan Refers to:	Fiscal Years 2026–2028
Date Written Plan Was Adopted by Authorized Governing Body:	September 24, 2025
Authorized Governing Body that Adopted the Written Plan:	John Muir Health's Community Benefit Oversight Committee, Strategic Planning and Marketing Committee, and Board of Directors
Name and EIN of Hospital Organization Operating Hospital Facility:	John Muir Health 94-1461843
Address of Hospital Organization:	1400 Treat Blvd. Walnut Creek, CA 94597

Acknowledgments

John Muir Health would like to recognize the following individuals and organizations for their contributions to the 2026-2028 Implementation Strategy process:

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Executive Summary

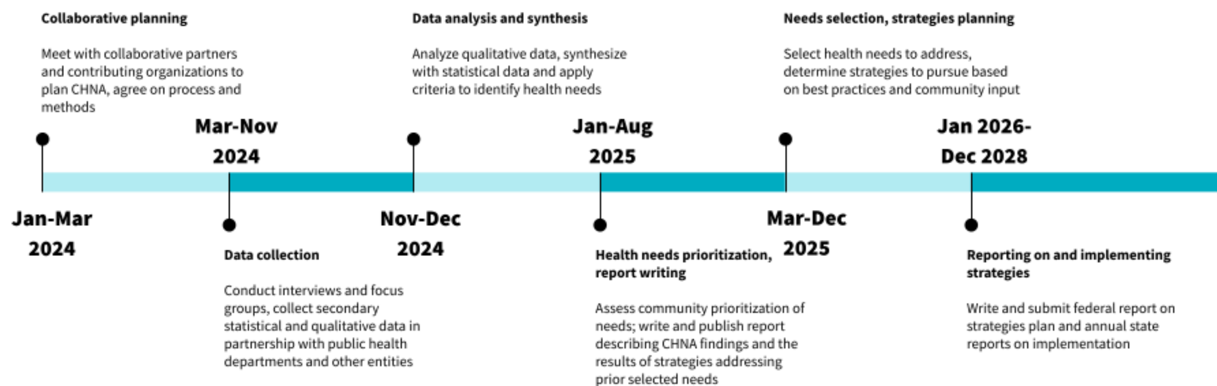
John Muir Health works to improve the health of the communities served with quality and compassion. The health system comprises a network of over 1,000 primary care and specialty physicians, more than 6,000 employees and includes two of the largest medical centers in Contra Costa County: John Muir Health Walnut Creek Medical Center and John Muir Health Concord Medical Center, and the Behavioral Health Center in Concord.

Every three years John Muir Health conducts a Community Health Needs Assessment (CHNA) and identifies significant health needs. To address those needs, John Muir Health has developed an Implementation Strategy (IS) for the priority needs we will address, considering both organizational and community assets and resources. The CHNA-IS process (see *Figure 2*) is driven by a commitment to improve health and is intended to be:

- ✓ Collaborative and community-informed
- ✓ Rigorously developed and implemented
- ✓ Transparent, to ensure accountability

Figure 1. John Muir Health's strategies focus on:

Figure 2. The CHNA-IS process stretches across the arc of a three-year cycle.



For the 2026–2028 IS, John Muir Health has identified the following significant health needs that our facilities will address through community benefit investment, in priority order:

1. Economic Stability (including food, housing, and workforce development)[a]
2. Behavioral Health
3. Healthcare Access & Delivery

Our community benefit strategic focus areas involve five forms of community benefit investment.

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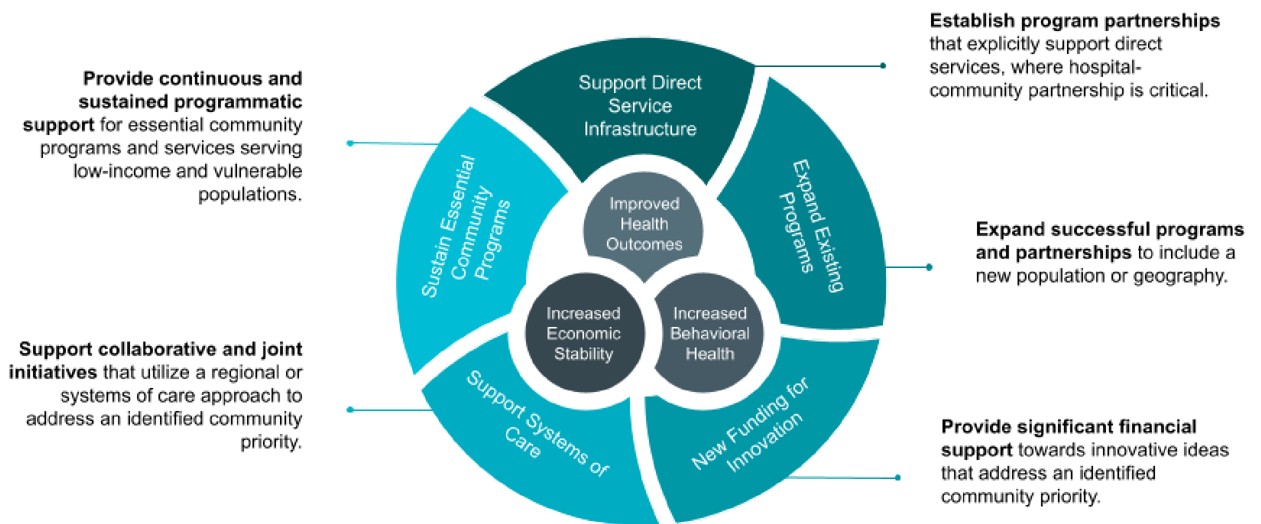
[a] For the purposes of this IS, John Muir Health merged Housing into Economic Stability, making it a single need.

Figure 3. Community Benefit Strategic Focus Areas for 2026-2028



More information, as well as John Muir Health's 2025 CHNA report and three-year 2026-2028 IS, are publicly available at: www.johnmuirhealth.com/about-john-muir-health/community-commitment.html.

I. About John Muir Health

Mission, Vision, and Values

John Muir Health is guided by our charitable mission, which serves as the foundation for directing the organization's Community Benefit activities:

We are dedicated to improving the health of the communities we serve with quality and compassion.

John Muir Health's eight core values guide our board of directors, management, and employees in all efforts:

- ✓ Excellence
- ✓ Honesty and Integrity
- ✓ Mutual Respect and Teamwork
- ✓ Caring and Compassion
- ✓ Commitment to Patient Safety
- ✓ Continuous Improvement
- ✓ Stewardship of Resources
- ✓ Access to Care

Community Commitment

John Muir Health's mission reflects community health efforts as a corporate leader and community partner. The community health leadership role is rooted in John Muir Health's excellence as a healthcare provider and commitment to building partnerships with organizations that also exemplify excellence. John Muir Health views our commitment to community benefit initiatives as core to our mission. This commitment is seen through every facet of the organization from volunteers to physicians and in emergency departments and outpatient centers.

About John Muir Health's Community Health Improvement

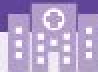
The Community Health Improvement department serves as a steward for John Muir Health's charitable purposes by assisting the community in achieving optimal health through improving access to care, supporting innovative health interventions, and by collaborating with local communities, community clinics, community-based organizations, and school districts. The department's main role is to coordinate the John Muir Health Community Benefit planning process and to act as the liaison to the community-at-large, which enables John Muir Health to align resources and strategies to better impact the goal of creating healthy communities.

Community Health Improvement accomplishes this by coordinating a grantmaking portfolio, supporting local nonprofit organizations via sponsorship funding, and contributing towards direct services that are offered at no cost to the community, such as the signature Mobile Health Clinic program. The Community Health Improvement department works to identify and address unmet health needs among vulnerable populations.

John Muir Health 2025

A locally governed, independent, community-based health system dedicated to improving the health of the communities we serve with quality and compassion. As a not-for-profit, we reinvest 100% back into caring for the community.

Physician practices throughout Contra Costa County as well as in Alameda and Solano Counties



Hospitals

- **Concord** Medical Center
- **Walnut Creek** Medical Center
- Acute Psychiatric Hospital in **Concord**
- **San Ramon** Regional Medical Center, a John Muir Health partner

989

Licensed hospital beds
(medical and psychiatric)

Outpatient Centers

with Primary Care, Specialists, Pediatrics, Urgent Care, Lab and Imaging

- **Berkeley** (in partnership with UCSF Health)
- **Brentwood**
- **Concord**
- **San Ramon**
- **Walnut Creek**

Urgent Care Centers

OPEN 7 days per week

- **Berkeley**
- **Brentwood**
- **Concord**
- **San Ramon**
- **Walnut Creek**

Comprehensive Clinical Care, *including:*

- **Cancer Care:** UCSF – John Muir Health Jean and Ken Hofmann Cancer Center at the Behring Pavilion, includes multi-disciplinary clinics for full-spectrum care
- **Cardiac Care:** Concord Medical Center Ranked #1 in California and #8 in U.S. for Heart Bypass Surgery Outcomes
- **Neurosciences:** Comprehensive Stroke Center (Walnut Creek) and Primary Stroke Center (Concord)
- **Trauma / Acute Care Surgery:** The county's only Trauma Center (Level II)
- **Women's Services:** Perinatal care, labor & delivery (including high-risk)
- **Children's Services (Partnership with Stanford Medicine Children's Health):** Level III NICU, pediatric subspecialty care

Nationally Recognized *for* **EXCELLENCE** in Healthcare

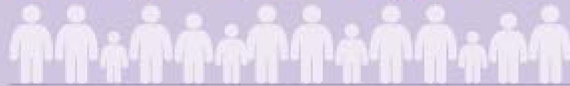
- **Hospitals:** Best Regional Hospitals, top 10% nationally, #2 in SF Metro Area (US News & World Report); Best Hospitals (Newsweek)
- **Physicians:** Standards of Excellence "Elite" Status for over a decade (America's Physician Groups)
- **Nurses:** Nursing Excellence – Magnet® Recognition
- **Specialty Care:** Nationally Ranked Specialties (US News & World Report, Healthgrades); Centers of Excellence – Robotic Surgery, Knee/Hip Replacement, Spine Surgery, Cardiac Care
- **Maternity Care:** Best Maternity Hospital (Newsweek); Designated Baby-Friendly® birth facility (Baby Friendly USA)

Visit **johnmuirhealth.com** for more information

The People We Serve

Our Patients

Number of patients, 2024: **337,000**



We Care For:

Medicare: **90,000**

Medi-Cal: **55,000**

Our Physicians

Number of affiliated physicians: **1,200**

Family Medicine Residency Program training future physicians since 2017.

Looking for a new John Muir Health Physician?

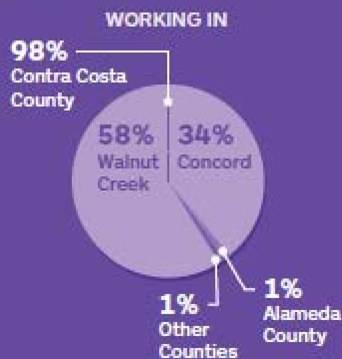
johnmuirhealth.com/findadoctor.html

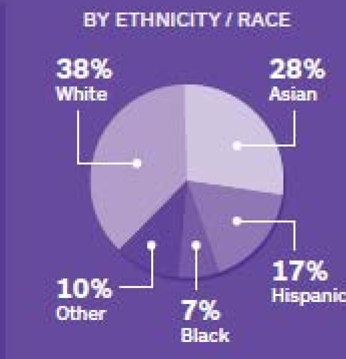
Our Employees

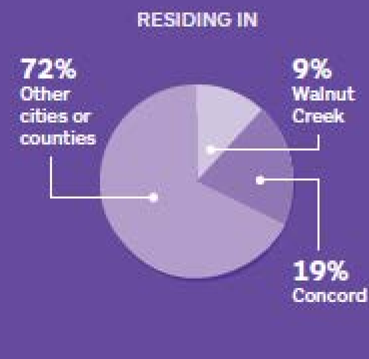
2025 – John Muir Health Named One of America's Greatest Workplaces in Health Care by Newsweek

Our diverse workforce of over 6,450 employees:

Percentage of Employees:







Benefits & Retirement

Medical (dental, vision and voluntary benefits), retirement benefits including a pension plan, and more.

Improving Community Health

We address top community needs by partnering with nonprofit organizations to provide medical and mental health services for uninsured and Medi-Cal patients, healthcare workforce training and other community services.

2024 Community Benefit Contributions:

$205 Million

Including $178M in unpaid costs of Medi-Cal.

Visit johnmuirhealth.com for more information

NOTE: Data is based on 2024 statistics

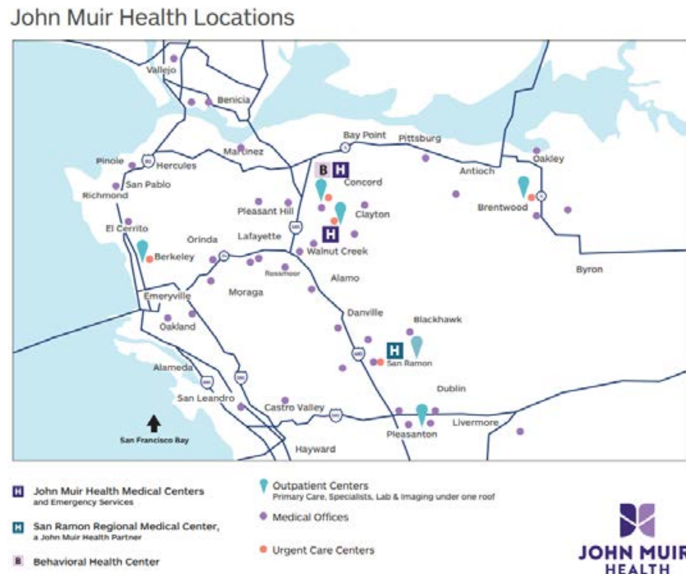
II. John Muir Health's Service Area

Community Served

The Internal Revenue Service (IRS) defines the "community served" as individuals residing within the hospital's service area. A hospital service area comprises all the inhabitants of a defined geographic area and includes low-income and underserved populations.

John Muir Health collaborated on the 2025 CHNA with other hospitals in Contra Costa and Alameda counties. Each collaborating hospital defines its hospital service area to include all individuals residing within a defined geographic area surrounding the hospital. For this collaborative CHNA, Alameda and Contra Costa counties were the overall service area, with each hospital adding additional focus on their respective geographic areas.

Figure 4. Map of Community Served



John Muir Health's primary and secondary service area extends from southern Solano County into Eastern Contra Costa County and south to San Ramon in Contra Costa County. John Muir Health also serves eastern Alameda County in the Tri-Valley area in joint venture with San Ramon Regional Medical Center and serves northern Alameda County in joint venture with University of California, San Francisco.[b]

John Muir Health's Community Benefit programs serve individuals within the broader scope of John Muir Health's service area and focus our efforts on the needs of vulnerable populations in Contra Costa County, the Tri-Valley region, and Northern Alameda County. Vulnerable populations are defined as experiencing evidenced-based disparities in health outcomes, significant barriers to care, and economic disparities.[c] Vulnerable populations include:

- Racial and ethnic groups experiencing disparate health outcomes
- Socially disadvantaged groups, including the following:
  - Unhoused populations
  - Communities with inadequate access to clean air and safe drinking water, as defined by an environmental California Healthy Places Index score of 50 percent or lower
  - People with disabilities
  - People identifying as LGBTQ+
  - Individuals with limited English proficiency

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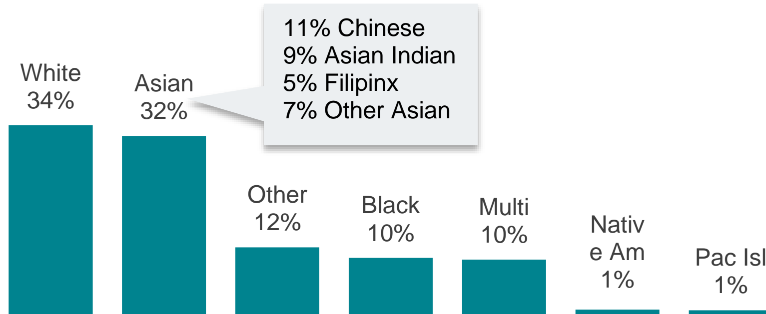
[b] John Muir Health's Trauma Center serves all of Contra Costa County, Solano County, and Marin County and is also the backup trauma center for Alameda County.

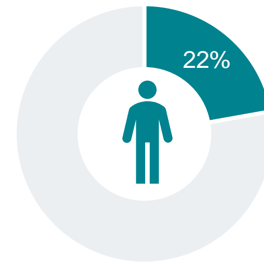
[c] California Department of Health Care Access and Information (2022). *HCAI Factsheet Hospital Community Benefits Plans: Vulnerable Populations.*

Figure 5. Alameda County Demographics

A majority of community members are non-White.



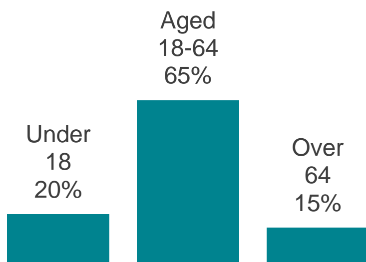
Over one in five are Latine.



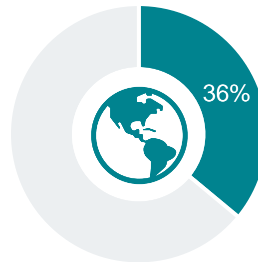
$121,703
household Real Cost Measure (RCM) [d]

$1.0M
median home sale price

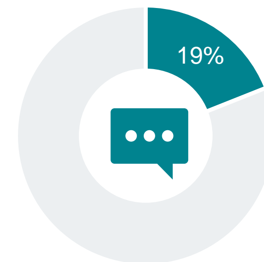
One in five people are children.



Over one-third of people are foreign-born.

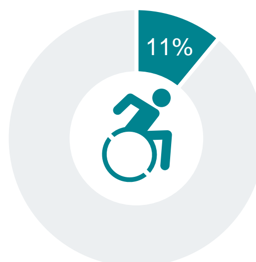


About one in five over age 5 speak limited English.

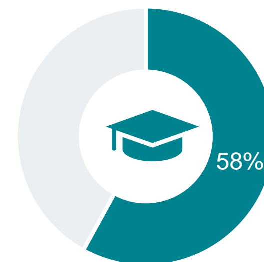


On average, close to one in three households lives below the Real Cost Measure.

Over one in ten people lives with a disability.



Nearly three in five people aged 25+ have earned at least a Bachelor's degree.



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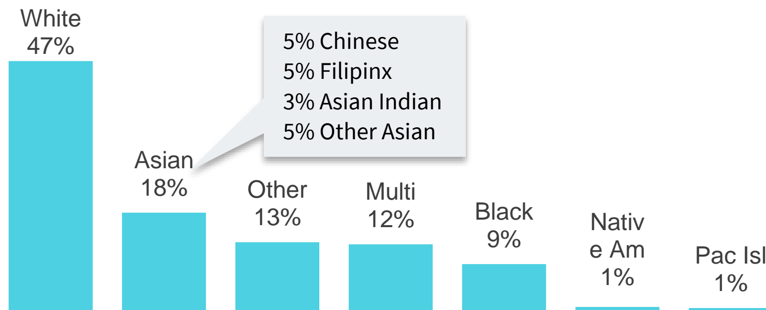
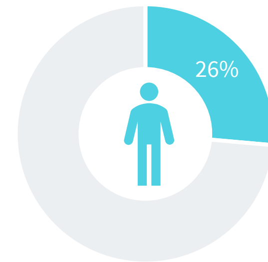
[d] See next page for notes and data sources.

Figure 6. Contra Costa County Demographics

A majority of community members are non-White.



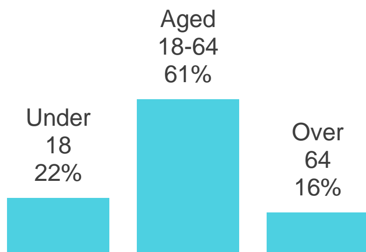
About one-quarter are Latine.



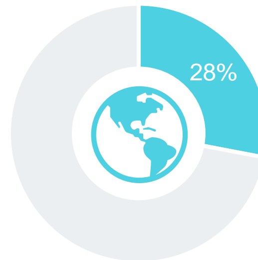
$109,770
household Real Cost Measure (RCM)

$795K
median home sale price

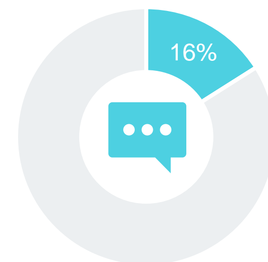
Over one in five people are children.



More than one in four people are foreign-born.

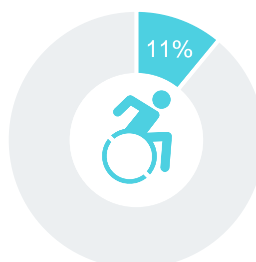


About one in six over age 5 speak limited English.

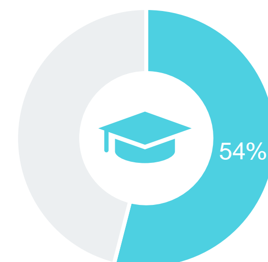


On average, more than one in four households lives below the Real Cost Measure.

More than one in ten people lives with a disability.



Just over half of people aged 25+ have earned at least a Bachelor's degree.

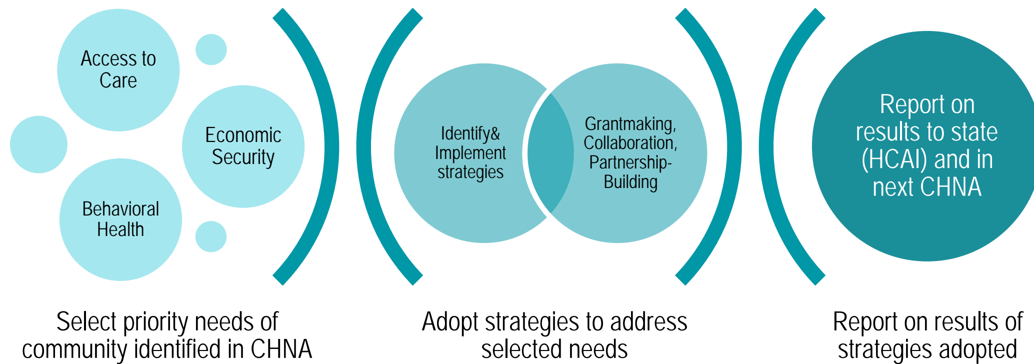


Note that the Real Cost Measure factors in the costs of housing, food, healthcare, child care and other basic needs. Sources: United Way: Real Cost Measure, 2021. Redfin.com: Median home sale price, 2024. U.S. Census Bureau: race and age, 2017-2022, other demographics, 2023.

III. Purpose of the Implementation Strategy

John Muir Health is mission-driven to improve health and well-being in our service area communities, where long standing inequities exist around healthcare and the social and economic factors that contribute to health outcomes. Identifying the highest priority needs informs community investments and guides strategy development aimed at long-term, sustainable change, allowing John Muir Health to deepen strong relationships with local nonprofit organizations working to improve community health.

Figure 7. The Implementation Strategy is intended to address priority needs within the community.



This Implementation Strategy Report (IS Report) describes John Muir Health's planned response to the needs identified through the 2025 Community Health Needs Assessment (CHNA) process. It fulfills Section 1.501(r)(3) of the IRS regulations governing nonprofit hospitals, including subsection (c), which pertains to implementation strategy specifically.

This Community Health Implementation Strategy is intended to satisfy each of the applicable requirements set forth IRS Code section 501(r) and related implementing regulations promulgated thereunder for all three of John Muir Health's major medical facilities:

- ✓ John Muir Health Walnut Creek Medical Center
- ✓ John Muir Health Concord Medical Center
- ✓ The Behavioral Health Center

The Community Health Implementation Strategy serves as the foundation for all Community Benefit planning to align resources with significant community health needs in a meaningful and transparent way. An update of the actions and resources outlined in the plan is filed with California's Department of Health Care Access and Information (HCAI), formerly the Office of Statewide Health Planning and Development (OSHPD), in an annual Community Benefit Report.

For information about John Muir Health's 2025 CHNA process and for a copy of the 2025 CHNA report, please visit www.johnmuirhealth.com/about-john-muir-health/community-commitment.html.

IV. List of Community Health Needs Identified in the 2025 CHNA

For the 2025 CHNA, the team analyzed data on a variety of issues, including secondary statistical data and primary and secondary qualitative data from key informant interviews and focus groups. To be identified as one of the community's prioritized health needs, an issue had to meet the definition of a health need (see *Definitions* box), be present in at least two data sources, and meet at least one of the following criteria (depicted in *Figure 6*):

1. Be prioritized by at least one-third of all community input cases (interviews and focus groups combined),
2. Have at least two direct indicators that are worse than the state benchmark by 5% or more,
3. Have a combination of at least one worsening indicator and few available resources, or
4. Have multiple inequities by race/ethnicity that are a concern.

DEFINITIONS

Data source: Either a statistical dataset, such as those found throughout the California Cancer Registry, or a qualitative dataset, such as the material resulting from interviews and focus groups.

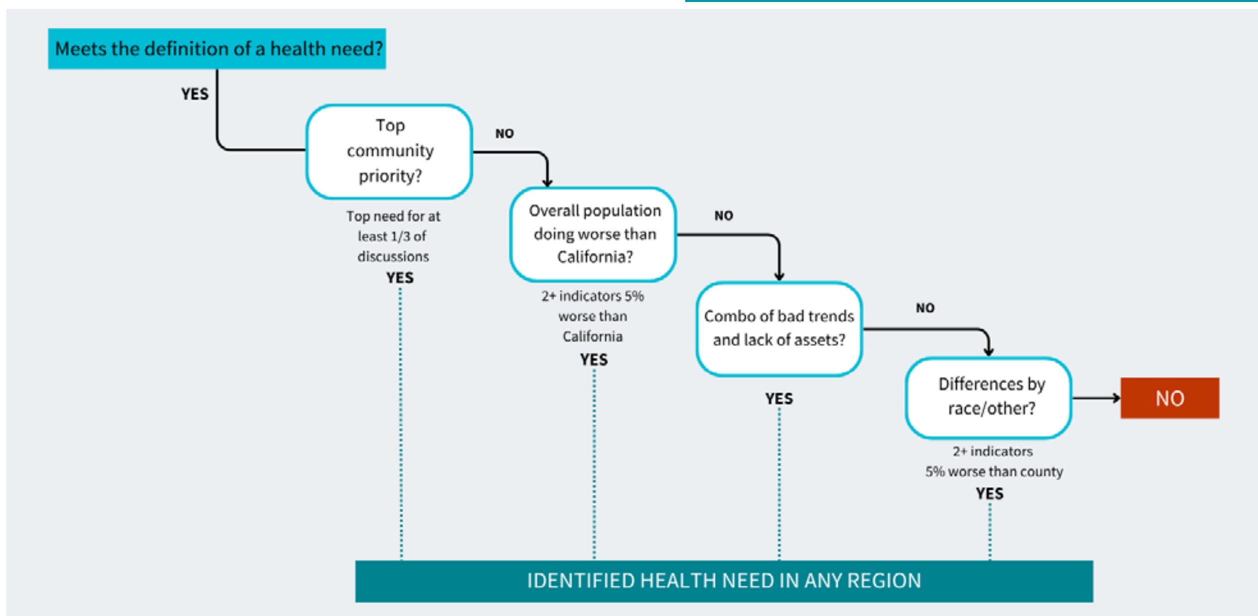
Health risk: A behavioral, social, environmental, economic, or clinical care factor that impacts health. May be a social determinant of health.

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 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.

Figure 8. How a Health Need Is Identified.



These criteria were applied to the synthesized data for each issue to evaluate whether each one qualified as a prioritized health need. All collaborating hospitals used the same criteria for needs identification. In 2025, this process led to the identification of 12 community health needs that met all of the criteria.

Per IRS requirements, John Muir Health used the priorities expressed by the community to rank the health needs list generated from the CHNA. Needs are rank-ordered by the extent to which they were prioritized as one of the top five needs by all key informants and focus groups combined. The following 12 health needs are presented in community priority order (with 1 being the highest priority) according to the community input received by John Muir Health for each of our areas/regions.

Table 1. Ordered Health Needs List

Rank	Combined Service Area	Northern Alameda	Tri-Valley	Eastern Contra Costa	Central Contra Costa	Western Contra Costa
1	Economic Stability[e]	Economic Stability	Behavioral Health	Economic Stability	Economic Stability	Economic Stability
2	Behavioral Health	Behavioral Health	Economic Stability*	Housing	Behavioral Health	Behavioral Health*
3	Housing	Housing	Housing*	Behavioral Health	Housing	Housing*
4	Healthcare Access & Delivery	Structural Racism/ Discrimination	Healthcare Access & Delivery	Healthcare Access & Delivery	Healthcare Access & Delivery	Structural Racism/ Discrimination
5	Structural Racism/ Discrimination	Healthcare Access & Delivery	Structural Racism/ Discrimination	Structural Racism/ Discrimination	Structural Racism/ Discrimination	Healthcare Access & Delivery
6	Community & Family Safety	Community & Family Safety	Community & Family Safety	Community & Family Safety	Community & Family Safety	Community & Family Safety
7	Climate/Natural Environment	Climate/Natural Environment	Climate/Natural Environment*	Climate/Natural Environment	Climate/Natural Environment	Climate/Natural Environment
8	Cancer*	Cancer*	Heart/Stroke*	Cancer*	Cancer	Maternal/Infant Health**
9	Heart/Stroke*	Maternal/Infant Health*	Cancer	Maternal/Infant Health*	Maternal/Infant Health	Sexual Health**
10	Maternal/Infant Health	Heart/Stroke**	Maternal/Infant Health**	Heart/Stroke**	Heart/Stroke*	Cancer***
11	Sexual Health**	Sexual Health**	Sexual Health**	Sexual Health**	Sexual Health*	Heart/ Stroke***
12	Unintended Injuries**	Unintended Injuries**	Unintended Injuries	Unintended Injuries**	Unintended Injuries*	Unintended Injuries***

* Community priority level tied.

** Community priority level tied.

*** Community priority level tied.

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[e] Economic stability includes education, workforce development, and food security.

V. Those Involved in Implementation Strategy Development

John Muir Health's Community Health Improvement department and the Community Benefit Oversight Committee (see *Acknowledgements* page) is charged with overseeing the strategic direction of Community Benefit programming and activities. The Committee is composed of John Muir Health executive leaders and Board of Directors members. The Committee met on February 24, 2025, to review the list of community health needs identified and prioritized during the CHNA and to select the community health needs to address. Members used the criteria described in the next section (*Section VI, Health Needs That John Muir Health Plans to Address*) to select the needs, providing strategic direction for John Muir Health Community Benefit programming and activities from 2026 through 2028.

Actionable Insights, LLC, provided guidance and expertise for this process and conducted research on evidence-based and promising practices for each selected health strategy. Actionable Insights is a consulting firm whose principals have experience conducting CHNAs and providing expertise on implementation strategy development and IRS reporting for hospitals.

VI. Health Needs That John Muir Health Plans to Address

In early 2025, the Community Benefit Oversight Committee met to review the information collected for the 2025 CHNA. Committee members considered both how impactful the needs were on the community (i.e., community prioritization) and the potential for John Muir Health to affect the needs with Community Benefit efforts. Based on these criteria, the Committee selected three health needs John Muir Health would address, which would form the basis for the organization's FY2026–2028 Community Benefit plan and Implementation Strategy. The Committee selected the needs that were of highest priority to the community and that are some of the largest contributors to health inequities among community members.

Figure 9. The selection process involved applying certain criteria to the 12 identified health needs and selecting those with the highest combined rankings.

2026–2028 Selected Community Health Needs

1. Economic Stability (includes food, housing, and workforce development)[f]
2. Behavioral Health
3. Healthcare Access and Delivery

For a full description of these needs as per Section 1.501(r)(3)(c) of the IRS regulations, see *Appendix A: Description of Health Needs in Priority Order.*

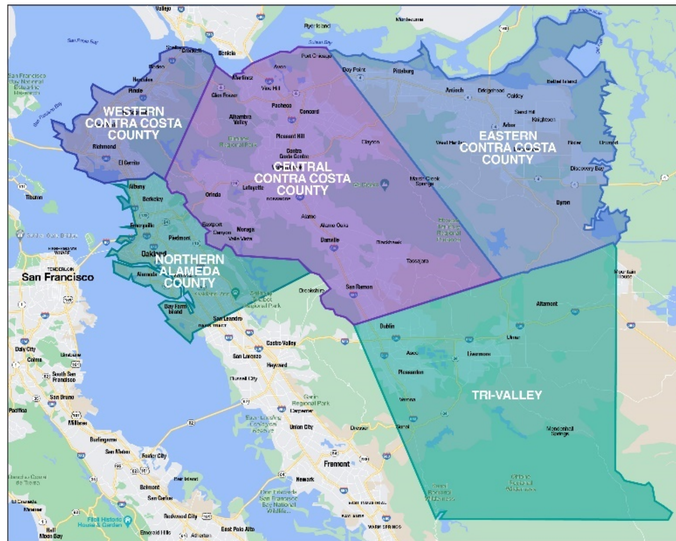
[f] For the purposes of this IS, John Muir Health merged Housing into Economic Stability, making it a single need.

VII. John Muir Health's Implementation Strategy

The federal government requires nonprofit hospitals to complete an Implementation Strategy (IS) report. The IS report is a companion to the CHNA, in that it describes how hospitals will use community benefit and other resources to address priority health needs in their service areas. Furthermore, California Senate Bill 697 (1994) mandates that nonprofit hospitals report annually on their strategies to improve community health. This IS report informs John Muir Health's annual Community Benefit Implementation Strategy, as well as fulfills federal requirements. Specifically, the IS report must detail:

- ✓ Which of the priority health needs will be directly addressed by the hospital as part of its implementation strategy, and which will not be addressed (with justification)
- ✓ The actions, programs, and resources the hospital intends to commit to address the selected health needs
- ✓ The anticipated impact of these actions
- ✓ Any planned collaboration between the hospital and other hospitals or organizations

Figure 10. Community Benefit Service Area



Our Community Benefit Geography

John Muir Health's strategy covers our entire Community Benefit service area, which expands throughout all of Contra Costa County, Northern Alameda County, and the Tri-Valley region (see *Figure 10*, above right). Programming is provided in this geography in collaboration with multiple nonprofit, school, and health system partners.

Our Strategic Approach

John Muir Health's annual community benefit investment focuses on improving the health of the community's most vulnerable populations, including the medically underserved, low-income, and populations affected by health disparities. To accomplish this goal, our priority community health investments from FY2026–FY2028 will address Economic Stability, Behavioral Health, and Healthcare Access and Delivery.

John Muir Health will support the development and utilization of community and hospital-based programs

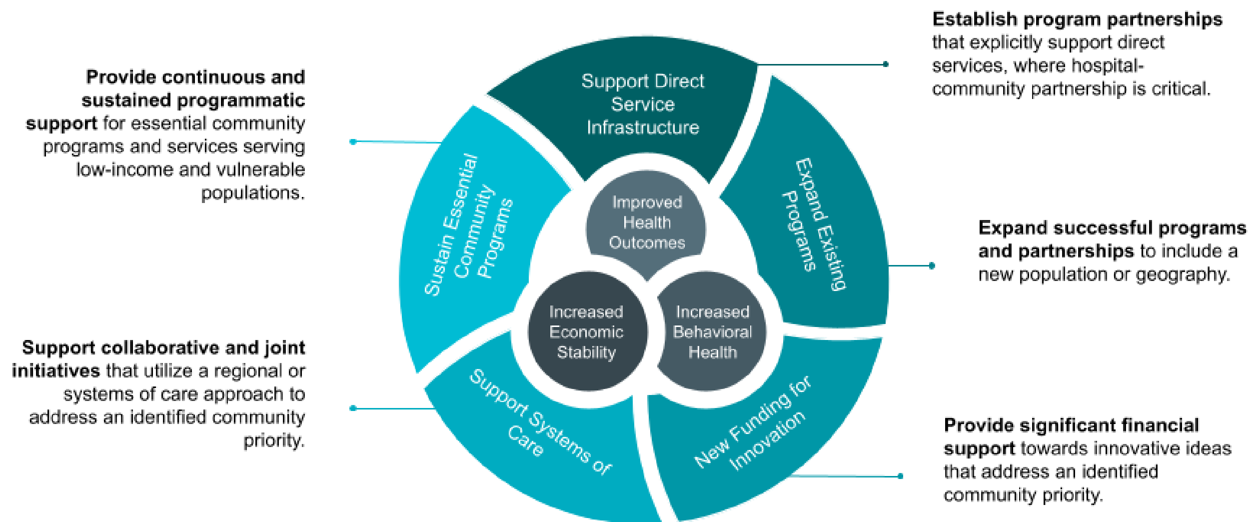
Elements of Our Strategic Approach

- ✓ **Investing in upstream solutions that address the conditions influencing health**
- ✓ **Listening to community voice and building collaborative relationships**
- ✓ **Enhancing the quality and reach of programs and services for community members**
- ✓ **Leveraging hospital resources and partnerships to strengthen systems of care**

and partnerships in collaboration with local nonprofit organizations, schools and health system departments. We selected strategies based on a combination of community input (see *Appendix B* for summarized feedback), data from the CHNA, existing hospital capabilities, prior investments in community health, and opportunities to make a meaningful and lasting impact.

We integrate these key elements into our community benefit strategic focus areas for FY2026–FY2028, which involve five forms of community benefit investment: Supporting direct service infrastructure, expanding existing programs, providing new funding for innovation, supporting systems of care, and sustaining essential community programs. More details are shown in *Figure 11* below.

Figure 11. Community Benefit Strategic Focus Areas for 2026-2028



This plan represents a continuation of a multi-year strategic investment in community health. John Muir Health believes that funding of, and relationships with, proven community partners yield greater success than short-term investments. The plan continues to be based on documented community health needs, and special efforts were made to align John Muir Health's strategies with community input.

Economic Stability

Why This Matters

Financial stability plays a key role in the health and well-being of community members. Across the service area, more than one in four households do not have enough income to make ends meet. The high costs of housing, food, healthcare, and education makes it difficult for many people to cover their basic needs.

Key Data Highlights

- Large differences in educational outcomes and income by race/ethnicity
- Greater gender pay gaps in both counties vs. California
- Rising homelessness in Contra Costa County, especially unsheltered people in the eastern part of the county, and an increasing proportion of chronic homelessness in Alameda County
- BIPOC populations more likely to be rent-burdened; in the Tri-Valley, Livermore has the highest proportion of cost-burdened renters
- There is a greater proportion of food-insecure children in Alameda County who are likely ineligible for federal nutrition assistance vs. California overall

At a Glance: Barriers to Economic Stability

High costs of basic needs such as housing

Limited access to career training and living wage jobs

Need for food support

Rising homelessness

Community Voice

CHNA participants highlighted the following:

- People wanted more local jobs, reducing long commutes and improving access to employment
- Wages have not kept pace with rising costs, leading to economic strain
- Tri-Valley participants spoke to pockets of economic need that are overlooked due to overall affluence in the area
- People desired integrated food programs
- Food insecurity seems to have stayed high since the COVID-19 pandemic throughout both counties.
- Northern Alameda County participants emphasized the reliance on food banks despite employment
- People feel forced to work multiple jobs or cut back on essentials
- People were experiencing greater instability due to unaffordable housing
- Western Contra Costa County participants mentioned displacement due to economic pressures
- Eastern Contra Costa County participants were concerned about teacher turnover
- Central Contra Costa County participants focused on living conditions and tenants' rights

Long-Term Goal

Increase economic stability for the entire community via access to programming, support, and direct services.

Our Approach: Economic Stability

Support Direct Service Infrastructure

- Enhance case management and care coordination that connects people to housing and other support for basic needs (e.g., homeless support services, eviction prevention)
- Foster workforce development and job training initiatives (e.g., high school and college programs, residency and allied health professions programs)

Expand Existing Programs

- Fund homelessness prevention and intervention approaches
- Expand food access (e.g., Food Is Medicine program, food rescue)
- Support the provision of high school and college programs that lead to healthcare careers
- Provide residency, nursing and allied health professions onsite training opportunities

New Funding for Innovation

- Support social services addressing housing, food, and financial instability (e.g., resource support for farmworkers)

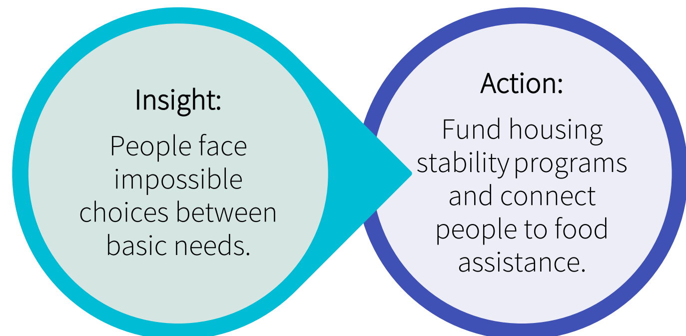
Support Systems of Care

- Invest in supporting multi-partnership local food security collaborative
- Invest in a regional community health grantmaking effort supporting Economic Stability

Sustain Funding for Essential Community Programs

- Support local initiatives that provide resources for families and individuals, including food and basic supplies

From Insight to Action



How Our Strategies Reflect an Integrated Approach

- Align institutional resources to support community needs, removing barriers and promoting access.
- Take an integrated approach to address the root causes of health disparities in community.
- Address workforce shortages through job training initiatives and onsite residencies.
- Create an intentional community linkage between JMH departments and nonprofit partners.

What We Aim To Achieve

- Increased access to and use of available services and benefits
- Improved housing and food security for vulnerable people
- Greater financial stability for community members
- Reduced economic disparities and poverty rates

Behavioral Health

Why This Matters

Behavioral health is a pressing concern across John Muir Health's service area. Key challenges include a shortage of mental health providers and rising rates of psychological distress. These challenges were amplified by the COVID-19 pandemic, which increased economic stressors, isolation, and substance use.

Key Data Highlights

- In Alameda and Contra Costa counties, mental diseases/disorders account for highest proportions of youth hospital discharges, higher than California overall
- Low supply of qualified mental health providers in Contra Costa County
- Contra Costa County's rates of binge drinking and alcohol-impaired driving deaths are higher than the state
- Eastern Contra Costa County has highest suicide and opioid overdose mortality rates
- In Tri-Valley, Livermore has higher rates of depression and suicide than Alameda County overall
- Alameda County's firearm mortality and homicide rates both higher than the state
- The Black populations in both counties disproportionately suffer firearm mortality

At a Glance: What Else We Heard

Long wait times

Improved coping skills needed

Desire to increase belonging and connection

Violence prevention and intervention essential

Community Voice

CHNA participants highlighted the following:

- Growing loneliness, stress, and isolation, exacerbated by economic insecurity
- Limited access to mental health services; need to continue telehealth to reach underserved effectively
- Central Contra Costa County participants brought up overcrowding as source of family conflict/stress
- Concerns related to high levels of gun violence/homicide and mental health implications of violence were a focus of conversations in Northern Alameda County and Western Contra Costa County
- Increased reports of violence/crime led to greater isolation within communities; people now less likely to know neighbors or feel connected to community, generating or increasing feelings of insecurity
- Tri-Valley participants mentioned the need to educate parents and children alike about online dangers
- Concerns about youth substance use, ease of access to all drugs including fentanyl and the risks associated with fentanyl-laced drugs

Long-Term Goal

Improve whole health and emotional wellness for the entire community through access to behavioral and mental health programming, support, and direct services.

Our Approach: Behavioral Health

Support Direct Service Infrastructure

- Align community partners with Behavioral Health Center's education efforts (e.g., fentanyl education and Narcan access)
- Increase access to community-based mental health support groups and services
- Increase access to mental health services for uninsured populations

Expand Existing Programs

- Strengthen the Beyond Violence Program by expanding age and geographic eligibility to include adults impacted by violence in all parts of Contra Costa County

New Funding for Innovation

- Support efforts to enhance community connections and reduce isolation (e.g., intergenerational programs)
- Improve access to mental health and case management services (e.g., on-site social worker at community organizations)

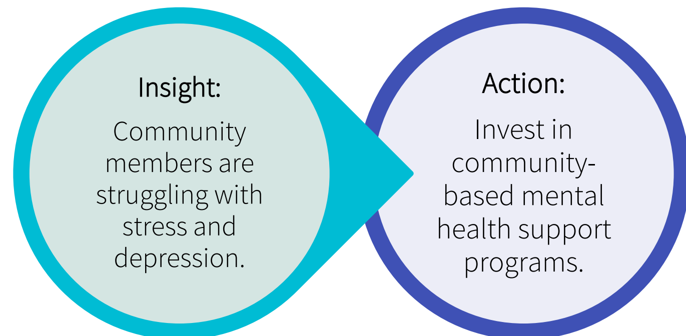
Support Systems of Care

- Lead local violence prevention/ intervention collaborative
- Invest in supporting peer-to-peer mental health programming
- Invest in a regional community health grantmaking effort supporting Behavioral Health

Sustain Funding for Essential Community Programs

- Support provision of free mental health services integrated with high-need populations (e.g., Mobile Health Clinic and Beyond Violence)
- Support initiatives to increase the supply of mental/ behavioral health providers in community (e.g., schools)

From Insight to Action



How Our Strategies Reflect an Integrated Approach

- Recognize that many people face significant barriers to accessing mental/behavioral health care.
- Align institutional resources with community needs to remove barriers and promote access.
- Help create environments where mental/ behavioral health services are more accessible, culturally relevant, and integrated with other forms of support.
- Work in tandem with JMH Behavioral Health Center, Social Services, and Trauma Services to carry out essential community programs.

What We Aim To Achieve

- Improved access to culturally competent and linguistically aligned mental/behavioral health services, programs, and providers
- Increased access to supportive community-based services that prevent and mitigate the impacts of violence and trauma
- Greater emotional coping and resilience among people served

Healthcare Access and Delivery

Why This Matters

Access to healthcare remains uneven across communities. Healthcare workforce shortages, linguistic barriers, and lack of affordability—even for those who are insured—all limit care for vulnerable community members. Access to primary and specialty care is particularly strained in rural and less-populated regions. Bureaucratic hurdles further complicate healthcare navigation for many.

Key Data Highlights

- Shortages of non-physician providers (e.g., NPs, PAs) in Alameda and Contra Counties compared to California overall
- Ratios of community members to primary care nurse practitioners were double the state ratio in Dublin and four times the state ratio in Livermore
- Dental Health Professional Shortage Area in Richmond
- Chronic and infectious disease rates in both counties suggest poor access to care
- In both counties, rates of preventable hospitalizations for older adults highest for Black population, followed by Latine population
- Premature death (years of potential life lost) higher both counties versus California

At a Glance: Barriers to Care

Long wait times

Language & literacy

High cost even with insurance

Transportation gaps

Community Voice

CHNA participants highlighted the following:

- Concerns about affordability and long wait times
- Central Contra Costa participants highlight the "cliff effect," where small income increases disqualify people from programs like Medicaid
- Concerns about care quality, including lack of follow-up
- Rural and less-populated areas may lack nearby hospitals, clinics, and/or specialty services
- Eastern Contra Costa participants emphasized lack of healthcare access for people experiencing homelessness
- Western Contra Costa participants linked health and learning outcomes; people from Northern Alameda County underscored the need for healthcare services in community settings like schools
- People expressed a desire for providers who are respectful, inclusive, and speak their language

Long-Term Goal

Improve health outcomes for the entire community via access to affordable, high-quality healthcare services.

Our Approach: Healthcare Access and Delivery

Support Direct Service Infrastructure

- Continue to provide charity care, unpaid Medi-Cal, and behavioral health subsidized care
- Expand access to primary and specialty care (e.g., JMH Mobile Health Clinic, dental services, cancer services)
- Support health education (e.g., chronic disease management)

Expand Existing Programs

- Increase school-based access to healthcare (e.g., school nurses)
- Expand referral pathways initiatives

New Funding for Innovation

- Support free health clinics
- Address health-related food access (e.g., Food Is Medicine program)

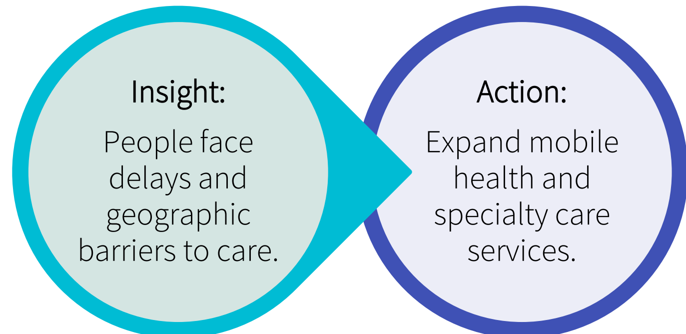
Support Systems of Care

- Participate in regional mobile health clinic collaborative

Sustain Funding for Essential Community Programs

- Continue to support free health services located in vulnerable neighborhoods (e.g., JMH Mobile Health Clinic, RotaCare Free Clinic, Order of Malta Clinic)
- Continue to support access to specialty care services for uninsured populations (e.g., Operation Access)

From Insight to Action



How Our Strategies Reflect an Integrated Approach

- Recognize that access to care is inseparable from the structural, economic, and social determinants of health that shape community well-being.
- Acknowledge that many people experience major barriers in accessing quality care.
- Align institutional resources with community needs to remove barriers and promote access.
- Help create environments where health services are more accessible, culturally relevant, and better integrated with other forms of support.
- Facilitate opportunities for JMH clinicians to provide high-quality care to uninsured and under-insured populations.

What We Aim To Achieve

- Greater access to compassionate, high-quality care
- Higher preventive care and disease management
- Reduced Emergency Department use and preventable hospitalizations
- Improved outcomes and reduced disparities for community members

VIII. Evaluation Plans

As part of John Muir Health's ongoing community health improvement efforts, John Muir Health partners with local safety net providers and community-based nonprofit organizations to fund programs that address health needs identified through our triennial CHNA. Community Health Improvement grant funding supports organizations and programs with a demonstrated ability to improve the health status of the selected health needs through data-driven solutions and results.

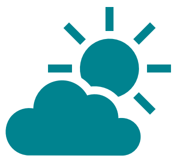
John Muir Health will monitor and evaluate the strategies described above for the purpose of tracking the implementation of those strategies as well as to document the anticipated impact. Plans to monitor activities will be tailored to each strategy and will include the collection and documentation of tracking measures, such as the number of grants made, number of dollars spent, and number of people reached/served. In addition, John Muir Health will require partners to track and report outcomes/impact, including behavioral and physical health outcomes as appropriate. Anticipated impact is described in *Appendix C: Detailed Implementation Strategy Tables*.

Finally, John Muir Health has developed high-level goals for our five different strategic approach areas and will measure our progress towards these goals as well.

IX. Health Needs That John Muir Health Does Not Plan to Address

As described in Section VI(A) of this report, the hospital was careful to select a set of health needs to address that could make an impact in the community. The remaining health needs did not meet the criteria to the same extent as the chosen needs; therefore, John Muir Health does not plan to address them at this time.

Cancer: John Muir Health is better positioned to address drivers of this need via healthcare access and delivery strategies. Cancer services for uninsured populations are addressed via specific programs offered by John Muir Health, and with the provision of a new Cancer Center, John Muir Health will continue to provide high-quality cancer services. Additionally, cancer was of lower priority to the community than the needs selected to be addressed by John Muir Health.

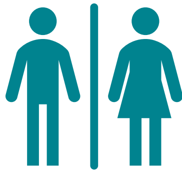


Climate and Natural Environment: This topic is outside of John Muir Health's core competencies (i.e., John Muir Health has little expertise in this area), and we feel we cannot make a significant impact on this need through community benefit investment. Also, this need was of lower priority to the community than the needs that John Muir Health selected.

Community & Family Safety: Behavioral health issues such as stress, anxiety, hopelessness, and substance use have been shown to be drivers of family and community violence. Thus, John Muir Health believes that strategies intended to address the community's behavioral health need have the potential to address community safety as well. Further, this need was of lower priority to the community than the needs selected to be addressed by John Muir Health.

Heart Disease and Stroke: John Muir Health is better positioned to address drivers of this need via strategies related to education about healthy lifestyles and healthcare access and delivery. Additionally, heart disease and stroke was of lower priority to the community than the needs selected to be addressed by John Muir Health. John Muir Health will continue to be a leader in cardiology and stroke services, and will continue to invest in its infrastructure.

Maternal and Infant Health: This need was of lower priority to the community than the needs selected to be addressed by John Muir Health. Moreover, John Muir Health is better positioned to address drivers of maternal and infant health via strategies related to economic stability (including food security) and via healthcare access and delivery strategies. Additionally, John Muir Health will continue to be a leader in women's and children's services, and will continue to invest in its infrastructure.



Sexual Health: John Muir Health is better positioned to address drivers of this need via healthcare access and delivery strategies. Additionally, sexual health was of lower priority to the community than the needs selected to be addressed by John Muir Health.

Structural Racism/Discrimination: John Muir Health is better positioned to address the drivers of this need via strategies related to providing access to direct services that focus on vulnerable populations. Additionally, John Muir Health will continue to support infrastructure development across all nonprofit partnering organizations.

Unintended Injuries: This need was of lower priority to the community than the needs selected to be addressed by John Muir Health. Moreover, John Muir Health is better positioned to address drivers of this need via strategies related to healthcare access and delivery and the provision of high-quality Emergency Services and Contra Costa County's Trauma Center. John Muir Health will continue to invest in injury prevention efforts in alignment with our Trauma Center.

Appendix A: Description of Health Needs in Priority Order

The following sections outline the data and resulting outcomes from the CHNA process, which led John Muir Health to select: Economic Stability, Behavioral Health and Healthcare Access and Delivery as our prioritized health needs.

Economic Stability

What is the issue?

Economic stability has been defined as the ability of people to cover their basic needs sustainably, in a manner that allows them dignity and self-respect.[g] Higher income and social status, often achieved through attainment of higher education, have each been linked to greater health. Poor health can lead to homelessness, and vice versa. People experiencing homelessness suffer from preventable illnesses at a greater rate, require longer hospital stays, and have a greater risk of premature death than their peers with housing security.[h] Research shows that access to economic stability programs such as CalFresh (formerly called food stamps) results in better long-term health outcomes.[i]

Economic stability, including education, employment, food and housing security, was the highest-priority health needs in key informant interviews and focus group discussions. The high cost of living and the lack of affordable housing options were key themes among CHNA participants in all areas. Participants stated that wages from full-time employment were often insufficient to meet the rising 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.

"It used to be the cheaper food was the unhealthy food, but at this point I feel like the experience is all the food is expensive."

– Community Member Focus Group Participant, Alameda County

Participants additionally felt the lack of affordable housing led to overcrowded living conditions. It was also mentioned that housing insecurity can force people to stay in unsafe situations (such as being exposed to domestic violence) or move into unsafe conditions (such as living in their car).

"A lot of people go homeless [but] don't talk about it. People hide it, like staying in the car or finding somewhere to live or even be with a family member that after a couple of days, they don't want you there."

– Community Member Focus Group Participant, Contra Costa County

Participants discussed barriers to housing, including high income requirements for rentals and lack of tenant rights awareness.

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[g] International Committee of the Red Cross. (2020). Economic Security Strategy 2020-2023.

[h] O'Connell, J.J. (2005). Premature Mortality in Homeless Populations: A Review of the Literature. Nashville, TN: National Healthcare for the Homeless Council.

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

The populations of highest concern related to economic stability included individuals on fixed incomes (such as older adults), BIPOC individuals, families with children, and young adults who are newly attempting to establish themselves in the workforce.

"People who are just starting, especially, like, 20 year olds... the job market is just so flooded that most people who work at places that were considered teenager jobs, like McDonald's, it's all adults now, who need that kind of money."

–Community Member Focus Group Participant, Contra Costa County

Regarding other specific populations, some participants noted that immigrants can face additional challenges due to documentation issues, which can consequently limit their employment and housing opportunities. Some explained that other common economic challenges, such as needing to work multiple jobs, hinder 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. Other participants described the lingering effects of residential segregation.[j] In both counties, data show that BIPOC populations are disproportionately represented among those who are rent-burdened.

"The requirements... they're impossible to meet. Like right now, they're asking you for more than what you're making. And also the deposits, essentially you have to pay like three months of rent to get a place."

—Community Member Focus Group Participant, Contra Costa County

Housing quality has been shown to have a direct impact on health as well. For example, contact with lead from peeling paint in older homes can be very harmful to children's development. Larger proportions of children who were tested in Alameda and Contra Costa counties had high blood lead levels compared to children statewide.

Participants indicated that homelessness is also increasing as a consequence of the obstacles mentioned above and the lack of affordable housing. Overall homelessness is rising in Contra Costa County, and in Alameda County the proportion of individuals experiencing chronic homelessness is worsening. Many participants noted that homelessness is often linked to other issues like mental health problems and substance abuse.

"Homelessness is increasing by the second, by the minute, by the hour, by the day. And [I see it] especially amongst our youth... Something has to change."

– Community Member Focus Group Participant, Contra Costa County

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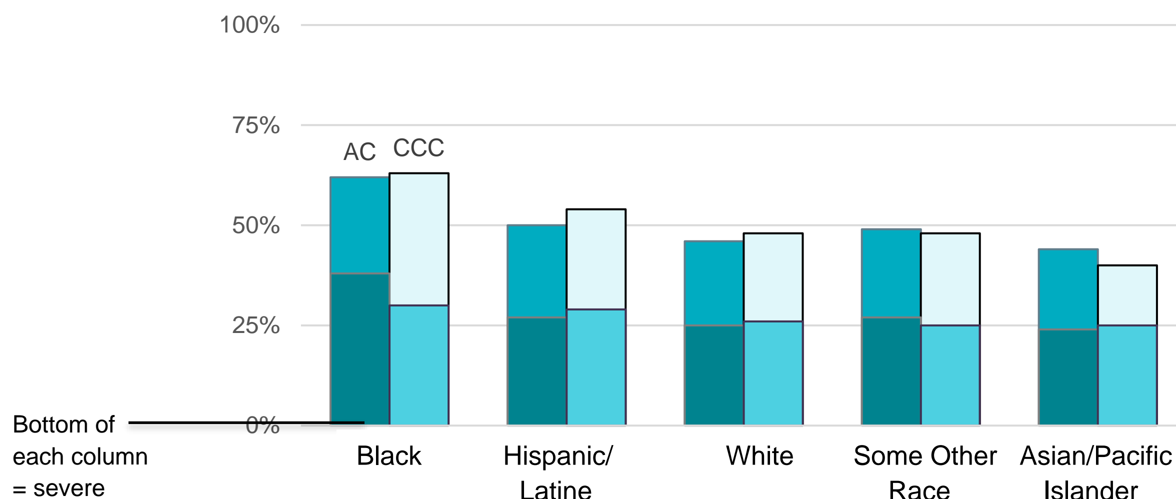
[j] Knopov, A., Rothman, E.F., Cronin, S.W., Franklin, L., Cansever, A., Potter, F., Mesic, A., Sharma, A., Xuan, Z., Siegel, M. and Hemenway, D. (2019). The role of racial residential segregation in black-white disparities in firearm homicide at the state level in the United States, 1991-2015. Journal of the National Medical Association, 111(1), pp.62-75.

Figure 12. Black and Latine renters face higher rates of housing cost burden than other groups.

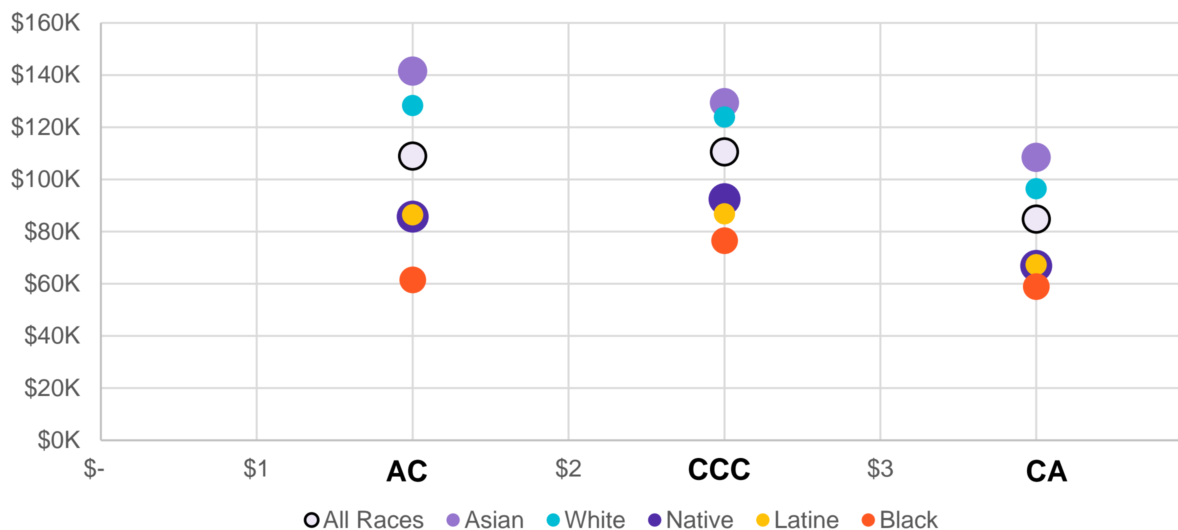
Cost burdened households spend more than 30% on housing costs. Severely-cost burdened households spend more than 50% on housing costs (darker shade).



Source: California Housing Partnership, 2021-2022.

For income, data show that there are greater gender pay gaps in both counties compared to California overall. There are also substantial disparities in median income by race/ethnicity in both counties.

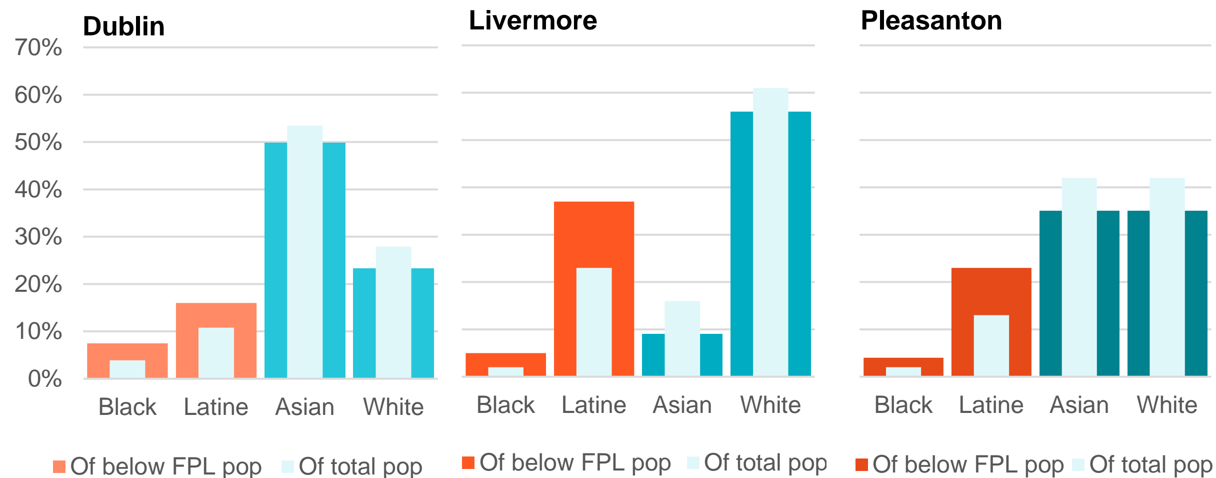
Figure 13. Median household income varies substantially by race/ethnicity.



Note: Dot size varies to show overlap. Source: U.S. Census Bureau Small Area Income and Poverty Estimates, 2021. Retrieved from County Health Rankings, June 2024.

In addition, statistical data gathered specifically for the Tri-Valley cities show clear variations in poverty rates by race/ethnicity versus the representation of each race/ethnicity in the cities. For example, while less than one in seven (13%) of Pleasanton's population identifies as Latine, close to one in four (23%) of those below the Federal Poverty Level are Latine (see *Figure 14*, following page).

Figure 14. Black and Latine individuals are overrepresented among people in living in poverty in the three Tri-Valley cities.



Source: Eastern Alameda County Human Services Needs Assessment, January 2024; data: U.S. Census Bureau ACS 5-year estimates, 2017–2021.

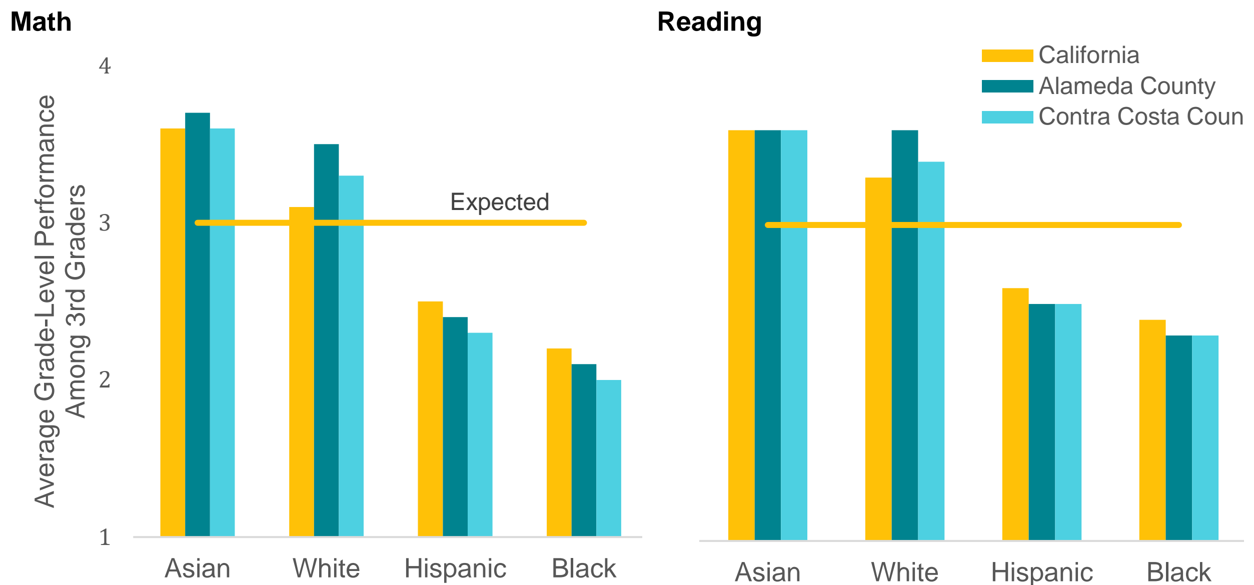
High dropout rates and lower academic performance compared to state and national averages were highlighted by some CHNA participants. There was also concern that the K-12 system focuses too much on graduation rates without adequately preparing students for post-secondary education or vocational training that leads to living-wage jobs.

> *"We have had countless students drop out of different training programs [like] nursing… because they need a job right now and [the training] is not paid. I had one student who was doing really well and then she was like, 'I just got an eviction notice. I have to drop out because I need to go get a job today, so I don't end up homeless.' …It's having to go through unpaid training, full time, all day, so it's difficult for them to work a second job or even work part-time…that's really making the healthcare field unattainable for a huge demographic of folks that could really, really thrive in this field."*
>
> *–Focus Group Participant, Alameda County*

In Alameda County, Latine students were more likely than students of other ethnic groups to drop out before graduation, while in Contra Costa County, Black students were the most likely to drop out. Math and reading performance are also notably worse among both counties' Black and Latine children. In the Tri-Valley cities, while high school graduation rates showed relatively high rates across all racial/ethnic groups, it is clear that there are disparities in college preparation rates, with Black and Latine students in the Tri-Valley substantially less likely to be prepared for college than their peers of other races/ethnicities. Education has generally and historically correlated directly with income, so educational statistics that differ by race/ethnicity are particularly concerning to CHNA participants.

> *"You can't expect much from a student academically if their other needs are not being met."*
>
> *–Interviewee, Contra Costa County*

Figure 15. Math and reading performance is notably worse among Black and Latine students.



Source: California Dept. of Education, Test Results for California's Assessments. 2022. As cited on KidsData.org.

What was notable by geography?

Eastern Contra Costa County participants focused more than others on low-income families (especially single parents) struggling with housing and economic instability, barriers like poor internet access, issues of affordability and availability of nutritious food, and uniquely on teacher turnover due to low pay. They also focused more on the broader community impacts of housing problems. There was a large increase in unsheltered individuals (31%) between 2023 and 2024, primarily in Antioch, Oakley, and Pittsburg.

Central Contra Costa County participants, more than most, emphasized income disparities and insufficient employment opportunities. They were also more likely than others to mention poor living conditions, exploitation, and tenants' rights. They were unique in discussing distrust in formal education, a lack of teachers who reflect student backgrounds, and disparities in school resources.

Tri-Valley participants spoke about how pockets of economic need are overlooked due to the region's overall affluence, and were more likely to mention disparities in LGBTQ+ youth support across schools. They also discussed the need for after-school and language programs. Participants uniquely mentioned the lack of a school bus system and its impact on school access. Homeless count numbers in Dublin and Livermore rose in 2024 versus 2022. Livermore also has the highest proportion of cost-burdened renters (50%) compared to its two sister cities, higher even than Alameda County overall (47%).

Western Contra Costa County participants spoke more than others about "food apartheid," which they explained was food insecurity seen as a systemic issue that is tied to economic and racial disproportionalities. They also focused more on biases in discipline, resulting in absenteeism and lower graduation rates for BIPOC students, and uniquely mentioned displacement due to economic pressures.

Northern Alameda County participants were more likely than others to discuss the complexity of housing programs and uniquely mentioned veterans as an affected population. They also spoke more to the link of community violence and crime to absenteeism and academic performance, emphasizing the need for safe spaces in schools. They stressed the need for non-college pathways, like apprenticeships, to more effectively engage students. Participants emphasized challenges like underpaid workers needing multiple jobs and reliance on food banks despite employment. Like participants in Western Contra Costa County, they connected food insecurity to systemic economic instability.

Behavioral Health

What is the issue?

Behavioral health refers to both mental health and substance use. Mental health—defined as social, emotional, and psychological well-being—plays a key role in a person's overall wellness, ability to have healthy and maintain healthy relationships, and function in society.[k] The use of substances such as alcohol, marijuana, and other legal or illegal drugs affects not only the individuals who use them, but also their families and communities.

Behavioral health was one of the highest-priority health needs in interviews and focus group discussions. Across all five areas, key informants and focus group participants expressed strong concern about poor mental health and substance use. Participants stated that stress, anxiety, and loneliness were some of the leading factors contributing to these issues, which had been exacerbated by the COVID-19 pandemic.

"I think the increase in loneliness and isolation has had a big impact on all kinds of behavioral health conditions."

– Interviewee, Alameda County

"Just seeing the impacts of isolation, particularly following the pandemic, …folks that already had very little community in their lives, that just absolutely decimated it."

– Focus Group Participant, Alameda County

"I'm mostly alone, I don't really have anyone to talk to. It's hard to find friends or …anyone to discuss anything with outside school."

– Youth Participant, Eastern Alameda County Needs Assessment

A number of participants indicated that social media and technology are contributing factors to mental health issues among teenagers. However, suicide mortality rates did not surpass the state rate (10 per 100,000) in either county overall.

CHNA participants discussed how they felt that the pandemic has led to an increase in substance abuse as a coping mechanism for stress and anxiety. Self-medication with substances is common among those struggling with mental health issues, which often leads to addiction. Experts who participated in the CHNA indicated that substance use is prevalent among the unhoused population, with high rates of co-occurring mental health and substance use disorders.

CHNA participants in both counties pointed out that there was a relative lack of behavioral healthcare access due to the insufficient supply of mental healthcare practitioners and substance use treatment options. The ratio of community members to mental health providers is notably higher (worse) in Contra Costa County (260:1) compared to the ratios in California overall (236:1) or Alameda County (140:1).

[k] Substance Abuse and Mental Health Services Administration. (2023). What is Mental Health?

Contra Costa County also has three Mental Health Professional Shortage Areas (HPSAs), while there are no mental health HPSAs in Alameda County.

A number of experts who participated in the CHNA described the lack of full integration of mental health and substance use services as a significant barrier to people receiving treatment, especially because substance use often co-occurs with mental health issues. This obstacle makes it difficult to address one without considering the other.

Statistics suggest that substance use is an issue to varying degrees in both counties. For example, in Contra Costa County, the proportion of people who engage in binge (or “excessive”) drinking is higher than in California overall, as is the proportion of alcohol-impaired driving deaths. Also, tobacco use (current smoking) is higher in both Alameda and Contra Costa counties compared to the state. Opioid overdose mortality in Contra Costa County makes up more than half of all overdose mortality: There are 13.6 overdose deaths per 100,000 from opioids in Contra Costa County compared to 19.8 from all drugs.

"The opioid overdose numbers in our county are part of a national trend... very high by historical standards.”

–Interviewee, Contra Costa County

What was notable by geography?

Eastern Contra Costa. The area’s suicide rate (10.2 per 100,000) was higher than in other parts of the county. There are Mental Health Professional Shortage Areas (HPSAs) in Pittsburg and the eastern part of Brentwood. Deaths of despair (suicide, drug overdose, and alcohol-related liver disease) are highest here compared to the three regions (47.4 per 100,000). Opioid overdose mortality is also highest here.

Western Contra Costa. Central Richmond has a Mental HPSA.

Tri-Valley. Livermore community members have notably higher rates of depression (20%) and suicide (9.8 per 100,000) than Alameda County community members overall (16% and 8.6 per 100,000 respectively).

Other regions did not have notable differences.

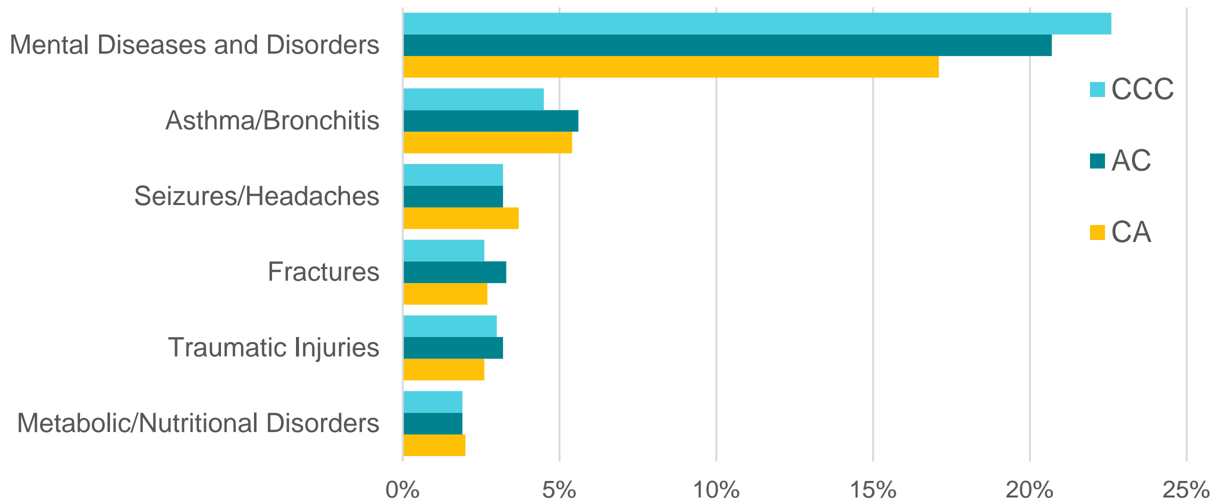
There was recognition of collective trauma within marginalized communities, especially among LGBTQ+ individuals facing societal discrimination and political challenges. Some participants pointed out that trauma, especially in childhood, plays a role in predisposing individuals to substance use. Concerns were raised by CHNA participants about substance use among youth, particularly related to fentanyl and the ease of access to drugs in general. Youth participants in the Eastern Alameda County Human Services Needs Assessment (2024, p. 70) “expressed frustration about the widespread substance use (smoking, vaping, drugs) in their schools.” Both they and participants of JMH’s CHNA emphasized non-stigmatizing education as critical.

CHNA participants in all areas also described issues with appropriately tailored delivery of care. They stated that mental healthcare services are often not adapted or modified to the specific needs of individuals, which can lead to inadequate care and support for those who seek it. Addressing language barriers (especially for the Latine community) and cultural stigma were both mentioned in regard to tailored care. Additionally, there was a particular emphasis on the importance of mental health services for mothers.

Across all five areas, the common populations of concern related to behavioral health needs included LGBTQ+, Black and Latine communities, youth, unhoused individuals, and justice-involved individuals. For youth in Alameda and Contra Costa counties, mental diseases and disorders represented the highest

proportions of child hospital discharges, more than double the next-highest primary diagnosis in each county.

Figure 16. The top reason for child hospitalizations is mental diseases and disorders.



Source: California Dept. of Health Care Access and Information custom tabulation. 2021. As cited by KidsData.org.

Healthcare Access and Delivery

See Behavioral Health for issues related to mental healthcare and substance use treatment access.

What is the issue?

Access to affordable, comprehensive, quality healthcare is important for improving health and increasing quality of life.[i] For most people, access to care means having insurance coverage, being able to find an available primary or specialty care provider nearby and receiving timely delivery of care. Delivery of care involves the quality, transparency, and cultural competence/humility with which services are rendered. Limited access to care and compromised delivery affect people's ability to reach their full potential, diminishing their quality of life.

Healthcare access and delivery was prioritized in about half of all interviews and focus groups. CHNA participants focused on the ever-present barriers to healthcare access, including lack of insurance coverage and economic obstacles (e.g., affordability of care). Some participants also mentioned long wait times for appointments (including for mental health services) and bureaucratic hurdles that persist in navigating the healthcare system in general.

"The whole system of health insurance doesn't meet the needs of low-income people... even when somebody has full insurance, because of the cost of copays and deductibles."

–Interviewee, Alameda County

"The cost of it is so prohibitive... There are people that just go without basic healthcare out of fear of being strapped with some bill."

—Interviewee, Alameda County

"Why is healthcare just in general so much less expensive in places like Southeast Asia or Mexico? ...He needed a lot of dental work. He didn't have it done here. He went to Mexico."

– Community Member Focus Group Participant, Contra Costa County

Barriers also included geographic obstacles; rural or less-populated areas lack nearby hospitals, clinics, and specialty services like dental care, necessitating long travel distances for medical care when transportation can also be a barrier (e.g., where public transit access in rural areas is lacking).

"It does impose barriers when they're not able to get to that specialty appointment. You know, we can only do so much in primary care. When patients are really sick, not having access to specialty care just eventually leads to inpatient care at a hospital."

- Interviewee, Alameda County

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

In addition to economic and geographic restrictions, some participants noted that undocumented immigrants face unique challenges in accessing healthcare due to legal and bureaucratic barriers.

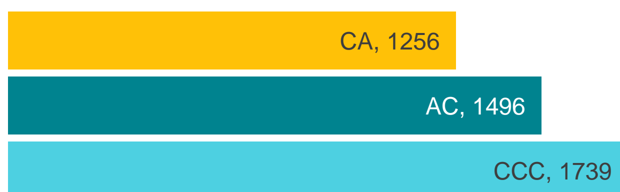
Participants also spoke of shortages of healthcare providers, particularly within county health systems, leading to longer wait times and reduced access to care. It was mentioned that the increase in the number of patients enrolled in programs like Medicaid has not been matched by an increase in healthcare providers. On the subject of dental healthcare specifically, the sole designated Dental Health Professional Shortage Area (HPSA) in the two counties is in Richmond.

"[One of our students needed] several teeth pulled, and we worked on it for probably a year or 18 months to get the appointments."

– Interviewee, Alameda County

Statistics show that in both Alameda and Contra Costa counties, ratios of community members to primary care providers are better (lower) than the ratio among Californians overall. However, ratios of community members to other primary care professionals (e.g., physicians assistants) are worse (higher) in both counties compared to the state (see chart below).

Figure 17. The ratio of community members to non-physician primary care providers are worse in both counties compared to California overall.



# of Community Members to Each Non-PCP Provider

Source: Centers for Medicare & Medicaid Services, National Provider Identification, 2022.

Access among public school students to school nurses is also worse in both counties compared to such access statewide.

What was notable by geography?

Eastern Contra Costa County participants focused more than others on healthcare delivery, being more likely to discuss racial disparities in access and treatment, language barriers (especially for dentistry), the issue of differences in cultural practices, and to emphasize the lack of access for individuals experiencing homelessness. Participants in this area were the most likely to mention the trend of people seeking healthcare abroad due to cost.

Central Contra Costa County participants were more likely than others to mention the need to educate the community about existing healthcare resources, and to highlight the "cliff effect," where small income increases disqualify people from programs like Medicaid.

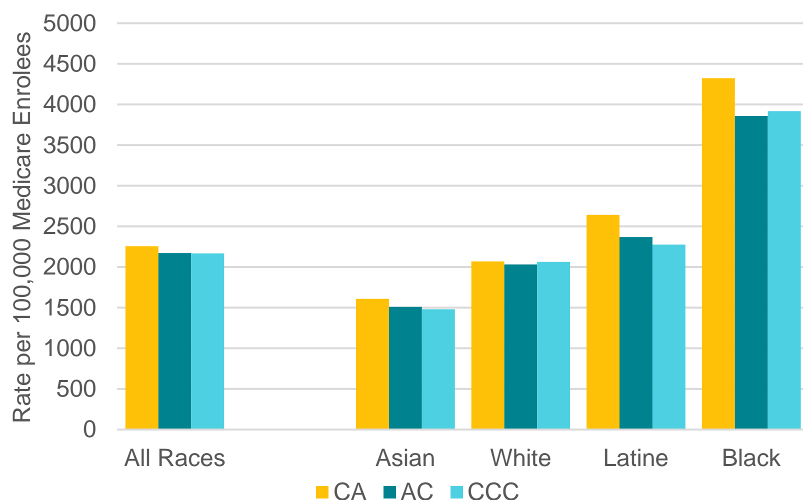
Tri-Valley participants were more likely than most to talk about a relative lack of local specialists and the burden of traveling long distances for care, and were unique in mentioning a lack of childcare as an access barrier and in describing quality concerns regarding dental care. Ratios of community members to primary care nurse practitioners (NPs) are worse in Livermore (8,840 community members to each NP) and Dublin (4,107 per NP) compared to the state (2,324 per NP).

Western Contra Costa County participants emphasized more than others the shortage of healthcare workers as a major challenge to healthcare access, focused more on the need for patients to advocate for themselves (reflecting personal frustrations with the larger healthcare system), and highlighted how discomfort or pain from dental issues impacts educational performance, making the link between health and learning outcomes. There is a dental HPSA in Richmond.

Northern Alameda County participants were more likely than others to focus on a lack of trust in the healthcare system among communities of color. They also emphasized more strongly than others the need for healthcare services in community settings like schools.

In both counties, the rates of preventable hospitalizations are highest for BIPOC populations (especially Black and Latine). A higher rate of preventable hospital stays may be a sign of inequitable access to high-quality care.

Figure 18. In both counties, Latine and Black older adults are hospitalized for preventable causes significantly more often than in California overall.



"Language is sometimes a barrier...When we are lucky enough to understand each other, that's good, isn't it? But when we are not—I have seen people who want to communicate with the doctors, the nurses, but they [the providers] just don't."

—Community Member Focus Group Participant, Alameda County

Definition: Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. Source: Mapping Medicare Disparities Tool, 2020.

With regard to healthcare delivery, some CHNA participants emphasized the need for healthcare services to be more culturally sensitive and considerate of personal preferences, noting that some of the common current practices often disregard cultural and individual differences. There were also concerns expressed about the quality of care, citing issues such as long wait times, lack of follow-up, and perceived indifference or outright disrespect by healthcare providers.

Appendix B: 2025 Community Input on Addressing Selected Health Needs

Participants in the 2025 CHNA, when asked how these priority health needs could be addressed, provided thoughts that are summarized below.

Economic Stability: Community members addressed various aspects of economic stability:

> *Food:* CHNA participants wanted donations of surplus food to help meet the needs of those experiencing food insecurity, and felt that regular food pantry setups and large-scale food distributions, such as drive-through events, are very effective to reach a larger number of people in need. Participants said providing education on how to cook and incorporate healthy foods into meals is crucial, especially in areas where fresh produce is available but underutilized. Further, they requested that food pantries be opened at clinics to provide not just food but also nutritional and educational classes to help people understand how to use the food effectively. Participants indicated the "food as medicine" approach would be effective to address both food insecurity and health issues simultaneously. Finally, they suggested that college/graduate students be provided with free meals during training programs or clinical rotations, which could help them save money for other necessities.
>
> *Housing:* CHNA participants said that it was important to invest in long-term supportive housing to provide stability and enable people to maintain employment. Participants desired more affordable housing options to alleviate the burden of high rent and housing costs. They suggested that flexible funding programs could help families with deposits for moving into new homes. Finally, some wanted more education to be provided on tenants' rights to prevent harassment and exploitation by landlords.
>
> *Employment/Income:* CHNA participants asked for more local job opportunities to be created, to reduce the need for long commutes and improve access to employment. They felt it was crucial to ensure pay scales are adjusted according to the high cost of living in specific areas, to ensure wages are adequate to meet basic needs. Further, they suggested providing grants or stipends for students in unpaid training programs to prevent dropouts due to financial pressures. Finally, participants encouraged community fundraising initiatives to provide immediate financial support for those in need.

Behavioral Health: Participants in the CHNA spoke to both prevention and intervention in behavioral health issues.

> *Prevention*: They offered ideas for reducing isolation and building trust in communities, including support groups and community dinners, as well as block-by-block outreach. Participants also desired enhanced education about substance use, particularly among youth, to increase awareness about the dangers of substances like fentanyl and the risks associated with fentanyl-laced drugs. They felt utilizing peer-to-peer education programs involving high school and college students to raise awareness about substance use risks and harm reduction strategies would be especially effective.
>
> *Intervention*: CHNA participants said clinics and health systems should hire more psychiatrists and build a network of mental health professionals to increase access and reduce wait times for appointments. They supported continued telehealth services to reach underserved populations effectively. CHNA participants suggested creating a network of doctors who can provide street-

level health services for unhoused people with mental health and substance use issues. In addition, participants felt improving access to residential behavioral health care treatment was essential. Expanding infrastructure for medication-assisted treatment (MAT) services, including more trained primary care physicians who could prescribe buprenorphine for opioid use disorder, was suggested as a crucial strategy to address substance use disorders. Participants also felt it was important to integrate mental health and substance use services to avoid patients being bounced between different systems without receiving adequate care. Some said reducing stigma expressed by providers, through education on addiction, was crucial to improve access to care and support for those struggling with substance use. They supported harm reduction as an effective approach to substance use.

Healthcare Access and Delivery: CHNA participants identified a wide array of strategies to increase access to care and improve the quality of care delivery.

Geographic access: Participants wanted to see more clinics and community health centers throughout the region. They suggested utilizing schools as a venue for delivering healthcare services, including telehealth options to involve parents. Participants also expressed a desire for more integrated and co-located care (e.g., dental, mental health, and primary care all together). Similarly, they suggested bringing multiple social services together with healthcare under one roof, such as job assistance, benefit screenings, and parenting support, to reduce the number of stops individuals need to make.

Workforce development: See Economic Stability strategies above, in the Employment/Income section.

Preventive care: Participants felt it was crucial to encourage regular checkups and preventive care so that people would not only seek health services during emergencies. They supported targeted outreach efforts in multiple languages and to specific communities. With regard to particular specialties, (a) there was a desire for collaborative perinatal programs that involve multiple departments (WIC, community wellness, medical) to ensure mothers receive adequate prenatal and postpartum care, and (b) some suggested better educating the community about dental health from a young age, including through school programs and community outreach.

Navigation: CHNA participants desired more healthcare system navigators to help people who do not understand the health system very well (e.g., limited-English speakers, immigrants). This was the case both for primary care and for specialty care. With regard to the latter, there was particular interest in having advocates to help patients navigate dental care options and ensure they receive comprehensive care rather than just emergency treatments.

Care quality and delivery: CHNA participants wanted healthcare providers to listen more to patients, to care about their needs, and to provide individualized care rather than care that was merely based on a population's stereotype. Participants wanted to ensure that providers of all kinds (PCPs, specialists, dentists, nurses, MH/BH providers) are trained to communicate effectively and sensitively with patients from various different backgrounds. Some participants felt it would be important for healthcare providers to undergo regular mental health evaluations and receive training to improve their interactions with patients. Participants felt that the way to build trust in healthcare systems, especially among Black and undocumented communities, was by addressing fears related to immigration status and systemic distrust.

Appendix C: Detailed Implementation Strategy Tables

1. Economic Stability

Key CHNA Findings:

- Economic stability, including housing, employment, education, and food security, was the highest-priority health need in interviews and focus group discussions.
- Economic stability statistics vary substantially by race/ethnicity; for example, the median income of Black community members in Contra Costa County is a little more than half as much as the median income of the county's Asian community members. Black and Latino renters face higher rates of housing cost burden than other groups.
- Many community members said the rising cost of living, including costs of food and housing, was a major issue.
- Overall homelessness is rising in Contra Costa County, while in Alameda County the proportion of people experiencing chronic homelessness is worsening.

Long-Term Goal: Increase economic stability for the entire community via access to programming, support, and direct services.

Intermediate Goals:

- Increase support of strategies that increase living-wage income and employment opportunities in low-income communities.
- Increase support of workforce development programs that address healthcare professional shortages.
- Increase access to housing resources and support services to provide unhoused individuals and families with access to transitional supportive housing, respite care and recuperative housing, permanent supportive housing, and ultimately independent permanent affordable housing.
- Increase access to homelessness prevention resources to low-income and vulnerable communities.
- Increase food security and decrease the food cost burden for low-income families to free up funds to cover the costs of other basic needs.
- Increase access to basic resources for highly vulnerable communities.

Strategy Category	Types of Programs	Anticipated Impact
Support Direct Service Infrastructure	Healthcare Workforce Development Programs & Training	• Increased number of community members with living-wage income/employment. • Increased opportunities for healthcare sector careers for populations underrepresented in the healthcare workforce. • Increased number of community members with stable housing. • Increased access to housing services for community members who are unhoused or at risk of becoming unhoused. • Increased community outreach and awareness of resources for economic, housing, and food security. • Increased consistent access to healthy food for low-income and unhoused individuals. • Increased/maintained capacity of community-based safety net organizations to serve clients. • More community members' basic needs are met.
	Homeless Support & Homelessness Prevention Services	
	Food Access Programming	
Expand Existing Programs	Integrated Food Programming	
	Housing Capacity & Infrastructure	
New Funding for Innovation	Workforce Development Training Programs for Vulnerable Populations	
	Service Delivery for Farmworker Population	
Support Systems of Care	Food Security Collaborative of Contra Costa	
	East Contra Costa Regional Collaborative Grant	
Sustain Funding for Essential Community Programs	Food Distribution	
	Basic Supply Support for Under-resourced Families	

2. Behavioral Health

Key CHNA Findings:

- Behavioral health was one of the highest-priority health needs in interviews and focus group discussions.
- The top reason for child hospitalizations in both Alameda and Contra Costa counties is mental diseases and disorders.
- The percentage of people who are current smokers is higher in both counties than the state.
- The rate of alcohol-impaired driving deaths is higher in Contra Costa County than the state.
- In Contra Costa County, the ratio of community residents to mental health providers is markedly higher (worse) compared to the ratio in California overall. The county has three Mental Health Professional Shortage Areas (Central Richmond, Pittsburg, eastern Brentwood).

Long-Term Goal: The entire community has access to behavioral and mental health programming, support, and direct services to promote whole health and emotional wellness.

Intermediate Goals:

- Increase community health education opportunities as they relate to behavioral health, including mental health and substance use.
- Increase access to alternative mental health workforce, to include Community Health Workers and *promotores* training programs.
- Increase access to behavioral/mental health services that provide prevention, direct services, and support for vulnerable people.
- Increase violence prevention and resiliency programming for vulnerable communities.

Strategy Category	Types of Programs	Anticipated Impact
Support Direct Service Infrastructure	Behavioral Health Center Community Services	• Increased access to and use of high-quality behavioral and mental health services. • Improved coping skills among community members who receive services. • Increased resilience among community members who receive services. • Reduced isolation and disconnection among community members.
	Community Support Groups	
	Mental Health Services for uninsured/under-insured people	
Expand Existing Programs	Hospital-based Violence Intervention and Violence Prevention Programming	

Strategy Category	Types of Programs	Anticipated Impact
New Funding for Innovation	Intergenerational Senior to Preschool Program	• Increased access to supportive community-based services that prevent and mitigate the impacts of violence and trauma. • Reduced community violence.
	Student Support Services Onsite Social Work	
Support Systems of Care	Violence Prevention Collaborative	
	Mental Health Peer-to Peer Promotores Programming	
	Community Health Collaborative Grant	
Sustain Funding for Essential Community Programs	Peer Connection Centers	
	Free Mental Health Services integrated with high-need populations (e.g., Mobile Health Clinic, Beyond Violence)	

3. Healthcare Access and Delivery

Key CHNA Findings:

- Healthcare access and delivery was prioritized in about half of all interviews and focus groups.
- Participants focused on barriers to care (e.g., affordability, lack of insurance, shortages of providers/long wait times, linguistic alignment) and quality of care (lack of follow-up, lack of personal sensitivity).
- In both Alameda and Contra Costa counties, the rates of preventable hospitalizations are highest for the Black population, followed by the Latine population.
- The one designated Dental Health Professional Shortage Area in the two counties is in Richmond.
- The ratios of community members to non-physician primary care providers (e.g., nurse practitioners) are worse in both counties compared to California overall. The ratios of community members to primary care nurse practitioners in particular are worse in Dublin and Livermore compared to Alameda County and California overall.

Long-Term Goal: **The entire community has access to affordable, high-quality health care services.**

Intermediate Goals:

- Increase access to a high-quality, linguistically-aligned healthcare workforce.
- Increase access to subsidized medical care and financial assistance for low-income and uninsured individuals.
- Increase access to comprehensive primary care, specialty care services, support services, and prevention programming for low-income, vulnerable, and uninsured individuals.
- Increase access to community health education as it relates to chronic disease and Food Is Medicine.

Strategy Category	Types of Programs	Anticipated Impact
Support Direct Service Infrastructure	JMH Charity Care, Unpaid Costs of Medi-Cal & Behavioral Health Subsidized Care	• Increased access to and use of comprehensive primary care and specialty care for low-income and uninsured populations. • Increased access to health screenings and healthcare support services.
	Mobile Clinic Programs (e.g., Mobile Health Clinic, Mobile Dental Clinic)	
	Specialty Care Programs (e.g., breast cancer, lung cancer)	

Strategy Category	Types of Programs	Anticipated Impact
	Chronic Disease Health Education	• Increased/maintained capacity of safety net organizations to serve uninsured and under-insured populations. • Improved coordination of free mobile health services.
Expand Existing Programs	Community School Nurse Program	
	JMH Specialty Care Program & Mobile Health Clinic Referral Pathway	
New Funding for Innovation	Compassion Clinic (Free Clinic & Food is Medicine)	
Support Systems of Care	Mobile Health Clinic Collaborative of Northern CA Regional Convenor	
Sustain Funding for Essential Community Programs	Free Medical Clinics (e.g., RotaCare Free Clinic, Order of Malta Free Clinic)	
	Outpatient Surgical Services	

Appendix D: Implementation Strategy Report IRS Checklist

Section §1.501(r)(3)(c) of the Internal Revenue Service code describes the requirements of the Implementation Strategy Report.

Federal Requirements Checklist	Regulation Subsection Number	Report Section
The Implementation Strategy is a written plan which includes:		
(1) Description of **how the hospital facility plans to address** the health needs selected, including:	(c)(2)	VII
Actions the hospital facility intends to take and the anticipated impact of these actions	(c)(2)(i)	VII
Resources the hospital facility plans to commit	(c)(2)(ii)	VII
Any planned collaboration between the hospital facility and other facilities or organizations in addressing the health need	(c)(2)(iii)	VII
(2) Description of why a hospital facility is **not addressing** a significant health need identified in the CHNA. Note: A “brief explanation” is sufficient. Such reasons may include resource constraints, other organizations are addressing the need, or a relative lack of expertise to effectively address the need.	(c)(3)	IX
(3) For those hospital facilities that adopted a joint CHNA report, a **joint implementation strategy** may be adopted which meets the requirements above. In addition, the joint implementation strategy must:	(c)(4)	N/A
Be clearly identified as applying to the hospital facility;	(c)(4)(i)	N/A
Clearly identify the hospital facility’s particular role and responsibilities in taking the actions described in the implementation strategy and the resources the hospital facility plans to commit to such actions; and	(c)(4)(ii)	N/A
Include a summary or other tool that helps the reader easily locate those portions of the strategy that relate to the hospital facility.	(c)(4)(iii)	N/A

Federal Requirements Checklist	Regulation Subsection Number	Report Section
(4) An authorized body **adopts the implementation** strategy on or before May 15th, 2026, which is the 15th day of the fifth month after the end of the taxable year in which the CHNA was conducted and completed, regardless of whether the hospital facility began working on the CHNA in a prior taxable year.	(c)(5)	General Information
Exceptions: Our hospital does not qualify for any exception described in Section (D) for acquired, new, transferred, and terminated facilities.	(d)	N/A