2025 COMMUNITY HEALTH NEEDS ASSESSMENT

NorthBay Health Community Benefit
Board of Directors
November 2025

NorthBay HEALTH

Prepared by

ASR
Helping People
Build Better Communities

Welcome to our 2025 Community Health Needs Assessment (CHNA)

At NorthBay Health, we are a regional nonprofit health system committed to improving the well-being of our communities by providing conveniently accessible, high-quality care. Guided by our True North values, with a focus on equity, collaboration, and continuous improvement, we are proud to serve patients across Solano, Napa, and Yolo counties. Our dedicated team brings this mission to life every day, helping reduce health disparities, expand access, and deliver trusted health care across the region.

Every three years, NorthBay Health conducts a Community Health Needs Assessment (CHNA) to inform strategic investments, shape program development, and guide our efforts. The CHNA provides an important opportunity to collaborate with health systems, public health leaders, nonprofit organizations, and residents in our service area to better understand health disparities and guide our shared efforts to create a more equitable path to care for all.

The priorities outlined in this report reflect the voices and needs of individuals throughout our service area who contributed to its development. Their input has helped shape NorthBay Health's strategy to advance community health. The resulting Implementation Plan serves as a roadmap for the next three years, guiding how we invest resources and expand efforts to reduce inequities across the region.

This report focuses on Solano County. However, NorthBay Health's impact extends across the Northern California region and into neighboring communities that make up our service area.

We hope this report engages you and gives you new perspectives on the needs in our region, while describing the highly meaningful work that we do.

We invite you to read this report, reflect on the challenges in our communities, and consider opportunities for collaborative improvement.

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Executive Summary

Community Health Needs Assessment (CHNA) Background

The Patient Protection and Affordable Care Act (ACA) of 2010, enacted on March 23, 2010, included requirements for nonprofit health care organizations that wish to maintain their tax-exempt status. The provision was subject to regulations finalized on December 31, 2014, and provides guidance related to section 501(r) of the Internal Revenue Code. These regulations mandate that all nonprofit health care organizations must conduct a (CHNA) every three years (U.S. Federal Register, 2014).

The CHNA incorporates input from experts in public health, local health departments, and community members. It is a rich data source for NorthBay Health and partners to understand service area-wide health issues and emerging trends and to inform planning. Community members include representatives of medically underserved populations, minority groups, and low-income individuals. The CHNA must be completed by the final day of the hospital's taxable year, and the hospital must make the CHNA report widely available to the public.

California Legislative Senate Bill 697, enacted in 1994, stipulates that private nonprofit hospitals submit an annual report to the Department of Health Care Access and Information (HCAI) that shall include, but not be limited to, a description of the activities that the hospital has undertaken within its mission and financial capacity to address identified community needs. Furthermore, hospitals shall describe the process by which they involve local government officials and community groups in helping to identify and prioritize the community needs to be addressed.

The 2025 CHNA builds upon the information and understanding that resulted from previous assessments. The CHNA process, completed in fiscal year 2025 and described in this report, will serve as the basis for implementation strategies that are required to be filed with the IRS as part of the hospital organization's 2025 Form 990, Schedule H. The 2025 CHNA meets both state (SB 697) and federal (ACA) requirements.

While the CHNA is a federal and state requirement, at NorthBay Health, we view it as an essential component of our True North values and our commitment to those we serve. The CHNA serves as a vital tool that enables us to identify barriers to care and invest in solutions that will increase health equity, strengthen partnerships, and ensure that every decision we make is guided by the lived experiences of individuals and families across our region.

2025 Prioritized Significant Health Needs

Process and emerging needs

While NorthBay Health's impact extends across the Northern California region, data in this report focuses on residents in Solano County. The CHNA analyzes timely and detailed qualitative and quantitative data across 16 potential health need areas (listed below). The needs of the NorthBay Health service area were identified and prioritized using data from 16 in-depth qualitative interviews with area leaders in sectors such as public health, social services, and education, who represent vulnerable populations, and approximately 89 quantitative metrics. Because these 16 potential need areas were also used by the neighboring health system, Kaiser Permanente, quantitative data from the publicly available Kaiser Permanente data platform were included in this analysis.

Three overarching criteria drove the methods used to identify, analyze, and ultimately rank each of the 16 health need areas. These criteria, developed by neighboring Kaiser Permanente for their most recent community health needs assessment, include:

1. **Magnitude and severity of need**: Includes how measures compare to national benchmarks and the relative number of people affected.

2. **Community priority:** The community prioritizes the issue over other issues.

3. **Clear disparities or inequities**: Differences in health outcomes by geography, race and ethnicity, economic status, age, gender, or other factors.

Scores from 0 (no need) to 4 (very high need) were assigned to each of the 16 health need areas (Access to Care, for example) for every data source. In addition, each data source was assigned a weight of 0-10, with 10 representing the highest quality data source. This resulted in a final "matrix" of health need areas ranked from 1-16.

The following are the health needs listed in prioritized order. The first six in bold are the significant health needs identified for the NorthBay Health service area.

1. **Access to Care**
2. **Mental & Behavioral Health**
3. **Housing**
4. **Income & Employment**
5. **Community Safety**
6. **Education**
7. Food & Nutrition Security
8. Unhealthy Substance Use
9. Transportation
10. Healthy Eating, Active Living (HEAL) opportunities
11. Structural Racism
12. Climate & Environment
13. Family & Social Support
14. Chronic Disease & Disability
15. Cancer
16. Sexual Health

Access to Care. Residents in the NorthBay Health service area, which includes Solano, face challenges getting health care due to a lack of providers, especially ones who meet cultural and language needs. Affordable health care options are also limited. People in remote areas like Rio Vista have an even harder time finding quality care. Older adults face extra difficulties, as they often cannot afford care or have trouble traveling far distances to appointments. The infant mortality rate in the region is higher than the state average, especially for Black residents, Medi-Cal recipients, and people with lower education levels. Residents want more support services offered along with medical care, such as help finding food, housing, and mental health care.

Mental & Behavioral Health. NorthBay Health service area residents face serious mental health challenges, made worse by a lack of providers and long waitlists, especially in remote areas like Rio Vista and Dixon. The COVID-19 pandemic has increased mental health struggles, particularly for school-aged children, with depression and anxiety being the most common issues among youth. High costs and limited to no insurance coverage contribute to the challenges residents face. Additionally, culturally responsive care is also limited for Black, Hispanic or Latino, and Tagalog-speaking communities, with cultural stigma creating a barrier to mental health care. Vulnerable groups like seniors and pregnant or postpartum individuals often lack needed services.

Housing. Residents across the region face affordable housing shortages. Rising rent and mortgage costs, coupled with the high cost of construction expenses, have worsened the housing crisis, making it increasingly difficult to afford housing in the area, especially in the Fairfield area. Concerns about the growing number of individuals who live in temporary homes, shelters, cars, or RVs are backed by the most recent count of people experiencing homelessness in Solano County, which shows an increase of about 40% of unhoused individuals from 2022 to 2024. Housing has been identified as the second most important issue impacting women and children in the region.

Income Employment. While the poverty rates and household income mirror the state averages, residents struggle to find employment that matches their skills and offers a living wage. Residents of Solano County face significant employment challenges, forcing them to seek employment opportunities throughout the Bay Area or take on two or even three jobs to make ends meet. The lack of access to economic opportunities often results in an unequal distribution of financial and economic resources,

disproportionately affecting certain populations like Black residents and youth of color.

Community Safety. Residents in Solano County are increasingly concerned about community safety, especially in lower-income neighborhoods. Communities, especially in Vallejo, face a range of threats, including theft, burglaries, gang activity, drug-related crimes, and gun violence; gun violence death is 35% worse in Solano County compared to the state. The area is highly impacted by the lack of adequate police presence and response, and some residents feel unsafe walking in their own neighborhoods. Additionally, rising violence has increased as individuals in homeless encampments struggle without essential resources. Many students do not feel safe using public transportation or walking to school, and incidents such as fights further contribute to an overall unsafe feeling for students.

Education. Youth in Solano County face significant educational challenges, with the elementary school proficiency rate lagging behind the state average. The educational system struggles with teacher burnout rates, even among younger educators. There are concerns about the lack of diversity among teaching staff, and disparities in the educational system in the NorthBay Health service area are rooted in systemic inequities that

include low-income families facing barriers to preschool access, students with non-traditional pathways, and the diverse needs of students. Vulnerable populations, including foster youth, often face instability in their education due to frequent home transitions.

I. Introduction: About NorthBay Health

CHNA Focus Area: Solano County

Solano County is located approximately 45 miles southwest of Sacramento and 45 miles northeast of San Francisco. The county's main cities and towns are Benicia, Dixon, Fairfield, Rio Vista, Suisun City, Vacaville, and Vallejo.

The total population of Solano County is 446,763. The age of most residents is between 5-74, with 18% of the population age 65 or older. Solano County is racially and ethnically diverse, with 34% of the population white, 28% Hispanic, 16% Asian, 14% Black, 7% mixed race, 1% Native Hawaiian or Pacific Islander, and less than 1% American Indian or Alaska Native. About 33% of households speak a language other than English. Solano County's employment rate is 58%[1]

Geographic Footprint

NorthBay Health serves community members from 17 ZIP codes.

Zip Code	City	Zip Code	City
94510	Benicia	94591	Vallejo
94512	Birds Landing	94592	Vallejo
94533	Fairfield	95620	Dixon
94534	Fairfield	95625	Elmira
94535	Travis Air Force Base	95687	Vacaville
94571	Rio Vista	95688	Vacaville
94585	Suisun City	95694	Winters
94589	Vallejo	95696	P.O. Boxes
94590	Vallejo		

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[1] Solano County Demographics Report
(https://solanocounty.com/civicax/filebank/blobdload.aspx?BlobID=45381) accessed 4/23/25)

Legend

- 🏥 Hospital
- 🩺 Primary Care
- 🏥 Urgent Care Centers
- Ⓢ Specialty Clinic
- 🔧 Occupational Health
- 🏢 Upcoming locations

Winters

Dixon

Napa

Vacaville

Green Valley

Fairfield

American Canyon

Benicia

Rio Vista

NorthBay Health's Definition of "Community Served"

The Internal Revenue Service defines the "community served" as those individuals residing within the hospital's service area. A Hospital Service Area (HSA) includes all residents in a defined geographic area and does not exclude low-income or underserved populations. As noted previously in this report, NorthBay Health serves residents in Solano County, Napa County, and Yolo County, with a concentration of residents in the Fairfield, Vacaville, and Suisun Valley communities.

About NorthBay Health

At NorthBay Health, our leadership is driven by a dedicated team of professionals committed to making an impact across the broader region we serve. Founded in 1959 by a team of civic leaders and physicians, NorthBay Health is a regional nonprofit health care system that serves communities north of the San Francisco Bay Area, including Solano, Napa, and Yolo counties. Our system encompasses two acute care hospitals with a combined total of over 200 beds, a Level II Trauma Center, a modern maternity unit with a neonatal intensive care unit (NICU), advanced critical care units, a comprehensive Cancer Center, four urgent care centers, five primary care locations, and a broad array of outpatient services.

A Long Tradition of Care in the Region

1960
The 32-bed, nonprofit Intercommunity Hospital opens its doors.

2015
NorthBay Medical Center and NorthBay VacaValley Hospital earns the coveted "Magnet" designation for nursing excellence.

2019
A new, state-of-the-art North Wing opens at NorthBay Medical Center in Fairfield.

2025
Magnet with Distinction: Top National Nursing Honor Earned AND Health Honored for Excellent Maternity Care

1987
NorthBay Health opens the 50-bed NorthBay VacaValley Hospital following a $12 million community fund-raising project.

2017
A three-phase Emergency Department expansion begins at NorthBay Medical Center.

2024
Launched ANS.

US News named NorthBay Health top hospital in solano county this year.

#1 Hospital in Solano County.

NorthBay Health provides expert clinical and surgical care across multiple specialties such as cardiology, labor and delivery, general surgery, neurosciences,

oncology, orthopedics, and women's health. Services range from joint replacement to spine surgery, interventional cardiology, complex abdominal procedures, women's services, and wound care. A leader in advanced surgical approaches, NorthBay Health is your destination for minimally invasive robotic procedures supported by state-of-the-art surgical suites, advanced imaging technology, and integrated diagnostics.

Our commitment to clinical excellence, innovation, and patient-centered care enables NorthBay Health to deliver high-quality outcomes close to home. Excellence isn't just a goal, it's a standard reflected in the recognitions NorthBay Health has earned at every level of care. We are proud to be among just 17 hospitals nationwide to achieve Magnet® recognition with distinction for nursing excellence. We were named a "Best Regional Hospital" by *U.S. News & World Report (2024 – 2025)* and earned the distinction of being the #1 hospital in Solano County. Additionally, NorthBay Health achieved "High Performing" status in eight procedure and condition areas, including **Chronic Obstructive Pulmonary Disease (COPD), Heart Attack, Heart Failure, Hip Fracture, Kidney Failure, Maternity Care (uncomplicated pregnancy), Pneumonia, and Stroke.**

NorthBay Health Group, the physician-led medical practice of the NorthBay Health system, is uniquely integrated into the broader NorthBay Health network. This structure allows patients to access coordinated care across primary and specialty services, all within a single, connected system. By offering a continuum of care under one trusted name, NorthBay Health ensures a seamless, convenient experience for patients throughout their health care journey.

As we continue to grow into a leading regional health system, NorthBay Health remains firmly rooted in the community that has shaped our legacy for nearly 70 years. While expanding our reach and services across Northern California, we stay committed to delivering personalized
care that feels familiar, caring, and accessible. Whether patients visit us for routine check-ups, specialty treatment, or complex procedures, they receive expert care backed by the strength of a growing system, yet continually grounded in the values of community, connection, and compassion.

NorthBay Health's Mission, Vision, Pillars, and Values

At NorthBay Health, our mission, vision, and values form the foundation of who we are and how we serve. Together, they shape our culture, guide our decisions, and define how we care for our patients and communities.

We are guided by our **True North** values, a clear and concise commitment to compassion, collaboration, integrity, accountability, and excellence in every interaction. These values anchor our organization and inspire us to deliver the highest quality care while advancing health equity across the region.

Mission

To improve the well-being of our communities by providing conveniently accessible, high-quality care.

Vision

To be the trusted health care partner of choice for the communities we serve.

Pillars

| Driving Innovation | Growth & Access | People & Culture | Cultivating Partnerships | Financial Stewardship |

Values

EMBRACING OUR "TRUE NORTH"

TRUE North

N **Nurture** | Compassion
Care

We are committed to demonstrating compassionate and individualized care for every patient, ensuring their physical and emotional well-being is at the heart of everything we do.

O **Own it** | Accountability

Both individually and collectively, we hold ourselves accountable for our decisions, actions, and results. We are committed to bringing our best self on a daily basis.

R **Respect** | Teamwork
Relationships

Collaboration across our health system is a priority. We foster a respectful and inclusive environment, valuing each team member, patient, and community member, promoting collaborative and supportive interactions.

T **Build** | Integrity
Trust

We are committed to uphold honesty and integrity in all our actions, ensuring that our patients and stakeholders are well-informed and trust in our commitment to ethical practices.

H **Hardwire** | Excellence
Excellence

We embrace excellence in health care with a focus on constant improvement. We deliver high-quality, patient-centered, ethical health care.

NorthBay Health System – Facilities & Services

NorthBay Health Medical Center

With more than 60 years of service to Solano County, this 154-bed nonprofit hospital is a designated Level II Trauma Center offering 24/7 emergency care. Key services include a modern maternity unit, Level III NICU, advanced imaging, cardiac cathertization, stroke care, an accredited Chest Pain Center, a robust heart and vascular program, and state-of-the-art surgery.

NorthBay Health Specialty Clinics and Services

We offer advanced specialty care across key areas led by clinical and surgical specialists recognized for excellence in their fields:

- *Cancer Care:* Accredited by the American College of Surgens, our center supports patients from diagnosis to remission.

- *Cardiology:* The county's only comprehensive heart center, with advanced services like TAVR and an accredited Chest Pain Center.

- *General Surgery:* Robotic-assisted and minimally invasive options for hernia, gallbladder, colon, and more.

- *Neuroscience:* Expert care for complex neurological disorders such as epilepsy, migraines, brain injury, scoliosis, brain tumors, and movement disorders.

- *Orthopedics:* Treatment for joint, bone, and spine issues, including surgery and rehab.

- *Women's Health:* A full range of services from adolescence through menopause.

NorthBay Health VacaValley Hospital

Located in Vacaville, this 50-bed nonprofit hospital provides emergency care, 44 medical-surgical beds, six ICU beds, two operating suites, lab services, and advanced imaging, meeting the growing needs of Vacaville and surrounding communiuties.

NorthBay Health Primary Care

With locations in Solano County (Vacaville, Fairfield, and Dixon), Napa County (American Canyon), and a new site opening in Winters in summer 2025, patients can access same-day appointments and the My NorthBay Doc portal for easy scheduling.

NorthBay Health Urgent Care

For immediate care that doesn't require the ER, NorthBay Health offers convenient urgent care centers across Solano, Napa, and Yolo counties. With locations in Fairfield, Dixon, Vacaville, American Canyon, and Winters – with more planned by the end of 2025 - our clinics treat non-life-threatening illnesses and injuries seven days a week. Walk-ins are welcome.

NorthBay Health + Western Health Advantage

Western Health Advantage (WHA) is a nonprofit HMO serving more than 100,000 members across Northern California, with a strong focus on affordability and access to high-quality care. As a proud WHA co-founder and partner, NorthBay Health gives patients access to an extensive network of trusted physicians, specialists, and hospitals – all close to home.

Recognitions of Excellence

MAGNET with Distinction

This designation, earned by only 17 hospitals in the U.S., honors elite health care organizations that exhibit nursing excellence and address emerging challenges.

Center of Excellence in Robotic Surgery

NorthBay Medical Center was named a Center of Excellence in Robotic Surgery by the Surgical Review Corporation (SRC), underscoring how our patients receive the highest quality and safest care during state-of-the-art and innovative robot-assisted surgeries.

Chest Pain – MI Registry®

NorthBay Health received the American College of Cardiology's NCDR Chest Pain– MI Registry Performance Achievement Award for 2025. We are proud to be one of only 400 hospitals nationwide to receive this distinguished honor having demonstrated sustained achievement in specific performance measures reported in the Chest Pain–MI Registry. Registry participation engages hospitals in a robust quality improvement process where using data helps identify and drive improvement effort and ensures

NorthBay Health Honored for Excellent Maternity Care

NorthBay Medical Center was recognized by *Money Magazine* as one of the Best Hospitals for Maternity Care of 2025.

Excellence in Maternity Care

NorthBay Medical Center has been recognized for exceptional maternity care, earning a "High Performing rating in U.S. News and World Report's 2025 Best Hospitals for Maternity Care for the fourth consecutive year. We have also proudly maintained our Baby-Friendly designation for outstanding breastfeeding care since 2014, making us the only hospital in Solano County

II. Process and Methods

Defining Health Need Areas

Prior to any data collection, 16 health need areas, derived from the County Health Rankings Model of Health, guided which metrics were used in this CHNA.[2] The 16 health need areas used in this assessment are strong indicators of clinical, social, and environmental factors that all contribute to a person's and, ultimately, a community's, overall health.

Data and Sources

Applied Survey Research (ASR) collected, reviewed, and analyzed qualitative and quantitative data for this assessment. For a full list of sources used in or reviewed for this analysis, see Appendix A: Key Informant Interview Participant List, Appendix B: Secondary Data Definitions and Sources from Kaiser CHNA Data Platform, and Appendix C: Additional Secondary Data Sources.

Primary Data: Key Informant Interviews

ASR collected extensive qualitative data between February 2024 and November 2024. Qualitative data included 16 in-depth qualitative interviews with area leaders in sectors such as public health, social services, and education. Interviewees were selected based on their expertise as leaders in the community and their understanding of the challenges faced by vulnerable populations. Interviewees completed a pre-interview survey (see Appendix D) before the interview, and the interviews followed the Key Informant Interview Protocol (see Appendix E).

Secondary Data

To measure each of the 16 health need areas, this assessment uses many of the individual validated metrics used by the County Health Rankings model. These individual metrics are known indicators that measure a health need area. For example, the number of primary care physicians in an area helps measure "Access to Care". With this guidance on metrics, this assessment uses over 100 individual metrics to identify and prioritize health needs. For a complete list of metrics, along with their definitions and sources, see Appendix B: Secondary Data Definitions and Sources from Kaiser CHNA Data Platform, and Appendix C: Additional Secondary Data Sources.

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[2] https://www.countyhealthrankings.org/

Because these 16 potential need areas were also used by the neighboring health system, Kaiser Permanente, this CHNA utilizes data from the publicly available Kaiser Permanente data platform that includes 89 quantitative metrics for their nearly geographically equivalent Vacaville service area and Solano County portion of the Vallejo service area. [3] The quantitative data reported in this CHNA are derived mainly from the publicly available data platform developed by neighboring Kaiser Permanente. [4]

Prioritization Process

This section describes the process used to determine the ranked order of the health need areas from 1 (most needed) to 16 (least needed), knowing that all health need areas are important. The prioritization process was informed by the overarching goal to prioritize a health need area based on three main criteria:

1. **Magnitude and severity of need**: Includes how measures compare to state or national benchmarks and the relative number of people affected.

2. **Community prioritizes the issue**: The community prioritizes the issue over other issues.

3. **Clear disparities or inequities**: Differences in health factors or outcomes by geography, race/ethnicity, economic status, age, gender, or other factors.

Identifying a Health Need

To identify health needs in the qualitative data, transcripts and/or interview notes were analyzed, coded, and reviewed to count the number of mentions for each health need area during an interview. The scores based on mentions were summed, summed scores were normalized, and a ranking was assigned to each health need area. This resulted in rankings from 1-16 for all interview data.

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[3]

https://public.tableau.com/app/profile/kp.chna.data.platform/viz/2025CommunityHealthNeedsDashboardreportversion/1a_StartHere?publish=yes

[4]

https://public.tableau.com/app/profile/kp.chna.data.platform/viz/2025CommunityHealthNeedsDashboardreportversion/1a_StartHere?publish=yes

Quantitative data did not need to be "identified" because metrics were pre-selected, or identified, because they were part of the County Health Rankings model and the Kaiser Permanente data platform, which uses these same metrics. [5]

Prioritizing Health Needs

Prioritization of the 16 health need areas occurred by first assigning scores from 0 to 4 for each health need area for each data source.

Health Need Area – Possible Need Level Score (assigned to each of the 16 health need areas for every data source used)	Possible Score for each health need across each data source
0	No need
1	Low need
2	Moderate need
3	High need
4	Very high need

Scores of 0 indicated no mention of a particular need area from a particular source (a qualitative interview, for example, with no mention of Climate and Environment). Scores of 1-4 were calculated for other data sources for quantitative data sources if a certain number of metrics in a health need area were 20% worse than the national benchmark. Qualitative data sources used counts of mentions of topics added across all interviews; for example, then the quartiles were calculated to assign scores of 1 (raw score in the lowest quartile) to 4 (raw scores in the highest quartile).

Weighting Data Sources

After assigning scores to each health need area across each data source, weights were also assigned to each data source, for example, due to differences in how up-to-date the data was or how well it spoke to all areas of need. Using a weighting scheme meant stronger sources contributed more to the results.

A set of criteria was defined to first prioritize each data source. A score of 1-10 was assigned to each data source (key informant interviews, for example, received a 10). Each source was reviewed and a partial weight of 0-2 was assigned for each data source criterion, with a total possible weight of 10. Data source scores are detailed in Appendix F.

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[5] https://www.countyhealthrankings.org/

Data Sources Prioritization - Scoring Criteria

Data Source Prioritization Criteria	Possible Score
Perceived validity and rigor	0-2
Timeliness	0-2
Geographic granularity and/or specificity	0-2
Addresses all health needs	0-2
Uniqueness to the community	0-2
TOTAL WEIGHT for Data Source	**0-10**

After each data source's weight was determined, data sources that provided data collectively for Solano and Napa County combined had their original weight cut in half. This ensured that data sources that reported only for Solano County residents (not residents outside the county) remained the main drivers of this assessment scoring but available data were utilized.

Final Prioritization Scoring

Each of the health need area scores (0-4) was multiplied by the weight assigned to each source (1-10), and each of those products was summed to create a health need area's final score. These 16 raw scores were normalized so they could be ranked from 1-16 to produce the results in this CHNA report.

The following are the health needs listed in prioritized order. The first six in bold are the significant health needs identified for NorthBay Health service area.

1. **Access to Care**
2. **Mental & Behavioral Health**
3. **Housing**
4. **Income & Employment**
5. **Community Safety**
6. **Education**
7. Food & Nutrition Security
8. Unhealthy Substance Use
9. Transportation
10. Healthy Eating, Active Living (HEAL) opportunities
11. Structural Racism
12. Climate & Environment
13. Family & Social Support
14. Chronic Disease & Disability
15. Cancer
16. Sexual Health

Public Comments from Previously Conducted CHNAs

Regulations require nonprofit hospitals to include written public comments on their previously conducted Community Health Needs Assessments (CHNAs) and the most recently adopted Implementation Strategies. NorthBay Health's 2022 CHNA was made publicly available, and the community was encouraged to submit written feedback on both the CHNA and the Implementation Strategies. These documents were accessible both within the reports themselves and on the NorthBay Health website. To facilitate public input, a dedicated email address (feedback@northbay.org) was established to receive and respond to comments. However, no written comments were submitted.

III. Prioritized Significant Health Needs

The following significant health needs identified for NorthBay Health service are listed below in prioritized order. They are each explained in detail below.

1. Access to Care

2. Mental & Behavioral Health

3. Housing

4. Income & Employment

5. Community Safety

6. Education

See examples of resources to address these significant health needs in Appendix G.

Access to Care

Access to care means individuals can obtain the health care services they need in a timely, affordable, and effective manner. It includes the availability of services, as well as culturally and linguistically appropriate support. Additionally, it ensures that care is comprehensive and provided by qualified professionals, meeting high-quality standards.

Overview of access to care

Many in the NorthBay Health service area find it difficult to get medical care. Key informants explained that provider shortages are a big part of the problem, with people often waiting months for appointments. Also, once they schedule an appointment, the time spent with the doctor is usually short.

Key informants also reported:

- Older adults, people with low income, and those who do not qualify for Medi-Cal do not have affordable health care options.

> "Wait times are long, and depending on the economic situation, the wait is even longer."
>
> - Community leader

- The lack of culturally and linguistically responsive resources makes accessing care even harder, especially in a diverse area like Solano County.

- Residents desire medical appointments that address both physical and other needs, such as securing healthy food, stable housing, and accessible mental health services.

- Remote areas like Rio Vista and Dixon have few health care facilities, making it harder for residents in these areas who need care to get it.

> "[Rio Vista] used to have … medical clinic[s]. [Now] people can't get to the doctor."
>
> - Community leader

Even though the NorthBay Health service area has higher overall insurance coverage than the state average, multiracial and Hispanic or Latino residents have much lower coverage rates compared to the overall population.[6]

Access to care is worse for older adults

Key informants explained that older adults have significant challenges with health care access and affordability. Older adults find it harder to travel to reach health

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[6] Race Counts, Health Care Access Dashboard (www.racecounts.org/issue/health/; accessed 10 Dec 2024)

care facilities, especially if they can no longer drive. Many are also hesitant to use telehealth services, and video appointments may not be appropriate for all patients.

One person interviewed shared that older adults frequently visit emergency rooms for conditions that could have been managed at home. However, home health care services are often too expensive, leaving them with limited options for care.

Disparities in infant mortality

Over the last decade, infant deaths have declined in Solano County. However, certain groups, such as Black residents, those whose highest level of education is a high school diploma, and Medi-Cal recipients, experience

> "Prenatal care access is an issue, as many hospitals that take Medi-Cal closed, especially in Vallejo."
>
> - Community leader

higher infant mortality rates than the county overall. The figure below shows infant mortality rates for Solano County as well as groups experiencing higher infant mortality rates.

Figure 1.   Infant Mortality Rates per 1,000 Live Births, Solano County, 2019-2021
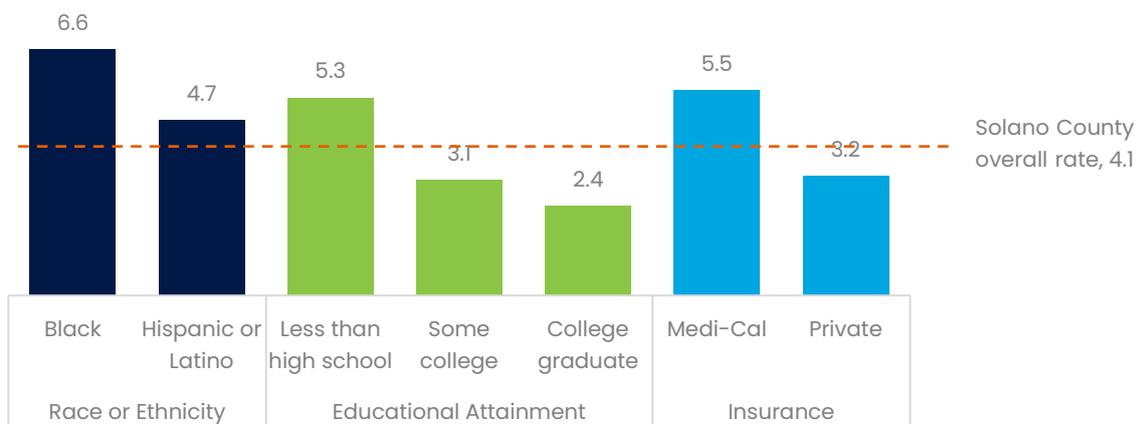
Source: CA Department of Public Health, Infant Mortality Dashboard (cdph.ca.gov; accessed Dec 18, 2024).

Community strengths

Key informants appreciated the strong partnerships between Solano County, community clinics, hospitals, and local organizations in the NorthBay Health service area. They said these groups work together to provide referrals and services, especially for people with little or no health coverage. They also highlighted that Solano County's mobile clinics help enhance accessibility to health care services for residents in the area.

Mental & Behavioral Health

Mental and behavioral health play a vital role in overall well-being, influencing physical health, the ability to work and succeed in school, and meaningful participation in family and community life. Common measures include access to mental health services, levels of stress, and rates of suicide.

Overview of mental and behavioral health in the NorthBay Health service area

Mental health resources and services are in high demand in the NorthBay Health service area. Key informants stated that provider shortages and long waitlists are major barriers to getting mental health services. They explained that the problem is even worse in rural areas like Rio Vista and Dixon, where it is hard to find licensed specialists.

Additionally, key informants reported that for youth:

- The COVID-19 pandemic made the severity of mental health needs and the challenges of accessing mental health services worse, especially for school-aged children.

> "The severity of mental health is becoming more prominent."
>
> - Community leader

- Depression and anxiety are among the most frequently observed mental health issues among youth.

The suicide death rate, a strong measure of mental health, is higher in the NorthBay Health service area than in the state overall.

Navigating the system and paying for services limit access

The health care system can be difficult for people to navigate. Key informants shared concerns that many individuals do not know where to begin and often do not get the help they need to gain access to mental health services. Key informants pointed out that those with private insurance or those who do not qualify for Medi-Cal desire expanded mental health care that covers more mental health services. They cited that paying for

> "I have a family member who has a mental illness, and she went to a crisis center because her health insurance wouldn't pay for [crisis intervention]."
>
> - Community leader

mental health services out-of-pocket is expensive and many cannot afford it.

Access to mental and behavioral health care disparities

Given the diversity of Solano County, key informants highlighted that there is not enough care in the NorthBay Health service area to meet the cultural and linguistic needs of its residents. They reported this to be especially true for Black and

Hispanic or Latino communities, as well as Tagalog speakers. Cultural stigma against seeking and receiving mental health services makes the problem worse, preventing some community members from getting the mental health services they need.

The figure below shows the percentages of Solano County adults by race and ethnicity who received help for mental or behavioral health or substance use. The overall total for the county is 56%, and 57% for the state, but the percentage differs across race and ethnicity, with people who are Multiracial and Latinx being the least likely to get the help they need.

Figure 2.   Solano County Adults Who Got Help for Mental/Emotional or Alcohol/Drug Use, 2011-2022
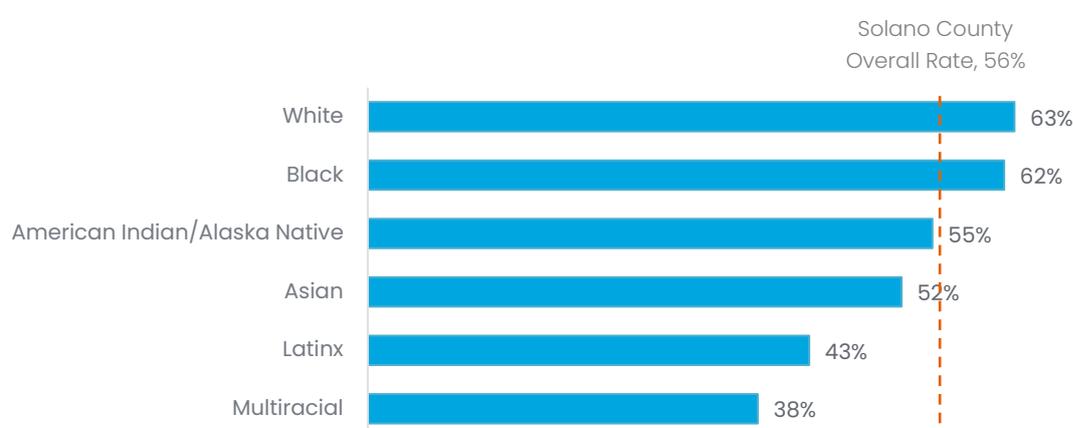
Source: Race Counts, www.racecounts.org/county/solano/, California Health Interview Survey

Additional community insights on mental and behavioral health

Key informants mentioned unique mental health challenges for seniors, including increases in Alzheimer's-related needs that the county is not prepared to handle.

Informants shared that pregnant and birthing individuals are experiencing pre- and post-partum mental health challenges, especially with depression.

Community strengths

Community leaders value the diversity in Solano County, recognizing how having a diverse population positively impacts mental health by fostering a sense of connection and belonging. They also highlighted the availability of green spaces, which provide opportunities for walking, enjoying nature, and relaxing.

Housing

Housing refers to the impact that access to safe and secure housing can have on the health and well-being of a person. Indicators include housing costs and homeownership rates.

Overview of housing in the NorthBay Health service area

Residents of the NorthBay Health service area are facing persistent affordable housing shortages, according to key informants. While Solano County remains one of the most affordable options in the Bay Area, many families cannot afford the growing housing prices, especially as wages fail to keep pace with housing costs.

Rent and mortgage costs, coupled with the high cost of construction expenses, have worsened the crisis, making it increasingly difficult to afford housing in the area. Some households, especially in the Fairfield area, are spending more than 50% of their income on housing. These households are labeled as having a "severe housing burden," shown in dark blue in the map below.

Figure 3. Solano County Severe Housing Cost Burden, by ZIP code, 2017–2021
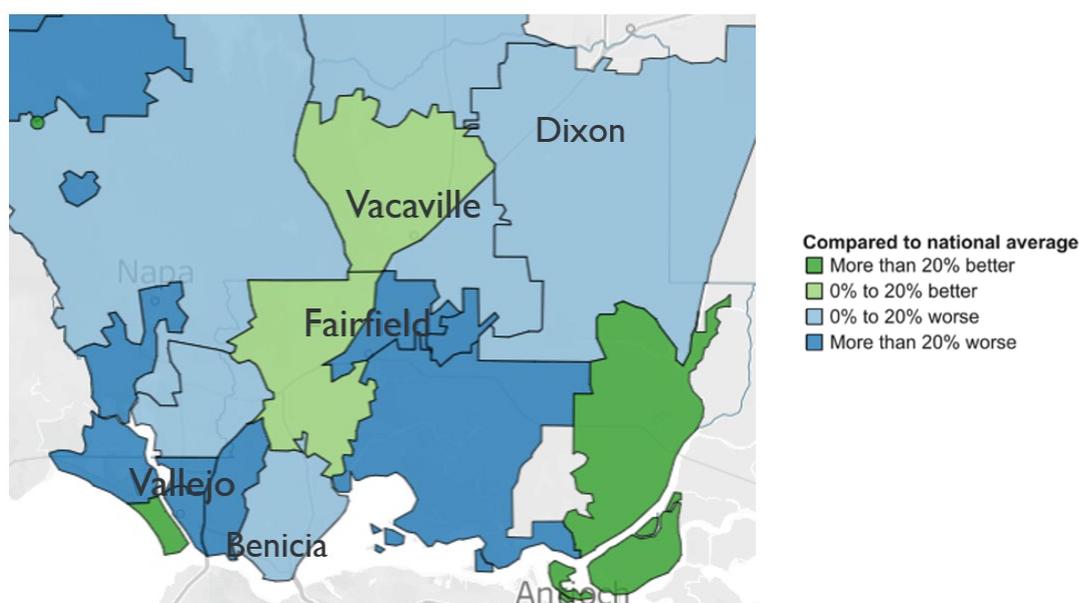
Source: Kaiser Permanente Health data platform, Esri Demographics

Homelessness is on the rise

Homelessness is a key issue in the NorthBay Health service area. The most recent count of people experiencing homelessness in Solano County shows an increase

of about 40% from 2022 to 2024.[7] Key informants raised concerns about the growing number of individuals who live in temporary homes, shelters, cars, or RVs. Overcrowded housing has also become a significant challenge, with many individuals being forced to share cramped spaces. The growing shortage of shelters and long waitlists for affordable housing make it difficult to find stable housing. Residents mentioned that the lack of trust in the housing support system, in addition to delays in connecting people to housing, further complicates the issue of homelessness in the area.

> "There isn't enough affordable housing; there aren't enough resources to fill the gap in between."
>
> – Community leader

Disparities in housing access for women and children

Women, especially those with children, face pronounced disparities in accessing housing as they struggle with rising costs and limited inventory. In fact, housing has been identified as the second most important issue impacting women and children in the region.[8]

Data from the NorthBay Health service area shows that a higher percentage of women experience a moderate or severe housing burden (more than 30% to 50% of household income spent on housing).[9]

Additional community insights on housing

Key informants shared that rising housing prices and stagnant wages are forcing people out of their communities. Even in relatively more affordable regions in the service area, many families face significant challenges as the growing disparity between wages and housing costs continues to threaten residents' financial stability. Community members specifically called out that older citizens and younger couples are disproportionately affected by these soaring prices and high mortgage rates.

> "I've seen families pushed out where it was affordable housing apartments that the owners have upgraded and then literally doubled the rent. And so we've seen a lot of families then lose housing."
>
> – Community leader

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[7] Solano County Continuum of Care, Housing First Solano, 2024 Point-in-Time Count Final Report. (housingfirstsolano.org, accessed 27 Feb 2025)

[8] Solano County Health and Social Services Department, Public Health Division, Maternal Child & Adolescent Health Bureau, Report: Maternal Child and Adolescent Health Five Year Needs Assessment 2020-2024

[9] Bay Area Equity Atlas, Data year 2020. (bayareaequityatlas.org, accessed 17 Dec 2024)

Community strengths

Despite Solano County's limited resources, informants highlighted that openness to exploring new partnerships and coalitions is a significant strength. This collaborative spirit fosters innovative problem-solving, offering the potential to address pressing challenges such as housing.

Income & Employment

Income and employment impact people's ability to afford basic necessities such as food and shelter. It also impacts mental health, quality of life, and sense of purpose. Indicators include children living in poverty, unemployment rates, and poverty rates.

Overview of income and employment in the NorthBay Health service area

Residents in the NorthBay Health service area face significant challenges in accessing local, well-paying jobs. While the poverty rates and household income mirror the state average, key informants noted many residents struggle to find employment that matches their skills and offers a living wage. Many are forced to seek work outside of Solano County, which is often hindered by high gas prices and long commute times. Unemployment is highest in Dixon and parts of Fairfield and Vallejo, shown in dark blue on the map below.

Figure 4.   Solano County Unemployment Rates, by ZIP code, 2022
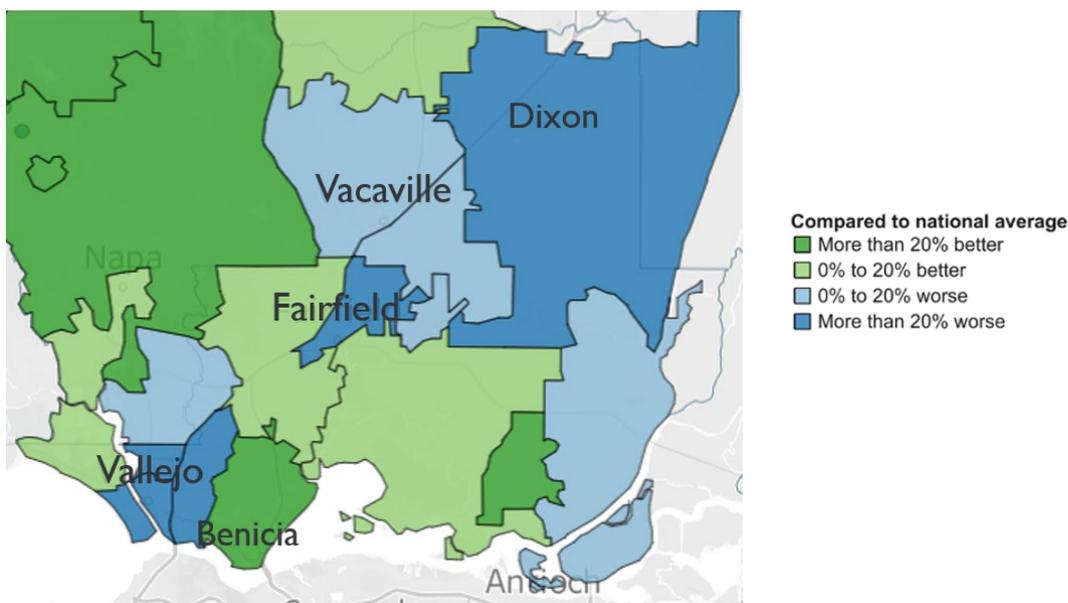
Source: Kaiser Permanente Health data platform, Esri Demographics

More high-quality jobs are needed in the area

According to key informants, residents of Solano County face significant employment challenges, forcing them to seek employment opportunities throughout the Bay Area. Limited job opportunities force many individuals to take on two or even three jobs to make ends meet.

> "The wages have not caught up to the high cost of living in Solano County."
>
> - Community leader

A higher percentage of workers in the NorthBay Health service area drive alone with commutes longer than 60 minutes compared to the state and the nation. Complications like commuting long distances, navigating heavy traffic, and paying high gas prices have an impact on household financial decision-making. Key informants named limited childcare options as a consequence of their long commute times.

Racial and ethnic disparities in job attainment and advancement

Racial and ethnic disparities in job attainment and advancement in the NorthBay Health service area are often driven by structural barriers and underlying biases. Key informants highlighted that the lack of access to economic opportunities often results in an unequal distribution of financial and economic resources, disproportionately affecting certain populations like Black residents. Additionally, youth of color face barriers to attaining quality jobs.

> "There really are genuine barriers to non-white children in our county getting into high-paying jobs."
>
> - Community leader

Key informants described a lack of diversity in managerial positions. Positions of authority are predominantly occupied by white males, and Black residents often encounter barriers to achieving promotions. Additionally, community leaders reported that structural racism and systemic inequality lead to trust issues, particularly among people who are Black, further perpetuating cycles of inequity. This lack of representation can be seen, for example, in the Dixon city council, where a majority of the population is people of color, yet the city council is made up of only white residents.[10] Hispanic or Latino residents have the least representation as managers or officials in the city of Vacaville.[11]

Additional community insights on income and employment

Despite Solano County's relative affordability compared to other areas in the region, key informants shared that many families struggle due to the widening gap between wages and housing costs. The pandemic exacerbated these challenges, forcing the closure of local businesses that once provided critical employment opportunities.

Key informants said that residents face increasing pressures to meet basic needs like food and shelter. Food insecurity remains a pressing issue, as food deserts

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[10] Policy Link article, August 2021, "More People of Color Are Running For and Winning Local Offices, But Bay Area Electeds Still Do Not Represent the Region's Diversity", www.policylink.org/Electeds2021, Accessed 30 Jan 2025.

[11] Race Counts, Employment as Officials or Managers per 1,000 people. www.racecounts.org/city/vacaville, Data American Community Survey 2014-2018. Accessed 6 Feb 2025.

have emerged due to some major grocery store closures. Additionally, while public assistance programs like CalFresh and CalWORKs exist, many residents may not qualify for assistance.

Community strengths

Community members highlighted the strong partnerships among organizations as a key asset, emphasizing the desire to collaborate effectively to address community needs. They pointed to a shared sense of community and a collective passion for progress, with partners working together to make a meaningful impact.

Community Safety

Community safety is the degree to which residents are protected from violence, injury, and harm within their community, factors that directly impact their well-being and ability to live healthy lives. Examples of indicators of community safety include rates of injury-related deaths, such as motor vehicle accidents, and violent crimes, such as gun violence, domestic violence, aggressive policing practices, and safety in schools.

Overview of community safety in the NorthBay Health service area

Residents in the NorthBay Health service area are increasingly concerned about community safety, especially in lower-income neighborhoods. Communities, especially in Vallejo, face a range of threats, including theft, burglary, gang activity, gun violence, and drug-related crimes. The firearm death rate is 35% worse in this service area compared to the state, as shown in the chart below. According to a 2023 newspaper article, Solano County ranks as the fifth deadliest county in the state for gun homicide rates.[12] Most of these deaths occur within Vallejo city limits.

Figure 5. Firearm Death (per 100,000 population), 2016-2020

	CA State	Solano County
	8	10.8

35% worse than state
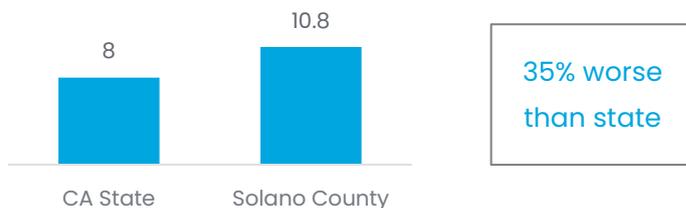
Source: National Vital Statistics System

Need for improved police response

Key informants reported that community safety in the NorthBay Health service area is highly impacted by the lack of adequate police presence and response. They spoke about the difficulty receiving immediate assistance when calling 911, which then leaves the community vulnerable. As a result, many residents are taking steps to protect their homes by installing security cameras.

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[12] Times-Herald, August 2023, Report: Solano has highest gun homicide rate in Bay (accessed 05 Nov 2024)

Disparities: More safety needs in low-income communities

Community safety in the NorthBay Health service area, particularly in low-income communities, is a pressing concern of key informants. These communities often experience heightened security issues, with residents feeling unsafe walking in their own neighborhoods. Additionally, rising violence has increased as individuals in homeless encampments struggle without essential resources.

> "[Community safety] continues to be a challenge for some of our neediest families. And again, it's one of those risk factors that contributes to families being in crisis."
>
> – Community leader

Additional community insights on community safety

Key informants shared that many students do not feel safe using public transportation or walking to school. Within schools, incidents such as fights further contribute to an overall feeling of being unsafe. While schools have a police presence intended to maintain safety, this can sometimes be perceived negatively, potentially impacting students' sense of security and trust.

> "Some of the schools have a police presence in school that can sometimes have the opposite effect on safety and can be activating to some of the kids."
>
> – Community leader

Community strengths

Despite rising community safety concerns within the NorthBay Health service area, there is notable progress in some select regions. Key informants highlighted Fairfield, Rio Vista, and Winters as areas where residents increasingly feel safer, reflecting a positive change in local safety efforts.

Education

Education refers to access to quality schooling and educational systems that provide supportive learning environments. This includes preschool enrollment through college education.

Overview of education in the NorthBay Health service area

Youth in the NorthBay Health service area face significant educational challenges, with the elementary school proficiency rate lagging behind the state average. From preschool to college, students experience barriers that hinder their educational journey. Recognizing these struggles, community leaders emphasized the need for more support and resources for post-secondary education.

Teacher burnout and shortage

According to key informants, the educational system in the NorthBay Health service area struggles with critical challenges, including high teacher burnout rates, even among younger educators. Key informants also raised concerns about the lack of diversity among teaching staff, which not only affects workplace dynamics but also limits students' opportunities to see themselves represented by their educators.

> "I am concerned about the lack of diversity amongst our teaching staff and all of our educational staff."
>
> - Community leader

Disparities in education access and resources

Key informants reported that disparities in the educational system in the NorthBay Health service area are rooted in systemic inequities, with resource distribution currently tied to local wealth and property taxes.

> "Education is becoming an issue of equity. If a county has a [high] property tax, it has a great surplus of resource availability."
>
> - Community leader

These inequities span from early childhood to post-secondary education. Low-income families face barriers to preschool access due to high costs, restrictive income qualifications, and insufficient childcare enrollment slots. This early education experience impacts grade-school-level performance, and children who fall behind early on are at much greater risk of not graduating from high school. In addition, we see high school graduation rates and, thus, school experiences, varying by race and ethnicity. See Figure 6 below.

Figure 6.   Solano County Graduation Rates, 2022-23
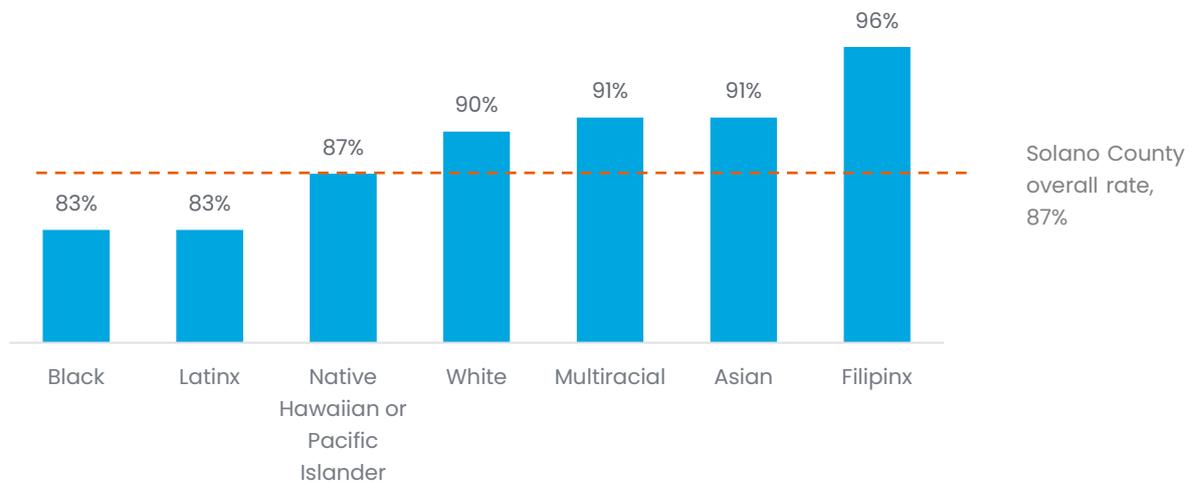
Source: Race Counts, www.racecounts.org/county/solano/, CA Dept of Education

Key informants also highlighted that the education system disproportionately neglects non-traditional pathways and the diverse needs of students. Vulnerable populations, including foster youth who often face instability in their education due to frequent home transitions, are particularly underserved and receive inadequate support.

Despite these known barriers, key informants noted that education remains a critical tool for empowering certain groups, like justice-impacted youth reintegrating into the community and gaining new perspectives for healing and growth.

Additional community insights on education

Mental health, safety, and resource allocation are pressing issues for students in the NorthBay Health service area, according to key informants. While some schools have implemented "safe spaces" to address on-campus mental health concerns, there is currently a pressing need for more support. Broader safety issues, including the presence of police in schools, contribute to concerns about the overall school environment.

Community strengths

Key informants highlighted the collaboration between the education system, local organizations, and other government agencies. They specifically mentioned strong partnerships between schools and businesses to create career pathways. They also called out community diversity as a significant strength, fostering an inclusive and supportive environment for youth.

IV. NorthBay Health Community Benefit Plan 2022

Purpose

Embracing community wellness, each year NorthBay Health partners with nonprofit organizations, educational institutions, public safety agencies, as well as the Solano Public Health Department, to conduct activities to build facilities and to operate programs that directly and indirectly improve the quality of life of local residents. The goal of each of these partnerships is to encourage healthy behavior and, therefore, address the needs identified in the needs assessment.

List of Prioritized Significant Health Needs.

The following six health needs were determined to be significant (in prioritized order):

1. Access to Care
2. Housing
3. Income & Employment
4. Mental & Behavioral Health
5. Community Safety
6. Transportation

Implementation results

The following describes examples of the strategy, tactics, and approaches NorthBay Health utilized to address all six significant health needs identified in the 2022 Community Health Needs Assessment. Additionally, NorthBay Health Community Benefit granted $140,000 in 2023 and $114,000 in 2024 in grants to community-based organizations and sponsorships.

Access to Care

Program	Charity Care
Description	NorthBay Health opened as Intercommunity Hospital in 1960 to care for everyone in the community, regardless of

	their ability to pay for services. Health care, from the emergency department to specialty care to hospice, is often provided free or at reduced prices to low-income patients. NorthBay Health, as the leading safety net health system in Solano County, is a disproportionate share hospital, meaning it provides the bulk of care to those who are uninsured or underinsured in the community. Charity care provided by NorthBay Health is essential to local residents having access to high-quality care and services.
Measurable Success	NorthBay Health continues to provide Charity Care support via a financial assistance program with more information accessible on NorthBay Health's website. Between 2023 and 2024, NorthBay Health provided support totaling over $7 million through the Charity Care program.

Housing

Program	Opportunity House
Description	As a financial supporter of the Opportunity House shelter, operating under the auspices of Vacaville Solano Services Corporation (VSSC), NorthBay Health is supporting the leading homeless advocacy organization in Vacaville. It has provided safe, temporary housing and a sober work-to-housing program to homeless individuals and families since 1990.
Measurable Success	In May of 2023 NorthBay Health donated $25,000 to the Opportunity House.

Income & Employment

Program	Salvation Army Kroc Center of Suisun City
Description	NorthBay Health financially supports the programs of the Kroc Center in the low-income neighborhoods of Suisun City operated by the Salvation Army.

Measurable Success	In fiscal year 2024, the Kroc Center served 24,366 households and 65,111 people. NorthBay Health donated $2,000 in 2024 for the Red Kettle Kick-Off Event. In addition to NorthBay Health's financial contributions to the Salvation Army, NorthBay Health has a seat on the Advisory Board. With this position, NorthBay Health members regularly attend monthly meetings, provide input on issues, provide creative support, attend and volunteer at events such as food packing days during the holiday season, attend the Back to School fairs, and adopt a family during the holidays.

Mental & Behavioral Health

Program	Address the behavioral health needs of the local homeless population, including patients post-discharge from local hospitals
Description	NorthBay Health worked with Solano County Health & Social Services as it opened its a new mental health services unit on Beck Avenue in Fairfield. The facility created more access to services for discharged patients from NorthBay's emergency services departments.
Measurable Success	NorthBay Health leaders have been and currently are chairs of the Behavioral Health Advisory Board (to the Solano County Board of Supervisors) for the past eight years. NorthBay Health has already successfully, and continues to, leverage community services to decrease homeless patients length of stay.

Community Safety

Program	Participate in California Perinatal Quality Care Collaborative (CPQCC) and California Maternal Quality Care Collaborative (CMQCC)
Description	Understanding how NorthBay Health's maternity care practices and outcomes differ by race/ethnicity is an essential step in working toward birth equity. CMQCC has adopted the definition of birth equity put forward by Joia

	Adele Crear-Perry, M.D., Founder and President of the National Birth Equity Collaborative: "The assurance of the conditions of optimal births for all people with a willingness to address racial and social inequities in a sustained effort."
Measurable Success	NorthBay Health's Labor and Delivery staff have and continue to review birth equity data from a quality improvement stand-point. Physician and nursing leaders discuss and collaborate on ways to continuously focus on birth equity and the needs of this patient population.

Transportation

Program	Health Care Lyft Option
Description	While NorthBay Health does not have the scope or authority to address overall transportation issues in Solano County, it does maintain a program intended to assist patients struggling with transportation needs. A social services representative meets with each patient to determine their needs and connects them to services, if appropriate. Each year, NorthBay Health pays thousands for a Health Care Lyft option that is free for patients to travel to and from Emergency Department visits and for follow-up appointments.
Measurable Success	NorthBay Health spends over $5,000 monthly on transporting patients who need financial assistance, via Lyft.

V. About the Researcher

Founded in 1980, Applied Survey Research (ASR) is a nonprofit social research firm based in Central and Northern California whose mission is to conduct community-based research and evaluation services that help people build better communities. ASR's award-winning services, including community assessments, strategic planning, program design, and program evaluation, focus on strengthening the capacity of our partners to achieve their goals.

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VI. Appendices

A. Key Informant Interview Participant List

B. Secondary Data Definitions and Sources from Kaiser CHNA Data Platform

C. Additional Secondary Data Sources

D. Key Informant Pre-Interview Survey

E. Key Informant Interview Protocol

F. Data Source Weighting Criteria

G. Resource list

Appendix A. Key Informant Interview Participant List

	Affiliation	Number of participants	Perspectives represented	Role	Date of interview
1	Aldea Children & Family Services	1	Mental health sector, racial or ethnic groups that experience disparate health outcomes, people who have low incomes, children and youth, people identifying as LGBTQ+, people not proficient in English	Leader	5/1/2024
2	Children's Network of Solano County	1	Community safety sector, racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people experiencing homelessness, children and youth, people identifying as LGBTQ+, people not proficient in English, recent immigrants, and/or people who are undocumented	Leader	5/2/2024
3	Communicare +OLE Health	1	Health care sector, racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved, people experiencing homelessness, people with inadequate access to clean air and safe drinking water, seniors, children and youth, people identifying as LGBTQ+, people not proficient in English, seasonal farmworkers, recent immigrants, and/or people who are undocumented	Leader	5/8/2024

4	Fighting Back Partnership	1	Community and social services sector, racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved, people with inadequate access to clean air and safe drinking water, seniors, children and youth, people identifying as LGBTQ+, people not proficient in English, recent immigrants, and/or people who are undocumented	Leader	7/16/2024
5	Napa/Cal Community Health Initiatives Inc	3	Health care sector, racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved, people experiencing homelessness, people with inadequate access to clean air and safe drinking water, seniors, children and youth, people identifying as LGBTQ+, people not proficient in English, seasonal farmworkers, recent immigrants, and/or people who are undocumented	Leader	5/7/2024
6	Napa/Solano County Health & Social Services Area Agency on Aging; Meals on Wheels, Solano	2	Food and nutritional security sector, racial or ethnic groups that experience disparate health outcomes, people who have low incomes, seniors	Leader	5/14/2024
7	Rio Vista CARE	1	Mental health sector, people who have low incomes, people who are medically underserved, seniors, children and youth, people identifying as LGBTQ+, people not proficient in English, seasonal farmworkers, recent immigrants, and/or people who are undocumented	Leader	5/14/2024

8	S.O.A.R: Students Overcoming Adversity & Recidivism	1	Housing sector, education sector, people who have low incomes, people experiencing homelessness, children and youth, people identifying as LGBTQ+	Leader	6/28/2024
9	Solano County Behavioral Health	1	Mental health sector, low-income and medically underserved communities, people experiencing mental health issues	Leader	6/19/2024
10	Solano County Health Equity for African American/Black Lives (HEALs) Program	1	Health care sector, mental health sector, racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved, people experiencing homelessness, people with inadequate access to clean air and safe drinking water, seniors, children and youth, people identifying as LGBTQ+, people not proficient in English, seasonal farmworkers, recent immigrants, and/or people who are undocumented	Leader	5/22/2024
11	Solano County Office of Education	2	Education sector, mental health sector, racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved, people experiencing homelessness, children and youth, people identifying as LGBTQ+, people not proficient in English, recent immigrants, and/or people who are undocumented	Leader	6/24/2024

12	Solano County Public Health	2	Public health, health care sector, mental health sector, racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved, people experiencing homelessness, people with inadequate access to clean air and safe drinking water, seniors, children and youth, people identifying as LGBTQ+, people not proficient in English, seasonal farmworkers, recent immigrants, and/or people who are undocumented	Leader	6/6/2024
13	Sustainable Solano	1	Economic opportunity sector, environmental stewardship sector, food and nutritional security sector, racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved, people experiencing homelessness, people with inadequate access to clean air and safe drinking water, seniors, children and youth, people identifying as LGBTQ+, people not proficient in English	Leader	5/3/2024
14	Workforce Development Board of Solano County	1	Economic opportunity sector, people who have low incomes, people experiencing homelessness, children and youth, people identifying as LGBTQ+, people not proficient in English	Leader	5/14/2024

15	Yolo Public Health Department	3	Public health, health care sector, mental health sector, racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved, people experiencing homelessness, people with inadequate access to clean air and safe drinking water, people with fixed incomes, children and youth, seasonal farmworkers, people identifying as LGBTQ+, people not proficient in English, recent immigrants including those who are undocumented	Leaders	5/23/2024
16	Eric Reyes Foundation	1	Education sector, children and youth	Leader	8/9/2024

Appendix B. Secondary Data Definitions and Sources from Kaiser CHNA Data Platform

Table B1. The following metric list and definitions are from the publicly available Kaiser Permanente CHNA Data Platform:
https://public.tableau.com/app/profile/kp.chna.data.platform/viz/2025CommunityHealthNeedsDashboardreportversion/1a_StartHere?publish=yes

Note that the health topic of structural racism did not have its own measures and definitions provided within this platform.

Health topic	Measure	Definition
Access to care	Access to dental care	Licensed dentists (including DDSs and DMDs) per 100,000 population
	Access to primary care	Number of primary care physicians practicing general family medicine, general practice, general internal medicine, and general pediatrics per 100,000 population
	Infant deaths	Deaths of infants less than 1 year of age per 1,000 births
	Low birth weight births	Percent of total births are under 2500 grams
	Medicaid/public insurance enrollment	Percent of population enrolled in Medicaid or another public health insurance program
	Percent uninsured	Percent of total population without health insurance coverage
	Pre-term births	Percent of total births that occur before 37 weeks of pregnancy
	Uninsured children	Percent of children under age 18 without health insurance coverage
Cancer	Breast cancer incidence	Average age-adjusted incidence of female breast cancer per 100,000 female population
	Cancer deaths	Average age-adjusted deaths due to malignant neoplasm (cancer) per 100,000 population
	Colorectal cancer incidence	Age-adjusted incidence of colon and rectum cancer cases per 100,000 population
	Lung cancer incidence	Average age-adjusted incidence of lung cancer per 100,000 population
	Prostate cancer incidence	Average age-adjusted incidence of prostate cancer per 100,000 male population
Chronic disease & disability	Adults reporting poor or fair health	Age-adjusted percent of adults who report having poor or fair health
	Alzheimer's deaths	Number of deaths from Alzheimer's disease per 100,000 population
	Asthma prevalence	Age-adjusted percent of adults age 18 and older who currently have asthma
	Diabetes prevalence	Age-adjusted percent of adults age 18 years and older who have been diagnosed with diabetes
	Frequent physical distress	Age-adjusted percent of adults reporting 14 or more days of poor physical health per month
	Heart disease deaths	Annual average age-adjusted deaths due to coronary heart disease per 100,000 population

	Heart disease prevalence	Age-adjusted percent of adults age 18 and over who have been diagnosed with coronary heart disease
	Population with any disability	Percent of population with any disability
	Stroke deaths	Annual average age-adjusted deaths due to cerebrovascular disease (stroke) per 100,000 population
	Stroke prevalence	Age-adjusted percent of adults age 18 and over who have been diagnosed with stroke
Climate & environment	Air pollution: PM2.5 concentration	The average modeled particulate matter 2.5 concentration in PM2.5 in µg/m³
	Coastal flooding risk	Risk of water inundating or covering normally dry coastal land as a result of high or rising tides or storm surges
	Drought risk	Risk of deficiency of precipitation over an extended period of time resulting in a water shortage
	Heat wave risk	Risk of abnormally and uncomfortably hot and unusually humid weather typically lasting two or more days with temperatures outside the historical average
	Respiratory Hazard Index	Index estimating the non-cancer respiratory risk for adverse health effects over a lifetime
	River flooding risk	Risk of streams and rivers exceeding the capacity of their natural or constructed channels and overflowing banks, spilling into adjacent low-lying, dry land
	Road network density	Road miles per square mile of area
	Tree canopy cover	Percent of land within the report area that is covered by tree canopy
	Wildfire risk	Relative risk of wildfires compared to the rest of the United States
Community safety	Drowning deaths	Number of deaths by drowning per 100,000 population
	Firearm deaths	Age-adjusted number of deaths due to firearms per 100,000 population
	Injury deaths	Number of deaths from intentional and unintentional injuries per 100,000 population
	Motor vehicle crash deaths	Age-adjusted number of deaths due to motor vehicle crashes per 100,000 population
	Pedestrian accident deaths	Number of deaths due to pedestrian accidents per 100,000 population
Education	Adults with at least some college education	Members of the population ages 25 to 44 with at least some college education
	Adults with no high school diploma	Percent of the population over age 25 with less than a high school degree
	Elementary school proficiency index	Performance of 4th grade students on state exams
	On-time high school graduation	Percent of 9th grade cohort receiving their high school diploma within four years
	Preschool enrollment	Percent of the population age 3 to 4 years that is enrolled in preschool
Family & social support	Children in single-parent households	Percent of children that live in households with only one parent present
	Limited English Proficiency	Percent of households where all members age 14 and older have at least some difficulty speaking English

	Percent over age 75 with a disability	Percent of the population age 75 years and older with a disability
	Population 65 & older living alone	Percent of total households with someone 65 and older living alone
Food & nutrition	Food insecure	Estimated percent of the total population in food-insecure households
	Free and reduced-price lunch	Percent of public school students eligible for free or reduced-price school meals
	Low income with limited access to healthy food	Percent of population that is low-income and does not live close to a grocery store
	SNAP enrollment	Estimated percent of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits
	Spending potential index for fruit & vegetables	Average local expenditure for food at home-fruits & vegetables compared to the national average.
HEAL opportunities	Exercise opportunities	Percent of the population that live in close proximity to a park or recreational facility
	Food Environment Index	An index of affordable, close, and nutritious food retailers in a community
	Obesity (Adult)	Age-adjusted percent of adults age 18 and older years and older who having a Body Mass Index (BMI) greater than 30.0
	Physical inactivity (Adult)	Age-adjusted percent of adults age 18 and older who report getting no physical activity or exercise
	Walkability index	Index scores walkability depending upon characteristics of the built environment that influence the likelihood of walking being used as a mode of travel
Housing	Home ownership rate	Percent of population that owns a home
	Housing affordability index	Index of the ability of a typical resident to purchase an existing home in the area
	Median rental cost	Median gross rent plus estimated cost of utilities and fuels
	Moderate housing cost burden	Percent of households with housing costs greater than 30% but less than 50% of monthly income
	Overcrowded housing	Percent of housing units with more than 1 occupant per room
	Percent of income for mortgage	Percent of income spent on home mortgage
	Severe housing cost burden	Percent of households with housing costs are greater than 50% of income
Income & employment	Children living in poverty	Percent of children aged 0 to 17 years that live in households with incomes below the Federal Poverty Level (FPL)
	High speed internet	Percent of population with access to high-speed internet
	Income inequality - Gini index	Measure of statistical dispersion representing the degree of income inequality or wealth inequality in an area
	Median household income	Median inflation-adjusted household income
	Poverty rate	Percent of households with income in the past 12 months below the Federal Poverty Level
	Unemployment rate	Percent of population age 16 years and older that is unemployed and seeking work

	Young people not in school and not working	Percent of youth age 16 to 19 years who are not currently enrolled in school or employed
Mental/behavioral health	Access to mental health care	Number of mental health care providers per 100,000 population
	Deaths of despair	Age-adjusted rate of death due to suicide, alcohol-related disease, and drug overdoses per 100,000 population
	Frequent mental distress	Percent of adults reporting 14 or more days of poor mental health per month (age-adjusted)
	Suicide deaths	Age-adjusted rate of death due to intentional self-harm per 100,000 population
Sexual health	Chlamydia incidence	Incidence rate of chlamydia cases per 100,000 population per year
	HIV/AIDS deaths	Rate of death due to HIV and AIDS per 100,000 population
	HIV/AIDS prevalence	Prevalence of HIV infection per 100,000 population
	Teen births	Estimated teen births per 1,000 females aged 15–19
Transportation	Workers commuting by transit, biking or walking	Percent of population age 16 and older who use public transit, bike or walk to work
	Workers driving alone to work	Percent of population age 16 years and older who drive alone to work via car, truck, or van
	Workers driving alone with long commutes	Percent of population age16 years and older who drive alone to work with a commute time longer than 60 minutes
Unhealthy substance use	Current smokers	Percent of adults aged 18 years and older that self-report smoking cigarettes some days, most days or every day
	Excessive drinking	Percent of adults aged 18 years and older that self-report heavy alcohol consumption
	Impaired driving deaths	Percent of motor vehicle crash deaths in which alcohol played a role
	Opioid overdose deaths	Age-adjusted opiate Death Rate per 100,000 population

End of table

Table 2. The following metric list and data source/year information are from the publicly available Kaiser Permanente CHNA Data Platform:
https://public.tableau.com/app/profile/kp.chna.data.platform/viz/2025CommunityHealthNeedsDashboardreportversion/1a_StartHere?publish=yes

Health topic	Measure	Data Year	Data Source
Access to care	Access to dental care	2021	HRSA Area Resource File
	Access to primary care	2020	HRSA Area Resource File
	Infant deaths	2021	HRSA Area Resource File
	Low birth weight births	2018 – 2020	HRSA Area Resource File
	Medicaid/public insurance enrollment	2017 – 2021	American Community Survey
	Percent uninsured	2017 – 2021	American Community Survey
	Pre-term births	2018 – 2020	HRSA Area Resource File
	Uninsured children	2017 – 2021	American Community Survey
Cancer	Breast cancer incidence	2016 – 2020	State Cancer Profiles
	Cancer deaths	2016 – 2020	State Cancer Profiles
	Colorectal cancer incidence	2016 – 2020	State Cancer Profiles
	Lung cancer incidence	2016 – 2020	State Cancer Profiles
	Prostate cancer incidence	2016 – 2020	State Cancer Profiles
Chronic disease & disability	Adults reporting poor or fair health	2020	Behavioral Risk Factor Surveillance System
	Alzheimer's deaths	2018 – 2021	National Center for Health Statistics
	Asthma prevalence	2020	Behavioral Risk Factor Surveillance System
	Diabetes prevalence	2020	Behavioral Risk Factor Surveillance System
	Frequent physical distress	2020	County Health Rankings
	Heart disease deaths	2018 – 2020	Interactive Atlas of Heart Disease and Stroke
	Heart disease prevalence	2020	Behavioral Risk Factor Surveillance System
	Population with any disability	2017 – 2021	American Community Survey
	Stroke deaths	2018 – 2020	Interactive Atlas of Heart Disease and Stroke

	Stroke prevalence	2020	Behavioral Risk Factor Surveillance System
Climate & environment	Air pollution: PM2.5 concentration	2018	Harvard University Project
	Coastal flooding risk	2023	FEMA National Risk Index
	Drought risk	2023	FEMA National Risk Index
	Heat wave risk	2023	FEMA National Risk Index
	Respiratory Hazard Index	2019	National Air Toxics Assessment
	River flooding risk	2023	FEMA National Risk Index
	Road network density	2018	EPA Smart Location Mapping
	Tree canopy cover	2016	US Geological Survey; National Land Cover Database
	Wildfire risk	2023	FEMA National Risk Index
Community safety	Drowning deaths	2018 - 2021	National Center for Health Statistics
	Firearm deaths	2016 - 2020	National Vital Statistics System
	Injury deaths	2016 - 2020	National Vital Statistics System
	Motor vehicle crash deaths	2018 - 2021	National Vital Statistics System
	Pedestrian accident deaths	2018 - 2021	National Vital Statistics System
Education	Adults with at least some college education	2017 - 2021	American Community Survey
	Adults with no high school diploma	2017 - 2021	American Community Survey
	Elementary school proficiency index	2020	HUD Policy Development and Research
	On-time high school graduation	2019 - 2020	Dept of Education ED Facts & state data sources
	Preschool enrollment	2017 - 2021	American Community Survey
Family & social support	Children in single-parent households	2017 - 2021	American Community Survey
	Limited English Proficiency	2017 - 2021	American Community Survey
	Percent over age 75 with a disability	2017 - 2021	American Community Survey
	Population 65 & older living alone	2017 - 2021	American Community Survey
Food & nutrition	Food insecure	2019 - 2021	Feeding America

	Free and reduced-price lunch	2020 - 2021	National Center for Education Statistics
	Low income with limited access to healthy food	2019	USDA Food Environment Access
	SNAP enrollment	2017 - 2021	American Community Survey
	Spending potential index for fruit & vegetables	2022	Esri Demographics
HEAL opportunities	Exercise opportunities	2023	Esri Business Analyst
	Food Environment Index	2023	USDA Food Environment Access
	Obesity (Adult)	2020	Behavioral Risk Factor Surveillance System
	Physical inactivity (Adult)	2020	Behavioral Risk Factor Surveillance System
	Walkability index	2021	EPA Smart Location Mapping
Housing	Home ownership rate	2017 - 2021	American Community Survey
	Housing affordability index	2022	Esri Business Analyst
	Median rental cost	2017 - 2021	American Community Survey
	Moderate housing cost burden	2017 - 2021	American Community Survey
	Overcrowded housing	2017 - 2021	American Community Survey
	Percent of income for mortgage	2022	Esri Business Analyst
	Severe housing cost burden	2017 - 2021	American Community Survey
Income & employment	Children living in poverty	2017 - 2021	American Community Survey
	High speed internet	2017 - 2021	American Community Survey
	Income inequality - Gini index	2017 - 2021	American Community Survey
	Median household income	2017 - 2021	American Community Survey
	Poverty rate	2017 - 2021	American Community Survey
	Unemployment rate	2022	Esri Demographics
	Young people not in school and not working	2017 - 2021	American Community Survey
Mental/behavioral health	Access to mental health care	2022	CMS, National Provider Identification (CHR)
	Deaths of despair	2018 - 2021	National Center for Health Statistics

	Frequent mental distress	2020	Behavioral Risk Factor Surveillance System
	Suicide deaths	2016 – 2020	National Vital Statistics System
Sexual health	Chlamydia incidence	2020	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
	HIV/AIDS deaths	2018 – 2020	HRSA Area Resource File
	HIV/AIDS prevalence	2020	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
	Teen births	2020	National Center for Health Statistics
Transportation	Workers commuting by transit, biking or walking	2017 – 2021	American Community Survey
	Workers driving alone to work	2017 – 2021	American Community Survey
	Workers driving alone with long commutes	2017 – 2021	American Community Survey
Unhealthy substance use	Current smokers	2020	Behavioral Risk Factor Surveillance System
	Excessive drinking	2020	Behavioral Risk Factor Surveillance System
	Impaired driving deaths	2016 – 2020	Fatality Analysis Reporting System
	Opioid overdose deaths	2018 – 2021	National Vital Statistics System

End of table

Appendix C. Additional Secondary Sources

Quantitative data sources	Date of source	Analyzed for CHNA report? Y/N	Data included in CHNA report?
Solano County Community Health Assessment	2020	Y	Y
Solano County CHIP	2023	Y	Y
Race Counts	2014-2022	Y	Y
Maternal Child & Adolescent Health, Five-Year Needs Assessment	2020	Y	Y
COVID-19 After Action Report - Solano County Health Department	2023	Y	N
Philanthropy in Solano County	2018	Y	N
CA Department of Public Health, Infant Mortality Dashboard	2019-2021	Y	Y
PolicyLink published article	2021	Y	Y
Bay Area Equity Atlas	2020	Y	Y
2024 Point-in-Time Count Final Report, Housing First Solano	2024	Y	Y
County Health Rankings & Roadmaps	2017-2021	Y	Y

Appendix D. Key Informant Pre-Interview Survey

Introduction

ASR CHNA 2025 Pre-Interview Survey

Thank you for your willingness to participate in the Community Health Needs Assessment (CHNA) for Solano and Napa. Non-profit hospitals in Solano and Napa, including Kaiser Permanente and Sutter, are collaborating in conducting CHNAs in accordance with IRS guidelines for non-profit hospitals. For the 2025 CHNA, a combination of statistical data and community input are being collected by these hospitals and their consultants, Applied Survey Research (ASR) and Community Health Insights (CHI). This research will generate a list of community health needs.

This survey will help us to streamline and tailor your upcoming key informant interview. It will take about five minutes to complete. **Please complete this survey at least two days before your scheduled interview or focus group.**

The results of this survey and your interview will be shared with the local hospitals, their consultants, and the county public health departments.

Consent

Consent

Ahead of your interview we are requesting your responses below related to how the hospitals will use your information.

1. By consenting below you agree that ASR and Kaiser Permanente (KP) will use the information you provide - including de-identified statements or quotes - in the CHNA. Information will be compiled and reported in a way that is not attributable to you. Additionally, because KP collaborates with hospital partners as part of its CHNA process, you agree that KP may share transcripts or notes from this interview with partner organizations.

Do you agree?

○ Yes

○ No

2. In order to accurately represent our discussion and share the transcript or notes with partner organizations, we would like to record the interview.

Do we have your permission to record the interview?

○ Yes

○ No

Health Needs

3. Below is a list of health needs. They are presented in alphabetical order. Feel free to add any needs you feel may be missing. Please choose **up to five needs** that you feel are the biggest issues or conditions now for the people whom you serve. There may be overlap; **please choose up to five that best represent the needs you have in mind.**

☐ Cancer

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

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

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

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

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

☐ Economic security/stability (including income, employment, child care, and digital access)

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

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

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

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

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

☐ Housing and homelessness (including safe, clean, and affordable housing, overcrowding, and tenant protections)

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

☐ Mental health (including stress, anxiety, isolation, depression, life satisfaction, eating disorders, trauma, and schizophrenia)

☐ Oral/dental health

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

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

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

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

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

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

☐ [＿＿＿＿＿＿＿]Other (please specify):

Contact Information and Report Acknowledgement

Contact Information and Report Acknowledgement

4. Please fill in the fields below.

Name: [＿＿＿＿＿＿＿＿]

Title: [＿＿＿＿＿＿＿＿]

Organization: [＿＿＿＿＿＿＿＿]

5. An appendix to the CHNA report will contain a list of experts consulted. Please indicate how you would like to be listed. We will use the corresponding information you entered above:

○ By name, title, and organization

○ Only my title and organization, not my name

○ Only my organization, not my name or role

○ Do not include me in the list at all

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

[   ]

7. Please select the geographic areas you serve. Select all that apply.

☐ Napa County

☐ Yolo County

☐ Vallejo/Benicia area

☐ Fairfield/Suisun area

☐ Vacaville/Dixon area

☐ Rio Vista area

☐ [_____] Other:

8. Please select the populations you serve or represent. Select all that apply.

☐ Racial or ethnic groups that experience disparate health outcomes

☐ People who have low-incomes

☐ People who are medically underserved

☐ People experiencing homelessness

☐ People with inadequate access to clean air and safe drinking water

☐ People with fixed incomes (e.g., seniors)

☐ Children and youth

☐ People identifying as LGBTQ+

☐ People not proficient in English

☐ Seasonal farmworkers

☐ Recent immigrants, including those who are undocumented

☐ [_____] Other:

Demographics

Demographics

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

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

[_____]

10. Are you of Hispanic/Latino/a origin?

○ Yes

○ No

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

☐ American Indian/Alaskan Native

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

- [ ] Black/African American
- [ ] Native Hawaiian/Other Pacific Islander
- [ ] White
- [ ] [_____] Another race (please specify):

12. Which of the following most accurately describes you?

- ( ) Female
- ( ) Male
- ( ) Non-binary
- ( ) Transgender
- ( ) Intersex
- ( ) [_____] Another gender identity (please specify):

13. What are your pronouns?

[_____]

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CHNA 2025 Key Informant Interview Protocol

For the Community Health Needs Assessment (CHNA), key informant interviews (KIIs) provide important perspectives not adequately described by quantitative data. This protocol is designed to gather perspectives on important needs in the community and community assets that are available to address those needs.

This protocol is designed to be used with interviewees who are familiar with the broad health needs in the community and can be modified as noted below for interviewees whose knowledge or experience is more specialized.

REQUIRED: *Each participant's assent (agreement to participate in the interview as described) is required before the interview can begin if they have not done so in the pre-interview survey.*

INTRODUCTION

[turn recording on] Thank you for agreeing to do this interview today. My name is **[NAME]** and I'm with **Applied Survey Research**. I will be conducting the interview today. I'll pass it to my colleague to introduce herself… She will be capturing your responses. We are partnering with the local health care organizations as part of the Community Health Needs Assessment (CHNA) process for them in Napa and Solano.

Are you familiar with the CHNA process or would it be helpful if I briefly explained it?

[as needed] Every three years, the hospitals conduct a CHNA to review the health of people in the community and the factors affecting their health. The hospitals use this information to plan how they will address selected health needs.

For your background, we do not play any role in the hospitals' grant-making.

As an expert in your community, we greatly value your input in the process.

Do you have any questions before we get started?

*If pre-interview survey was **not** completed: open survey*
https://asr.sjc1.qualtrics.com/jfe/form/SV_40BAAPmJW0kce9w

> *We would like to gather more information before we dive in deeper. [Leader to ask questions in survey and fill it in on the spot. Skip first page, but be sure to ask 1, 2, 3- share screen, 5, and 7. Be sure to save/enter]*

If completed pre-interview survey:

DEFINE COMMUNITY (as needed)

On your survey you selected [*XXX*] as the areas you serve.

> [*further clarify as needed*, e.g., Is that all of XX county?]

When we ask about your community, this is what we will be referring to.

> [*If serving multiple areas*] When talking about the assets and needs we will ask to specify if there are differences between these communities.

HEALTH NEEDS

3. *****PRIORITY QUESTION***** Before we get into the health issues you identified in the survey, I'd like to start on a positive note ask you: What are the **healthiest characteristics in this community** (e.g., a strong transportation system, an active arts and culture sector, safe and accessible spaces for physical activity, community resilience)?

   a. [*If needed, ask*] What are strengths in the community?

You identified *[read list from survey]* as the biggest health needs in your community. I'd like to talk about each of these one-by-one. Let's start by talking about *[XX; Ask Q2 for each health need one by one.]*

4. *****PRIORITY QUESTION***** Please briefly describe how you see the need of *[XX]* playing out. What does it look like for the people you serve or represent?
   a. What do you think **creates these issues** (e.g., economic factors, societal/social factors, environmental factors)?
   b. How have you seen these community needs **change** (e.g., since COVID)?
   c. What are one or two of the biggest **challenges to addressing** this need?

5. [*For needs that were not already brought up*] The prior CHNA report revealed that [see below] the top health needs. What are your perspectives on this?

   - Vacaville/Fairfield: access to health care, mental health, income & employment, housing, community safety, transportation
   - Vallejo/Napa: access to health care, mental health, income & employment, housing

EQUITY

Now I have a few questions to ask you about inequities in your community that have an impact on the important health needs you mentioned. This could be racial inequity as well as inequities related to gender, age, geography, and other factors.

Probe for more detail about groups or subgroups using Appendix 1 within these categories:

    A. American Indian/Alaska Native, Asian, Black/African American, Native Hawaiian/other Pacific Islander, or Individuals of Hispanic/Latino origin (i.e., if a participant mentions the Asian population, who do they mean specifically? If they bring up Latinx, what ethnicities are they referring to?)

    B. Socially disadvantaged groups (i.e., if the participant says general terms like "marginalized", "disadvantaged", "underrepresented" or others, who are they referring to in their geographic context?)

    C. If the participant says all subgroups or declines to specify that is ok, just looking for more detail when it's relevant.

6. *****PRIORITY QUESTION***** Are there **certain people or geographic areas that have been affected by the issues we've been talking about more than others?** If so, in what ways?
   a. Is this relevant to all the needs we've been talking about or a specific one?
   b. Is this relevant to all of the geographic areas you represent or a specific one?
   c. Which specific groups of the population, if any, should the hospitals focus on to reduce disparities and inequities related to race and ethnicity or other factors?

7. What are **effective strategies to reduce health disparities and address structural inequities in your community?**
   a. Is there existing work underway that is promising?
   b. Who are the individuals or organizations that are important in connecting the subgroups most affected by disparities to community resources that support *[most important health need(s)]*?

COMMUNITY RESOURCES and POTENTIAL INVESTMENTS

Finally, I would like to ask about the resources available to address important health needs in the community. This will be followed by a question about potential future investments.

8. What **key community resources, assets, or partnerships can you think of that can help address the significant health needs we talked about today?**
   a. What services does [*your organization*] provide to help meet those needs? Describe how other organizations or collective efforts, if any, are working to address these needs?

9. Are there any **significant gaps in community resources**, assets, or partnerships in addressing the significant health needs we talked about today?
   a. Who is not yet involved in this effort but needs to be?

10. ***PRIORITY QUESTION*** How would you like to see **health care organizations invest in community health programs or strategies to address these needs?** What would those investments be?

CLOSING

11. Are there any other **thoughts or comments you would like to share that we have not discussed?**

Thank you **<KEY INFORMANT NAME>.** Over the next year, the hospitals in Solano and Napa will be developing their implementation strategies for investing resources to address critical health needs in its communities. The CHNA and implementation strategy reports will be available in late 2025 or early 2026.

Post-interview:

- **Disclaimer language (page 2) must be added to the top of any document that is shared outside of KP.** The de-identified version of the transcript or interview notes can be shared with external partners collaborating for the purposes of CHNA. To de-identify it, remove individual names wherever they appear in the document and replace them with "participant 1," "participant 2," etc. The de-identified version is the only version that can be shared with external partners collaborating for the purposes of CHNA.

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Appendix 1: Vulnerable populations defined in California

To be in compliance with a new CA state regulation KP National CH has asked that, when relevant, CA consultants probe during data collection to get a more detailed understanding of the following list of vulnerable populations: [13]

(1) Racial and ethnic groups experiencing disparate health outcomes, including:

American Indian/Alaska Native

Alaska Native

American Indian

Asian

Asian Indian

Cambodian

Chinese

Filipino

Hmong

Japanese

Korean

Laotian

Vietnamese

Black/African American

Native Hawaiian/other Pacific Islander

Native Hawaiian

Guamanian or Chamorro

Samoan

Individuals of Hispanic/Latino origin

Mexicans

Mexican Americans

Chicanos

Salvadorans

Guatemalans

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[13] From California Assembly Bill 1204, Health equity reporting applicable to CHNAs conducted in CA

Cubans
Puerto Ricans

(2) Socially disadvantaged groups, including all of the following:

The unhoused
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+ (lesbian, gay, bisexual, transgender, queer, or other identity)
Individuals with limited English proficiency

Appendix F. Data Source Weighting Criteria

		Perceived validity & rigor	Timeliness	Geographic granularity &/or specificity	Addresses all health needs	Uniqueness to community	WEIGHT*	Rationale
Magnitude/ severity of need	CHNA data platform: State benchmark	1	0	1	2	0	4	Though these statistical estimates are reliable, this data lags in timeliness, and the measures included have been deemed insufficient to adequately measure each health need area. Much data are at county level, not HSA level.
	CHNA data platform "key measures"	1	0	1	2	1	5	The purpose of the "key measures" data is to elevate needs getting "buried" in the benchmark need level calculations. Weighting this source higher than benchmark data ensures "hidden" needs are elevated.
Community prioritizes the issue	Key informant interviews	2	2	2	2	2	10	As the timeliest data with the most localized stakeholder input, along with a rigorous data collection method used, this data source receives the highest weight possible.
	Other organizations needs assessments (Solano County CHA)	2	0	1	1	1	5	This varies depending on the source, timeliness, thoroughness of the other assessments. The Solano County CHA was from 2020.
Clear disparities or inequities	Geographic disparities	2	2	1	2	1	8	As this data relies heavily on the key informant interviews, it is timely, valid, but not all data (especially from the platform) is specific to the community.
	Racial/ethnic disparities	2	2	1	2	1	8	As this data relies heavily on the key informant interviews, it is timely, valid, but not all data (especially from the platform) is specific to the community.
	Other disparities: seniors, youth, LGBTQ, sex	2	2	1	2	1	8	As this data relies heavily on the key informant interviews, it is timely, valid, but not all data (especially from the platform) is specific to the community.

*Weights were cut in half for data sources that included combined data for Solano and Napa County residents to ensure data on Solano County alone was weighted up.

Appendix G. Resource list

This is an example of some of the local resources available to address the identified significan health needs and not meant to be an exhaustive list.

Organization	Website	Access to care	Mental & behavioral health	Housing	Income & employment	Community safety	Education
Communicare +OLE Health	communicareole.org	X					
Community Medical Centers	www.communitymedical.org	X					
La Clinica de la Raza	laclinica.org	X					
Solano County Public Health	www.solanocounty.com/depts/ph/default.asp	X					
Aldea Children & Family Services	www.aldeainc.org		X				
Rio Vista CARE	riovistacare.org		X				
Solano County Behavioral Health	solanocounty.com/depts/bh/		X				
Solano Pride Center	www.solanopride.org		X				
Abode Housing	abode.org			X			
Caminar	www.caminar.org			X			
On The Move – VOICES	www.voicesyouthcenter.org			X			
Shelter, Inc.	shelterinc.org			X			
Change and New	canbsolano.org			X			

Organization	Website						
Beginnings CANB							
Food Bank of Contra Costa and Solano	www.foodbankccs.org				X		
Solano Economic Development Corporation	www.vallejo.gov				X		
Workforce Development Board of Solano County	solanoemployment.org				X		
Center for Urban Excellence	www.centerforurbanexcellence.org					X	
Solano Advocates for Victims of Violence	www.savvcenter.org					X	
Solano Family Justice Center	www.solanocounty.com/depts/fvp/fjc/default.asp					X	
Leaven Kids	www.leavenkids.org						X
Solano Community College Education Foundation	foundation.solano.edu						X
Solano County Office of Education	www.solanocoe.net						X
Touro University California	tu.edu						X