



# Agenda

## WEST CONTRA COSTA HEALTHCARE DISTRICT

### FINANCE COMMITTEE

May 6, 2019

11:00 a.m.

651 Pine Street, Room 108, Martinez

Supervisor John Gioia, Chair

Supervisor Federal Glover, Vice Chair

#### Agenda Items:

Items may be taken out of order based on the business of the day and preference of the Committee

1. Introductions
2. Public Comment (*Speakers may be limited to three minutes on any item under the jurisdiction of the committee and not on the agenda.*)
3. Presentation and Action Regarding the Public Health West County Health Assessment Report:  
Dan Peddycord/Beth Armentano
4. Presentation and Action Regarding the Healthcare District 2019/20 Budget: Patrick Godley
5. Presentation and Action Concerning the Community Benefit Allocation Process: Patrick Godley
6. Consider Scheduling the Next Meeting for 9:30 a.m. on Monday, June 3, 2019.
7. Adjourn

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*Materials distributed for the meeting are available for viewing at the County Administration Building, Room 106, 651 Pine St., Martinez, CA 94553.*

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*To receive a copy of the West Contra Costa Healthcare District Finance Committee agenda via mail or email, please submit your request in writing using a speaker card during the meeting, or by contacting (925) 957-5401.*

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**AGENDA ITEM 3**

**MEMORANDUM**

**TO:** West Contra Costa Healthcare District Finance Committee

**FROM:** Dan Peddycord, Director of Public Health

**DATE:** April 30, 2019

**RE:** West Contra Costa Healthcare District Report

Concurrently with voting to assume the role of West Contra Costa Healthcare District Board, the Contra Costa County Board of Supervisors requested an assessment of health and healthcare issues in the District. The assessment process, conducted by Contra Costa County Public Health and documented in the attached report, focused on two known high priority West County healthcare service needs. The two previously identified needs that created the focus for this report were the loss of Doctors Medical Center and its emergency care capacity, and the well-being of youth in the District.

Increasing access to urgent care is a sensible strategy and partial solution to the excess demand currently being placed on the limited number of emergency department stations at the only hospital remaining in the West Contra Costa Healthcare District, Kaiser Richmond. The attached report illustrates that youth health and well-being in the District is unsatisfactory when compared to the rest of the county and necessitates improvements to ensure better outcomes for future generations. In order to help focus attention on and initiate steps to address these issues, we recommend the following requested actions:

- 1. Accept the report;**
- 2. Acknowledge the need for additional urgent care service; and**
- 3. Acknowledge the need for additional services to at-risk youth.**





# WEST CONTRA COSTA HEALTHCARE DISTRICT REPORT



2019





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## Executive Summary

This report focuses on two known high priority issues in the West Contra Costa Healthcare District: the health and well-being of youth and the effect of the closure of Doctors Medical Center on access to emergency or urgent care. The report paints a picture of youth health and well-being that is unsatisfactory when compared to the county and that leaves room for improvement to ensure the best outcomes for future generations.

### The Health of Youth

In West Contra Costa County, approximately 32% of the 201 youth deaths from 2013-2017 are associated with the first year of life. This is consistent with regional and statewide trends and is most often associated with congenital or chromosomal anomalies, disorders of gestation and complications of pregnancy. The pre-term birth rate for newborns in West County was higher during the 2013-2017 time period than the county overall, 9.8 vs. 8.9 per 100 live births.

For those aged 1-24 the causes of death are quite different and many of the deaths in this age group were associated with violence or traumatic injury. For the time period from 2013-2017, the top three causes of death in this age group were homicide, accidental death and suicide. The most common type of accidentally death is associated with motor vehicle injury. The second most common type is associated with poisonings (drug overdose). The third is suicide. Statistically, accidental deaths associated with motor vehicle injury are somewhat higher in West County than the County overall.

There are several other inter-related health and social issues that are experienced by the youth in West County. The comparatively high incidence of asthma among youth in West County is associated with living in proximity to the air pollutants produced near highways and commercial industry. This is too often the case for youth living in poverty and results in racial health inequities. To offer a perspective, approximately 72% of students in West Contra Costa Unified schools come from socioeconomically disadvantaged families vs. 42% for the county over-all, and roughly 5-15% for students in central county. Living in poverty has a profound impact not only on physical health issues but can also impact mental health and wellbeing.

Oral health (dental carries) is another health issue and one that is, nationally, five times more common than asthma. As with asthma, the rate of active tooth decay is higher in west county (approximately 25%) than the county overall (18%). Teen pregnancy is another health issue of concern. The 2013-2017 teen birth rate in the Richmond-San Pablo area was over 26 per 1,000 births as compared to approximately 11 per 1,000 for the county overall.

Sound mental and behavioral health is a necessary foundation for youth growth and development. Unfortunately, many youth across west county are growing up in an environment where they experience violence and trauma. Data from the California Healthy Kids Survey, a

survey that is administered to students in both the West Contra Costa Unified (WCCU) and John Swett Unified (JSU) school districts, showcase some remarkable and concerning information. The 2015-16 survey revealed that 29% (WCCU) and 36% (JSU) percent of 9<sup>th</sup> grade students reported experiencing chronic sadness or hopelessness. For 11<sup>th</sup> graders, 13% (WCCU) and 24% (JSU) reported considering suicide, as compared to 15% for the county overall.

### [Access to Urgent/Emergent Care](#)

In 2017, there were approximately 113,000 emergency department (ED) visits made by District residents. The closing of Doctors Medical Center in 2015 impacted access to emergency department services, including high risk heart attack and primary stroke intervention. Concurrently with the closure of the hospital, Lifelong Urgent Care was established. During the same time period, county ambulatory care services expanded. However, community residents and several advocacy groups continue to be concerned about the lack of emergency department services. Kaiser Richmond is the only acute care hospital and emergency department in the immediate vicinity and it served 64,680 emergency department patients in 2017.

Information from the 2017 EMS Annual Report reveals that Code 3 (lights and sirens) ambulance response times in west county are well within industry standards (4:05 – 4:31min) as comparable to the rest of the county. However, in the wake of closure of Doctors Medical Center, average ambulance transport times increased 6-9 minutes from the scene of the call to the destination hospital. This is due, in part, to an increase in out-of-county transports to facilities like Alta Bates, Kaiser Oakland and Kaiser Vallejo.

Prior to its closure, Doctors Medical Center of San Pablo hosted 79% (171) of the west county inpatient hospital beds and 56% (25) of west county emergency department stations. Subsequent to the closer, Kaiser Richmond added 13 ED stations and Contra Costa Regional Center added 8. Kaiser Richmond serves as the community's Primary Stroke Receiving Center with high risk heart attack patients being served by Kaiser Vallejo and Sutter Summit Hospital. Currently, Kaiser Richmond sees 180-200 emergency patients a day; 15-18% of those patients arriving by 911 ambulance. OSPHD and EMS Agency data demonstrate that up to 85% of all emergency department patients are able to be treated and released within 24 hours. Increasing access to urgent care is a sensible strategy and partial solution to the over demand currently being placed on the limited number of ED stations at Kaiser Richmond.

## Introduction

The West Contra Costa Healthcare District (WCCHD or subsequently referred to as the ‘District’) is located along the Interstate 80 corridor and includes Crockett, Rodeo, Hercules, Pinole, El Sobrante, Richmond, San Pablo, El Cerrito, and Kensington. It was originally formed in 1948 as a hospital district and it began to encounter financial difficulties in the 1990s. Financial difficulties culminated with the closing of Doctors Medical Center on April 21, 2015. Effective January 1, 2019, the Contra Costa County Board of Supervisors took over governance of the District as per the passing of Senate Bill 522.

## Report Scope and Focus

Concurrently with voting to assume the role of healthcare district Board, the Contra Costa County Board of Supervisors requested an assessment of health and healthcare issues in the District. The assessment process, conducted by Contra Costa County Public Health, focused on two known high priority West County healthcare service needs. The two previously identified needs that created the focus for this report were the loss of emergency room access and the well-being of youth in the District. The data for this assessment was extracted from previously published reports and from existing data on topics of interest; supplemental new analysis and validation of prior data was conducted as needed. Except where otherwise noted, youth is defined as the period between birth and 25 years of age.

New analysis was conducted on causes of death and on emergency department visits and hospitalizations due to intentional and unintentional injuries for youth in the District. These topics were chosen because of growing awareness and concern regarding the effect of exposure to trauma on youth health and well-being. The major causes of death among youth in the District were homicide, accidental injury death, and suicide; a similar pattern is seen in the reasons for emergency department visits and hospitalizations. These causes are both preventable and indicative of the traumas to which youth are exposed regularly, whether as victims or as witnesses. Also included in the report is a summary of the availability of urgent care in the District to provide care when these events occur. The last section of the report provides a broader range of information regarding youth adverse experiences, such as homelessness, fear of violence at school, and experience of harassment or bullying, and resultant outcomes and behaviors such as chronic absenteeism from school and drug and alcohol use.

## Section 1: Youth Health Conditions and Outcomes

While comprehensive information on all medical conditions is not available for every youth in the District, it is possible to assess the causes of death, emergency department visits, and hospitalizations that occur for youth that reside in the District. Death data identifies intentional and unintentional injuries as the primary cause of loss of youth life in the District; to

complement that data, this report also includes an analysis of emergency department visits and hospitalizations due to unintentional and intentional injuries. Additional health issues of concern for youth include asthma, mental or behavioral health, sexually transmitted diseases, and oral health.

## Causes of Death

In the population under 25, death is a rare event; however, it results in the greatest number of years of life lost and premature mortality. From 2013 through 2017, there were 201 deaths in residents under the age of 25 in the 9 cities that make up the West Contra Costa County Health district (Crockett, El Cerrito, El Sobrante, Hercules, Kensington, Pinole, Richmond, Rodeo and San Pablo). The period of highest risk for death is infancy, which is defined as the period of time between birth and one year of age. In fact, 32% of youth deaths in the District occurred in infancy. This is consistent with the rest of Contra Costa County, where infant deaths made up of the 31% of all deaths to residents under age 25.

Leading causes of death in district infants included: congenital malformations, deformations and chromosomal abnormalities; disorders related to short gestation or low birth weight; newborns affected by maternal complications of pregnancy, complications of placenta cord and membranes; and Sudden Infant Death Syndrome. Leading causes of death in infants were similar for the county overall; however, there may be a slightly higher representation of infant death from unintentional injuries in the District than in the whole county.

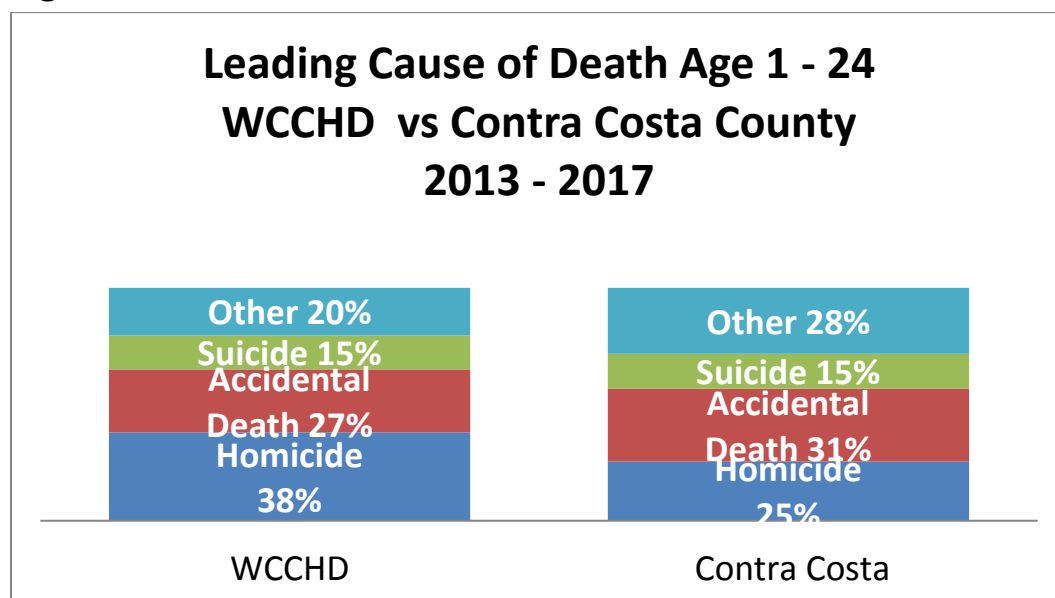
Babies born too early have not had the optimal time and conditions for brain and body development and are at greater risk of poor health outcomes throughout their life. This is particularly true in the first year of life. Babies born preterm (less than 37 weeks gestation) are more likely to die in infancy.

While Contra Costa County's preterm birth is not usually significantly higher than the California rate, the combined rate for the 9 cities that make up the District was 9.8 per 100 live births in 2015-2017 compared to the county rate of 8.9 for the same period. This higher preterm birth rate may contribute to poorer infant outcomes in the District. Extreme prematurity was listed as the cause of death for 14% of all infant deaths in the District and 16.6% in the county from 2013-2017. Prematurity was likely a contributor to other poor outcomes, as premature babies are more likely to develop other conditions in infancy, including Sudden Infant Death Syndrome (SIDS). It is estimated that preterm births are responsible for 25% of all infant deaths.

For those aged 1 – 24, the causes of death were quite different, and many deaths in this age group were the result of violence and trauma. The 2013-2017 top three causes of death in the District for ages 1-24 were homicide, accidental death and suicide. When combined, the top three categories of death account for 80% of the deaths in this age group in the District.



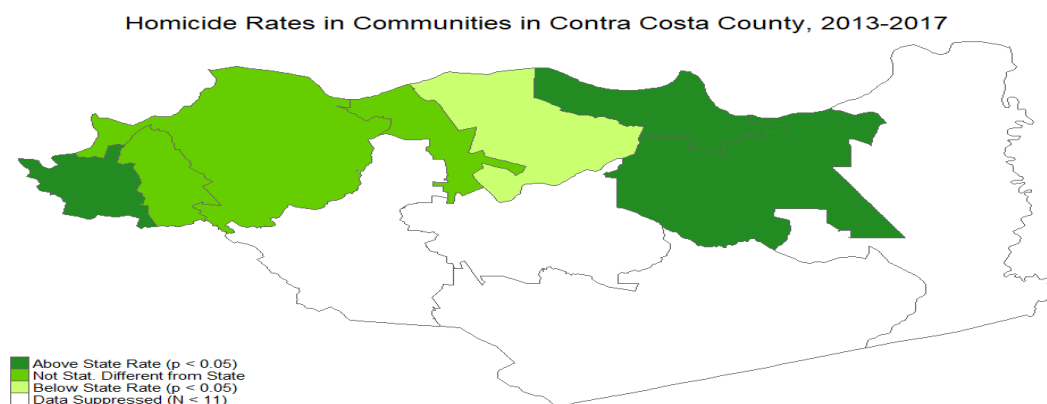
**Figure 1:**



Source: Vital Records Business Intelligence System (VRBIS), 2013-2017

Homicide accounted for 38% of the District deaths in this age group compared to 25% in the county overall. Most homicides were committed with firearms (96%) and the victims were overwhelmingly male (90%). This was similar to the county overall, where 91% of homicides in this age group were committed with firearms and 86% of victims were male. Homicide rates for all ages in the District are at or above the state rates.

**Figure 2:**



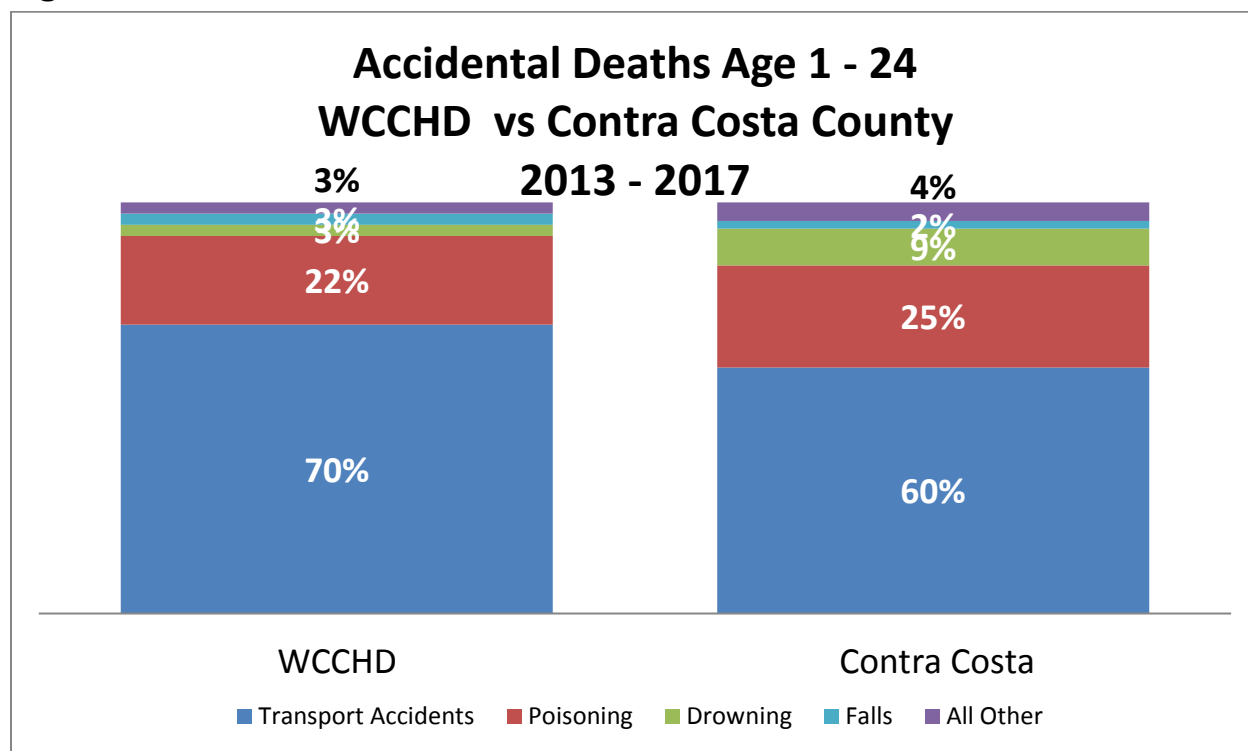
Prepared by: California Department of Public Health (CDPH), Fusion Center, with CDPH Death Data Files, 2013-2017.  
For more information: <https://www.cdph.ca.gov/Programs/CCDC/DCDC/SACB/Pages/ViolencePreventionInitiative.aspx>

Source: Death Data Files, 2013-2017, California Department of Public Health-Fusion Center

Accidental deaths made up 27% of district deaths between 1 and 24 years of age, and 31% in the county overall. Once again, the deceased were more likely to be male (76% in the District and 69% in the county). The most common type of accidental death was transport accidents which made up 70% of the accidental deaths in the district and 60% in the county. In Contra Costa in this age group, deaths from transport accidents have included traffic and non-traffic accidents between pedestrian, cyclists, motorcycles, cars, pick-up trucks and all terrain/off road vehicles and railcars.

The second most common cause of youth accidental death in the District was poisonings, which made up 22% of accidental deaths in the district and 25% in the county. Deaths by poisonings include deaths that result from exposure to and poisoning from: sedatives; psychotropics; narcotics; other and unspecified drugs and medicaments; alcohol; gases; and other vapors. Of the youth poisoning deaths in the District, narcotics was most common followed by 'other and unspecified drugs and medicaments.' Though the numbers were small, the victims were again more likely to be male.

**Figure 3:**



Source: Vital Records Business Intelligence System, 2013-2017

Deaths by suicides made up 15% of deaths to this age group in both the District and in the county overall. In the district, 95% of the deaths by suicide were to males and the most common mechanism was hanging/suffocation (55%), followed by firearms and "lying before a moving object" (both 20%).

For younger youth, those aged 1 to 14, neoplasms appeared as the cause of a significant portion of deaths (25%). However, the overall number of deaths for this age range were small, and younger youth were less likely to be in high risk situations that could result in homicide, accidental death and suicide.

### Emergency Department Visits for Intentional and Unintentional Injury

Injury-related emergency department visits are coded with external cause-of-injury codes (E-codes) that provide information regarding the mechanism of injury (e.g., motor vehicle, fall, struck by/against, firearm, or poisoning) and intent of the injury (e.g., unintentional, homicide/assault, suicide/self-harm, or undetermined). The District had higher rates of emergency department visits among youth for unintentional injury than the county (9,266 per 100,000 in the District vs. 8,336 per 100,000 in the county) and higher rates for assault (626 per 100,000 vs. 400 per 100,000).

Table 1 provides information regarding the number and rates of emergency department visits among youth by the intent of injury, with unintentional injury substantially more common than self-harm or assault. More males than females seek emergency care for assault and unintentional injury, while more females than males receive care for self-harm. Unintentional injury rates are highest for White, Black, and Pacific Islander youth, and self-harm rates are highest for White youth. Black youth experience extremely high assault rates when compared to youth of other races.

**Table 1:**

<b>Emergency department visits for unintentional injury and violence among youth by sex and race/ethnicity</b>						
<b>West Contra Costa Healthcare District, 2010-2014</b>						
	Unintentional		Self-harm		Assault	
	Visits	Rate	Visits	Rate	Visits	Rate
<b>Total</b>	37,522	9,265.5	346	85.4	2,536	626.2
<b>Sex</b>						
Male	21,065	10,193.8	96	46.5	1,421	687.7
Female	16,455	8,297.2	250	126.1	1,115	562.2
<b>Race/ethnicity</b>						
White	5,510	11,027.7	85	170.1	270	540.4
Black	10,797	14,389.3	84	111.9	1223	1629.9
Hispanic	15,651	8,301.4	128	67.9	857	454.6
Asian	2395	3,799.5	21	33.3	62	98.4
Pacific Islander	370	19,628.6	-	-	-	-

Source: California Office of Statewide Planning and Development  
Rates per 100,000 population

Unintentional injury rates by geographic area (Table 2) show that zip codes 94572 (Rodeo), 94801 (Northwest Richmond), and 94804 (South Richmond) have the highest rates. For assaults, the same zip codes have the highest rates. Emergency department visits for self-harm appear to have the highest rates in El Cerrito and Pinole, as well as parts of Richmond.

**Table 2:**

Emergency department visits for unintentional injury and violence among youth by geographic West Contra Costa Healthcare District, 2010-2014			
		Unintentional Injury	
		Visits	Rate
Zip Code			
94525	Crockett	334	4,681.1
94530	El Cerrito	1,791	6,439.0
94547	Hercules	2,389	6,369.0
94564	Pinole	2,048	7,723.9
94572	Rodeo	1,349	12,302.8
94801	Richmond	7,705	12,828.8
94803	El Sobrante	2,815	7,751.6
94804	Richmond	7,531	10,886.9
94805	Richmond	1,737	8,301.1
94806	San Pablo	9,823	9,049.3

Source: California Office of Statewide Planning and Development  
Rates per 100,000 population

Dominant mechanisms for unintentional injury emergency department visits include falls (26%), struck by/against (16%) and motor vehicle transportation (10%). The 'struck by/against' for category for unintentional injury refers to collisions with another person, such as during sports, running into an object, or having an object fall onto a person.

## Mental Health

Sound mental and behavioral health is a necessary foundation for youth growth and development. Many youths in the District are growing up in an environment with unhealthy levels of trauma and violence and are being raised by parents who were themselves affected by a traumatic and violent environment.

Recent US estimates of adolescent past-year mental health diagnoses indicate that 10% demonstrate a mood disorder, such as depression, 25% an anxiety disorder, and 8.3% a substance use disorder.<sup>1</sup> This is likely an underrepresentation, as youth behavioral health issues

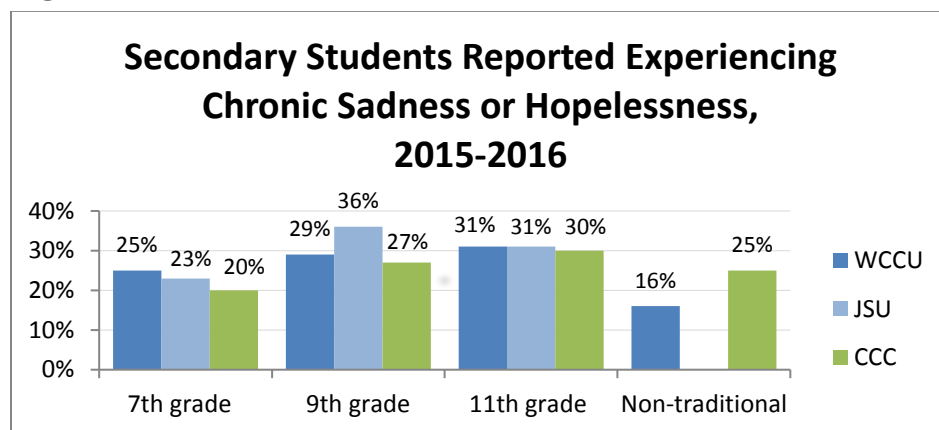
<sup>1</sup> Kessler RC, Avenevoli S, Costello J, Georgiades K, Green JG, et al. Prevalence, persistence, and sociodemographic correlates of DSM-IV disorders in the National Comorbidity Survey Replication adolescent supplement. Arch. Gen. Psychiatry. 2012;69:372–80. [\[PMC free article\]](#) [\[PubMed\]](#) [\[Google Scholar\]](#)

are not always identified, and care is not always accessed. Compounding the situation in West Contra Costa County, parts of the District are a designated Health Resources & Services Administration (HRSA) mental health professional shortage area.

Mental health is an issue for many youths, but some groups experience mental health issues disproportionately. Lesbian, gay, bisexual, transgender and queer or questioning (LGBTQ) youth have higher rates of mental health diagnoses, and lack of familial support for these youth can also lead to disproportionate rates of LGBTQ homeless youth.<sup>2</sup>

Data from the California Health Kids Survey, administered to the West Contra Costa Unified (WCCU) School District and the John Swett School Unified (JSU) School District and tabulated for Contra Costa County (CCC) as a whole, sheds some insight on youth's feeling of sadness. By 9<sup>th</sup> grade, more than a quarter of all youth reported experiencing sadness or hopelessness. Overall, across all grades, females were more likely to report experiencing sadness or hopelessness in the past 12 months compared to their male counterparts. Experiencing chronic sadness or hopelessness is a predictor for clinical depression. It has also been seen that adolescents who are depressed have higher rates of smoking, suicidal ideation, alcohol and drug use, and they miss school more than their non-depressed counterparts.<sup>3,4</sup>

**Figure 4:**



Source: California Healthy Kids Survey, 2015-2016

Students who report chronic feelings of sadness or hopelessness also have higher rates of suicidal ideation. It should be noted that JSU had higher percentages than CCC and WCCU with

<sup>2</sup> Durso LE, Gates GJ. Serving Our Youth: Findings from a National Survey of Service Providers Working with Lesbian, Gay, Bisexual, and Transgender Youth who are Homeless or At Risk of Becoming Homeless. Williams Inst. True Colors Fund, Palette Fund; Los Angeles, CA: 2012. [\[Google Scholar\]](#)

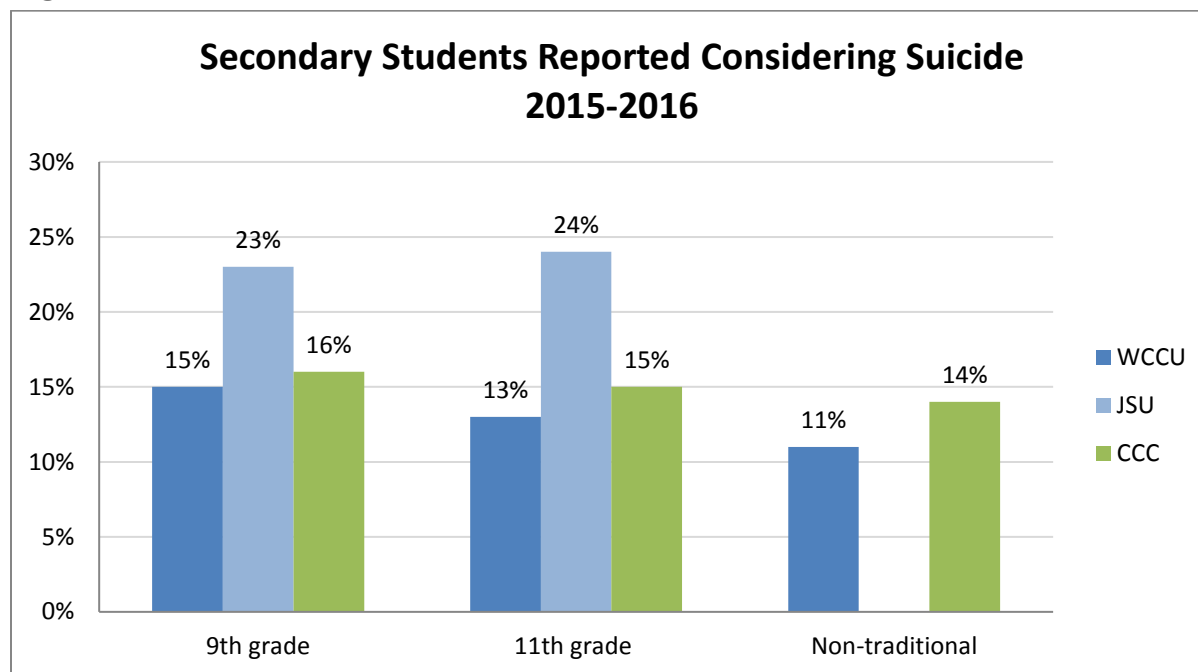
<sup>3</sup> Glied S, Pine DS. Consequences and Correlates of Adolescent Depression. Arch Pediatr Adolesc Med. 2002;156(10):1009–1014. doi:10.1001/archpedi.156.10.1009

<sup>4</sup> Rao U, Chen LA. Characteristics, correlates, and outcomes of childhood and adolescent depressive disorders. Dialogues Clin Neurosci. 2009;11(1):45–62.



nearly one fourth of all 9<sup>th</sup> and 11<sup>th</sup> graders reporting that they considered suicide in the past 12 months.

**Figure 5:**



Source: California Healthy Kids Survey, 2015-2016

## Asthma

Asthma is one of the most common chronic diseases and many asthma sufferers have poorly controlled asthma that results in lost days at school and work, as well as doctor and emergency department visits. Asthma is also a chronic disease for which there are obvious health disparities; African Americans and households with lower incomes have a higher prevalence of asthma.

According to data from the Office of Statewide Health Planning and Development (OSHPD), in 2017 in Contra Costa County, there were more than 2,000 emergency department visits by children (0-17 years) due to asthma, and more than 4,000 by adults 18 or older. Among residents of all ages living in the zip codes that make up the District, there were close to 2,000 emergency department visits in 2017.

The zip codes with the highest rates of asthma in the District include Rodeo, San Pablo, North Richmond, and other Richmond zip codes. The asthma emergency department visit rates for these zip codes were more than twice the rates of zip codes elsewhere in the county.

## Sexually Transmitted Infections

Chlamydia and gonorrhea are the most commonly reported sexually transmitted infections (STIs) among youth in California and in Contra Costa County. Youth are not always aware of infections, since they can be asymptomatic, but untreated STIs can lead to serious health problems such as pelvic inflammatory disease and infertility.

Rates of gonorrhea and chlamydia in youth are higher in the District than in Contra Costa County, with the highest youth rates among 20-24-year-olds (Table 3). Females are diagnosed with chlamydia and gonorrhea about three times more often than males.

**Table 3:**

<b>Chlamydia and gonorrhea infections among youth by age group and sex</b>								
<b>Contra Costa County and West Contra Costa Healthcare District, 2013-2017</b>								
	Contra Costa				West Contra Costa Healthcare District			
	Chlamydia		Gonorrhea		Chlamydia		Gonorrhea	
	N	Rate	N	Rate	N	Rate	N	Rate
<b>Total</b>	13,898	788.5	2,652	150.5	4,077	1002.4	929	228.4
<b>Age group, years</b>								
0 - 14	148	13.9	38	3.6	50	20.5	-	-
15 - 19	5,368	1,507.6	949	266.5	1,528	1,980.8	-	-
20 - 24	8,382	2,459.1	1,665	488.5	2,499	2,902.8	-	-
<b>Sex</b>								
Male	3,439	381.3	1,196	132.6	1,085	522.6	433	208.6
Female	10,427	1,211.5	1,448	168.2	2,987	1,500.3	494	248.1

Source: California Reportable Disease Information Exchange (CalREDIE)  
Rates per 100,000 population

Disparities exist for gonorrhea and chlamydia infections, with the highest rates found among African Americans (Table 4). Geographic areas with the most infections include El Sobrante and Richmond.

**Table 4:**

<b>Chlamydia and gonorrhea infections among youth by race/ethnicity and geographic location</b>								
<b>Contra Costa County and West Contra Costa Healthcare District, 2013-2017</b>								
	Contra Costa				West Contra Costa Healthcare District			
	Chlamydia		Gonorrhea		Chlamydia		Gonorrhea	
	N	Rate	N	Rate	N	Rate	N	Rate
<b>Total</b>	13898	788.5	2652	150.5	4077	1002.4	929	228.4
<b>Race/ethnicity</b>								
White	2121	352.2	332	55.1	220	429.8	41	80.1
Black	3088	1829.6	929	550.4	1213	1679.1	373	516.3
Hispanic	2000	332.8	363	60.4	760	404.2	146	77.7
AIAN	50	1106.2	-	-	-	-	-	-
Asian	444	182.8	52	21.4	155	238.9	-	-
Pacific								
Islander	109	1260.8	-	-	-	-	-	-
Other	954	709.1	213	144.2	354	1164.5	93	97.6
Unknown	5132	-	763	-	1375	-	276	-
<b>Cities and Places</b>								
El Cerrito	-	-	-	-	137	475.9	30	104.2
El Sobrante	-	-	-	-	260	1395.2	61	327.3
Hercules	-	-	-	-	249	684.5	39	107.2
Pinole	-	-	-	-	232	896.6	39	150.7
Richmond	-	-	-	-	2313	1190.1	564	290.2
Rodeo	-	-	-	-	117	835.1	33	235.5
San Pablo	-	-	-	-	723	915.6	154	195.0

Source: California Reportable Disease Information Exchange (CalREDIE)

Rates per 100,000 population

^Crockett and Kensington excluded due to small numbers

Early syphilis includes primary, secondary, and early latent stages of the disease. Syphilis increases both transmission and acquisition of HIV. Among youth 0-24 years old, over 75% of early syphilis infections occur in the 20-24-year age group both countywide and in the District (Table 5), compared with 60% of chlamydia and gonorrhea infections in 20-24-year olds. Over 80% of early syphilis infections among youth 0-24 are diagnosed in males, compared to about 40-45% of gonorrhea and 25% of chlamydia infections in males. In the District, African Americans and Latinos are disproportionately impacted by early syphilis, together comprising 75% of infections among youth. In contrast, these two groups represent about 50% of early syphilis cases in youth countywide.

**Table 5:****Early syphilis infections among youth  
by 20-24 age group**Contra Costa County and West Contra  
Costa Healthcare District, 2013-2017

	Contra Costa		District	
	N	Rate	N	Rate
<b>Total</b>	151	8.6	61	15.0
<b>Age group, years</b>				
20 - 24	116	34.0	46	53.4

Source: California Reportable Disease Information Exchange (CalREDIE)  
Rates per 100,000 population

**Teen Birth Rates**

Women who give birth before age 20 tend to have lower educational attainment and lower incomes than women who wait to have children later. This can have a detrimental effect on their own health and well-being as well as that of their children.

National, state, and county teen birth rates have been decreasing in recent years, but there are still areas within the county with higher rates than others. Combining the teen births in the 9 cities within the health care district yields a teen birth rate of 19.2 per 1000 for 2013 - 2017, which is significantly higher than the county rate of 11.2 births per 1000 for the same period. Approximately 34% of county teen births occur in the District. Richmond and San Pablo have the highest teen birth rates (26.6 per 1,000 and 26.3 per 1,000).

**Table 6:****Teen Births by Residence, 2013-2017**

	Births to Teens	Teen Birth Rate	% of Teen Births
<b>Mother's Residence</b>			
Richmond	402	26.6	20.3%
San Pablo	177	26.3	8.9%
All West County Health District Cities	677	19.2	34.1%
Contra Costa County	1984	11.2	100.0%

Source: Birth Statistical Master File 2013-2017 (numerator) American Community Survey 2013-2017 (denominator)

## Oral Health

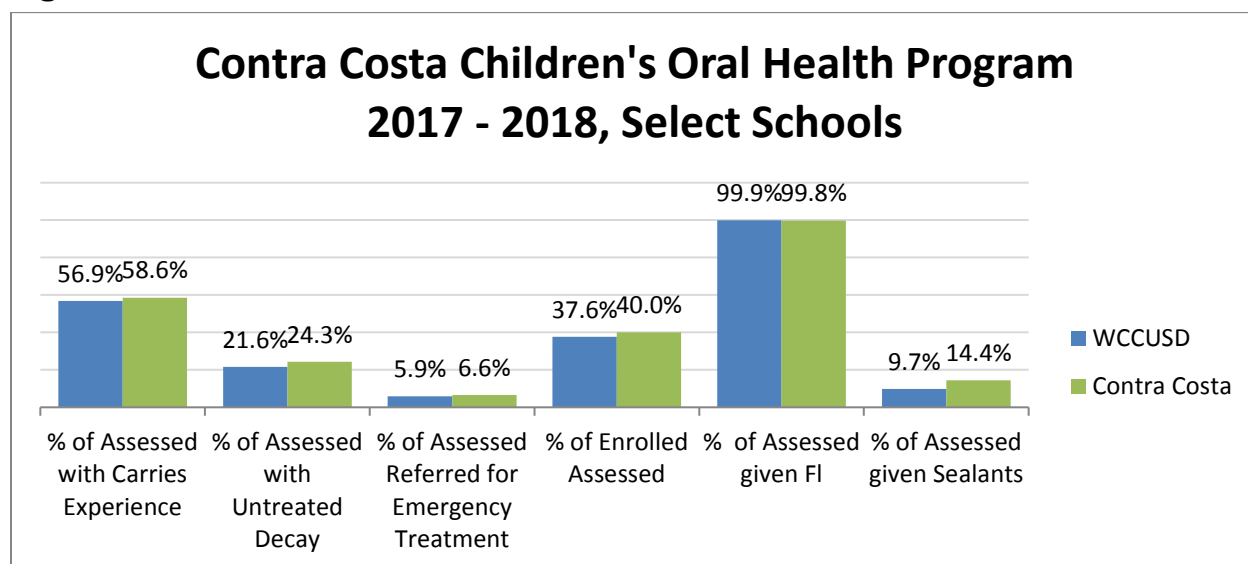
Dental disease is the most common chronic disease in childhood. Nationally, it is five times more common than asthma. Tooth decay can compromise a person's ability to chew, swallow, smile and talk, resulting in negative effects on diet, self-expression and employment. It is estimated that 847,000 school days are missed each year in California due to dental problems, resulting in less funding for schools and less class time and learning for those students. Parts of the District are a designated dental health professional shortage area.

To help identify how widespread dental disease is in California and combat its effects, California AB 1433 requires that parents submit proof of an oral health assessment prior to entering kindergarten or first grade. Schools report this information, but school districts and individual schools have varied widely in their compliance. The two school districts in the District, West Contra Costa Unified (WCCU) School District and John Swett Unified (JSU) had school compliance rates at or above the county average and well above the state average in 2017. However, not all families are requested to submit assessments, and of the assessments requested, not all are returned. While varying rates of compliance on reporting from districts, schools and parents make fair comparisons of oral health status difficult, the results of the assessments that are available show that Kindergartners in the two school districts within the District reported higher rates of active decay than the county overall. John Swett reported 28% and WCCU reported 25% compared to 18% in the county overall and 20% in the state.

Contra Costa County Children's oral health program offers oral health assessments as well as fluoride varnish to all students at selected elementary schools throughout the county. Only schools with a high proportion of economically disadvantaged students are considered for the program. In 2017-2018, school year 8 of the 17 schools served by the program were in WCCU. The WCCU schools visited were Chavez, Coronado, Dover, Downer, Lake, Riverside, Verde and Wilson. A history of carries (cavities) were presented in 57% of children assessed, and untreated decay was detected in 22%. The percentage of students who were referred to care for emergent dental care need was also similar at the WCCU schools (6%) compared with all schools visited (7%). No schools in the John Swett district were part of the program.



**Figure 6:**



Source: Contra Costa County Children's Oral Health Program

## Section 2: Youth Health and Well-Being

Growing up exposed to adverse experiences can have negative repercussions throughout life. Childhood adversity—such as child abuse, exposure to violence, family alcohol or drug abuse, and poverty—can have negative, long-term impacts on health and well-being.<sup>5</sup> Early experiences affect brain structure and function, which provide the foundation for learning, emotional development, behavior, and health.<sup>6</sup> The toxic stress of early adverse experiences can lead to serious behavioral, emotional, and health issues in adulthood, such as chronic diseases, obesity, alcohol and other substance abuse, and depression.<sup>5,6</sup>

### Poverty

Income and well-being are intricately linked. Poverty can alter children's developmental trajectories in cognitive, socio-emotional, and physical health.<sup>7</sup> The effects of poverty on child health and well-being can begin during pregnancy since low-income women are more likely to experience malnutrition and stress and are less likely to receive adequate prenatal care.<sup>8</sup> The effects of poverty and the stress associated with it can be lasting, contributing to increased risk

<sup>5</sup> Shonkoff, J. P., et al. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), e232-e246. Retrieved from: <http://pediatrics.aappublications.org/content/129/1/e232>

<sup>6</sup> Child and Adolescent Health Measurement Initiative. (2014). *4 essential facts about lifelong health, school success and adverse childhood experiences among California's children*. Retrieved from: <http://childhealthdata.org/docs/presentations-californiadata.pdf?Status=Master>

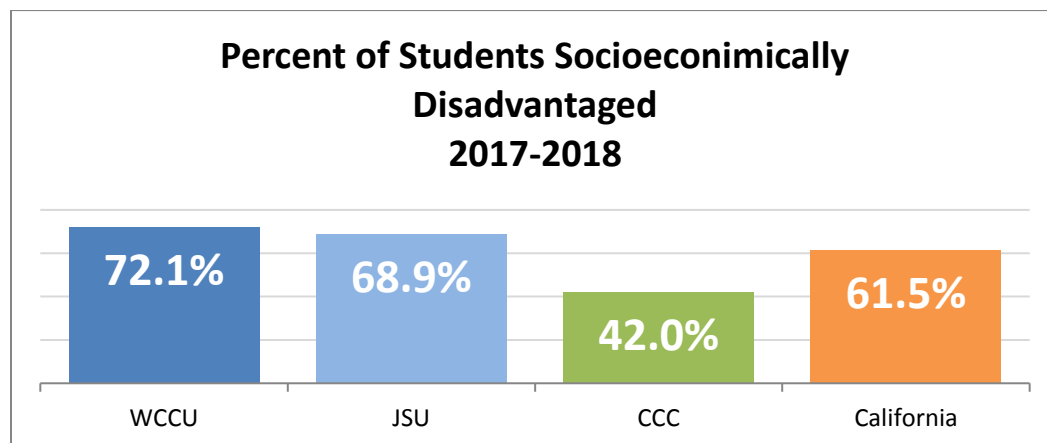
<sup>7</sup> American Academy of Pediatrics, Council on Community Pediatrics. (2016). Poverty and child health in the United States. *Pediatrics*, 137(4), e20160339. Retrieved from: <http://pediatrics.aappublications.org/content/137/4/e20160339>

<sup>8</sup> Hamad, R., & Rehkopf, D. H. (2015). Poverty, pregnancy, and birth outcomes: A study of the Earned Income Tax Credit. *Paediatric and Perinatal Epidemiology*, 29(5), 444-452. Retrieved from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4536129>

of dropping out of school, poor adult health, and poor employment outcomes, among other adverse consequences.<sup>9,10</sup>

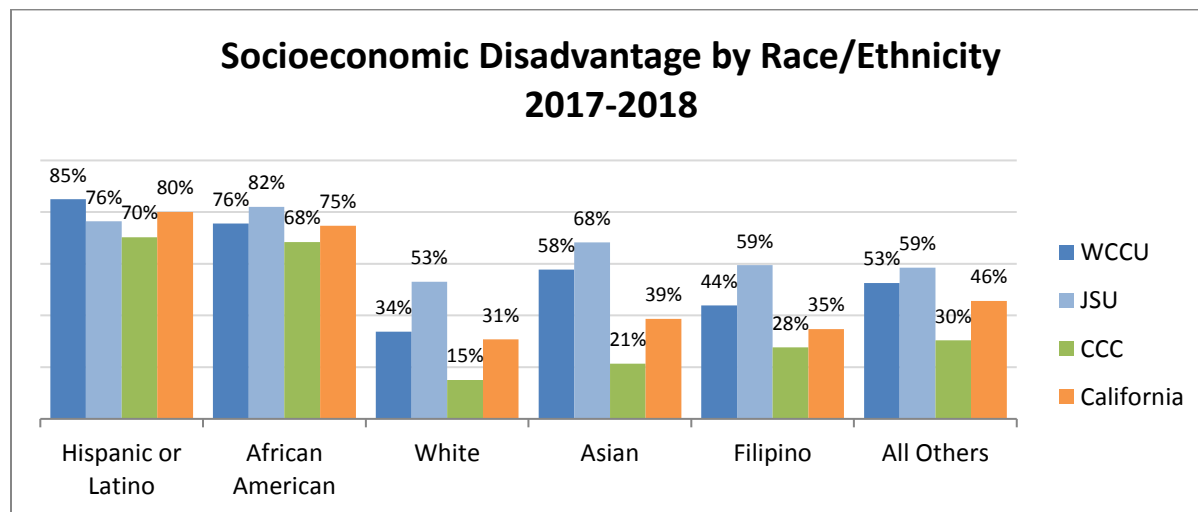
Data from the West Contra Costa Unified School District (WCCU) and John Swett Unified School District (JSU) indicate that many school-aged children in the District are in poverty and that inequities exist based on race.

**Figure 7:**



Source: DataQuest, Data Reporting Office, California Department of Education

**Figure 8:**



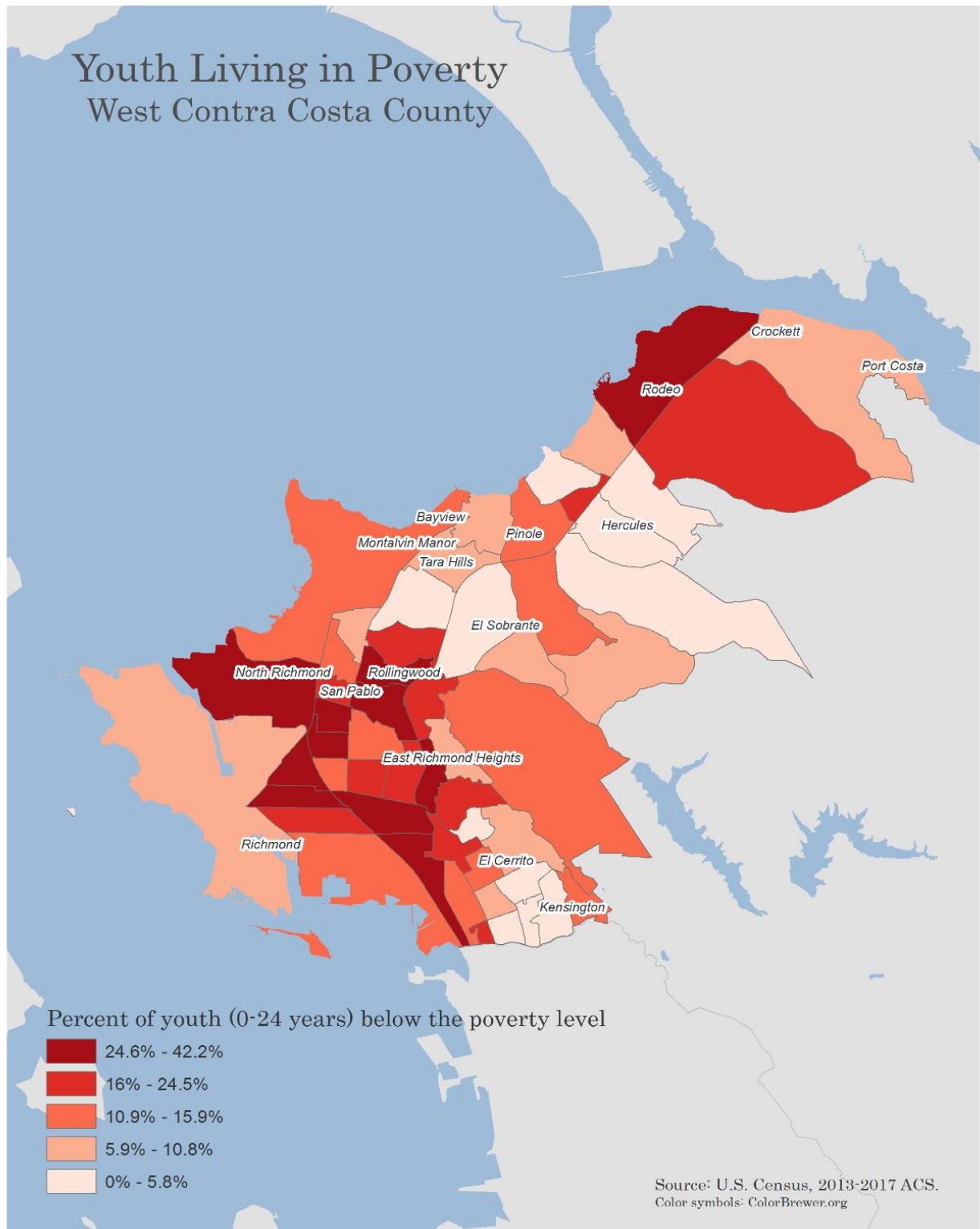
Source: DataQuest, Data Reporting Office, California Department of Education

To better illustrate the distribution of poverty in the District, the following map presents the percentage of all youth (ages 0-24) in poverty in the District by census tract.

<sup>9</sup> Aron, L., et al. (2015). *Can income-related policies improve population health?* Urban Institute & Virginia Commonwealth University Center on Society and Health. Retrieved from: <http://www.urban.org/research/publication/can-income-related-policies-improve-population-health>

<sup>10</sup> Child Trends Databank. (2019). *Children in poverty*.

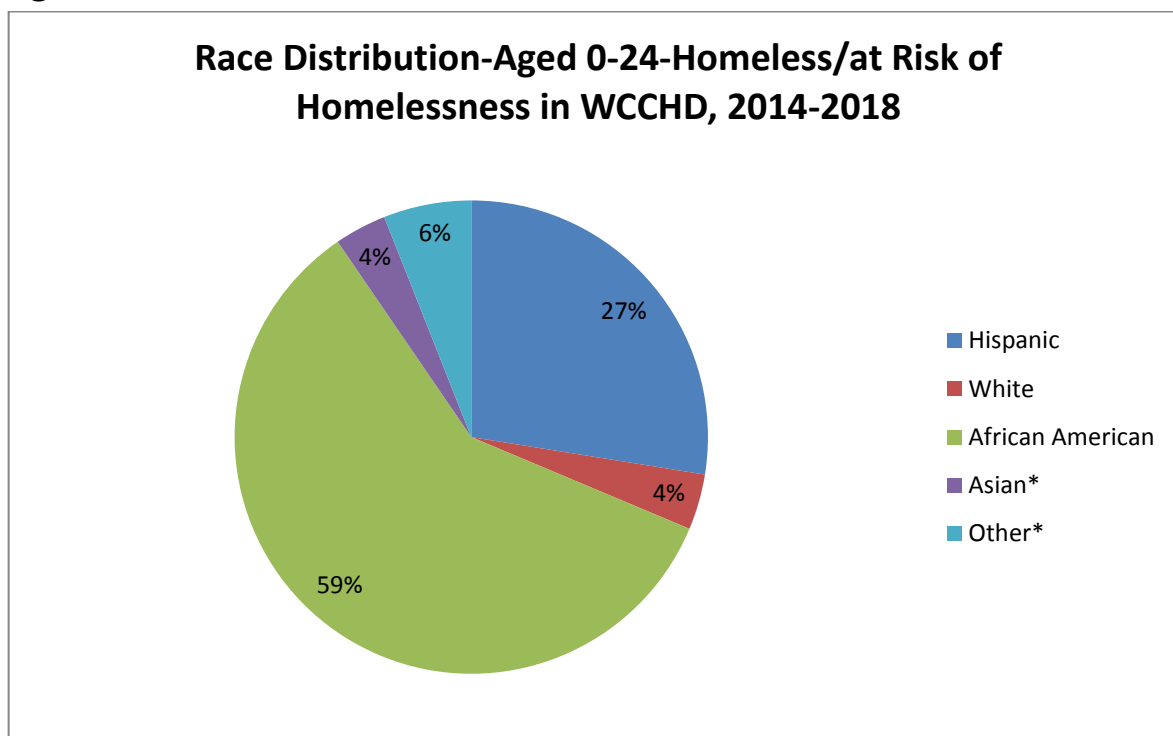
**Figure 9:**



## Homeless Youth

Exacerbating the effect of poverty for some youth in the District is the added burden of homelessness. The total number of individuals in a homeless population can be difficult to determine because there are many different definitions and categories of homelessness, the population tends to be mobile, and there is a cyclic nature to homelessness.<sup>11</sup> However, two data sources are available for estimates. The school districts collect information regarding the percentages of school aged children recorded as homeless, and a database is shared by service providers and shelters in the county (Clarity-HMIS). According to the Clarity-HMIS database, during 2014-2018, there were 22,028 individuals in Contra Costa County who sought homeless-related services and who were either homeless or at imminent risk of homelessness.<sup>7</sup> Of those 22,028, 6,551(29.7%) were aged 0-24. When looking at the District cities, there were a total of 4,911 individuals who sought services in those years and who lost/were about to lose their housing in that area. Of those, 1,184 (24.1%) were aged 0-24. A racial breakdown of homeless illustrates that homelessness or being at risk of homelessness disproportionately affects African American youth.

**Figure 10:**



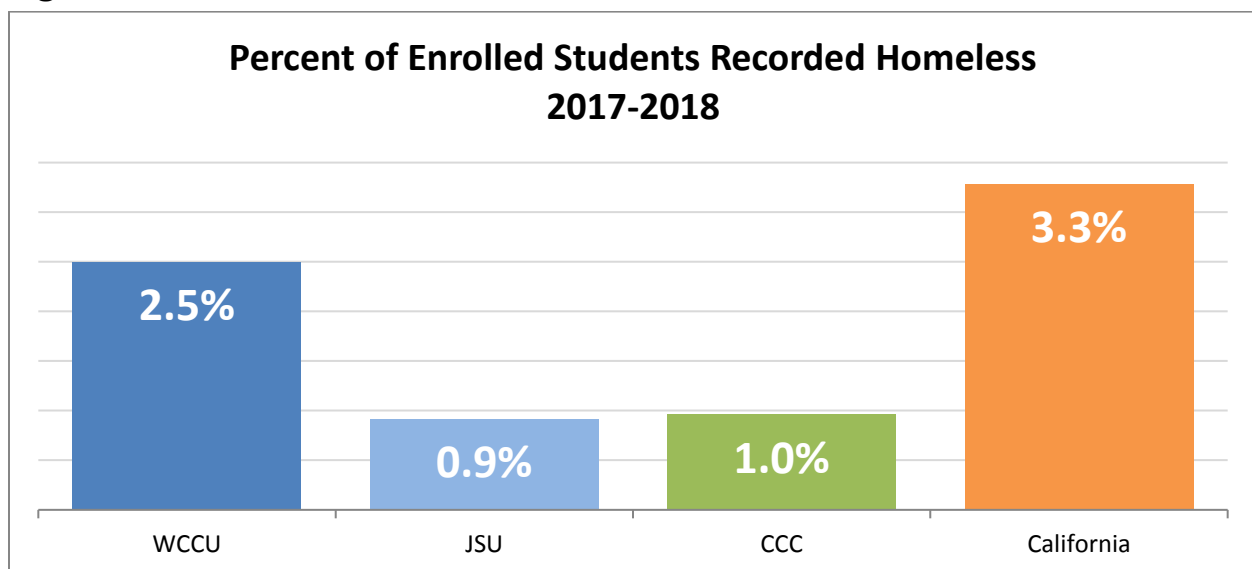
Asian\*= Asian and Native Hawaiian/Other Pacific Islander Other\* = Multiracial, Unknown/Client Refused, and American Indian/Alaska Native

<sup>11</sup> Institute of Medicine (US) Committee on Health Care for Homeless People. Homelessness, Health, and Human Needs. Washington (DC): National Academies Press (US); 1988. B, The Methodology of Counting the Homeless. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK218229/>

Homeless children are more likely to have acute or chronic medical conditions but are less likely to have access to health/dental care than their housed counterparts.<sup>12</sup> Homeless children struggle with major mental/behavioral health challenges (such as depression, post-traumatic stress disorder, and substance use disorders) at higher rates than their housed peers.

Estimates of homelessness are universally considered to be underestimates. Although an effort is made to ensure that data from touches with multiple different services are included in the Clarity-HMIS, some are missed. Data from the school systems in the District show a higher percentage of homeless youth in WCCU than in the county or JSU. The percentages in the tables below represent approximately 800 homeless students in the District, which is close to half of the approximately 1,700 students homeless in the county.

**Figure 11:**



Source: DataQuest, Data Reporting Office, California Department of Education

### Youth in Foster Care

Children in foster care are at increased risk for a variety of emotional, physical, behavioral, and academic problems.<sup>13</sup> Although the foster care system seeks to safely reunite foster care youth with their families, or place them in a permanent home, many foster care youths never gain that level of stability. Youth in foster care are less likely to have regular, consistent medical care, and frequently age out of the system with inadequate housing, low educational and

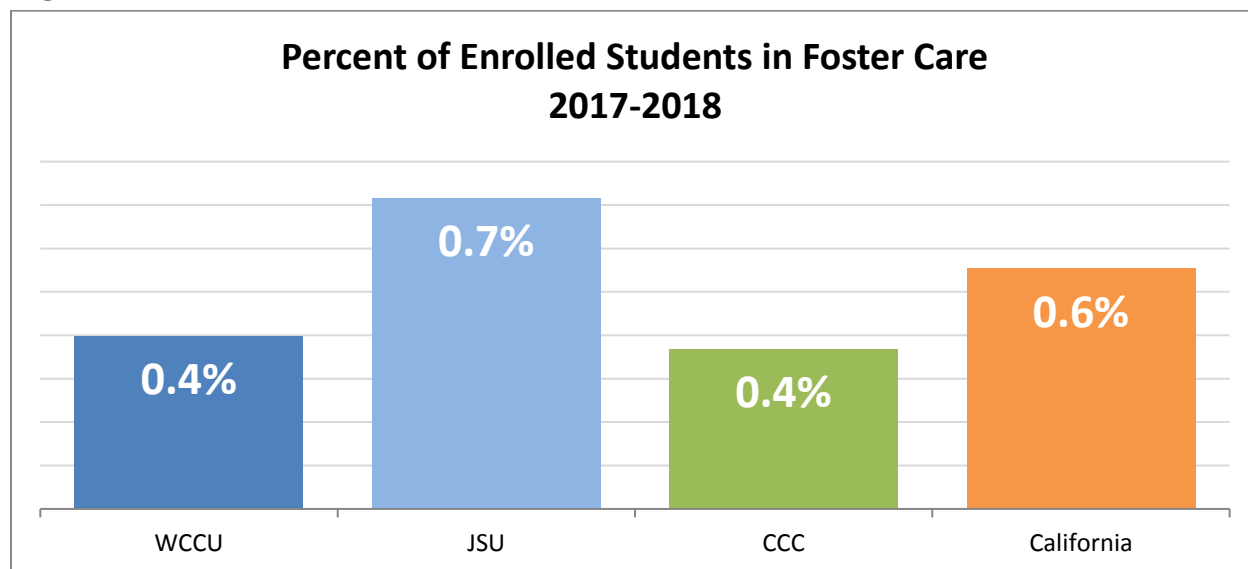
<sup>12</sup> <https://pedsinreview.aappublications.org/content/39/10/530>

<sup>13</sup> Child Trends Databank. (2015). *Foster care*. Retrieved from: <http://www.childtrends.org/?indicators=foster-care>



career attainment, early parenthood, substance abuse, physical and mental health problems, and involvement with the criminal justice system.<sup>14</sup>

**Figure 12:**



Source: DataQuest, Data Reporting Office, California Department of Education

### School Survey Results

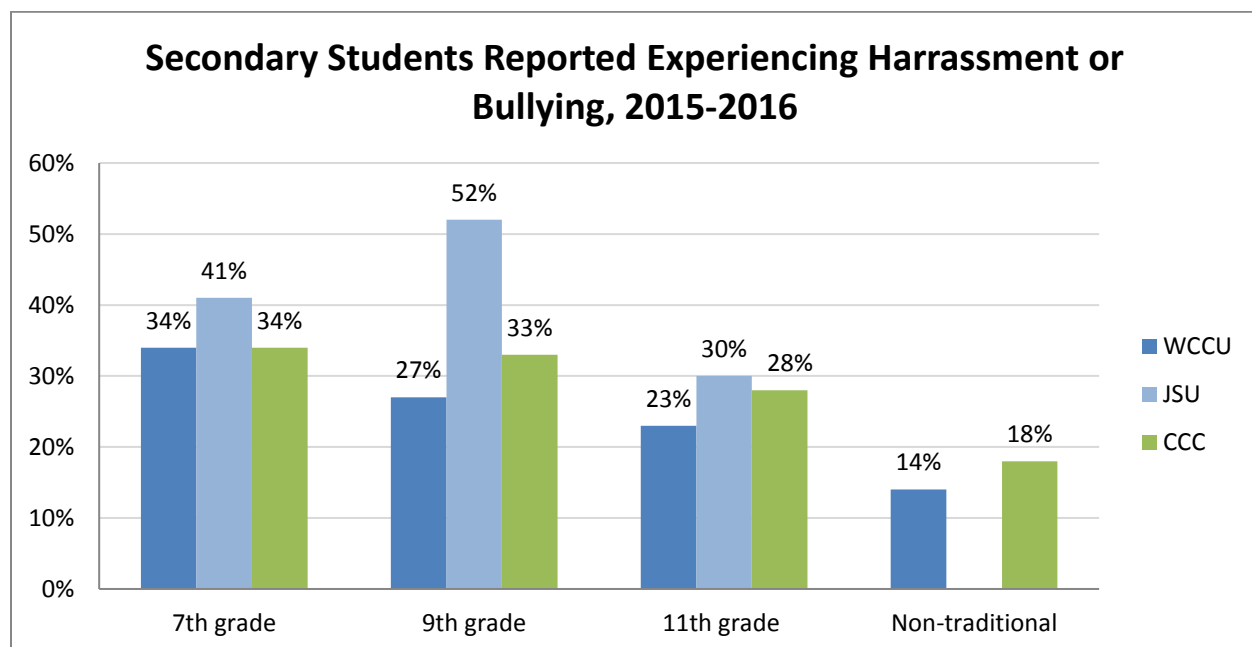
The California Healthy Kids Survey (CHKS) is an anonymous, confidential survey of school climate and safety, student wellness, and youth resiliency administered to students in various grades. For this report, an analysis of CHKS was performed to understand various metrics including alcohol and other drugs usage and perceptions, tobacco usage and perceptions, violence and perceptions of safety in schools, and mental health status among children enrolled in 5<sup>th</sup>, 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade and those in non-traditional schools. Because the components of the survey vary from year to year, as well as the percentage of children that complete the survey, some years and grades provide stronger or more comparable data than others. There were two school districts within Contra Costa County (CCC) that were analyzed, West Contra Costa Unified School District (WCCU) and John Swett Unified School District (JSU), and the 2015-2016 school year was used. Responses for different grades are presented, as well as responses from non-traditional schools. Non-traditional schools, as defined by the California Department of Education on the California School Climate, Health, and Learning Surveys (Cal CHLS) Data Dashboard, include "Continuation High Schools, District Community Day Schools, Juvenile Court Schools, Opportunity Schools, and Special Education Schools."

<sup>14</sup> Russ, E., & Fryar, G. (2014). *Creating access to opportunities for youth in transition from foster care*. American Youth Policy Forum. Retrieved from: <http://www.aypf.org/resources/creating-access-to-opportunities-for-youth-in-transition-from-foster-care-2>

## Harassment and Bullying

Most of the harassment and bullying, for all reports and grades, targeted five characteristics - race, religion, gender, sexual orientation, or having a physical or mental disability. Overall, a higher percentage of students were harassed for race-related reasons compared to any other reason. Individuals who are harassed by peers have been seen to have lower grades, higher rates of absenteeism, and higher rates of disliking school. Bullying and harassment can have additional consequences such as increased rates of depression, suicidal ideation, and feelings of loneliness.<sup>15</sup> Those who are victims have been seen to have a higher rate of violence-related behaviors and are more likely to bring weapons to school compared to their non-bullied counterparts.<sup>11,16</sup> A higher percentage of students at JSU reported experiencing harassment or bullying for all grades when compared to WCCU, all of Contra Costa County, and the non-traditional schools.

**Figure 13:**



Source: California Healthy Kids Survey 2015-2016

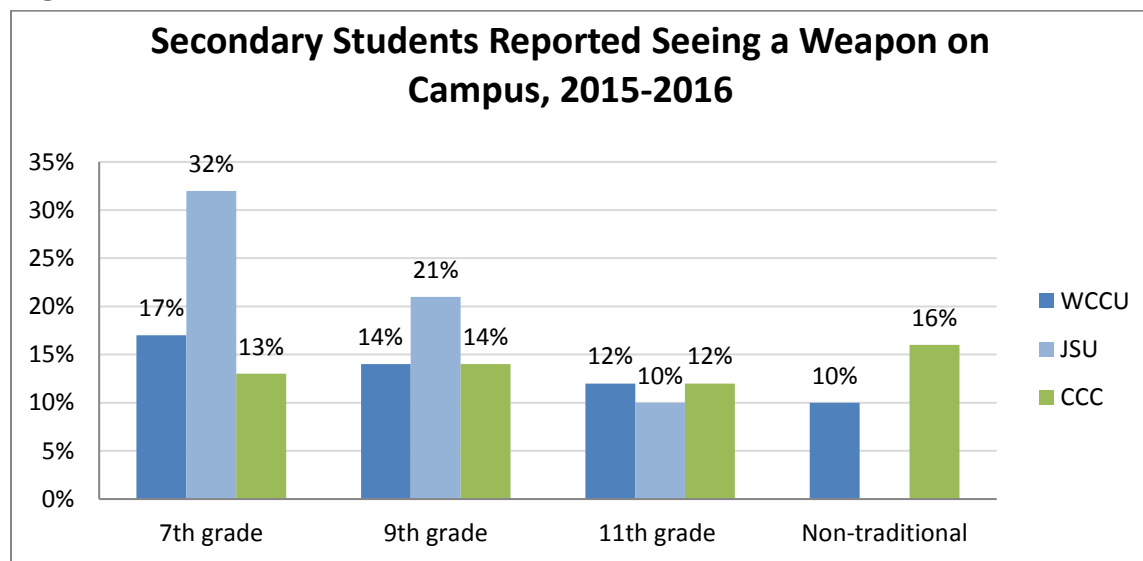
Students seeing weapons on campus are less likely to feel safe at school. JSU 7<sup>th</sup> and 9<sup>th</sup> graders reported higher percentages of seeing a weapon at school compared to CCC and WCCU. The decrease in reports of seeing a weapon at school among older youth may be as result of

<sup>15</sup> What Is Bullying? Aalsma, Matthew C. et al. Journal of Adolescent Health , Volume 43 , Issue 2 , 101 – 102. Retrieved from: [https://www.jahonline.org/article/S1054-139X\(08\)00251-6/fulltext](https://www.jahonline.org/article/S1054-139X(08)00251-6/fulltext)

<sup>16</sup> Weapon Carrying Among Victims of Bullying, Tammy B. Pham, Lana E. Schapiro, Majnu John, Andrew Adesman Pediatrics Dec 2017, 140 (6) e20170353; DOI: 10.1542/peds.2017-0353Retrieved from: <https://pediatrics.aappublications.org/content/140/6/e20170353>

increased maturity and improved behavior or may be the result of changes to the composition of students in later years.

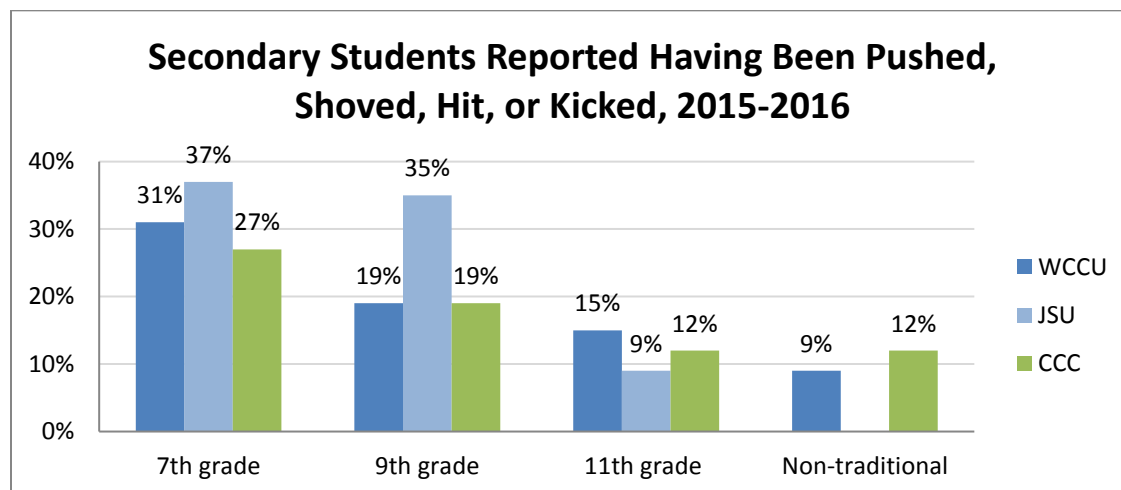
**Figure 14:**



Source: California Healthy Kids Survey, 2015-2016

JSU, particularly in 7th and 9th grade, reported higher percentages of being pushed, shoved, hit, or kicked in the past 12 months compared to CCC and WCCU. Children who are victims of violence, whether in the community and/or in a family setting, exhibit poorer academic progress and inappropriate classroom behavior.<sup>17</sup>

**Figure 15:**



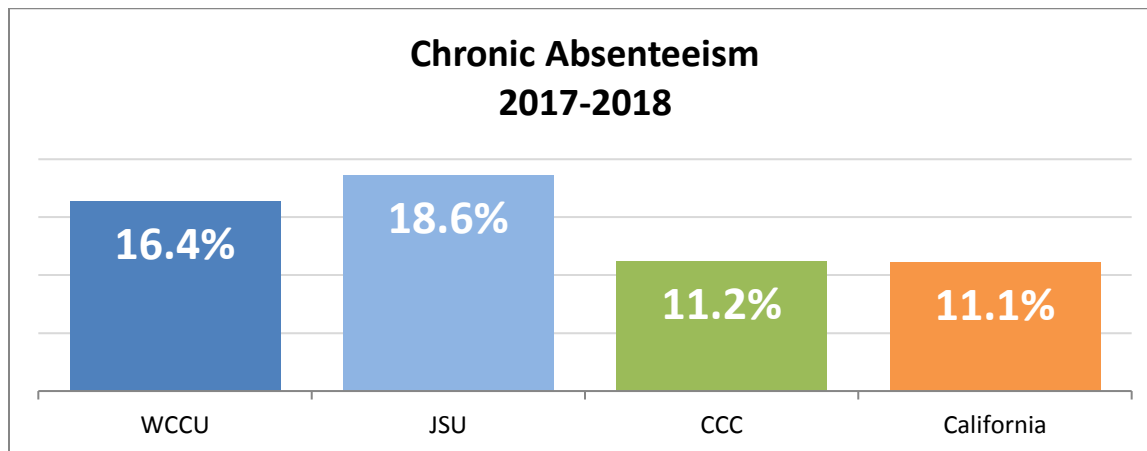
Source: California Healthy Kids Survey, 2015-2016

<sup>17</sup> [https://www.counseling.org/docs/default-source/vistas/the-effects-of-violence-on-academic-progress-and-classroom-behavior.pdf?sfvrsn=1828de3f\\_12](https://www.counseling.org/docs/default-source/vistas/the-effects-of-violence-on-academic-progress-and-classroom-behavior.pdf?sfvrsn=1828de3f_12)

## Academic Performance

Many factors contribute to sound academic performance, but for most students, presence at school and in class is a necessary prerequisite. Both WCCU and JSU had a higher percentage of students with chronic absenteeism than the county or the state. Chronic absenteeism is defined as missing at least 10% of classes.

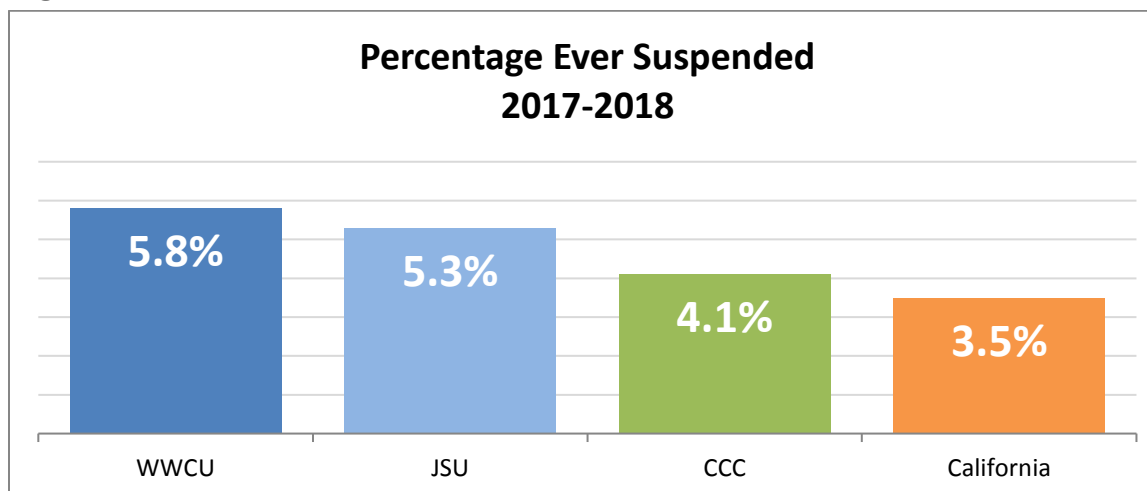
**Figure 16:**



Source: DataQuest, Data Reporting Office, California Department of Education

Suspension also reduces class time and removes students from the academic environment. The percentage of students ever suspended is also higher for WCCU and JSU than for the county or the state.

**Figure 17:**



Source: DataQuest, Data Reporting Office, California Department of Education

Third grade reading level is metric frequently used to predict future student success. Early school years are focused on learning to read but learning and progress in later years depend on

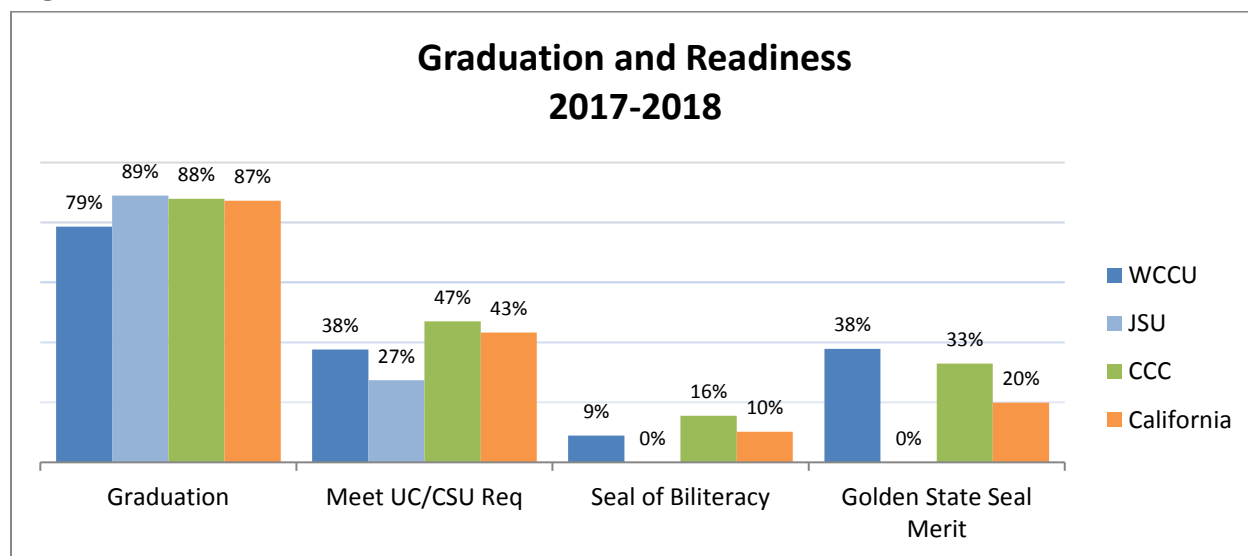
the ability to read as a requisite foundation. Children unable to read at grade level in 3<sup>rd</sup> grade have difficulty keeping up in subsequent grades.

Most all students in California schools take the computer-based Smarter Balanced Summative Assessments based on the Common Core State Standards (CCSS) for ELA and mathematics. Aggregate results of test scores are publicly available by school and school district. Percentages are available of students who exceeded grade level achievement standards, met grade level standards, nearly met grade level standards, and did not meet grade level standards.

Less than one third of WCCU and JSU third graders met or exceeded grade level standards for English Language Arts for the 2017 testing. For WCCU, 68% of third graders did not meet standards, and for JSU, close to 70% of third graders did not meet standards. Performances was even poorer among certain sub-groups, such as

Graduating high school is a significant accomplishment for some students. The percentage of students graduating from WCCU is lower than for the county or the state, but the percentage of student graduating from JSU is comparable to the percentages for the county and state. However, few WCCU or JSU graduates complete high school with the requirements necessary to enter the University of California or California State University systems.

**Figure 18:**



Source: DataQuest, Data Reporting Office, California Department of Education

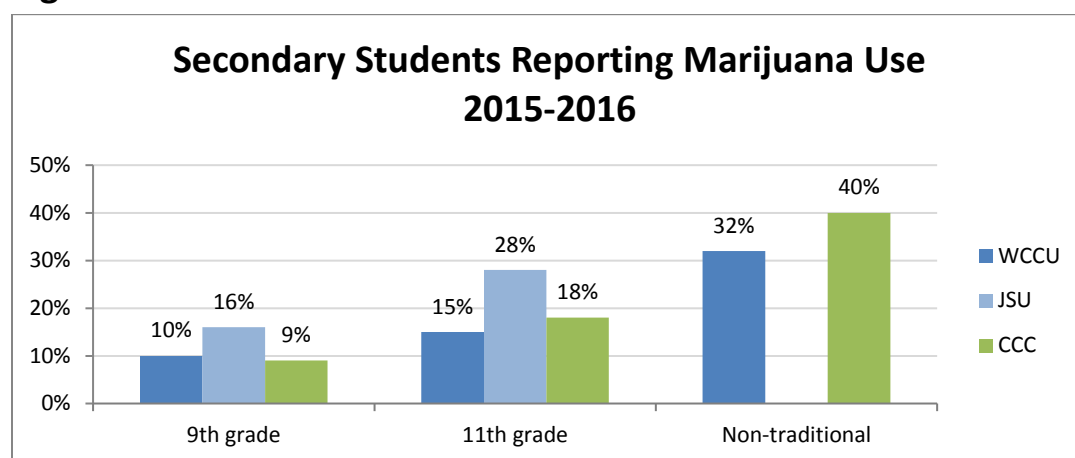
### Alcohol and Drug Use

The CHKs survey provides information on alcohol, tobacco, and other drug use. On the survey, students answer questions regarding ever use of a substance and use within the last 30 days. The percentage of students from WCCU and JSU that used marijuana within 30 days of the



survey increases as grade increases, following trends shown in a similar national survey.<sup>18</sup> Non-traditional students in WCCU and those enrolled in traditional schools in JSU indicate recent marijuana use at a higher percentage than other students. JSU's percentage of students currently smoking marijuana was greater than the observed county average with 16% of JSU's 9<sup>th</sup> graders having reported currently smoke marijuana versus 13.1% countywide, and 28% of JSU's 11<sup>th</sup> graders reported currently smoking marijuana versus 22.6% countywide. Although the numbers of students are smaller and the percentages may be less stable, non-traditional students reported the highest percentage of recent marijuana use.

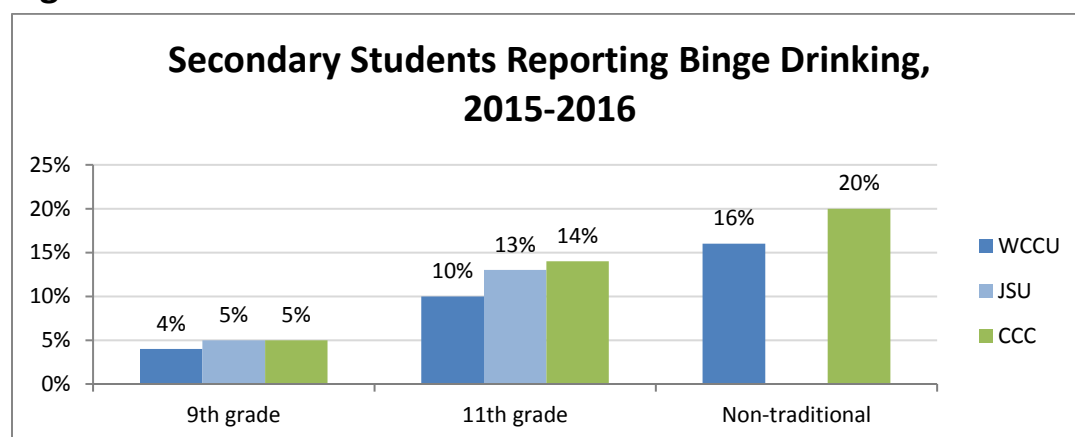
**Figure 19:**



Source: California Healthy Kids Survey 2015-2016

The percentage of secondary students that reported binge drinking, defined as having 5 or more drinks within a couple of hours, was not appreciably higher for JSU or WCCU students than for comparable countywide groups.

**Figure 20:**

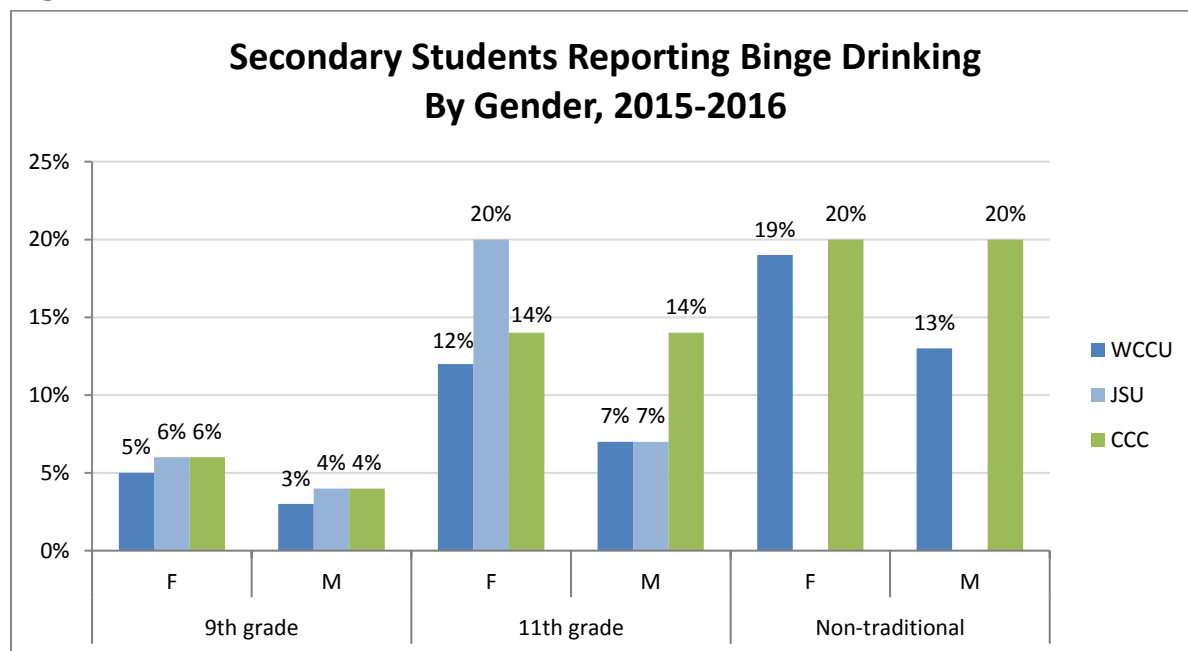


Source: California Healthy Kids Survey 2015-2016

<sup>18</sup> <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf>

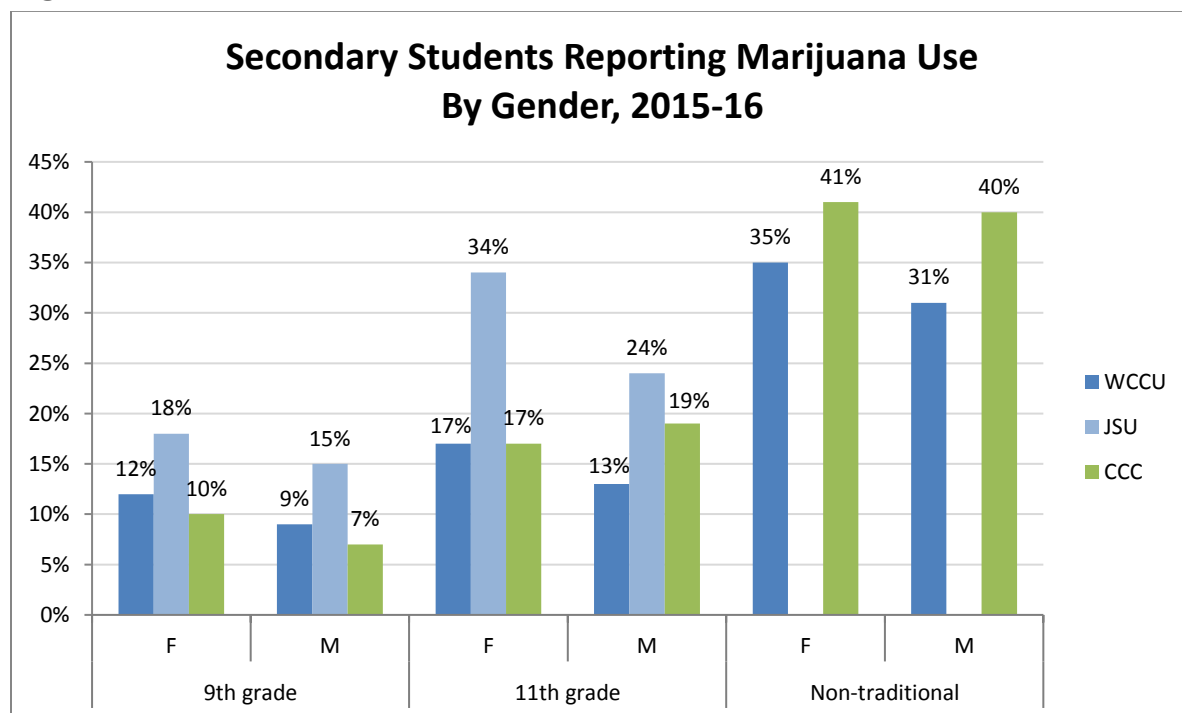
Female students from WCCU and JSU were more likely to report current binge drinking than their male counterparts. This was also true regarding current marijuana usage.

**Figure 21:**



Source: California Healthy Kids Survey 2015-2016

**Figure 22:**



Source: California Healthy Kids Survey 2015-2016

## Tobacco Use

Cigarette smoking is the leading cause of preventable and premature death in the U.S., resulting in more than 480,000 deaths annually.<sup>19</sup> Studies show that the younger someone starts smoking, the more likely they are to become addicted to nicotine. Most long-term cigarette smokers started during their teen years.<sup>20</sup> After years of decline, overall tobacco use by youth has risen dramatically in the past few years and electronic cigarettes (e-cigarettes) is the main reason for this increase.<sup>21</sup> On a national level, the percentage of high school students vaping almost doubled between 2017 and 2018, representing the largest single year increase in substance use since the *Monitoring the Future* survey started measuring teen drug and alcohol use in 1975.<sup>22</sup> Some of the most popular brands of e-cigarettes sold in the U.S. contain as much nicotine as a pack of cigarettes and come in a variety of fruit and candy flavors that appeal to youth. There is a perception among some youth that vaping causes little or no harm. This is concerning since youth who believe that e-cigarettes are not harmful or are less harmful than cigarettes are more likely to use e-cigarettes than youth with more negative views of e-cigarettes.<sup>23</sup> However, the surgeon general declared in a 2016 report that e-cigarette use among young people "is now a major public health concern" because early e-cigarette use and nicotine addiction can harm brain development and increase the risk of young people smoking cigarettes.<sup>24</sup>

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<sup>19</sup> U.S. Department of Health and Human Services. [The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General](#). Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014

<sup>20</sup> <https://www.cancer.org/cancer/cancer-causes/tobacco-and-cancer/why-people-start-using-tobacco.html> [Accessed April 1, 2019]

<sup>21</sup> <https://www.cdc.gov/vitalsigns/youth-tobacco-use/> [Accessed April 1, 2019]

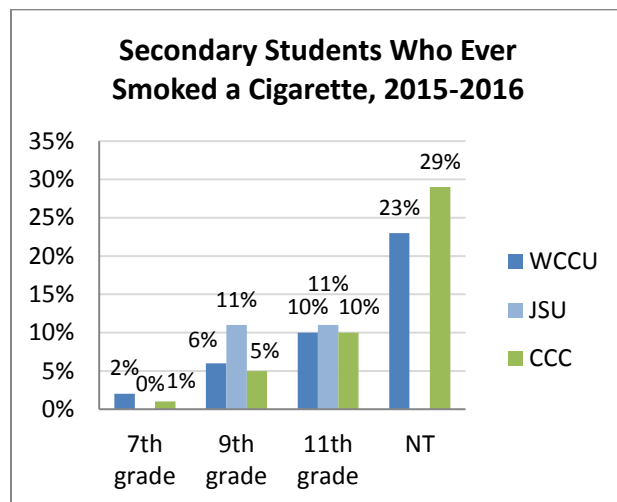
<sup>22</sup> <https://www.medpagetoday.com/primarycare/smoking/76953> [Accessed April 1, 2019]

<sup>23</sup> Gorukanti A, Delucchi K, Ling P, Fisher-Travis R, Halpern-Felsher B. Adolescents' attitudes towards e-cigarette ingredients, safety, addictive properties, social norms, and regulation. *Prev Med*. 2017;94:65-71. doi:[10.1016/j.ypmed.2016.10.019](https://doi.org/10.1016/j.ypmed.2016.10.019)

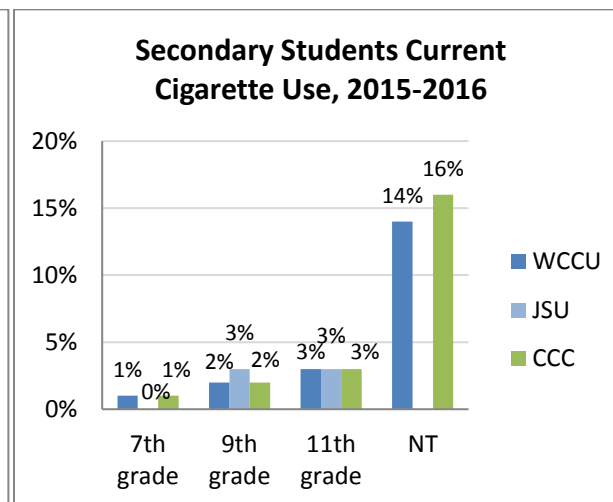
<sup>24</sup> US Department of Health and Human Services. [E-cigarette Use Among Youth and Young Adults: A Report of the Surgeon General CDC-pdf](#) [PDF – 8.47MB]. Atlanta, GA: US Department of Health and Human Services, CDC; 2016.

CHKs survey data from 2017-2018 shows that most 5th graders surveyed in West Contra Costa had never smoked a cigarette or used an e-cigarette or other vaping device. However, in subsequent years, current and ever cigarette use among secondary students increased slightly by grade level in both WCCU and the County (Figures 23 and 24).

**Figure 23:**



**Figure 24:**



Source: California Healthy Kids Survey, 2015-2016

JSU was an exception to this trend; at JSU the same percentage of 9<sup>th</sup> and 11<sup>th</sup> graders reported current and ever cigarette use (Figures 24 and 25). While percentages of ever use were similar between WCCU schools and the county at 7<sup>th</sup> and 11<sup>th</sup> grade levels, ever use among 9<sup>th</sup> graders at JSU was about twice as high as the County and WCCU. Less than 2% of students across grades at JSU secondary, and 1% at WCCU secondary reported smoking cigarettes at school; however, at non-traditional schools, 8% of students admitted to smoking cigarettes at school.

At non-traditional schools in West Contra Costa, current and ever cigarette use was substantially higher than their peers in traditional schools (Figures 23 and 24). More than twice as many

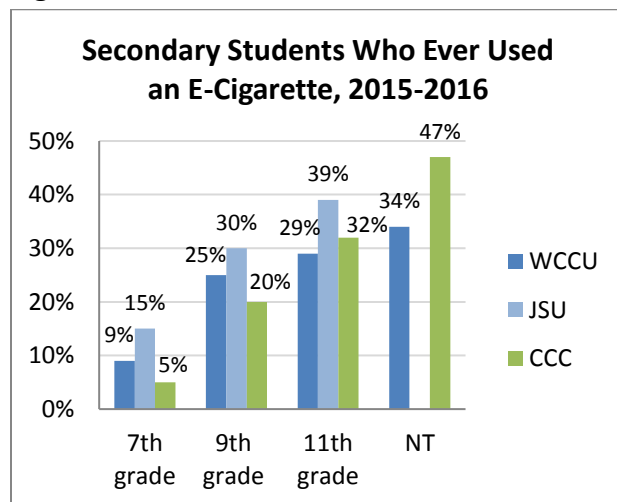
students in West Contra Costa non-traditional school settings reported ever smoking a cigarette compared to 11<sup>th</sup> graders at JSU and WCCU. Non-traditional students are not grade specific but include students 15-18.

**Youth in non-traditional schools in West Contra Costa report much higher percentages of tobacco use compared to their peers at WCCU and JSU.**

The percentage of secondary students in West Contra Costa who reported ever or current e-cigarette use is much higher than combustible cigarettes (see Figures 23, 24, 25 and 26). As with conventional cigarettes, the percentage of youth who reported current or ever use of e-cigarettes increased with grade level. Overall, 7<sup>th</sup> and 9<sup>th</sup> graders in West Contra Costa schools appear to be trying e-cigarettes at a younger grade compared to their counterparts at the County level. Compared to their peers at the county, three times more 7<sup>th</sup> graders at JSU, and

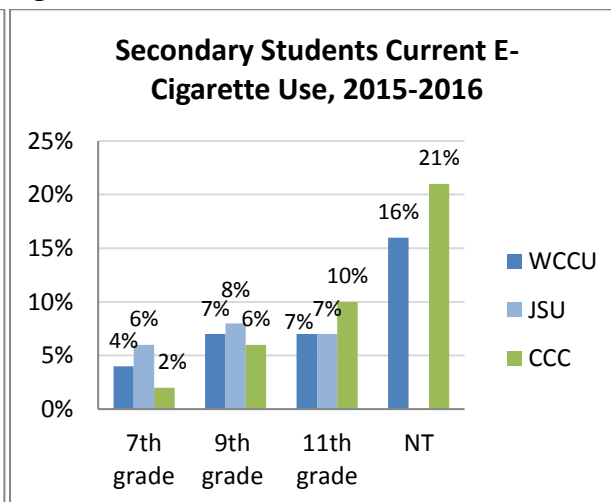
almost twice as many 7<sup>th</sup> graders at WCCU reported they had ever vaped (Figure 25). *Current* use of e-cigarettes was also higher in West Contra Costa among 7<sup>th</sup> and 9<sup>th</sup> graders compared to the county, but this trend reversed in 11<sup>th</sup> grade where percentages of youth currently vaping was higher at the County level (Figure 26).

**Figure 25:**



Source: California Healthy Kids Survey, 2015-2016

**Figure 26:**

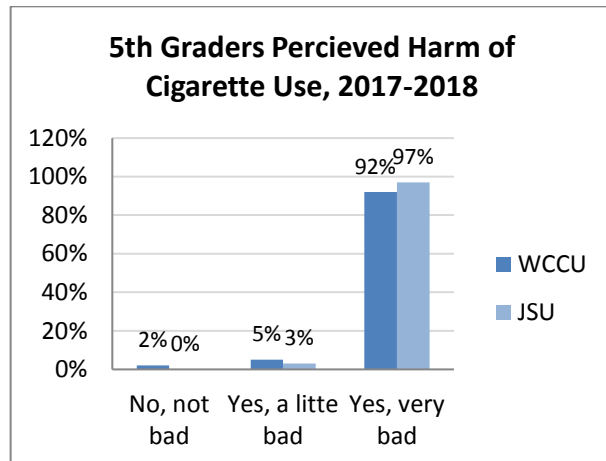


In non-traditional schools, the percentage of students reporting current e-cigarette use was much higher compared to their peers at JSU and WCCU (Figure 26). At non-traditional schools, 12% of students reported current vaping while at school which is about four times higher than at other schools in West Contra Costa.

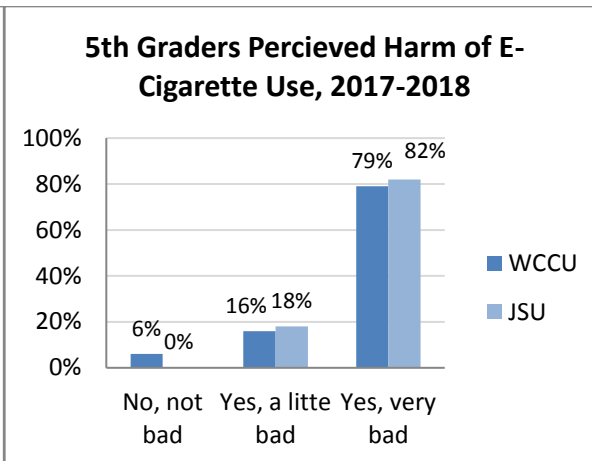
E-cigarette use was higher among male respondents in 9<sup>th</sup> grade (6% males vs. 3% females), but by 11<sup>th</sup> grade the same percentage of male and female students reported e-cigarette use. In non-traditional schools, females reported higher percentage of use at 29% compared to 19% of males.

CHKS survey data suggests that the majority of 5<sup>th</sup> graders at WCCU and JSU perceived smoking conventional cigarettes and using an e-cigarette, or “vaping,” as being harmful to a person’s health (Figures 27 and 28).

**Figure 27:**



**Figure 28:**

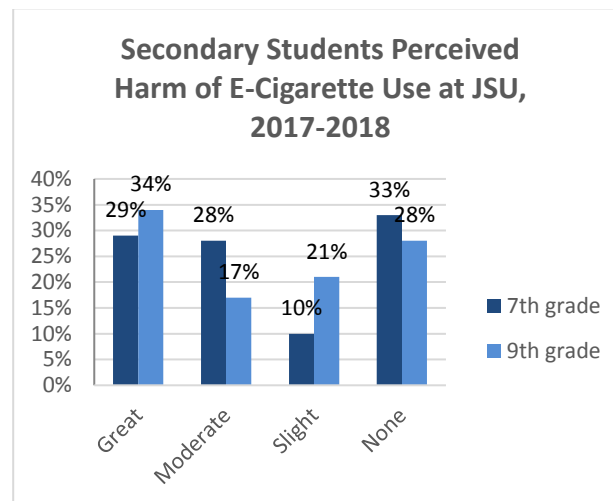


Source: California Healthy Kids Survey, 2017-2018

However, fewer students at both elementary schools perceived vaping to be “very bad” compared to smoking conventional cigarettes. In fact, about one in five 5<sup>th</sup> graders in West Contra Costa perceived e-cigarette use as “not bad” or only “a little bad” for health. This is significant given that perceptions of risk are considered an important factor influencing future tobacco use.<sup>25</sup>

At JSU, 43% of 7<sup>th</sup> graders and 49% of 9<sup>th</sup> graders reported that e-cigarette use can cause only slight or no harm (11<sup>th</sup> grade data was not available). Only about one in three 7<sup>th</sup> and 9<sup>th</sup> students surveyed at JSU believed e-cigarette use caused great harm (Figure 29).

**Figure 29:**



Source: California Healthy Kids Survey, 2017-2018

## Body Composition

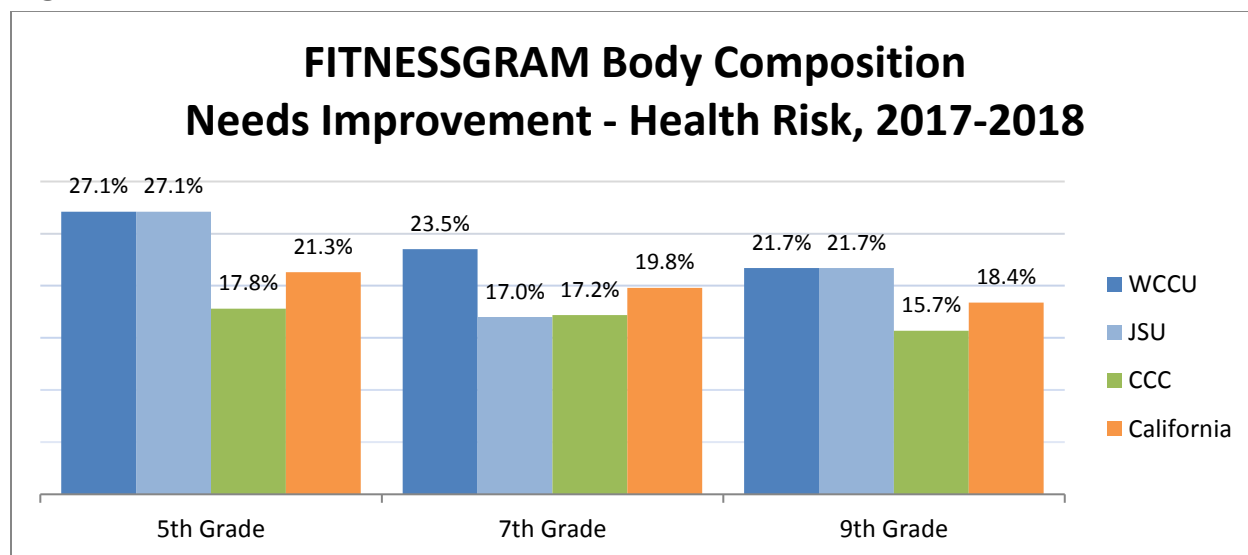
Lack of exercise, poor diet and resulting weight gain can put even adolescents at greater risk for type 2 diabetes. The real impacts, however, can take decades to become apparent. Children and adolescents

<sup>25</sup> Tsai, J., Walton, K., Coleman, B., Sharapova, S., Johnson, S., Kennedy, S., Caraballo, R. (2016) Reasons for Electronic Cigarette Use Among Middle and High School Students — National Youth Tobacco Survey, United States, 2016. Morbidity and Mortality Weekly Report (MMWR), February 16, 2018 / 67(6);196–200

who are overweight or obese are more likely to be overweight or obese in adulthood and this will put them at greater risk of several leading causes of death including heart disease, stroke and some cancers as well as significant causes of morbidity like diabetes. Healthy habits established in childhood and adolescence can persist into adulthood and prevent many of these outcomes.

Each year, students in 5<sup>th</sup>, 7<sup>th</sup> and 9<sup>th</sup> grades are measured against a “Healthy Fitness Zone” performance standard for physical fitness. The measures include several indicators for strength, flexibility and endurance as well as a body composition measure. Students are categorized into 3 groups for each indicator: ‘in the healthy fitness zone,’ ‘in need of improvement,’ and ‘in need of improvement with health risk.’ Both school districts in the health district had a higher percentage of students in the health risk category than the county or the state in 5<sup>th</sup> and 9<sup>th</sup> grade students for body composition in 2017-2018. The percentages were identical for the two districts at 27% for 5<sup>th</sup> graders compared to Contra Costa’s 18% and the State’s 21% and 22% for 9<sup>th</sup> graders compared with the county’s 16% and the state’s 18%. For 7<sup>th</sup> graders, however, the percentage for John Swett Unified was similar to the county’s 17%, lower than the state’s 20% and much lower than the 24% recorded at WCCU schools.

**Figure 30:**



Source: DataQuest, Statewide Assessment Division, California Department of Education

### Section 3: Access to Emergency and Urgent Care

The District has long been an area where underserved populations struggle to access care. The situation was exacerbated by the 2015 closing of Doctors Medical Center (DMC). The region remains short on ED treatment stations and ICU beds, and patients requiring ambulance transport to a hospital frequently experience longer transport times. For ambulance transports, the average time from the patient scene to ambulance arrival at an emergency department is longer for Richmond and west county than for central or east county. EMS services have also



been adversely affected by long offload times that delay how quickly an ambulance can return to service for the next call.

The following tables illustrate the bed capacity and volume of patients in the region surrounding the District in 2017. The percentage of emergency department visits that result in admissions into a hospital offer some indication of the overall severity of illness or condition routinely seen among patients that present to the emergency department.

**Table 7:**

<b>General Acute Care Beds and EMS Treatment Stations by Hospital, 2017</b>		
Hospital	General Acute Care Beds	EMS Treatment Stations
Kaiser Richmond and Oakland Combined	180	48
Alta Bates Summit Medical Center, Berkeley	347	25
Alta Bates Summit Medical Center, Oakland	403	32
Highland Hospital, Oakland	169	57
Children's Hospital and Research Center, Oakland	190	37
Contra Costa Regional Medical Center, Martinez	124	20
John Muir, Concord	245	32
Kaiser Foundation Hospital, Vallejo	248	51
Sutter Solano Medical Center, Vallejo	108	13
John Muir, Walnut Creek	554	44
Kaiser Foundation Hospital, Walnut Creek	233	52
Marin General Hospital, Greenbrae/San Rafael	218	22

Source: Office of Statewide Health, Planning, and Development, 2017

Approximately 113,000 emergency department visits were made by District residents in 2017. The majority (52%) were to the Kaiser Foundation Hospital in Oakland and the Kaiser Medical Center Emergency Room in Richmond. District residents went to the Contra Costa Regional Medical Center for 14% of visits, and Alta Bates Summit Medical Center in Berkeley for 8%. Additional hospitals not represented in the table received a smaller percentage of District patients; therefore, the total of the percentages does not sum to 100%.

**Table 8:**

<b>Market Share of Emergency Department Visits, 2017</b>	
KAISER FOUNDATION HOSPITAL - OAKLAND/RICHMOND	52%
CONTRA COSTA REGIONAL MEDICAL CENTER	14%
ALTA BATES SUMMIT MEDICAL CENTER-ALTA BATES CAMPUS	8%
CHILDRENS HOSPITAL AND RESEARCH CENTER AT OAKLAND	5%
KAISER FOUNDATION HOSPITAL & REHAB CENTER – VALLEJO	3%

<b>Market Share of Emergency Department Visits, 2017</b>	
JOHN MUIR MEDICAL CENTER-CONCORD CAMPUS	2%
JOHN MUIR MEDICAL CENTER-WALNUT CREEK CAMPUS	2%
ALTA BATES SUMMIT MEDICAL CENTER	2%
KAISER FOUNDATION HOSPITAL - WALNUT CREEK	1%
HIGHLAND HOSPITAL	1%

Source: Patient Discharge Data, Emergency Department Data, and Ambulatory Surgery Center Data, 2017

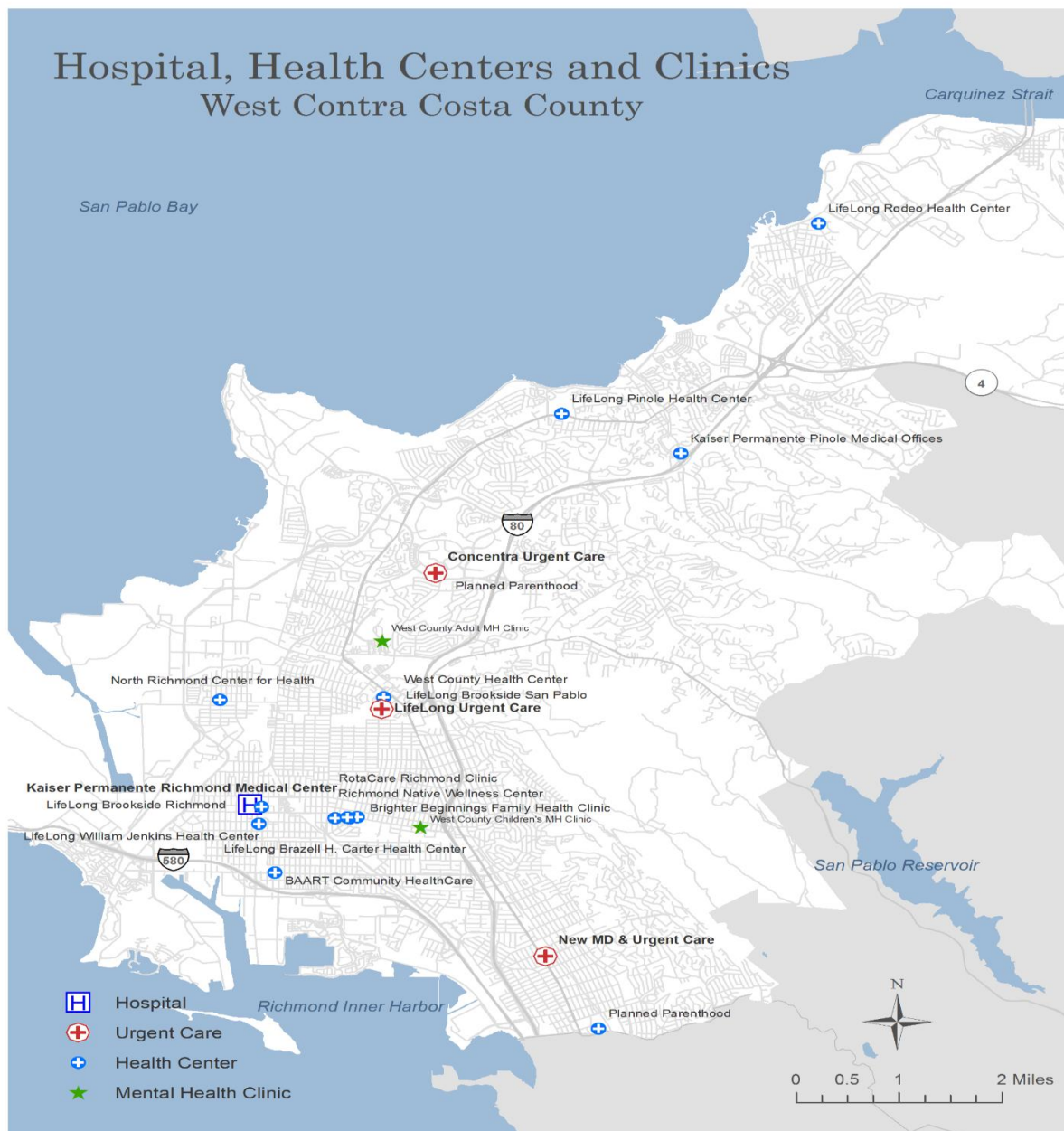
The above table illustrates the distribution of patients from the District that sought medical care at an emergency department. However, some patients that trusted Doctors Medical Center as a longstanding source of care may have ceased or reduced their access to service with its closure. Youth are traditionally more hesitant to connect with care and services, and the loss of a source of care that may have been familiar to them or their families may exacerbate their delay in seeking services.

In 2015, in response to the closure of DMC and the anticipated medical needs of local residents, LifeLong Medical Care opened an Immediate/Urgent Care Center in San Pablo to provide an alternative to emergency room care for patients who require non-life threatening, but immediate attention. Like an ED, no appointments or referrals are necessary at LifeLong's Urgent Care and all patients, regardless of insurance and ability to pay. LifeLong's Brookside San Pablo Urgent Care is open 7 days a week, from 10:00-8:00 Monday-Friday and 9:00-5:00 on Saturdays, Sundays and holidays. These extended hours mirror the DMC high volume patient visits patterns. Staffing during these hours are maintained at consistent level to be able to meet the flow walk-in visits. In late 2019, LifeLong will open a second Urgent Care Center at the William Jenkins Health Center at 150 Harbour Way within four blocks of the Richmond Kaiser Emergency Department. By having an Urgent Care so close to Richmond Kaiser ED, LifeLong will work to divert patients with non-life threatening to its Urgent Care and provide a entre into primary and dental care at the William Jenkins Health Center for those individuals and families who have no medical or dental home.

By working in partnership with Richmond Kaiser ED, LifeLong Medical Care provides additional care management with a RN and two case manager to follow up with LifeLong patients seen by the Kaiser ED. The care management team ensures these patients are connected to a primary are provider, managing their health care, and are introduced to the Urgent Care – all factors that contribute to the reduction in ED visits.

The following map illustrates some of the available health and mental health cares sites available in the District.

**Figure 31:**



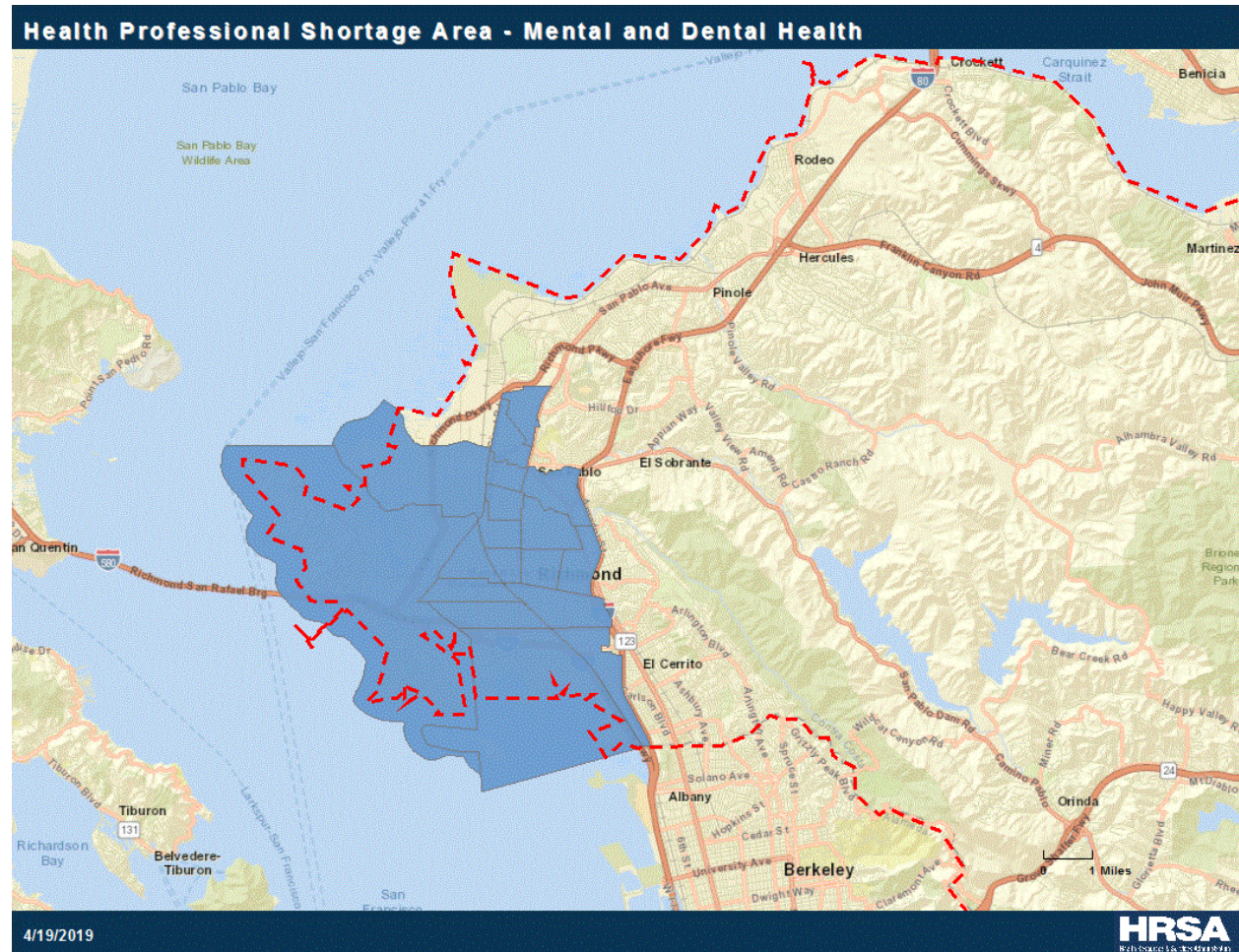
Source: Map Created by Contra Costa Health Services, Public Health

The federal Health Resources & Services Administration (HRSA) works with states to determine what areas should be identified as shortage designations and are therefore eligible to receive certain federal resources. Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), population (e.g. low income or Medicaid eligible) or facilities (e.g. federally qualified health center or other state or federal prisons). Medically



Underserved Areas/Populations are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population. In the District, the Richmond vicinity is a designated mental and dental health shortage areas, and parts of the District house Medically Underserved Areas/Populations.

**Figure 32:**



Source: Health Resources & Services Administration

ANNA M. ROTH, R.N., M.S., M.P.H.  
HEALTH SERVICES DIRECTOR

PATRICK GODLEY, MBA  
CHIEF OPERATING OFFICER  
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**AGENDA ITEM 4**

To: West Contra Costa Healthcare District Finance Committee  
John Gioia, Supervisor, District I  
Federal Glover, Supervisor, District V

From: Patrick Godley *P.G.*  
Chief Operating Officer and Chief Financial Officer, Health Services Department

Date: May 6, 2019

Subject: 2019/20 West Contra Costa Healthcare District Budget

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Attached you will find the 2019/20 recommended budget for the West Contra Costa Healthcare District. The budget was presented to the Board of Supervisors on April 6, 2019. The budget is scheduled for final Board adoption on May 7, 2019.

It should be noted that:

- Fiscal Year 2019/20 is the first year of full operation under the governance of the County Board of Supervisors.
- The vast majority of the parcel tax and ad valorem tax will be directed to creditors and repayment of the Contra Costa County tax exchange as required under the District's bankruptcy plan.
- The budget includes \$900,000 to fund community benefit programs in the District.
- It is anticipated that \$900,000 will be available in Fiscal Year 2020/21 and 2021/22, to fund community benefit programs.

The committee may consider accepting this report and acknowledging the items above.



## Health Services

### Health and Human Services

#### West Contra Costa Healthcare District

(Administered by the Health Services Department and included here for informational purposes. The cost center is part of the Special District Budget.) These funds are not included in the Overview, Summary, and Mandatory / Discretionary data.

West Contra Costa Healthcare District	2017-18 Actuals	2018-19 Budget	2019-20 Baseline	2019-20 Recommended	Change
<b>Expense</b>					
Services And Supplies	0	0	1,665,040	1,665,040	0
Other Charges	0	0	8,176,348	8,176,348	0
<b>Expense Total</b>	<b>0</b>	<b>0</b>	<b>9,841,388</b>	<b>9,841,388</b>	<b>0</b>
<b>Revenue</b>					
Other Local Revenue	0	0	9,841,388	9,841,388	0
<b>Revenue Total</b>	<b>0</b>	<b>0</b>	<b>9,841,388</b>	<b>9,841,388</b>	<b>0</b>
<b>Net Fund Cost (NFC):</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Financial Indicators</b>					
Salaries as % of Total Exp					
% Change in Total Exp			0%	0%	
% Change in Total Rev			0%	0%	
% Change in NFC			0%	0%	

**Description:** The West Contra Costa Healthcare District struggled financially for decades, experiencing increasing costs, declining reimbursements, and growing service demand from uninsured and underinsured populations. After emerging from bankruptcy in 2006, the District fell deeper into debt. In 2015, the District closed its hospital, Doctors Medical Center. In October 2016, the District again filed for Chapter 9 bankruptcy. The Bankruptcy court approved the District's Plan of Adjustment on January 2, 2018, allowing the District to repay certain creditors over a series of years.

To minimize the District's operating cost under the bankruptcy plan, the District needed to transition to an appointed board of directors. California Senate Bill 522 dissolved the District's existing board and the County Board of Supervisors became the District's governing board effective January 1, 2019. The fiscal year 2019-20 budget includes \$900,000 in funding for

West County community based healthcare programs.

West Contra Costa Healthcare District		
<b>Service:</b>		Discretionary
<b>Level of Service:</b>		Discretionary
<b>Expenditures:</b>		\$9,841,388
<b>Financing:</b>		9,841,388
<b>Net Fund Cost:</b>		0
<b>Funding Sources:</b>		
Local	100%	\$9,841,388

ANNA M. ROTH, R.N., M.S., M.P.H.  
HEALTH SERVICES DIRECTOR

PATRICK GODLEY, MBA  
CHIEF OPERATING OFFICER  
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**AGENDA ITEM 5**

To: West Contra Costa Healthcare District Finance Committee  
John Gioia, Supervisor, District I  
Federal Glover, Supervisor, District V

From: Patrick Godley *P.G.*  
Chief Operating Officer and Chief Financial Officer, Health Services Department

Date: May 6, 2019

Subject: Community Benefit Allocation Principals/Process – West Contra Costa Healthcare District

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Please see below for a discussion of the principals and distribution method for the Community Benefit funding.

**Principals/Process:**

- (A) West County health care programs are predominately provided by the Health Services Department, as shown in the attached in Exhibit A, and an array of Community Based Organizations. Given the role of the County Board of Supervisors in the District Governance it is recommended that funding be restricted to Community Based Organizations (CBOs).
- (B) The annual Community Benefit amount is anticipated to be \$900,000 per year beginning in Fiscal Year 2019/20 and continue at this level for two additional years. In Fiscal Year 2022/23 the annual available amount is anticipated to grow to approximately \$2.5 million (subject to the 2018 revenue bonds section 5.09 approval – see Exhibit B). Given the relatively small amount of funding in the first three years that can be distributed and to provide the CBOs with assurance of near-term financial stability to provide needed services, it is recommended that a three-year funding cycle be utilized.
- (C) The Public Health West County Health Assessment Report identified areas of unmet needs within the District. It is recommended that:
  - (1) The CBOs selected must have proven capacity and expertise in their service area and must positively impact areas of high healthcare needs identified in the report.
  - (2) Services must be accessible to residents throughout the Healthcare District. The District is located along the Interstate 80 corridor and includes Crockett, Rodeo, Hercules, Pinole, El Sobrante, Tara Hills, North Richmond, Richmond, San Pablo, El Cerrito and Kensington.





- (3) The Public Health Division should develop an updated comprehensive assessment report by July 2021. This report will form the basis for identifying programs eligible for the increased funding available beginning in Fiscal Year 2022/23.
- (D) CBOs may utilize the funding for expansion of existing services or for the development of new programs. It is recommended that the funding allocation be balanced between direct services and capacity building to address unmet needs (inclusive of capital funding).
- (E) The Public Health Assessment Report identified two major areas of health care concerns:
  - (1) The loss of Emergency Room Services; and
  - (2) The lack of adequate services for at-risk youth.

Based on the report it is recommended that \$500,000 be allocated for funding urgent care services and \$400,000 be allocated for at-risk youth services.

- (F) LifeLong is the only CBO in West County providing urgent care services. LifeLong absorbed and now operates the former Brookside Health Clinic that served West County since 1994. LifeLong has had a presence in West County for over 8 years. LifeLong holds four contracts with the County for the provision of services related to primary care, urgent care, prevention and early intervention, and HIV/AIDS.

RYSE is a well-known West County CBO providing services to at-risk youth and has been nationally recognized for best practices serving at-risk youth. RYSE was established in West County 12 years ago. RYSE holds five contracts with the County for the provision of services to youth and young adults related to prevention and early intervention, health disparities, homeless outreach and medical services linkage/enrollment.

Due to their considerable proven success and involvement in the West County community and their capacity to address unmet needs, it is recommended that LifeLong and RYSE be selected for the provision of services consistent with the Finance Committee's principals A-E.

- (G) Contracts between the District and the CBOs will be required. The action needed is:
  - (1) Authorize the Health Services Department to enter into contract negotiations with LifeLong for urgent care services and RYSE for services to at-risk youth; and
  - (2) Direct the Health Services Department to submit the finalized LifeLong and RYSE contracts to the full District Board for approval.

The committee may consider accepting this report and approving items A-G.

## **Contra Costa Health Services – West Contra Costa County**

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Total patient visits of all services provided in West County (including clinics, school based, and mental health) between January 1, 2018 and December 31, 2018: **141,537<sup>i</sup>**

### **West County Health Center**

#### **Days and hours of operation**

Monday, Tuesday, Wednesday, Thursday: 8 am to 8:45 pm

Friday and Saturday: 8 am to 5 pm

Services:

- Provides routine and preventative health care services focusing on the whole person.
- Special family practice clinics have been established for some non-English speaking patients (Lao, Vietnamese).
- Women's health includes PAP smears, breast exams, referral for mammograms for women over 40 years old, contraception including emergency contraception, pregnancy testing, STD testing and treatment & HIV testing.
- Prenatal care for pregnant women.
- Pediatrics – health maintenance of well children & treatment of ill children.
- Other services: audiology, breast health, cardiology, dental, dermatology, dysplasia, ear-nose-throat, gastroenterology, gynecology, Healthy Start, high-risk obstetrics, immunodeficiency, internal medicine, musculoskeletal, neurology, ophthalmology, orthopedics, patient education, plastic surgery, podiatry, psychiatry, psychiatric liaison, rehabilitation, surgery clinic, and urology.
- On-site lab and imaging services available.



Total annual patient visits to West County Health Center (2018): **103,394**

Source: Contra Costa Health Services, Business Intelligence

Total unique patients in 2018: **23,922**

## West County Health Center Breakdown of Patient Visits by Patient's City of Residence

City of Residence	Patient Visits
Richmond/North Richmond	51,318
San Pablo	25,694
El Sobrante	6,525
Pinole	4,190
Hercules	4,063
El Cerrito	3,874
Rodeo	2,526
Other	5,204
<b>TOTAL</b>	<b>103,394</b>

### North Richmond Center for Health

#### Days and hours of operation

Monday to Friday: 7:45 am to 4:45 pm

Services:

- Provides routine and preventive healthcare services for adults, children, and pregnant women.
- Linguistic access for all languages (utilizing HCIN resources).
- Women's health includes PAP smears, breast exams, contraception, referrals for mammogram for women over 40 years old, pregnancy testing, and STD and HIV testing and treatment.
- Prenatal care for pregnant women.
- Pediatrics-provides well child visits, treatment for illness, and physicals for sports and schools.
- Other Services: health coaches (psychologists), social workers, case managers, and community outreach health conductors.
- On-site lab services available.



Total annual patient visits to the North Richmond Center for Health (2018): **7,744**

Source: Contra Costa Health Services, Business Intelligence

Total unique patients in 2018: **2,862**

### **North Richmond Center for Health Breakdown of Patient Visits by Patient's City of Residence**

<b>City of Residence</b>	<b>Patient Visits</b>
Richmond/North Richmond	<b>5,197</b>
San Pablo	<b>907</b>
El Sobrante	<b>380</b>
Pinole	<b>218</b>
Hercules	<b>181</b>
El Cerrito	<b>221</b>
Rodeo	<b>187</b>
Other	<b>453</b>
<b>TOTAL</b>	<b>7,744</b>

### **Mental Health Services**

Total annual mental health service visits (2018): **22,149**

Source: Contra Costa Health Services, Business Intelligence

### **Adult Services Clinic Locations**

2018 Patient Visits at West County Adult Services El Portal Clinic (San Pablo): **15,330**



## Children's Clinic Locations

West County Children's Clinic (Richmond)

West County Head Start Clinic (Richmond)

Total Patient Visits in 2018: **6,819 (combined)**

## School Based Clinics

Total Patient Visits (appointments) in 2018: **8,250**

Total Unique Patients Served in 2018: **3,204**

Source: Contra Costa Health Services, Public Health Clinical Services



In 2018, CCHS provided pediatric medical services, dental and behavioral health services at several schools in the West Contra Costa Unified School District (WCCUSD) and John Swett Unified School District. All school sites receive medical services, while dental and behavioral health services are only provided at certain sites. At four high school sites, services are provided in the school-based health clinics located on campus. The remaining schools are served by mobile health clinics.

The following school sites were served in 2018:

- Crespi Middle School (Richmond)
- DeAnza High School (Richmond)
- DeJean Middle School (Richmond)
- Helms Middle School (Richmond)
- Kennedy High School (Richmond)
- Richmond High School (Richmond)
- El Cerrito High School (El Cerrito)
- Hercules High School (Hercules)
- John Swett High School (Crocket)
- Pinole Valley High School (Pinole)
- Pinole Middle School (Pinole)

## Contra Costa Health Plan 2018 Enrollment Numbers

Source: Contra Costa Health Services, Contra Costa Health Plan, Quality & Population Health

### Contra Costa Health Plan Enrollment by Region

Region	Patient Visits	Percent of Total
CENTRAL	50,926	27.10%
EAST	81,978	43.62%
WEST	55,037	29.28%
<b>Total</b>	<b>187,941</b>	<b>100.00%</b>

### Contra Costa Health Plan Youth Enrollment by Region (Ages 0-24)

Region	Patient Visits	Percent of Total
CENTRAL	21,520	23.74%
EAST	42,648	47.05%
WEST	26,483	29.21%
<b>Total</b>	<b>90,651</b>	<b>100.00%</b>

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<sup>1</sup> Programs listed are run directly by Contra Costa Health Services and exclude contracted services.

Quint & Thimmig LLP

02/01/18  
03/13/18  
03/16/18  
FINAL 03/28/18

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**INDENTURE OF TRUST**

**Dated as of April 1, 2018**

**by and between the**

**WEST CONTRA COSTA HEALTHCARE DISTRICT**

**and**

**U.S. BANK NATIONAL ASSOCIATION, as Trustee**

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**Relating to  
\$15,015,000  
West Contra Costa Healthcare District  
(Contra Costa County, California)  
Refunding Revenue Bonds, Series 2018**



disposing of any investment. The Trustee may sell, or present for redemption, any Permitted Investments so purchased whenever it shall be necessary to provide moneys to meet any required payment, transfer, withdrawal or disbursement from the fund or account to which such Permitted Investment is credited, and the Trustee shall not be liable or responsible for any loss resulting from such investment.

The District acknowledges that, to the extent regulations of the Comptroller of the Currency or other applicable regulatory entity grant the District the right to receive brokerage confirmations of security transactions as they occur, the District specifically waives receipt of such confirmations to the extent permitted by law. The Trustee will furnish the District monthly cash transaction statements which shall include detail for all investment transactions made by the Trustee under this Indenture.

The Trustee or any of its affiliates may act as sponsor, advisor or manager in connection with any investments made by the Trustee under this Indenture.

Section 5.07. Acquisition, Disposition and Valuation of Investments by the District. The District covenants that all investments of amounts deposited in any fund or account created by or pursuant to this Indenture, or otherwise containing gross proceeds of the Bonds (within the meaning of section 148 of the Code) shall be acquired, disposed of, and valued at fair market value. In making any valuations of investments under this Indenture, the Trustee may utilize and rely upon securities pricing services, including those within its regular accounting system.

Section 5.08. Statutory Lien. The Lien Statute imposes a lien on the Parcel Tax Revenues to secure the District's obligations under this Indenture, under the 2011 Installment Sale Agreement and any Parity Debt issued or incurred to refund the Bonds or the 2011 COPs. Pursuant to the Lien Statute, the Parcel Tax Revenues are immediately subject to such lien, and the lien immediately attaches to the Parcel Tax Revenues and is effective, binding, and enforceable against the District, its successors, purchasers of the Parcel Tax Revenues, creditors, and all others asserting rights therein, irrespective of whether those parties have notice of the lien and without the need for any physical delivery, recordation, filing, or further act.

\* Section 5.09. New Business Activity. In the event the District desires to operate a new business activity during the term of the Bonds, it must provide the Owner with a business plan, including financial projections, relating to said business activity and operations. If the financial projections do not project more than \$1,000,000 in annual District expenses (exclusive of the expenses required for the operation of the District), then consent of the Owner is not required. However, if the annual District expenses of said operation (or the aggregate of other similar new District business operations) does exceed \$1,000,000 annually, then consent of Owner is required. If the District receives the written consent of the Owner, the District can proceed with the operation of this new business operation. If instead, consent is not received from the Owner, when consent is required, the District may still proceed forward with the new business operation but the Owner has the right to increase the prevailing interest rate on the Bonds to the New Business Rate until the Bonds are fully repaid and redeemed.