

2023-2025 Community Health Implementation Strategy

General Information

Contact Person:

Jamie Elmasu, MPH
Director, Community Health Improvement

Date Written Plan Was Adopted by
Authorized Governing Body:

December 14, 2022

Date written plan was required to be
adopted

May 15, 2023

Authorized Governing Body that Adopted
the Written Plan:

John Muir Health's Community Benefit
Oversight Committee, Strategic Planning
and Marketing Committee, and Board of
Directors

Name and EIN of Hospital Organization
Operating Hospital Facility:

John Muir Health
94-1461843

Address of Hospital Organization:

1400 Treat Blvd. Walnut Creek, CA 94597

Was the written plan adopted by the
authorized governing body on or before
the 15th day of the fifth month after the
end of the taxable year the CHNA was
completed?

Yes No

Acknowledgments

John Muir Health would like to recognize the following individuals and organizations for their contributions to the 2022 Community Health Needs Assessment:

John Muir Health Community Benefit Oversight Committee (CBOC)

CBOC Chair and Community Health Improvement CBOC Staff

Anne Grodin, CBOC Chair & John Muir Health Board of Directors

Jamie Elmasu, MPH, Director, Community Health Improvement

Ashley Jackson, Business Data Analyst, Community Health Improvement

CBOC Membership

Anh Thang Dao-Shah, PhD, Executive Director, Belonging and Equity

Ann Orders, Executive Director, Population Health, Care Management & Continuum Services

Anne Marie Taylor, Director, Conquer Cancer Campaign, John Muir Health Foundation

Ben Drew, Communications Chief

Chi Perthro, MD, John Muir Health Board of Directors, Chair of Department of Emergency Medicine

Chris Pass, Senior Vice President & Chief Financial Officer

Donna Coit, Community Member

Elizabeth Iten, MD, MSc, John Muir Medical Group, Family Medicine Residency

Fatima Angeles, Executive Director, Levi Strauss Foundation & John Muir Health Board of Directors

George Sauter, Chief Strategy Officer

Jeremy Fish, MD, Director, Family Medicine Residency Program

Jesse Tamplen, Vice President, Behavioral Health Center

Kathleen Odne, Chair, John Muir Health Board of Directors

Lisa Foust, Senior Vice President, Chief People and Engagement Officer

Michael Levine, MD, John Muir Health Association

Mike Thomas, President & Chief Executive Officer

Nevin Kessler, President, John Muir Health Foundation

Russell Rodriguez, MD, Senior Vice President and Chief Medical Officer

Sally Davis, MD, John Muir Health Foundation Board of Directors

Sarah Chodakewitz, Program Director, Government Relations

Taejoon Ahn, MD, President, John Muir Medical Group

Tosan Boyo, Senior Vice President, Hospital Operations

Consulting Firm Contributing to this Report:

Ad Lucem Consulting

Lisa Craypo, MPH, RD, Principal

Liz Schwarte, MPH, Principal

TABLE OF CONTENTS

- SUMMARY..... I**
- I. INTRODUCTION/BACKGROUND 1**
 - A. About John Muir Health 1
 - B. About John Muir Health Community Health..... 2
 - C. Purpose of the Community Health Needs Assessment Report..... 3
 - D. Description of the CHNA Process 3
- II. COMMUNITY SERVED 5**
 - A. Definition of Community Served 5
 - B. Map and Demographics of Community Served..... 5
- III. COMMUNITY HEALTH NEEDS 6**
 - A. Significant Health Needs Identified in the John Muir Health 2022 CHNA report..... 6
- IV. JOHN MUIR HEALTH IMPLEMENTATION STRATEGY APPROACH AND PROCESS 7**
 - A. John Muir Health’s Approach to Implementation Strategies..... 7
 - B. Criteria to Select IS Health Needs to Address..... 8
 - C. IS Health Need Selection Process 8
 - D. Health Needs John Muir Health Plans to Address..... 9
- V. JOHN MUIR HEALTH IMPLEMENTATION STRATEGIES 11**
- VI. HEALTH NEEDS JOHN MUIR HEALTH DOES NOT PLAN TO ADDRESS 16**
- VII. CONCLUSION..... 16**

SUMMARY

John Muir Health works to improve the health of the communities served with quality and compassion. The health system comprises a network of over 1,000 primary care and specialty physicians, more than 6,000 employees and includes two of the largest medical centers in Contra Costa County: John Muir Health Walnut Creek Medical Center and John Muir Health Concord Medical Center, together recognized as preeminent centers for neurosciences, orthopedics, cancer care, cardiovascular care and high-risk obstetrics. John Muir Health also offers complete inpatient and outpatient behavioral health programs and services at its Behavioral Health Center in Concord.

More information is available at: <https://www.johnmuirhealth.com/about-john-muir-health.html>.

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

For the 2023-2025 IS, John Muir Health has identified the following significant health needs to address, in priority order:

1. Structural Racism (an overarching need that cuts across all other health needs)
2. Healthcare Access and Delivery
3. Behavioral Health
4. Housing and Homelessness

John Muir Health's 2022 CHNA report and three-year 2023-2025 IS are publicly available at <https://www.johnmuirhealth.com/about-john-muir-health/community-commitment.html>.

I. Introduction/Background

A. About John Muir Health

John Muir Health is a tax-exempt organization that includes two of the largest medical centers in Contra Costa County: John Muir Health Walnut Creek Medical Center, a 554-licensed bed medical center that serves as Contra Costa County's only designated trauma center; and John Muir Health Concord Medical Center, a 244-licensed bed medical center in Concord. Together, they are recognized as preeminent centers for neurosciences, orthopedics, cancer care, cardiovascular care and high-risk obstetrics.

John Muir Health also offers complete inpatient and outpatient behavioral health programs and services at its Behavioral Health Center, a fully accredited, 73-bed psychiatric hospital located in Concord.

Other areas of specialty include general surgery, robotic surgery, weight-loss surgery, rehabilitation and critical care. All hospitals are accredited by The Joint Commission, a national surveyor of quality patient care. In addition, John Muir Health provides a number of primary care and outpatient services throughout the community and urgent care centers in Berkeley, Brentwood, Concord, San Ramon and Walnut Creek.

John Muir Health serves patients in Contra Costa, Alameda, and Southern Solano Counties. The health system comprises a network of over 1,000 primary care and specialty physicians and more than 6,000 employees. John Muir Health also has partnerships with San Ramon Regional Medical Center, Stanford Children's Health, and University of California, San Francisco (UCSF) Medical Center to expand capabilities, increase access to services, and better serve patients. More information is available at: <https://www.johnmuirhealth.com/about-john-muir-health.html>

Mission, Vision, and Values

John Muir Health is guided by its charitable mission, which serves as the foundation for directing the organization's Community Benefit activities: *we are dedicated to improving the health of the communities we serve with quality and compassion.*

John Muir Health's eight core values that guide its Board of Directors, management, and employees in all efforts are: Excellence, Honesty and Integrity, Mutual Respect and Teamwork, Caring and Compassion, Commitment to Patient Safety, Continuous Improvement, Stewardship of Resources, and Access to Care.

Community Commitment

John Muir Health's mission reflects community health efforts as a corporate leader and community partner. The community health leadership role is rooted in John Muir Health's excellence as a healthcare provider and commitment to building partnerships with organizations that also exemplify excellence.

John Muir Health views its commitment to community service initiatives as core to its mission. This commitment is seen through every facet of the organization from volunteers to physicians and in emergency departments and outpatient centers. Clinical service lines lead and operate community service initiatives. For example, the Cancer Institute leads the La Clínica Specialty

Care and Every Woman Counts programs. Another example is Beyond Violence, a hospital-based violence intervention program, collaboratively led by Community Health Improvement, Trauma Services, Emergency Services and Social Services. John Muir Health received Magnet® recognition honoring nursing services and quality nursing care, the highest recognition in nursing, and are leaders in community services through initiatives to promote health and wellness outside the hospital. Employees contribute when they participate in departmental programs, volunteer for John Muir Health–sponsored community events and programs, or volunteer in their own communities to make them better places to live and work.

B. About John Muir Health Community Health

The Community Health Improvement department serves as a steward for John Muir Health’s charitable purposes by assisting the community in achieving optimal health through education, collaboration, and health/wellness programs and services. Community Health Improvement works in partnership with local communities, other health systems, public health providers, community clinics, community-based organizations, and school districts to identify and address unmet health needs among vulnerable populations. Community Health Improvement’s main role is to coordinate the John Muir Health Community Benefit planning process and to act as the liaison to the community-at-large, which enables John Muir Health to align resources and strategies to better impact the goal of supporting healthy communities.

The Community Benefit Oversight Committee (CBOC) provides governance for all Community Benefit activities. The CBOC is composed of executive leaders from across the health system, Board of Directors members, and key community leaders (see acknowledgements page for membership). Additionally, John Muir Health’s administration and Board of Directors oversee Community Benefit investments through frequent reporting. The Community Benefit Guiding Principles, approved by the Board of Directors in 2015, include John Muir Health’s vision for creating healthy communities. The principles continue to provide a framework for current and future community health priorities and initiatives, as follows:

- Provide subsidized care to patients served at John Muir Health facilities, according to the Patient Assistance/Charity Care Program Policy.
- Engage in activities that align with John Muir Health Community Benefit focus areas as defined in the triennial Community Health Improvement Plan.
- Focus investments in the John Muir Health Community Benefit service area.
- Engage in and create activities targeted to vulnerable populations, defined as those meeting one or more of the following characteristics: economically disadvantaged, evidenced-based disparities in health outcomes, or significant barriers to care.
- Conduct long-term sustained activities with trusted partners.
- Partner with organizations that have expertise and specific capabilities to better leverage John Muir Health resources.
- Invest in activities with demonstrated outcomes in achieving community health improvement.
- Invest in activities that emphasize quality and continuity of care.

- Engage the community to gain broad support of activities.

In addition to direct delivery of care and partnering with local nonprofit community-based organizations to carry out Community Benefit programs, John Muir Health provides broad financial and technical support to promote community wellness. Organizational investments include supporting 75-100 nonprofit organizations via event sponsorships, and 35-45 nonprofit organizations via sustained grant giving opportunities. In addition, John Muir Health contributes \$1 million each year to the John Muir/Mt. Diablo Community Fund, which works to bring systemic change that improves the health of people in Central and Eastern Contra Costa County who are most likely to experience healthcare disparities.

C. Purpose of the Community Health Needs Assessment Report

Conducting a triennial CHNA has been a California requirement for nonprofit hospitals for more than 20 years (Senate bill 697). The Patient Protection and Affordable Care Act (ACA) adopted a federal model similar to regulations already in place in California, making the CHNA a national mandate for hospitals to maintain their tax-exempt status. The provision was the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code. Included in the regulations is a requirement that all nonprofit hospitals must conduct a CHNA and develop an IS every three years (<http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf>).

The 2022 John Muir Health CHNA was designed to reflect federal requirements. From data collection and analysis to the identification of prioritized needs, the development of the 2022 CHNA report was a comprehensive process guided by representatives from the Alameda and Contra Costa Counties Hospital CHNA Group. Voices from communities throughout the John Muir Health service area were captured through key informant interviews and focus groups. Opinions were sought from key informants serving communities experiencing health inequities and disparities; focus groups gave voice to community members who are low income and/or from communities of color and historically marginalized communities.

D. Description of the CHNA Process

The 2022 CHNA was a collaborative effort shared by a number of nonprofit hospitals serving Contra Costa and Alameda Counties. In addition, Contra Costa Health Services and Alameda County Public Health were essential partners in collecting primary and secondary data and prioritizing health needs. The CHNA process applied a social determinants of health framework and examined social, environmental, and economic conditions that impact health in addition to exploring factors related to diseases, clinical care, and physical health. Analysis of this broad range of contributing factors resulted in identification of the priority health needs for John Muir Health's service area. The CHNA explored inequities and disparities and placed particular emphasis on the health issues and contributing factors that impact historically underserved populations that disproportionately have poorer health outcomes across multiple health needs. These analyses inform intervention strategies to promote health equity.

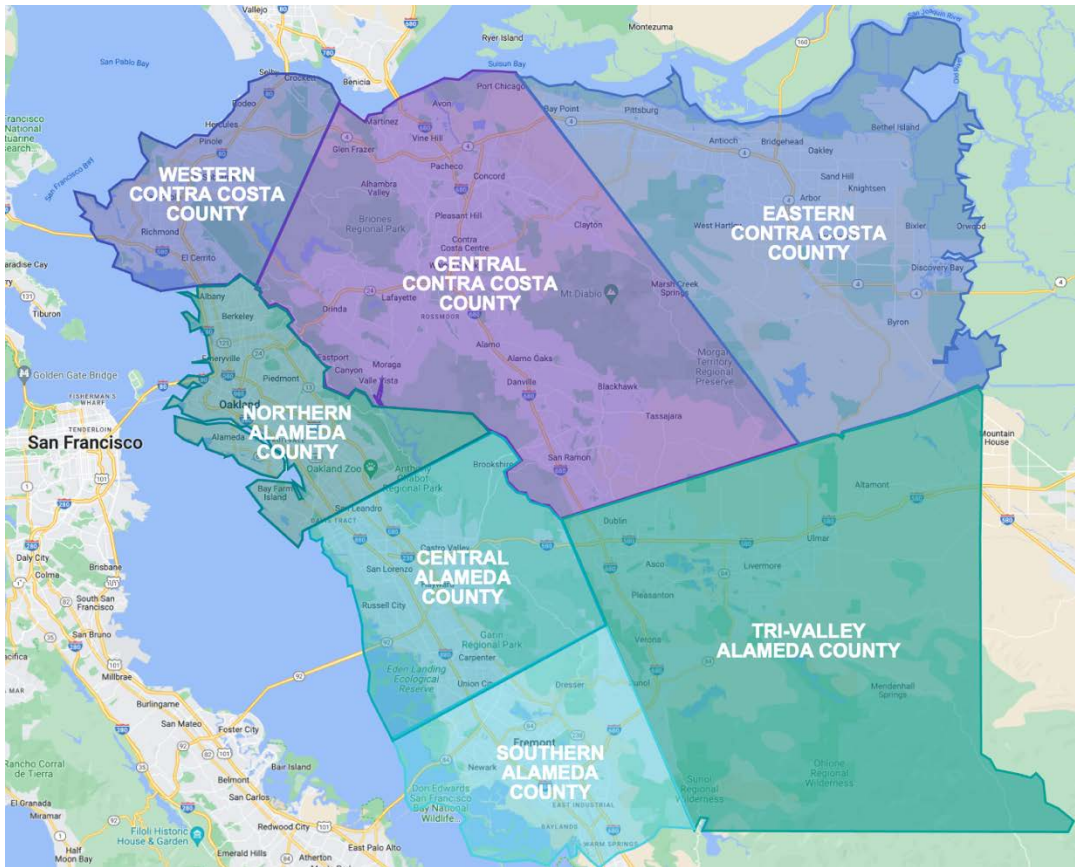
Primary data (community input) was obtained during the summer and fall of 2021 through:

- Key informant interviews with local health experts, community leaders, and community organizations
- Focus groups with community residents

Secondary data were obtained from a variety of sources (described in the CHNA report Appendix D) and collected for Contra Costa and Alameda Counties with a focus on John Muir Health’s service areas in Eastern, Central and Western Contra Costa County, Northern Alameda County, and the Tri-Valley Region (Figure 1).

Through a comprehensive process combining findings from primary and secondary data, health needs were scored to identify a list of the top eight health needs for each region in the John Muir Health service area. In December 2021, John Muir Health participated in meetings with key leaders in Contra Costa and Alameda Counties where meeting participants individually ranked the health needs according to a set of criteria. Rankings were then averaged across all participants to obtain a final rank order for the health needs for each region.

Figure 1: Contra Costa and Alameda County Regions



II. Community Served

A. Definition of Community Served

The Internal Revenue Service defines the “community served” as individuals residing within the hospital’s service area. A hospital service area comprises all the inhabitants of a defined geographic area and does not exclude low-income or underserved populations.

John Muir Health collaborated on the 2022 CHNA with other hospitals in Contra Costa and Alameda counties. Each hospital participating in the Alameda and Contra Costa Counties Hospital CHNA Group defines its hospital service area to include all individuals residing within a defined geographic area surrounding the hospital. For this collaborative CHNA, Alameda and Contra Costa Counties were the overall service area, with each hospital adding additional focus on their specific service areas.

John Muir Health’s primary and secondary service area (Figure 2) extends from Southern Solano County into Eastern Contra Costa County and south to San Ramon in Contra Costa County. John Muir Health’s Trauma Center serves all of Contra Costa County, Solano County, and Marin County. It is also the backup trauma center for Alameda County. John Muir Health also serves Eastern Alameda County in joint venture with San Ramon Regional Medical Center and serves Northern Alameda County in joint venture with University of California, San Francisco.

John Muir Health’s Community Benefit programs primarily focus on the needs of vulnerable populations in Contra Costa County, the Tri-Valley, and Northern Alameda County. Vulnerable populations are defined as experiencing evidenced-based disparities in health outcomes, significant barriers to care, and economic inequities. See Table 1 for a demographic profile of Contra Costa County and Alameda County residents.

B. Map and Demographics of Community Served

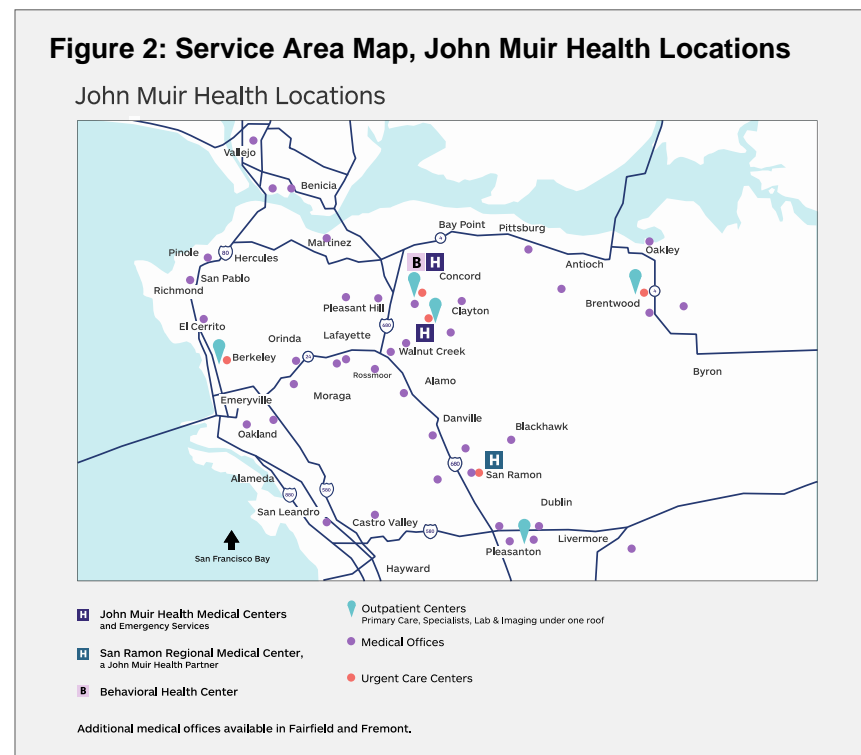


Table 1: Demographic Profile - Contra Costa County and Alameda County

Race/Ethnicity	Contra Costa	Alameda
Total Population		
% age 65+	16%	14%
% under age 19	25%	23%
Race		
White	52%	39%
Black/African American	9%	11%
Asian	18%	31%
Other	14%	11%
Multiracial	6%	6%
American Indian/Alaskan Native	<1%	<1%
Native Hawaiian/Other Pacific Islander	<1%	<1%
Ethnicity		
Hispanic	26%	22%
Non-Hispanic	74%	78%

Socioeconomic Data	Contra Costa	Alameda
Living in poverty (<100% federal poverty level)	9%	9%
Children in poverty	12%	10%
Senior (>65) in poverty	6%	10%
Unemployment	6%	4%
Uninsured population	6%	5%
Adults with no high school diploma	12%	12%

For more in depth information describing demographics and other characteristics of selected geographies in the service area, please see the 2022 CHNA report, Section V and Appendix F.

III. Community Health Needs

A. Significant Health Needs Identified in the John Muir Health 2022 CHNA report

Analysis and interpretation of primary and secondary data determined what constitutes a health need in the community. Once all the community health needs were identified they were prioritized using the process described in section IV of this report, resulting in a prioritized list of eight significant community health needs for each region in the John Muir Health service area (Table 2).

Table 2: CHNA Health Needs in Priority Order by John Muir Health Service Area Region

HEALTH NEED RANK	EASTERN CONTRA COSTA	CENTRAL CONTRA COSTA	WESTERN CONTRA COSTA	NORTHERN ALAMEDA	TRI-VALLEY
1	Behavioral Health (tied for first)	Behavioral Health	Behavioral Health	Behavioral Health	Behavioral Health
2	Housing and Homelessness (tied for first)	Healthcare Access and Delivery	Economic Security (tied for second)	Housing and Homelessness	Structural Racism
3	Economic Security	Housing and Homelessness	Housing and Homelessness (tied for second)	Community and Family Safety (tied for third)	Economic Security (tied for third)
4	Healthcare Access and Delivery (tied for third)	Structural Racism	Community and Family Safety	Economic Security (tied for third)	Housing and Homelessness (tied for third)
5	Structural Racism (tied for third)	Economic Security	Healthcare Access and Delivery	Healthcare Access and Delivery (tied for third)	Healthcare Access and Delivery
6	Community and Family Safety (tied for fourth)	Food Security	Food Security	Structural Racism	Community and Family Safety (tied for fifth)
7	Food Security (tied for fourth)	Community and Family Safety	Education	Food Security	Food Security (tied for fifth)
8	Transportation	Transportation	Transportation	Transportation	Transportation

IV. John Muir Health Implementation Strategy Approach and Process

A. John Muir Health’s Approach to Implementation Strategies

John Muir Health is mission-driven to improve health and well-being in their service area communities, where long standing inequities exist for communities of color around healthcare and the social and economic factors that contribute to poor health. Over the last two years, the COVID-19 pandemic exacerbated historical disparities in access to services and physical and mental health.

John Muir Health will continue to work to improve the conditions for health and equity by addressing the root causes of health-- access to care, mental wellness, and affordable housing-- orienting all their work to address the structural racism that amplifies inequities.

This Community Health Implementation Strategy has been prepared to comply with federal tax law requirements set forth in Internal Revenue Code section 501(r) requiring hospital facilities owned and operated by an organization described in Code section 501(c)(3) to conduct a Community Health Needs Assessment at least once every three years and adopt an Implementation Strategy to meet the community health needs identified through the CHNA. This Community Health Implementation Strategy is intended to satisfy each of the applicable requirements set forth in Code section 501(r) and implementing regulations promulgated thereunder for JMMC-WC, JMMC-Concord, and the BHC.

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

B. Criteria to Select IS Health Needs to Address

Identifying the highest priority needs with an equity lens informs community investments and guides strategy development aimed at long-term, sustainable change, allowing John Muir Health to deepen strong relationships with other organizations working to improve community health.

To identify the significant health needs that John Muir Health will address in the 2023-2025 three-year Implementation Strategy, the criteria in Table 3 were employed:

Table 3: Criteria Used to Select Health Needs to Address

Criteria	Definition
Leverage organizational assets to address inequities	Opportunity to deploy JMH funding or engage current JMH programs and assets to promote equity
Leverage community assets	Opportunity to collaborate through existing community partnerships, or to build on current programs, emerging opportunities, or other community assets
Successful solution solves multiple problems	One intervention effectively addresses multiple needs/facets of a need.
JMH thought leadership	JMH viewed as a leader making meaningful contribution to addressing the need through expertise, experience and/or innovation

C. IS Health Need Selection Process

The Community Benefit Oversight Committee (see Acknowledgements page) is charged with overseeing the strategic direction of Community Benefit programming and activities. The Committee is composed of John Muir Health executive leaders and Board of Directors members. The Committee met on May 16, 2022, to review the list of community health needs identified and prioritized during the CHNA and to select the community health needs to address using the criteria in Table 3, providing strategic direction for John Muir Health Community Benefit programming and activities from 2023 through 2025.

D. Health Needs John Muir Health Plans to Address

The health needs John Muir Health will address across its service area during 2023-2025 are:

Structural Racism (an overarching need that cuts across all other selected health needs to address): Structural racism refers to social, economic and political systems and institutions that perpetuate racial inequities through policies, practices and norms. Structural racism is embedded in many health needs. Centuries of structural racism have fueled enduring health inequities. The legacies of racial discrimination and environmental injustice are reflected in stark differences in health outcomes and life expectancy for Black/African American, Latino/Latinx, indigenous, and people of color. These existing inequalities and disparities have been laid bare by the COVID-19 pandemic; the public health crisis and economic fallout are hitting low-income and communities of color disproportionately hard and threaten to widen the existing health equity gap further. Structural racism was a major need identified by key informants and focus group participants in Contra Costa and Alameda Counties. In Contra Costa County, several key informants and focus group participants described how structural racism results in limited healthcare access and delivery, low quality of services received, decreased sense of community and family safety, and higher rates of trauma and mental health disorders for people of color compared to White residents. The need for accurate data disaggregated by race and implicit bias training for healthcare and social service providers was mentioned in several Contra Costa County key informant interviews. Alameda County key informants voiced similar concerns about structural racism as a contributor to other health needs, adding education, housing, economic security, and food security to the list identified in Contra Costa County. Alameda County key informants also described how structural racism is a driver that affects healthcare access and delivery because care received is often not culturally or linguistically competent.

Healthcare Access and Delivery: Access to comprehensive, quality healthcare has a profound effect on health and quality of life. Components of access to and delivery of care include: insurance coverage, adequate numbers of primary and specialty care providers, healthcare timeliness, quality and transparency, multi-linguistic capacity, and cultural competence/cultural humility. Limited access to healthcare and compromised healthcare delivery negatively affects health outcomes and quality of life. The COVID-19 pandemic exacerbated existing racial and health inequities, with people of color accounting for a disproportionate share of COVID-19 cases, hospitalizations, and deaths. Contra Costa County key informants and focus group participants identifying healthcare access and delivery as a priority emphasized limited services available to Medi-Cal recipients, with extremely long wait-times for appointments. They reported that Medi-Cal recipients struggle to navigate the complicated Medi-Cal system in Contra Costa County, which delays preventive appointments and results in emergency room visits as health issues go untreated. The need for culturally-aligned providers was a common theme in both Contra Costa County and Alameda County key informant interviews and focus groups, highlighting the need for providers representing the diversity of communities they serve. Inequities in healthcare access and delivery are apparent in the birth data, where infant mortality is 80% higher for Black/African American infants (6.3 per 1,000 live births) and 120% higher for multiracial infants (7.7 per 1,000 live births) compared to all Contra Costa County births (3.5 per 1,000 live births). Alameda County key informants and focus group participants

discussed the need for specialized training for healthcare providers working with specific populations, particularly LGBTQIA+ residents, people with disabilities, non-English speakers, and undocumented residents. Medicaid/public insurance enrollment is a need in Alameda County with enrollment 21% below the CA average (30% versus 38%).

Behavioral Health: Behavioral health—which includes mental health, emotional and psychological well-being, along with the ability to cope with normal, daily life—affects a person’s physical well-being, ability to work and perform well in school and to participate fully in family and community activities. Behavioral health also covers substance abuse, which impacts many aspects of health. Behavioral health and the maintenance of good physical health are closely related; common mental health disorders such as depression and anxiety can affect one’s ability for self-care while chronic diseases can lead to negative impacts on mental health. Behavioral health issues affect a large number of Americans; anxiety, depression, and suicidal ideation are on the rise due to the COVID-19 pandemic, particularly among Black/African American and Latinx community members. Among Contra Costa County key informants and focus group participants identifying behavioral health as a priority, most reported that behavioral health was often linked to other health needs such as trauma, community safety (over-policing and over-incarceration in communities of color), substance use, economic security challenges, and homelessness. Mental health providers are less available in Contra Costa County when compared to the CA average (339 versus 352 per 100,000 population). In Alameda County, almost all key informants identified behavioral health as a top priority health need with some stating that the situation is at crisis level. Alameda County focus group participants identified a need to uplift behavioral health among immigrant communities, where language and other cultural barriers prevent immigrant residents from understanding behavioral health terminology or usefulness.

Housing and Homelessness: The U.S. Department of Housing and Urban Development defines housing as affordable when it costs no more than 30 % of a household’s income. The expenditure of greater sums can result in the household being unable to afford other necessities such as food, clothing, transportation, and medical care. The physical condition of a home, its neighborhood, and the cost of rent or mortgage are strongly associated with the health, well-being, educational achievement, and economic success of those who live inside. Homelessness is correlated with poor health: poor health can lead to homelessness and homelessness is associated with greater rates of preventable diseases, longer hospital stays, and greater risk of premature death. Contra Costa County key informants and focus group participants who identified housing and homelessness as a priority health need discussed how housing challenges influence other health needs by increasing economic and food insecurity, and unhealthy behaviors that exacerbate chronic disease and disability. The high cost of housing reflects these housing challenges, where the median rental cost per month in Contra Costa County (\$2,025) is notably higher than the CA average (\$1,689). Both key informants and focus group participants perceived Latinx and Black/African American Contra Costa County residents, and individuals experiencing mental illness or addiction as most affected by homelessness. Alameda County key informants and focus group participants echoed concerns about housing vulnerability among the same populations in Alameda County and identified additional populations as at high risk for becoming unhoused: LGBTQIA+ community members, immigrants, women fleeing domestic

violence, people with disabilities, and seniors. Alameda County has high housing costs, with the median rental cost 17% higher than the CA average (\$1,972 versus \$1,689).

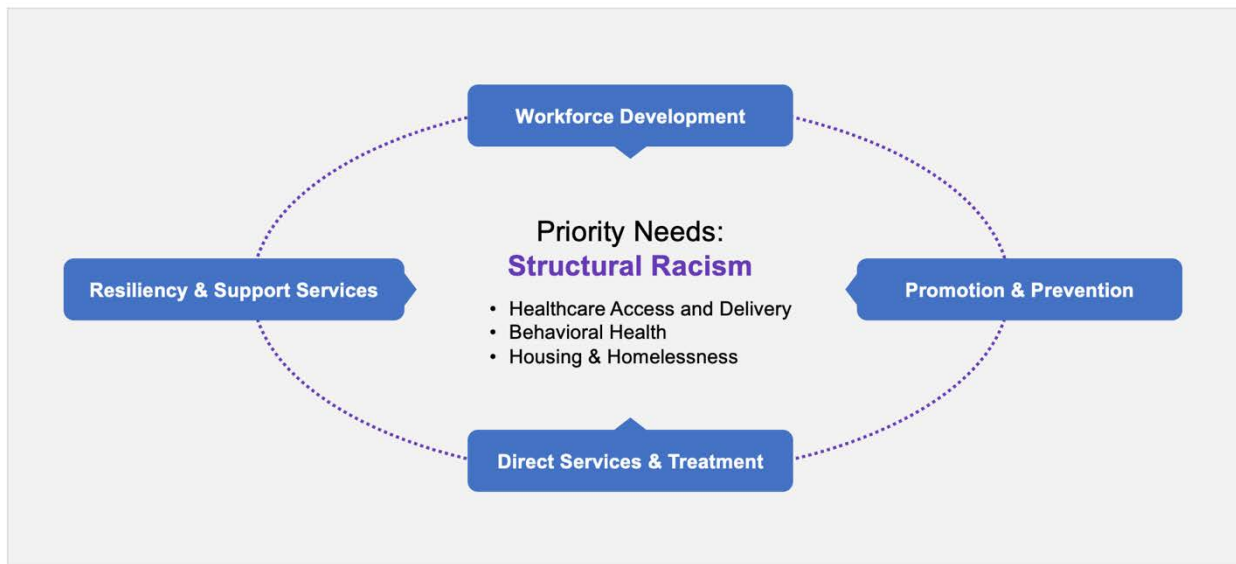
V. John Muir Health Implementation Strategies

John Muir Health has identified expected impacts, strategies, focus areas, and partners for each priority health need, as described in the matrices below. Strategy implementation will draw on John Muir Health’s organizational resources (grantmaking, internal programs, John Muir Health staff, and other assets) in combination with an array of partnerships and collaborations with community organizations, stakeholders, and leaders throughout its service area.

John Muir Health has selected the following needs to address, with Structural Racism as the driver that addresses all focus areas. Within each focus area, John Muir Health plans to implement programming that aligns with specific programmatic categories, promoting health via multifaceted approaches (Figure 3):

- Workforce Development
- Promotion and Prevention
- Direct Services and Treatment
- Resiliency and Support Services

Figure 3: Programming Structure



Structural Racism is a selected priority need that will be infused into strategies implemented to address all selected health needs. Strategies aimed at eliminating structural racism focus on supporting systems change among John Muir Health grantees and partners (community-based nonprofit organizations serving the John Muir Health service area) by financially supporting interventions that guide adoption of anti-racism policies, practices, services and resources.

Structural Racism Goals

Long-Term Goal: Eliminate structural racism in its entirety for all communities.

Intermediate Goals:

- Increase financial support to all John Muir Health Community Benefit partner nonprofit organizations to support adoption of new policies, practices and services that address structural racism.
- Increase community-based nonprofit organization access to tools that address structural racism.

To promote anti-racism systems change at the organizational level, John Muir Health will award all grantees additional funding to be restricted towards addressing structural racism and will engage evaluation methodologies to measure impact across the service area. John Muir Health will guide and support systems change by externalizing internal resources and expertise from the Office of Belonging and Equity, providing grantee and partner organizations with a menu of issues/strategies to address/implement, including:

- Representation in Board of Directors and leadership composition
- Hiring and workforce development practices
- Diversity, Equity, and Inclusion trainings or workshops
- Employee engagement opportunities (i.e., Employee Resource Groups, cultural celebrations)

Priority Health Need: **Healthcare Access and Delivery**

Long-Term Goal: The entire community has access to appropriate culturally and linguistically-aligned healthcare and healthcare support services that are delivered with quality and compassion.

Intermediate Goals:

- Increase access to a diverse, linguistically and culturally-aligned healthcare workforce.
- Increase access to subsidized care and financial assistance for low-income and uninsured individuals.
- Increase access to comprehensive primary care, specialty care services, support services, and prevention programming for low-income, vulnerable, and uninsured individuals.

Expected Impact	Strategy	Programming Category
<ul style="list-style-type: none"> • Increased opportunities for healthcare sector careers for populations underrepresented in the healthcare workforce. • Increased access to and use of comprehensive primary care and specialty care for low-income and uninsured populations. • Improved quality of care for clients of safety net organizations. • Increased access to community-based health screenings and healthcare support services. 	Provide workforce development programming to high school, junior college, and medical school students underrepresented in healthcare careers to include Young Healers and Climb Mentorship programs.	Workforce Development
	Provide support to the Vulnerable Populations curriculum of the John Muir Health Family Medicine Residency to engage medical residents in community-based services in partnership with local nonprofit organizations.	
	Provide chronic disease prevention education, screening, and clinical services to vulnerable adults through the Diabetes Empowerment Education Program, John Muir Health Mobile Health Clinic, and Happy Feet Program.	Promotion & Prevention
	Provide screening programs through Every Woman Counts and the Lung Cancer Screening program for low-income adults who are unable to access care due to lack of insurance coverage.	
	Provide financial assistance, via the John Muir Health Charity Care Policy, to support low-income patients by subsidizing all or a portion of their John Muir Health medical expenses.	Direct Services & Treatment
	Participate in the government-sponsored Medi-Cal program to provide comprehensive inpatient care to Medi-Cal enrollees that generate unpaid costs at John Muir Medical Center-Walnut Creek, John Muir Medical Center-Concord, John Muir Physician Network, and Behavioral Health Center.	
	Provide comprehensive primary care services, via the John Muir Health Mobile Health Clinic, for vulnerable and unsheltered individuals who are unable to access care due to inadequate insurance coverage, accessibility of services, or timeliness of appointments.	
	Provide specialty care services through the La Clínica/John Muir Health Specialty Care Program and other specialty care programs for adults who are unable to access care due to lack of insurance coverage.	
	Lead the Dental Collaborative of Contra Costa County and provide dental services and dental education, via Ronald McDonald/John Muir Health Mobile Dental Clinic, for children in schools that serve low-income families.	
	Provide healthcare support services for children in schools that serve low-income families through programs such as the John Muir Health Community School Nurse Program.	Resiliency & Support Services
Provide access to healthcare support services for vulnerable older adults that promote independent living and wellness through fall prevention safety trainings, home assessments and modifications, health education, and access to assistive technologies.		

Priority Health Need: Behavioral Health

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

Intermediate Goals:

- Increase access to alternative mental health workforce to include Community Health Workers and *promotores* training programs.
- Increase access to behavioral and mental health services that provide prevention, direct service and support for vulnerable individuals and families.
- Increase violence prevention and resiliency programming for vulnerable communities.

Expected Impact	Strategy	Programming Category
<ul style="list-style-type: none"> • Increased access to and use of behavioral and mental health services. • Increased access to culturally and linguistically-aligned behavioral and mental health services. • Improved youth resilience. • Increased access to supportive community-based services that prevent and mitigate the impacts of violence and trauma. 	Support Community Health Worker and <i>promotores</i> programs that offer training to community members to prevent and/or reduce levels of stress, anxiety and depression in vulnerable communities.	Workforce Development
	Lead the Restorative Justice Initiative across Contra Costa County schools to promote violence prevention and provide trainings to school staff and administration on how to resolve harm and reduce conflict among the school community.	Promotion & Prevention
	Support programming that focuses on social connection among older adults to reduce isolation and promote wellbeing.	
	Provide direct mental health therapy services to youth, adults and families who are unable to access care due to inadequate insurance coverage, accessibility of services, or timeliness of appointments. Programs include: John Muir Health Beyond Violence, John Muir Health Mobile Health Clinic, cancer support services, and school-based services.	Direct Services & Treatment
	Lead the Beyond Violence program and All Partners Collaborative to provide hospital-based violence intervention services to individuals impacted by intentional violence and promote resiliency by providing robust community-based support services to individuals and their families via partnerships with local nonprofit organizations.	Resiliency and Support Services
	Provide peer-delivered services, support groups and connection to resources for vulnerable adults diagnosed with mental illness.	

Priority Health Need: Housing and Homelessness

Long-Term Goal: The entire community has access to safe, healthy, and affordable housing.

Intermediate Goals:

- Increase support of the Housing Navigators workforce and employment opportunities to communities prone to homelessness.
- Increase access to homelessness prevention resources to low-income and vulnerable communities.
- Increase access to housing resources and support services to provide unsheltered individuals and families with access to transitional supportive housing, respite care and recuperative housing, permanent supportive housing, and ultimately independent permanent affordable housing.
- Increase food security and decrease the food cost burden for low-income families to free up funds to cover housing costs.

Expected Impact	Strategy	Programming Category
<ul style="list-style-type: none"> • Increased number of community members with stable housing. • Increased access to housing services for community members who are unhoused and at risk of becoming unhoused. • Increased community outreach and awareness of housing resources. • Increased consistent access to healthy food for low-income and unhoused individuals. 	Provide support to Housing Navigator workforce programs.	Workforce Development
	Provide support to employment programs that directly impact communities prone to homelessness.	
	Provide homelessness prevention services and emergency funding to housing insecure individuals and families to ensure that community members maintain stable housing.	Promotion & Prevention
	Provide connection to respite care and recuperative housing for homeless patients discharged from local hospitals, including John Muir Health.	Direct Services & Treatment
	Provide connection to transitional supportive housing for individuals and families who are in recovery from alcohol and other substances.	
	Provide connection to permanent supportive and affordable housing for homeless individuals and families.	
	Provide support services to unhoused individuals and families to include: food, shower and laundry facilities, clothing, employment assistance and connection to additional support services.	Resiliency & Support Services
	Support community outreach and awareness-building of housing resources available to the community.	
	Support food access programming to provide nutritious foods, including fresh produce, for unhoused and low-income individuals, families and communities.	

John Muir Health will monitor and evaluate the strategies described above to track implementation and document the impact. Tracking metrics for each prioritized health need include the number of grants made, the number of dollars spent, the number of community-based organizations supported, and the number of people reached/served.

VI. Health Needs John Muir Health Does Not Plan to Address

The significant health needs identified in the 2022 CHNA that John Muir Health does not plan to address are shown in the Table 4 below, along with the reasons for not addressing those needs.

Table 4: Needs Not Addressed

Reason	Economic Security	Community and Family Safety	Food Security	Education	Transportation
Community does not prioritize this need over other issues				X	X
Less ability for John Muir Health to leverage organizational expertise or assets to address this need				X	X
Less ability for John Muir Health to leverage community assets to address this need	X				
Aspects of this need will be addressed in strategies for other needs	X	X	X		

VII. Conclusion

John Muir Health remains dedicated to being a leader and partner in building a healthier community. By listening, engaging in dialogue and collaborating with service area communities, John Muir Health is committed to creating a network of health and wellness services and support. This 2023-2025 Community Health Implementation Strategy was adopted by John Muir Health’s Board of Directors on December 14, 2022.