

African American Holistic Wellness and Resource Hub (AAHWRH): Feasibility Study Steering Committee Meeting

Ceres Policy Research

January 13, 2025



Service Model Overview

- **Mission Statement:** Address health disparities and promote holistic wellness for Contra Costa's African American community.
- **Core Goals:**
 - Cultural Competence in Care
 - Integration of Health, Housing, and Economic Services
 - Combatting Systemic Inequities
 - Sustainable and Scalable Service Delivery

Population by Race/Ethnicity in Contra Costa County (Source: 2017-2021 ACS)

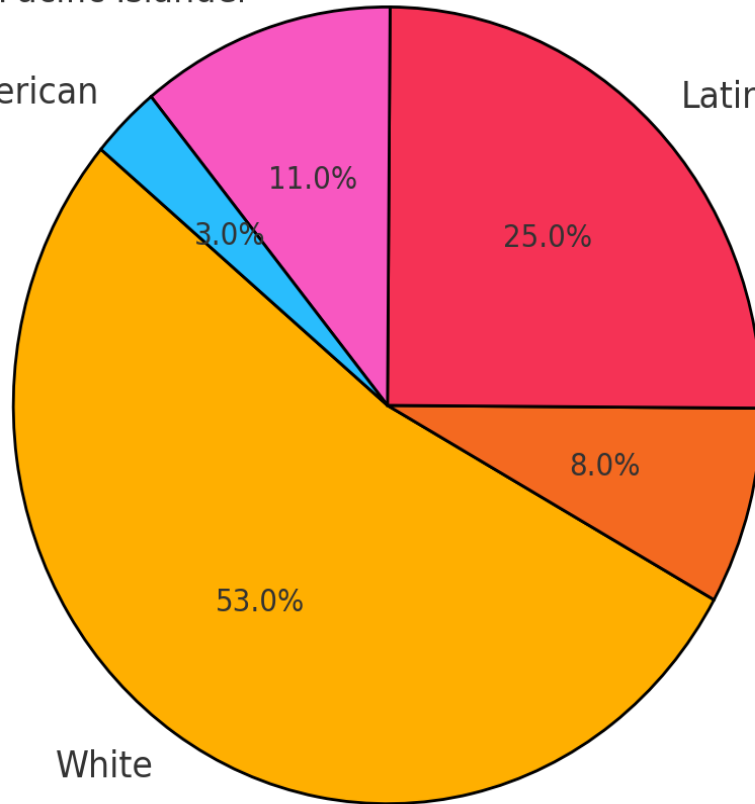
Asian American & Pacific Islander

Native American

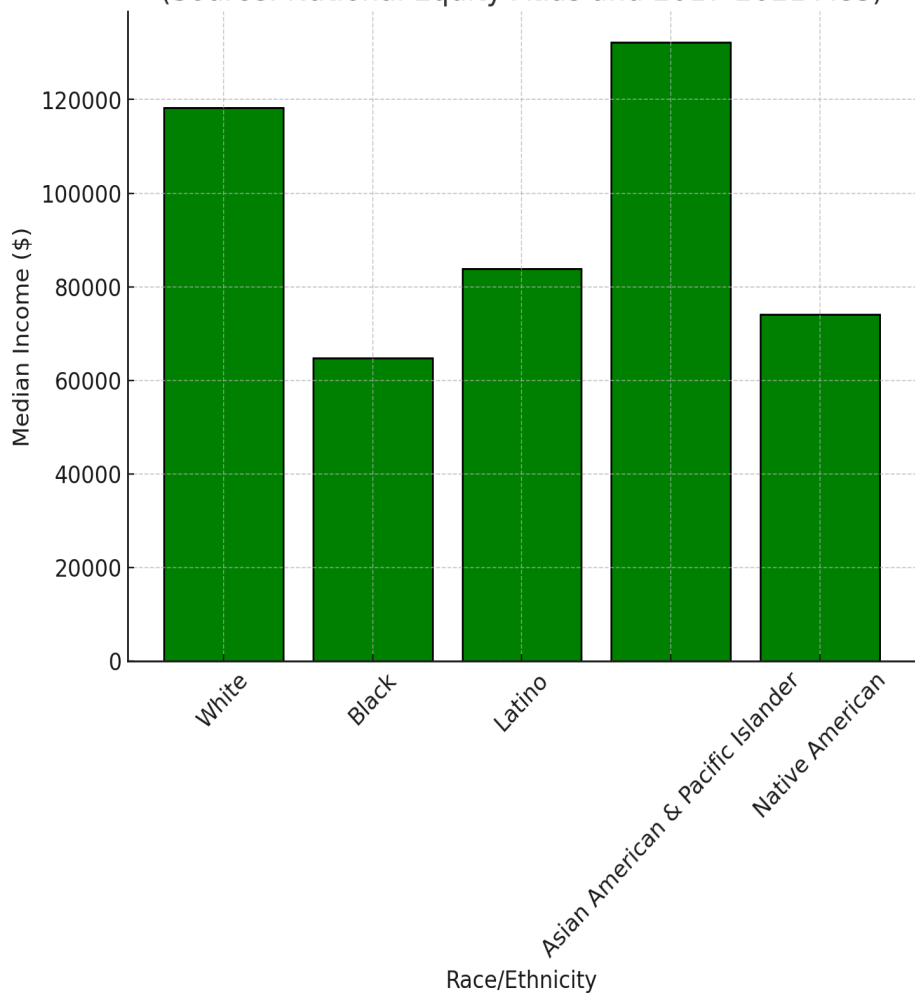
Latino

Black

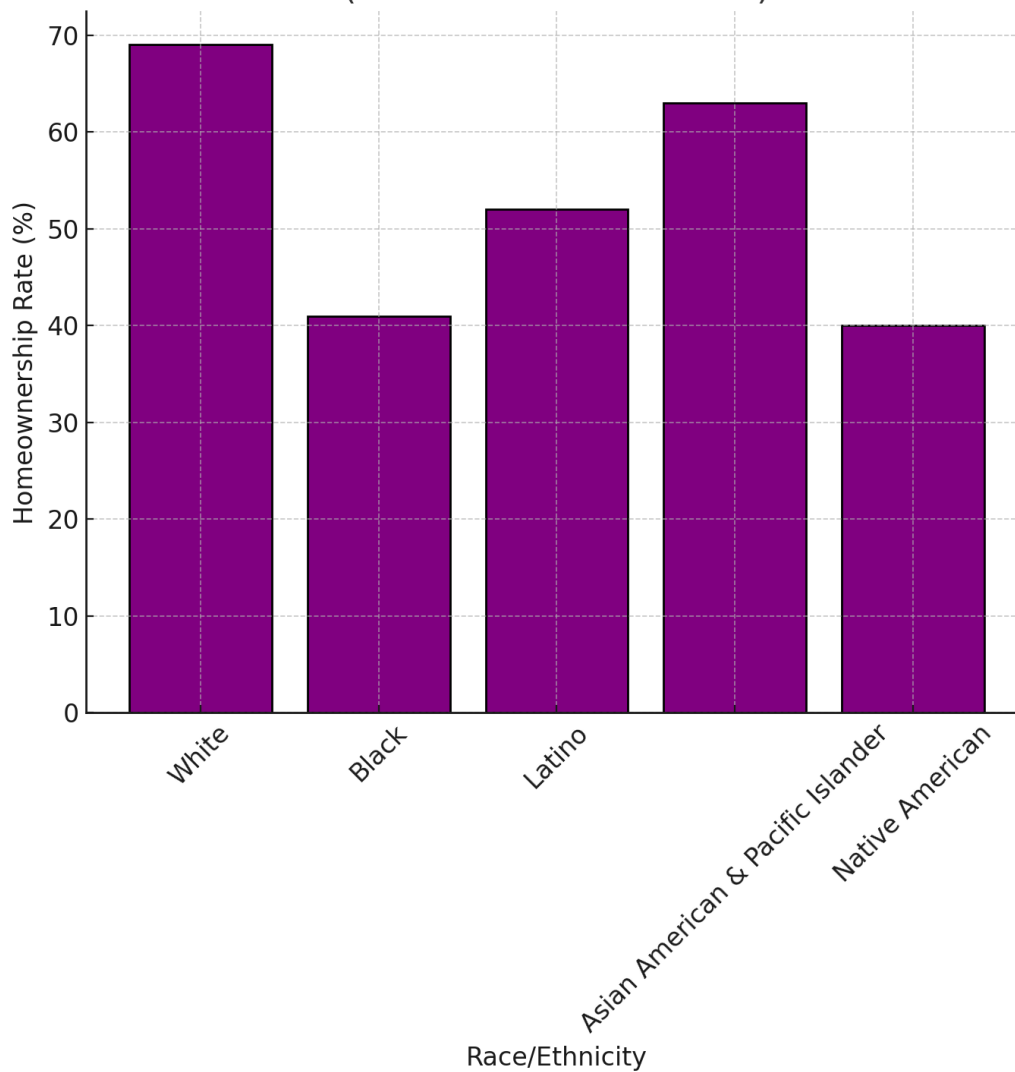
White



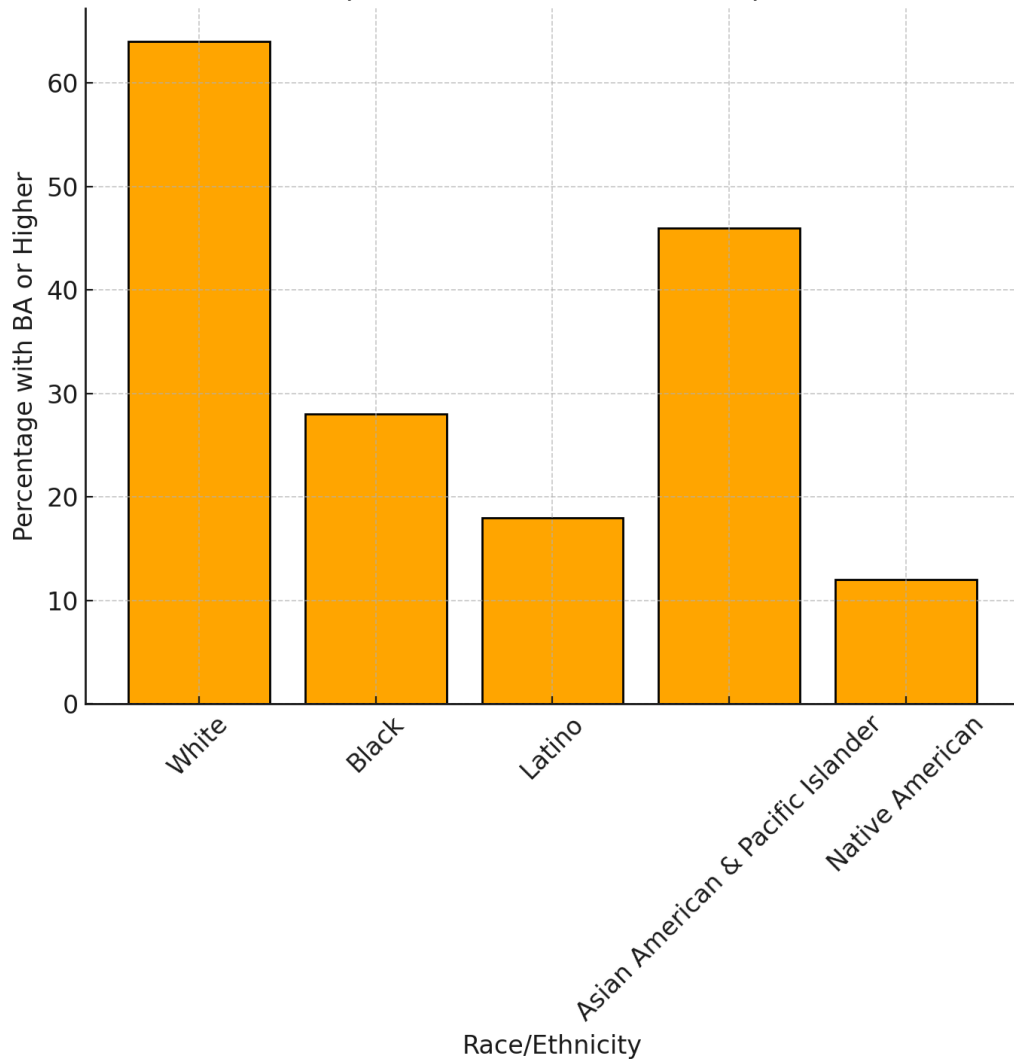
Median Household Income by Race/Ethnicity
(Source: National Equity Atlas and 2017-2021 ACS)



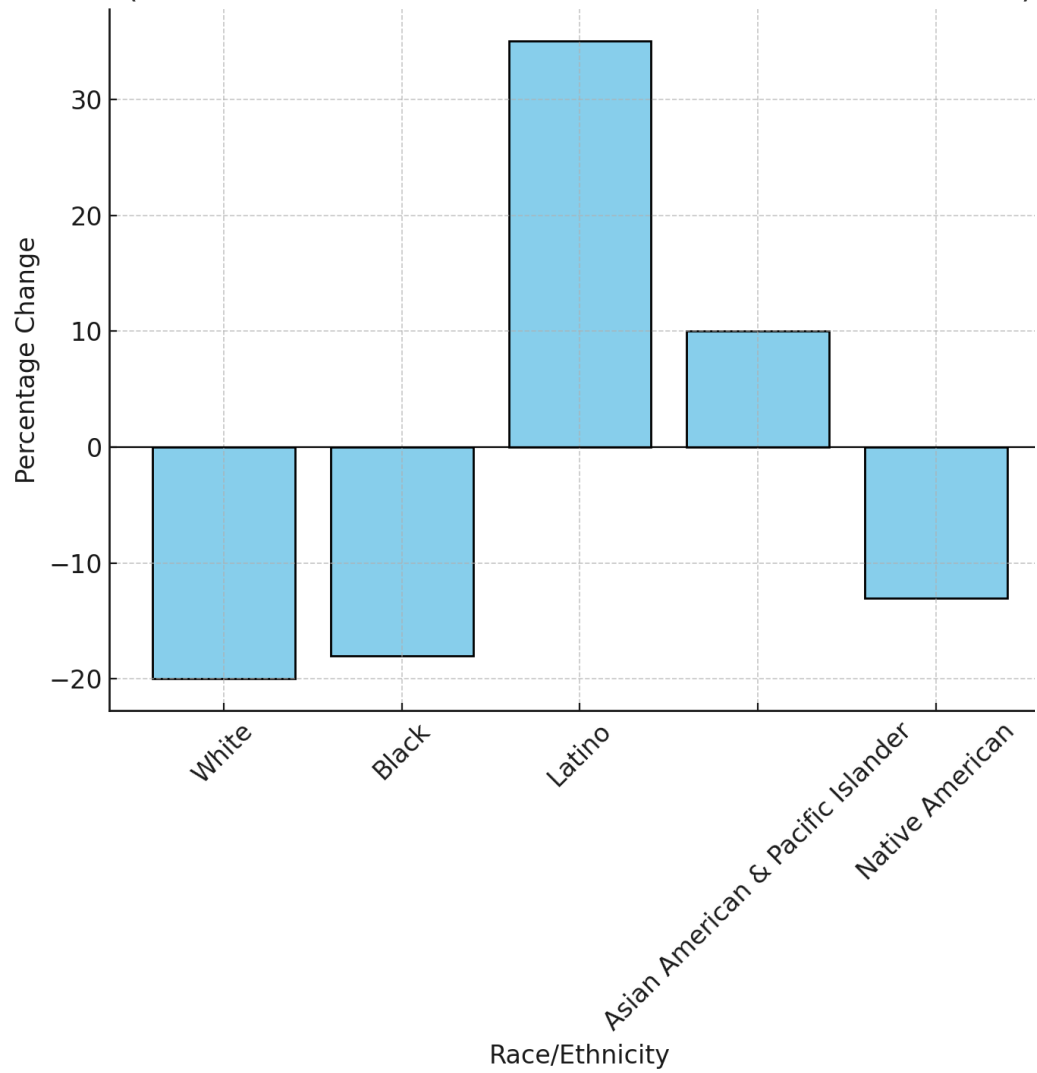
Homeownership Rates by Race/Ethnicity
(Source: 2017-2021 ACS)



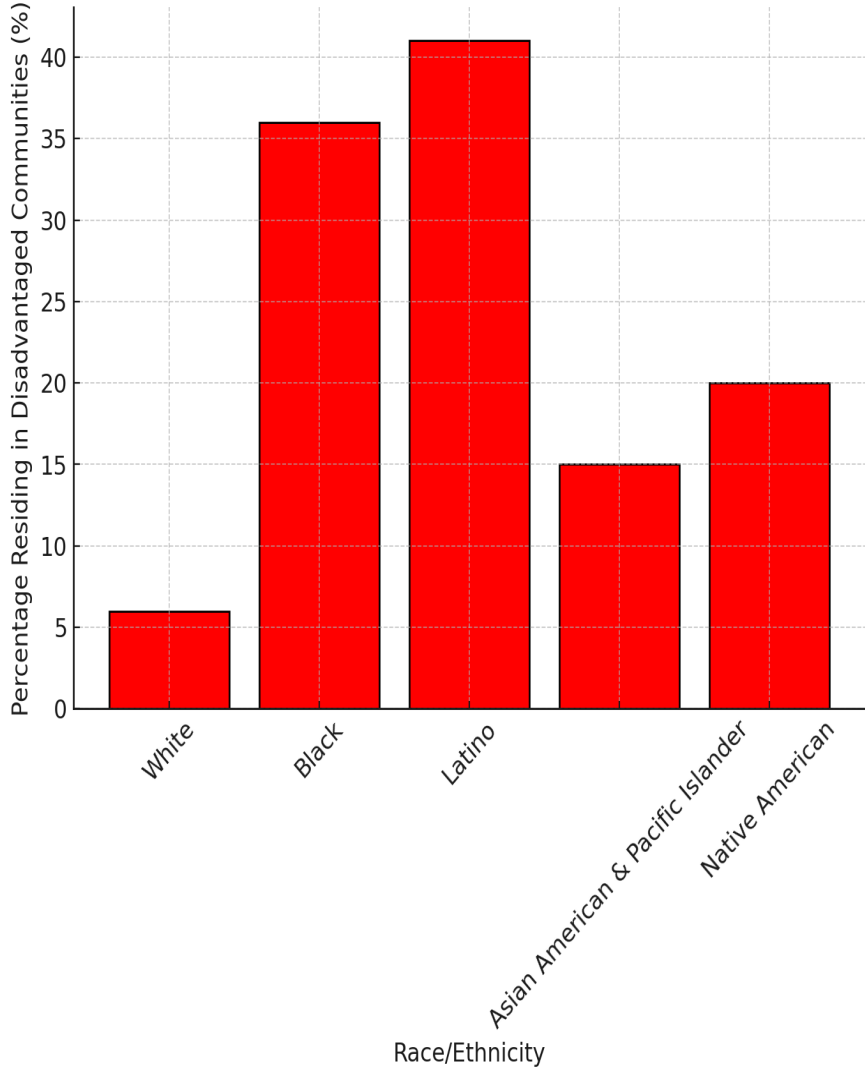
Education Attainment (BA or Higher) by Race/Ethnicity
(Source: 2017-2021 ACS)



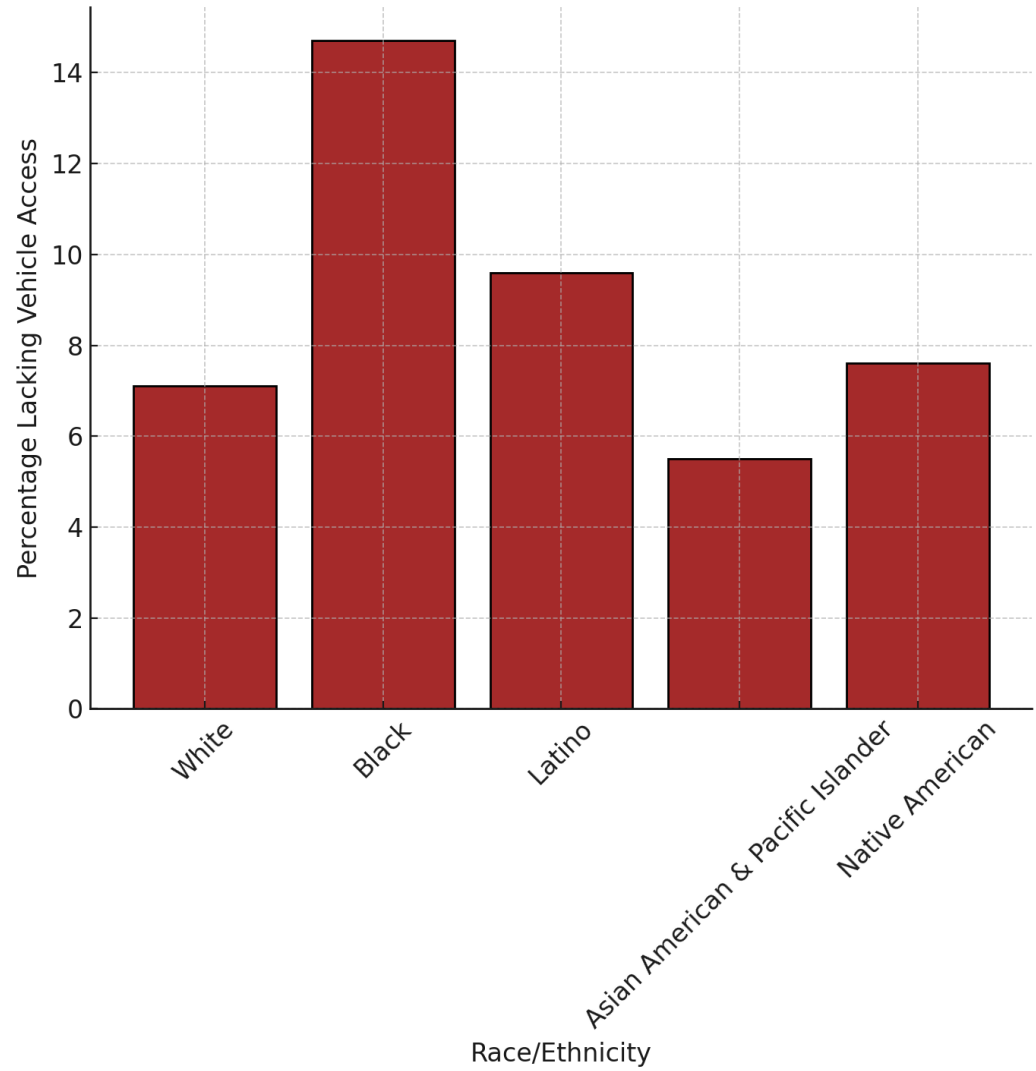
Change in Youth Population (2010-2020)
(Source: Decennial Census 2010 and 2017-2021 ACS)



Percentage Residing in Disadvantaged Communities by Race/Ethnicity
(Source: CalEnviroScreen 4.0)



Lack of Vehicle Access by Race/Ethnicity
(Source: 2017-2021 ACS)



Phase 1: Immediate Access

- **Objectives:**

- Deploy temporary service locations (faith-based venues, libraries, pop-ups).
- Remove barriers such as transportation and cost.

- **Key Strategies:**

- Mobile units for mental health, maternal care, and food distribution.
- Pop-up events in underserved neighborhoods.
- Key Expenses: Mobile units, pop-up events, staff salaries, outreach materials.

- **Outcomes:**

- Increased engagement.
- Improved health access metrics.

Phase 2: Transition to Permanent Hub

- **Development Goals:**

- Secure site in East County (e.g., 1650 Cavello, Antioch).
- Expanded programs for maternal health, youth mentorship, and economic empowerment.
- Key Expenses: Site acquisition, renovation, expanded programs.

- **Community Engagement:**

- Trauma-informed spaces.
- Regular feedback loops.

- **Expected Outcomes:**

- Economic stability and extended service hours.

Phase 3: Full Operationalization

- **Comprehensive Services:**
 - Behavioral and physical health clinics.
 - Economic empowerment programs.
 - Cultural wellness initiatives.
- **Sustainability Goals:**
 - Develop satellite hubs in high-need areas.
 - Secure scalable funding streams.
 - Key Expenses: Comprehensive services, satellite hubs, operational scaling.

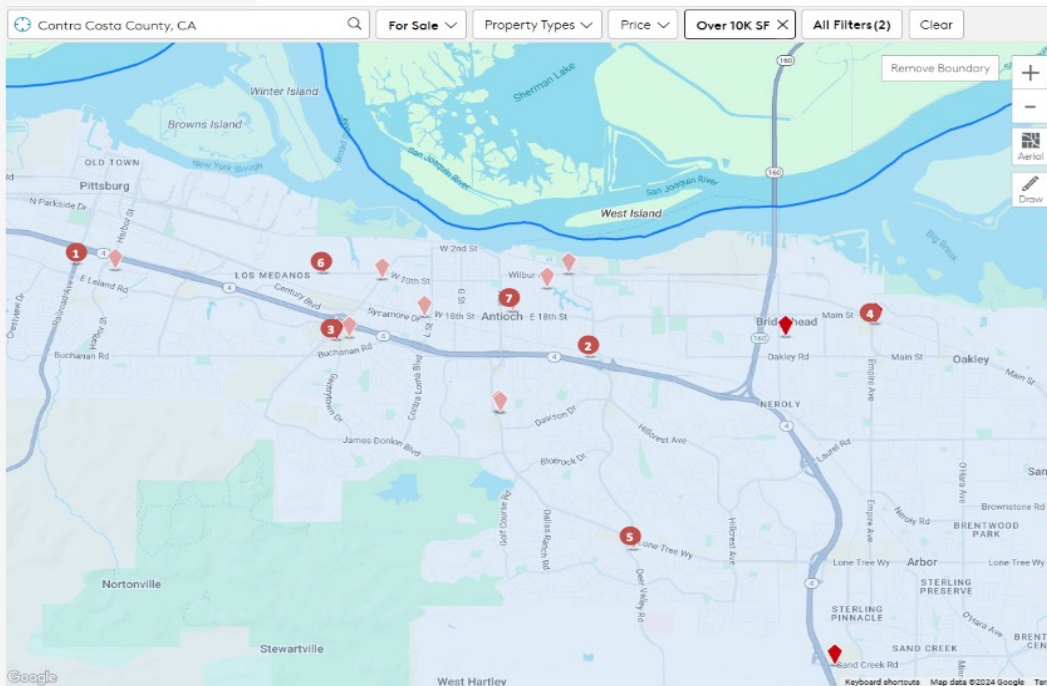
Potential Site: 1650 Cavello Road (EHSD Facility)







Land Redevelopment Opportunities - Sample



Commercial Properties & Land for Sale

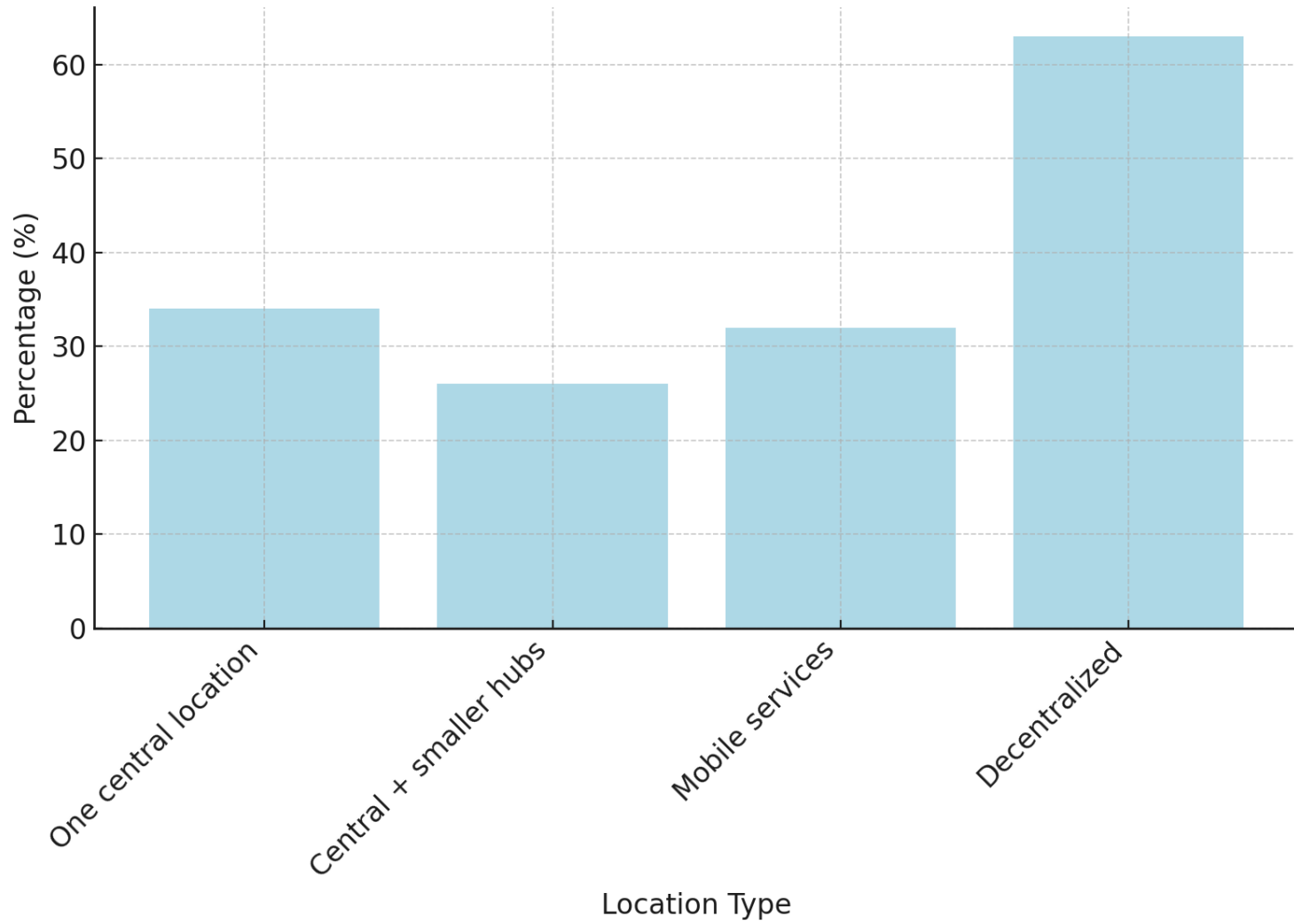
- 1 661 Garcia Ave, Pittsburg - **\$3.5M**, 17,500 Sq. ft. (Industrial)
- 2 1208-1214 Sunset Dr., Antioch - **\$4.95M**, 23,750 Sq. Ft. (Industrial)
- 3 2515 Somersville Road, Antioch - **\$4M**, 28,375 Sq. Ft. (Industrial)
- 4 2170 Main Street, Oakley - **\$4.83M**, 10,867 Sq. Ft. (Retail)
- 5 5201 Deer Valley Road, Antioch - **\$5.375M**, 24,638 Sq. Ft. (Office)
- 6 2701 W. 10th Street, Antioch - **\$2.921M**, 17,000 Sq. Ft. (Retail)
- 7 55 E 18th Street, Antioch - **\$2M**, 10,017 Sq. Ft. (Religious Facility)

**SAMPLE - NOT
EXHAUSTIVE**

Source: Loopnet.com



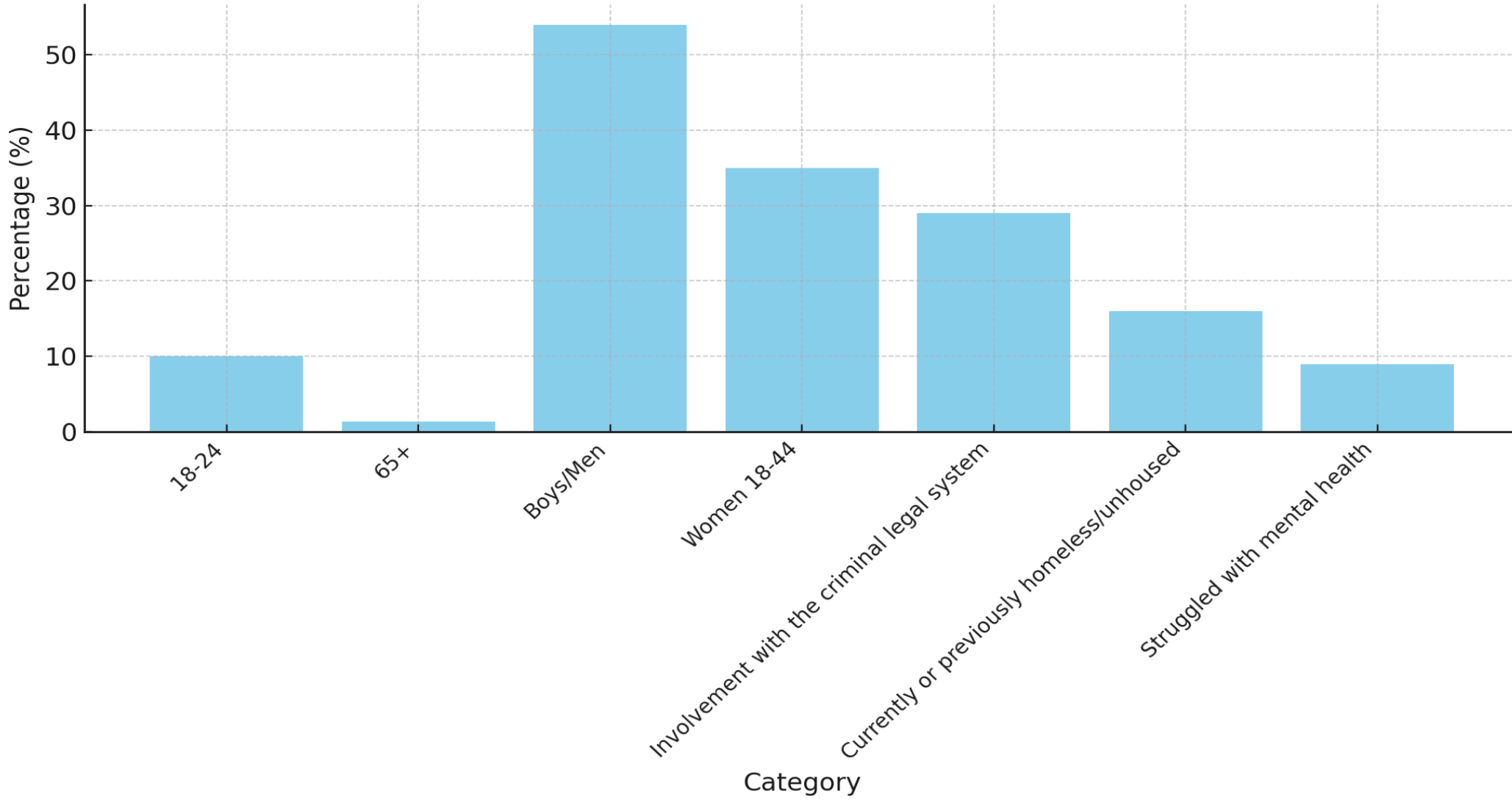
Preferred Hub Locations



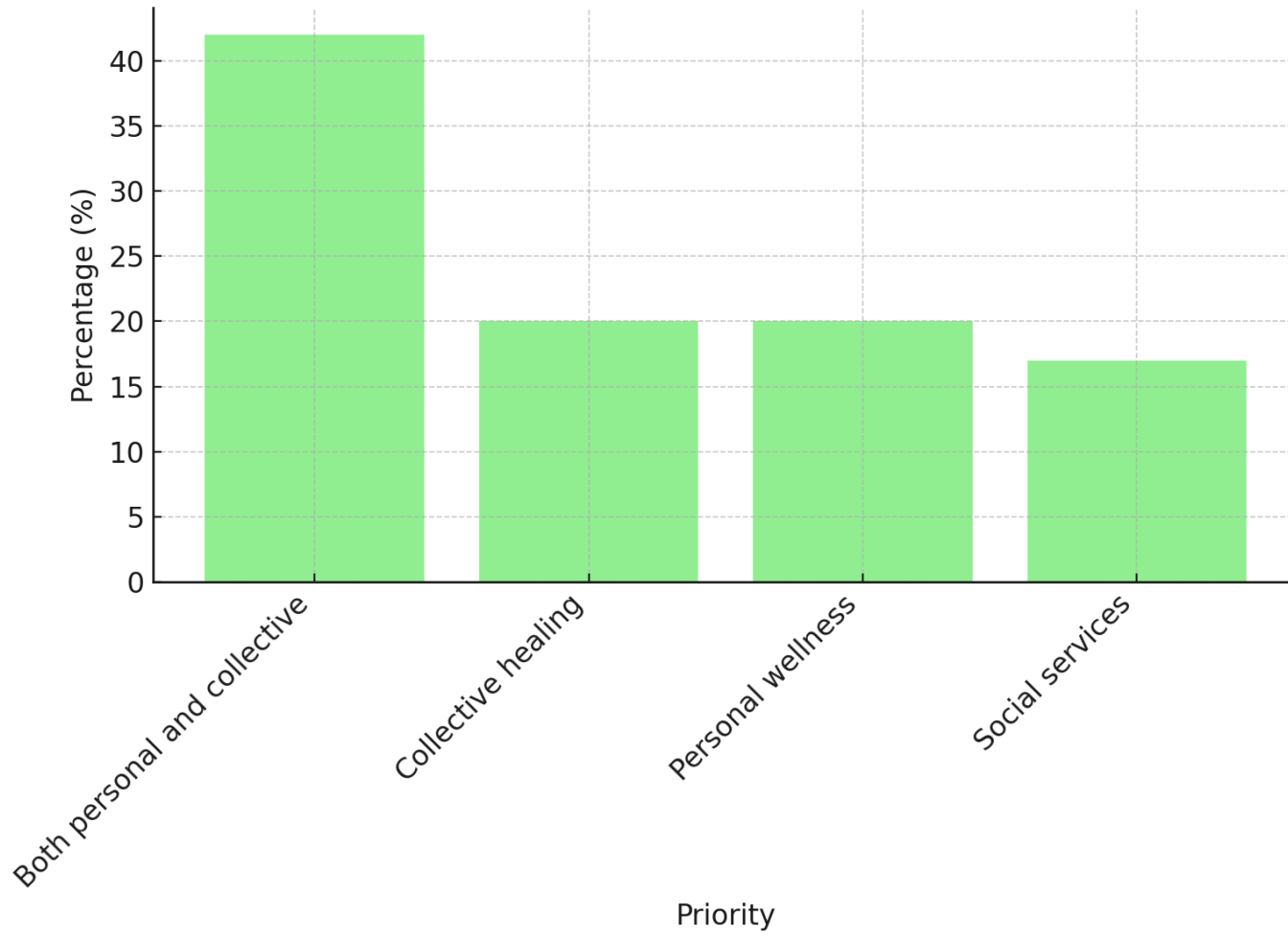
Key Metrics for Success

- **Health Outcomes:**
 - Reduced health disparities.
 - Increased access to maternal and mental health services.
- **Community Impact:**
 - Higher participation in programs.
 - Improved job and housing stability.
- **Funding and Sustainability:**
 - Track ability to attract and retain diverse funding sources.

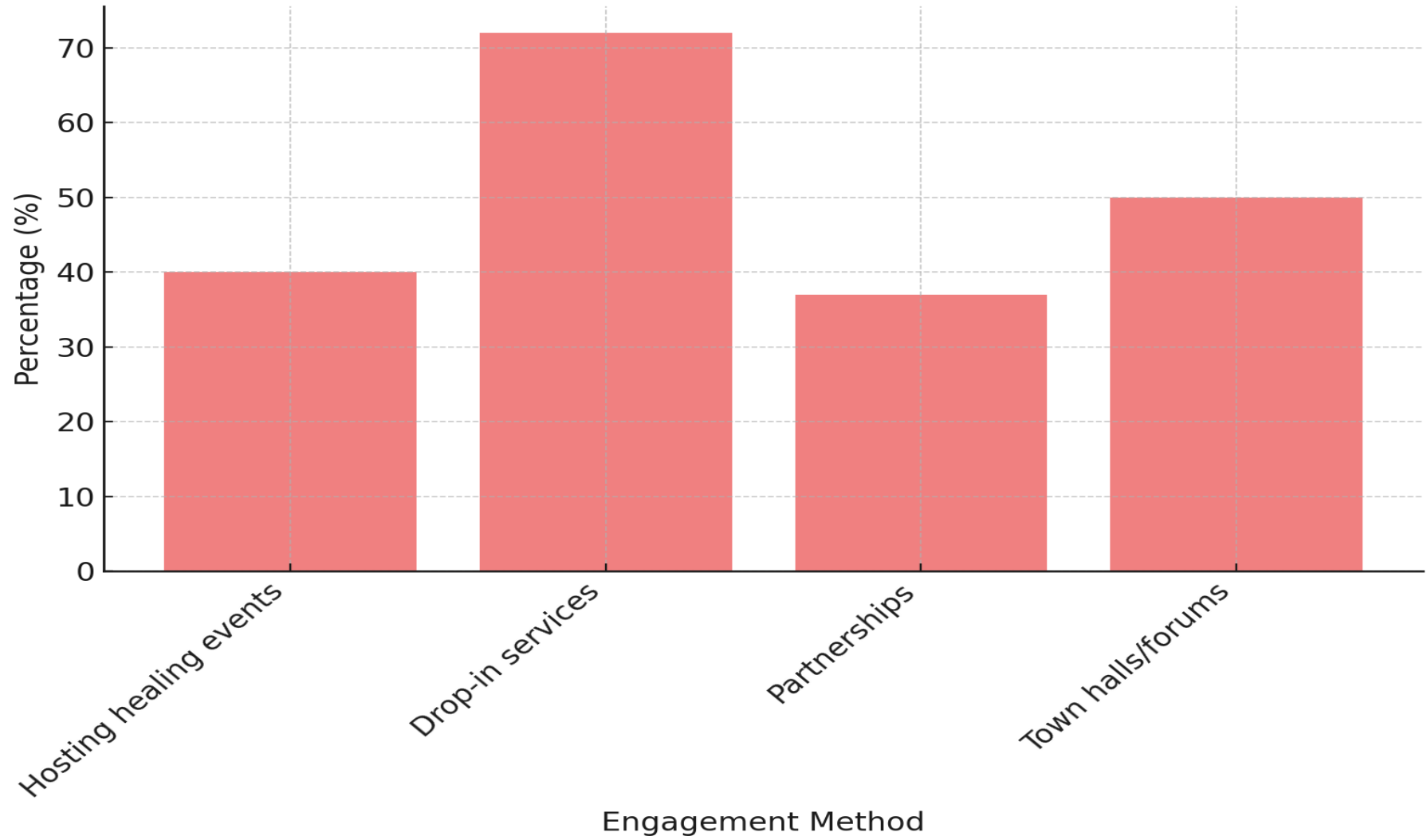
Priority Populations (% of Total Respondents)



Service Priorities



Community Engagement Preferences



District-Based Findings

COMMUNITY VIOLENCE	Total %	Dist 1 %	Dist 2 %	Dist 3 %	Dist 4 %	Dist 5 %
<p>Have you or someone in your community experienced violence related to policing or community safety (e.g., police brutality, over-policing, racial profiling, homicides, or retaliatory violence)?</p> <p>Yes</p> <p>Priority groups who are more likely to experience violence are Transitional Aged Youth, men, women of child-bearing age, people who are unhoused, and people living in Districts 2, 3, and 5.</p>	70%	67%	66%	73%	71%	73%
<p>What types of support or resources would help you and your community heal from the harm caused by violence, including police violence, homicides, racial violence, or community violence?</p> <p>Community healing circles or restorative justice programs</p> <p>Mental health services</p> <p>Legal advocacy and support</p> <p>Trauma informed counseling services</p> <p>Public forums for discussing safety concerns</p>	47%	50%	45%	46%	45%	50%
	43%	43%	43%	42%	43%	42%
	42%	44%	37%	43%	44%	45%
	41%	40%	40%	43%	42%	41%
	40%	45%	37%	39%	39%	39%

WHAT ARE THE THREE TOP WELLNESS CHALLENGES TO YOUR COMMUNITY?	Total %	Dist 1 %	Dist 2 %	Dist 3%	Dist 4%	Dist 5 %
Concerns around safety and police relations (e.g. racial profiling, over-policing) Priority groups who are more likely to have this challenge are: TAY, Black men, child bearing women, unhoused, those with mental health challenges, and those who have a family member with a school iep.	35%	39%	33%	36%	34%	34%
Food insecurity Priority groups who are more likely to have this challenge are: TAY youth, people with mental health challenges, and those with someone in their family who has been expelled, suspended, or arrested at school.	30%	25%	31%	31%	28%	29%
Housing instability Priority groups who are more likely to have this challenge are: TAY, child bearing women, people who are unhoused, those with mental health challenges.	38%	34%	39%	40%	38%	34%
Lack of access to healthcare services Priority groups who are more likely to have this challenge are: men, justice involved, people experiencing mental health challenges, and families with a member who has an IEP.	41%	44%	42%	41%	40%	39%
Lack of employment opportunities Priority groups who are more likely to have this challenge are: TAY, families with a member who has been disciplined in school, and families with a member who has an IEP.	36%	36%	35%	36%	36%	39%
Lack of mental health resources Priority groups who are more likely to have this challenge are: men, people experiencing mental health challenges, families who have someone with an IEP.	38%	42%	38%	38%	41%	37%

WHAT SPECIFIC WELLNESS SERVICES OR PRACTICES DO YOU FEEL ARE CURRENTLY MISSING OR WOULD BE MOST HELPFUL TO YOU AND YOUR COMMUNITY?	Total %	Dist 1 %	Dist 2 %	Dist 3%	Dist 4%	Dist 5 %
Physical health services The priority groups who are more likely to mention this need are the unhoused, and those with mental health challenges.	44%	49%	42%	43%	44%	44%
Mental health support The priority groups who are more likely to say these services are missing are: TAY, the elderly, the justice involved, unhoused, those with mental health challenges, families who have someone with an iep, and families who have someone with a history of school discipline	40%	40%	41%	38%	41%	38%
Employment support and job training The priority groups who are more likely to say these services are missing are: men, justice involved, unhoused, people with a mental health challenge, families who have someone with an iep, and families with someone who has been disciplined in school	38%	36%	35%	38%	36%	41%
Substance abuse counseling Priority groups who are more likely to say these services are missing are: TAY, justice involved, people who are unhoused, people with mental health challenges, families with someone who has an iep, families who have someone who has been disciplined in school	28%	29%	29%	28%	29%	27%
Safe and affordable housing services Priority groups who are more likely to say these services are missing are: The elderly, men, justice involved, unhoused, those with mental health challenges, and families who have someone who has been disciplined in school	37%	37%	37%	37%	35%	37%
Nutritional education and food access programs The groups most likely to say this is missing are TAY, and those who have mental health challenges.	38%	43%	37%	38%	34%	38%

WHAT CHALLENGES OR BARRIERS DO YOU FACE IN ACCESSING WELLNESS SERVICES WHERE YOU LIVE?	Total %	Dist 1 %	Dist 2 %	Dist 3 %	Dist 4 %	Dist 5 %
<p>High cost of services</p> <p>The priority groups more likely to mention this barrier to access are: TAY, child bearing women, justice involved, the unhoused, those with mental health challenges, families with someone who has an iep, families who has someone who has been disciplined.</p>	41%	43%	43%	38%	42%	39%
<p>Time constraints due to responsibilities (e.g. work, caregiving)</p> <p>The priority groups more likely to mention this barrier to access are: TAY, elderly, those with mental health challenges, families with someone who has an iep</p>	42%	42%	43%	42%	39%	42%
<p>Limited availability of services in my area</p> <p>The priority groups more likely to mention this barrier to access are: justice involved, unhoused, and those with mental health challenges</p>	38%	39%	36%	39%	35%	37%
<p>Lack of reliable transportation</p> <p>The priority groups more likely to mention this barrier to access are: TAY, the elderly, justice involved, those with mental health challenges, families with someone who has an iep, families who has someone who has been disciplined in school</p>	30%	27%	30%	30%	30%	33%
<p>I have to travel long distances</p> <p>The priority groups more likely to mention this barrier are: men, those with mental health challenges, families with someone who has an IEP</p>	23%	20%	25%	25%	25%	22%

Engagement and Feedback Strategy

- **Public Communication Goals:**
 - Raise awareness about the hub and services.
 - Solicit community feedback through additional town halls
- **Tools:**
 - Partnerships with local organizations.
 - Listening sessions in underserved districts.

Comparative Models

- **Relevant Case Studies:**

- Sunnydale HOPE SF: Public-private funding for mixed-use services.
- Southeast Community Center: Integrated health and cultural programming.
- AAHRC, Berkeley: Community-driven wellness and economic empowerment.

- **Lessons Learned:**

- Importance of phased implementation.
- Sustainable funding and partnerships.

Economic Operating Model Preliminary Recommendation

FOR DISCUSSION

Economic Operating Model Recommendation: “Revenue from everywhere” model

Go-to-Market Approach

- **Economic Operating Model #2**
- **Proposed sources of revenue (i.e., funding)**
 - County funding from annual budget allocations
 - Charitable donations and fundraising campaigns, e.g., UCSF or large corporate partners with a strategic focus on community public health issues and outcomes
 - Service provider lease income (lease income is generated from renting space to operate within the facility and deliver services; original source funding comes from CBOs fundraising and annual operating budgets)
 - Health insurance reimbursements for qualified services to individuals with some form of health insurance
- **Key stakeholder roles and responsibilities**
 - County is the facility owner, master tenant, property manager and executive director of the operations
 - Service providers include non-profit CBOs, private health providers, public health providers
 - An Executive Director role is required to install clear leadership and operational accountability (e.g., own the P/L of the facility)

Final Report Submission

- **Contents:**

- Feasibility Study Summary
- Community Needs Assessment
- Proposed Service Models and Phases
- Funding and Sustainability Framework

- **Next Steps:**

- Incorporate Steering Committee feedback.

Closing and Discussion

- **Questions for Steering Committee:**
 - Alignment of goals with community needs.
 - Suggestions on communication and outreach strategies for upcoming town halls.
- **Call to Action:**
 - Confirm contributions to final report by January 20, 2025.