February 10th
AAHWRH Feasibility Study
Steering Committee Meeting

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Welcome & Purpose of the Meeting

◆ **Board of Supervisors (BOS) Presentation** – Gather high-level feedback on the phased approach.

◆ **Align with Steering Committee Feedback** – Ensure key insights are incorporated into the final report.

◆ **Refine for Equity & Community Needs** – Address last-minute adjustments to uphold equity goals.

Recap of January 13th Meeting

🔹 **Service Model & Core Goals** – Cultural competence, integrated services, equity-driven approach, and sustainability.

🔹 **Immediate Access Strategies** – Pop-ups, mobile units, and expanded community engagement.

🔹 **Site Selection Update** – Progress on securing county assetts.

🔹 **Key Success Metrics** – Health outcomes, community impact, and long-term sustainability.

Community Insights from Town Halls & Stakeholder Interviews

🔹 **Consensus Building** – Key takeaways from D1, D2, and D4 town halls.

🔹 **Upcoming Town Halls:**

📅 **District 3 Virtual Event** – Feb. 11, 6:00–7:30 PM 💻 [Join via Zoom](#)

📅 **Lift Up Contra Costa Café** – Feb. 12, 6:00–8:00 PM 📍 Delta Bay Community Church

📅 **District 5 Town Hall** – Feb. 13, 7:00–8:30 PM 📍 Genesis Church

📅 **Special Virtual Community Café** – Feb. 19, 6:00–8:00 PM 💻 [Register Here](#)

🔹 **Key Stakeholder Interviews** – Insights from leaders in:

✅ **Healthcare & Mental Health** – UCSF Psychiatry, Women's Cancer Resource Center, NAMI Contra Costa

✅ **Faith & Community-Based Orgs** – GENESIS Church, ROOTS Community Health Clinic, NAACP East County

✅ **Black Family & Youth Support** – Black Infant Health, PAAACT, People Who Care Children Association

Underrepresentation of Black Physicians in California

Percentage (%)

- Black Physicians in CA
- Black Population in CA
- Black OB/GYN Physicians
- Black Family Medicine Physicians
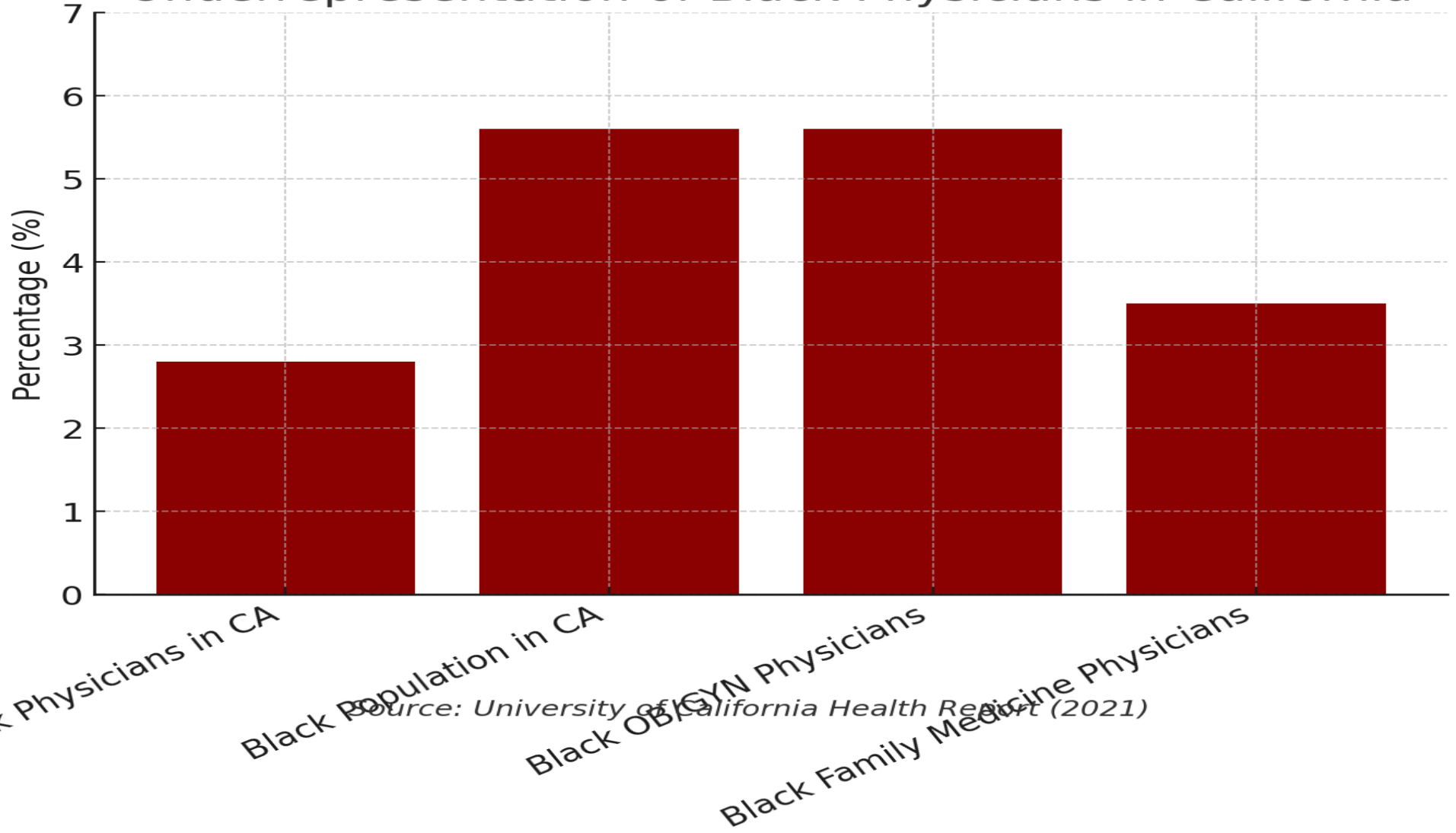
Source: University of California Health Report (2021)

Vision of the Hub

- The African American Holistic Wellness & Resource Hub will be a culturally grounded, trauma-informed space that offers essential services, fosters community belonging, and creates pathways to wellness and stability.

📌 The Phased Approach to the Hub

🚑 Phase 1: Immediate Action – Mobile & Distributed Services

- **Mobile wellness units, pop-up clinics, and street teams** deployed to high-need areas.

- **Health screenings and urgent care for unhoused and elderly populations.**

- **Career and resource navigation teams** to connect residents with existing services.

- **Partnerships with local community organizations** to provide immediate wellness support (e.g. expansion of the most recent AAHWRH RFP process).

- **Focus on increasing Black service utilization rates** to demonstrate county impact.

Essential Staffing for Mobile Wellness Units & Street Teams

✔ **Executive Director** – Provides leadership, strategic planning, and oversight.

✔ **Medical Professionals (Existing County Providers)** – Deliver health screenings, urgent care, and specialized services.

✔ **Community Navigators** – Connect residents to essential resources and support systems.

✔ **Outreach Specialists** – Build trust, increase service utilization, and engage with the community.

✔ **Case Managers** – Ensure follow-up care and long-term service coordination.

✔ **County-Based Service Integration Teams** – Work across agencies to streamline care and maximize impact.

✔ **Well-Trained Teams** – Ensure culturally competent, accessible, and sustainable wellness services.

🏛 Phase 2: Expanding Infrastructure & Network Building

- **Semi-permanent wellness hubs** established in existing community spaces in each District.

- **Support for satellite service locations** in places like Richmond, Antioch, and Pittsburg, while also assessing which areas have the greatest need to determine the best locations for expansion.

- **Investment in collaborative networks** of African American-led wellness services.

- **Dedicated street teams & mobile units** continue service expansion and engagement.

- **County-funded service contracts** to sustain existing wellness organizations.

🏡 Phase 3: Permanent Holistic Wellness Center

- **Centralized, fully-equipped wellness hub** integrating health, mental health, economic empowerment, housing, and healing services under one roof.

- **A county-recognized resource for long-term sustainability.**

- **Developed based on data-driven service utilization insights.**

- **Placed for easy access and lasting community benefit.**

How We Know the Hub is Working: Key Performance Indicators (KPIs)

Developed by the Feasibility Study Steering Committee, these KPIs ensure accountability and impact:

✅ **Culturally appropriate healthcare** – Black-led maternal & prenatal care, Black clinicians for mental health, holistic chronic disease management.

✅ **Equity in behavioral health services** – Trauma-informed, healing-centered therapy for Black individuals & justice-impacted community members.

✅ **Housing stability** – Increase in Black community members accessing **affordable, permanent housing**.

✅ **Educational justice** – Reduced suspension & IEP disparities for Black youth, increased family advocacy resources.

✅ **Economic empowerment** – Higher job stability, reduced wage gaps, and pathways to generational wealth.

✅ **Elder support & one-on-one advocacy** – Connecting African American elders to services with a **one-stop assistance model**.

✅ **Community engagement & leadership** – Ensuring **Black voices** are at the table in **decision-making** and resource allocation.

Priority Populations (% of Total Respondents)
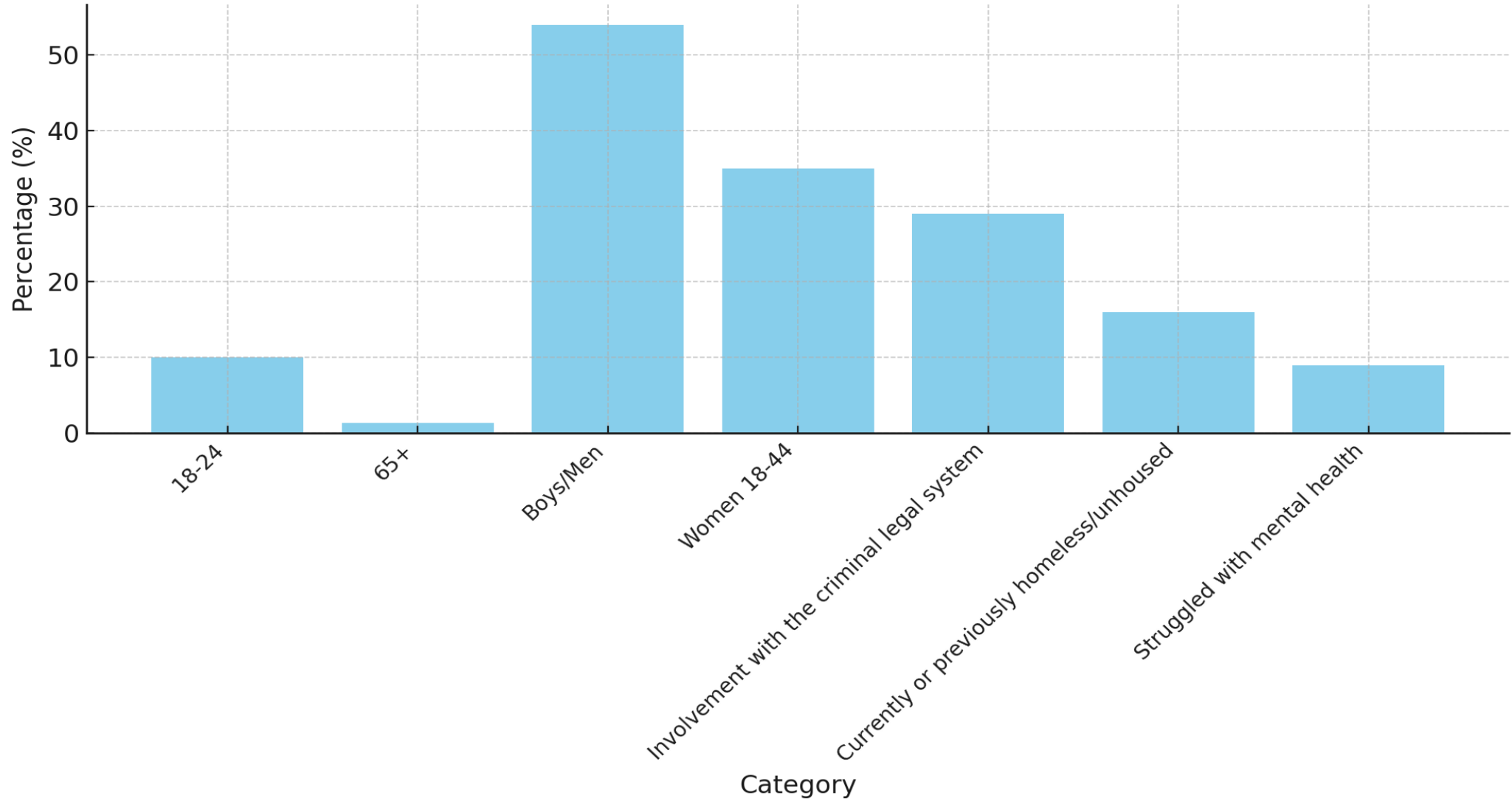
Why This Hub is Needed: Historical Context of Systemic Inequities in Contra Costa

A new mental map of segregation is needed: **Bay Area 1970**
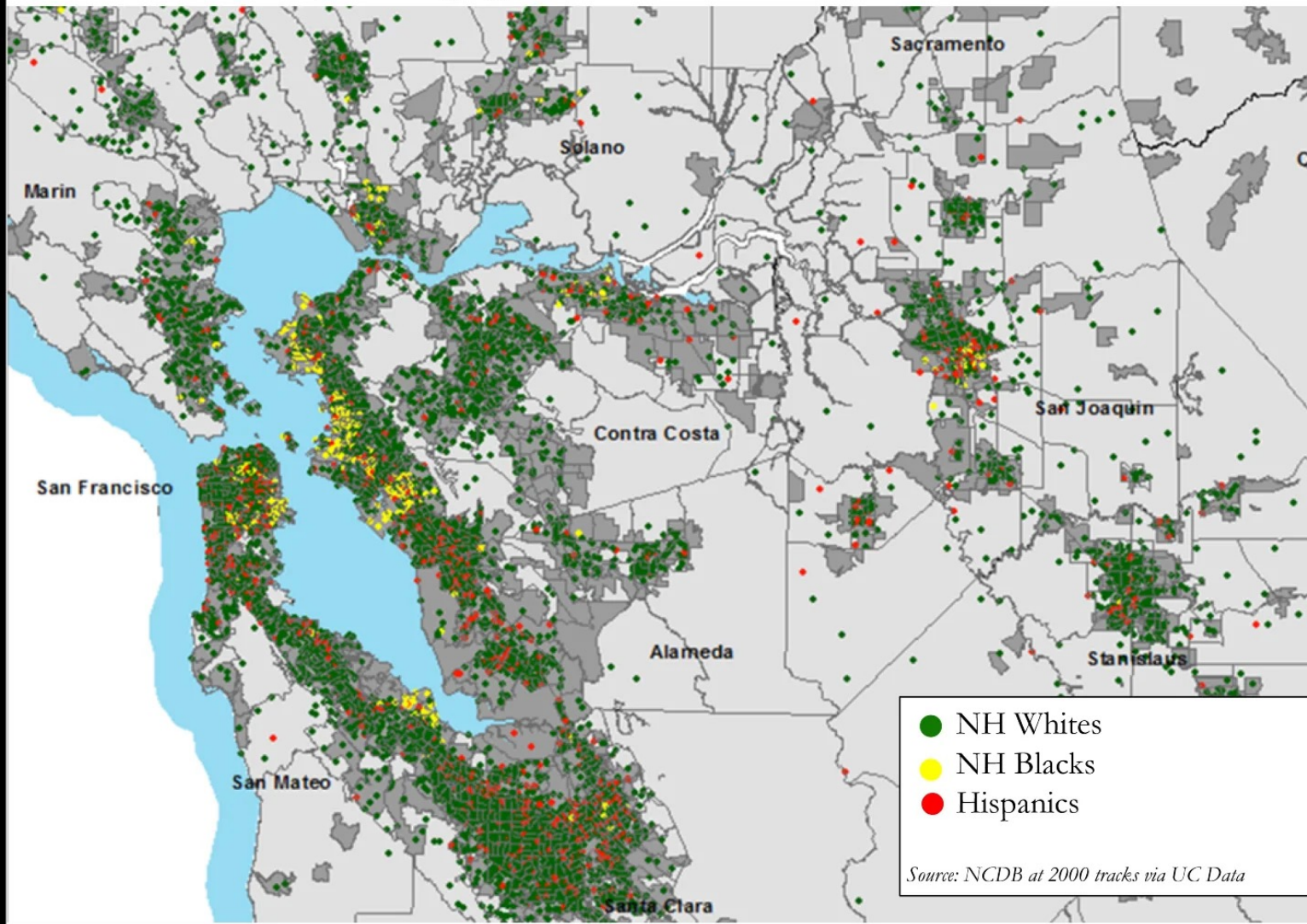
Race Disparity in Deaths, 2021-2023

		Rate Ratio
1 Homicide	(Black:White)	13.7
2 Drug overdose	(Black:Asian)	8.9
3 Ischemic heart disease	(NHPI:Hisp)	4.2
4 Prostate cancer	(Black:Asian)	3.6
5 COPD	(Black:Asian)	3.4
6 Kidney diseases	(Black:White)	3.1
7 Diabetes mellitus	(Black:White)	2.9
8 Sepsis	(Black:Hisp)	2.7
9 Road injury	(Black:White)	2.7
10 COVID-19	(Black:White)	2.6

Trend in Age-Adjusted Death Rate of All CAUSES in Contra Costa by RACE/ETHNIC Group*, 2000-2002 to 2021-2023
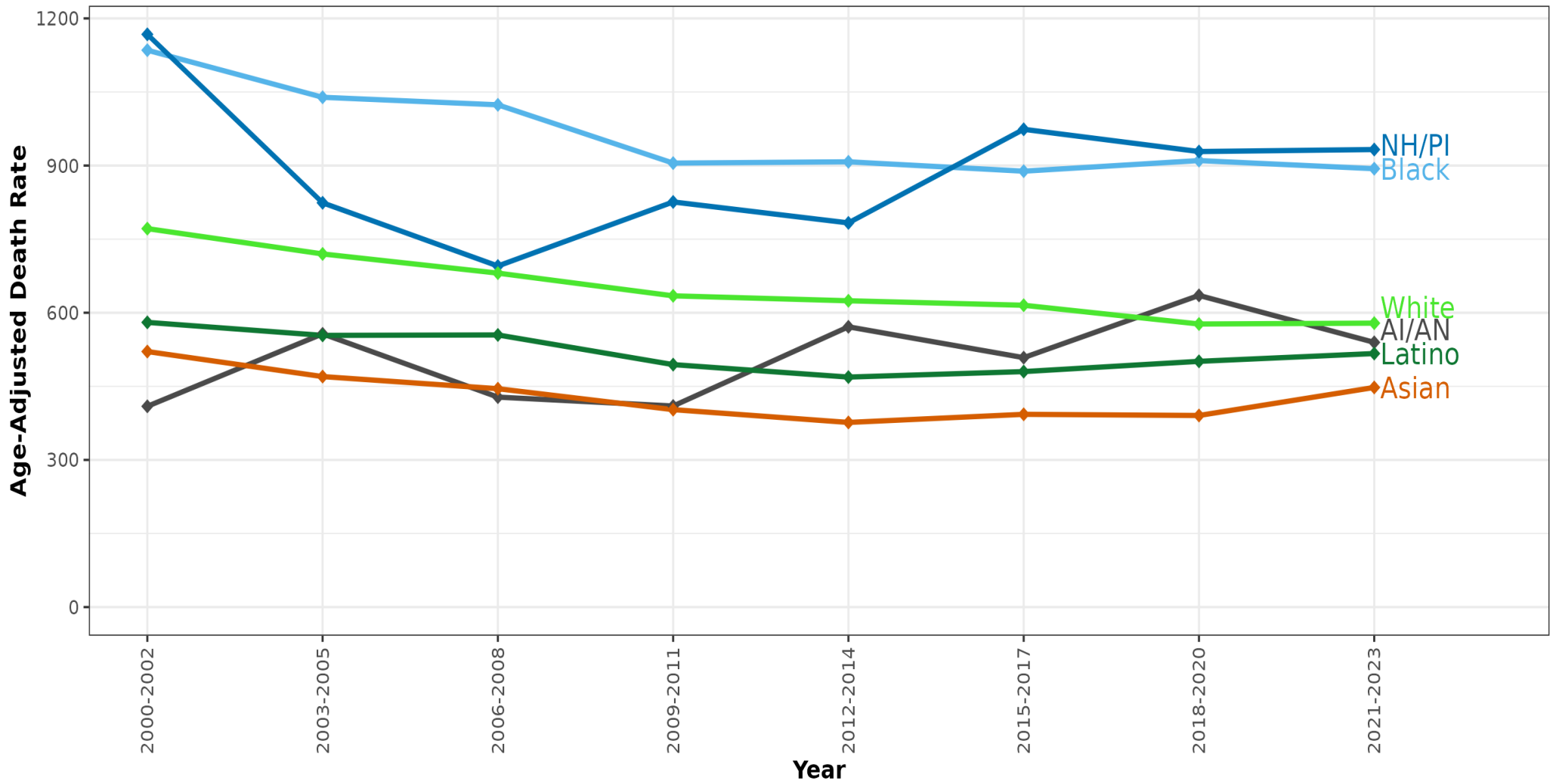
Life Expectancy ⓘ
Non-Hispanic Black, 2019-2023
years

17.45
14.56
12.94
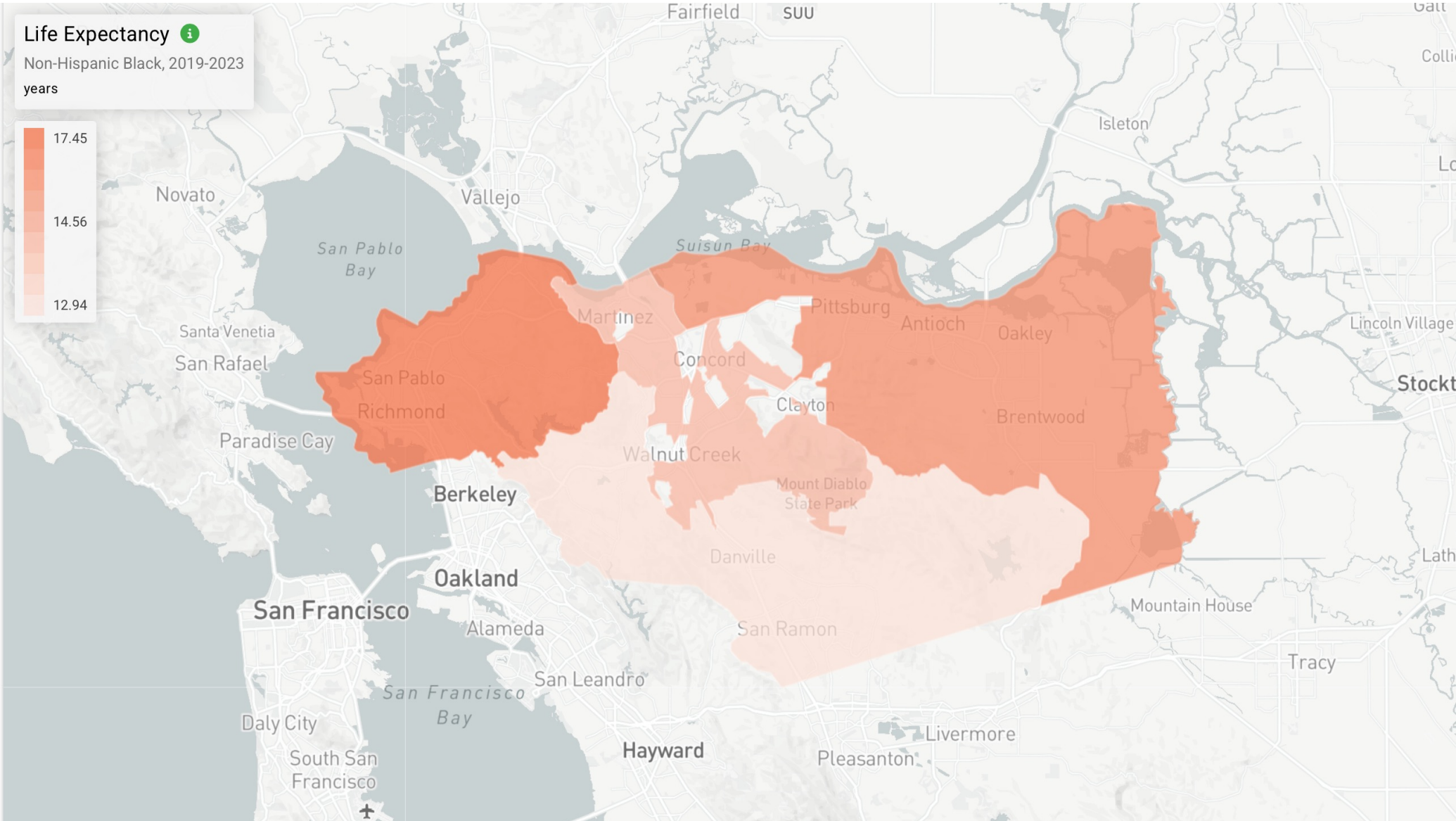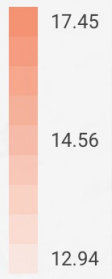
Life Expectancy by Race/Ethnicity, Contra Costa County, CA

2023

Bar chart showing life expectancy in years by Race/Ethnicity:

- Full population: 82.86
- Non–Hispanic White: 83.16
- Non–Hispanic Black: 77.06
- Asian: 86.09
- Hispanic or Latino: 84.08

Y-axis: years (0 to 100)
X-axis: Race/Ethnicity
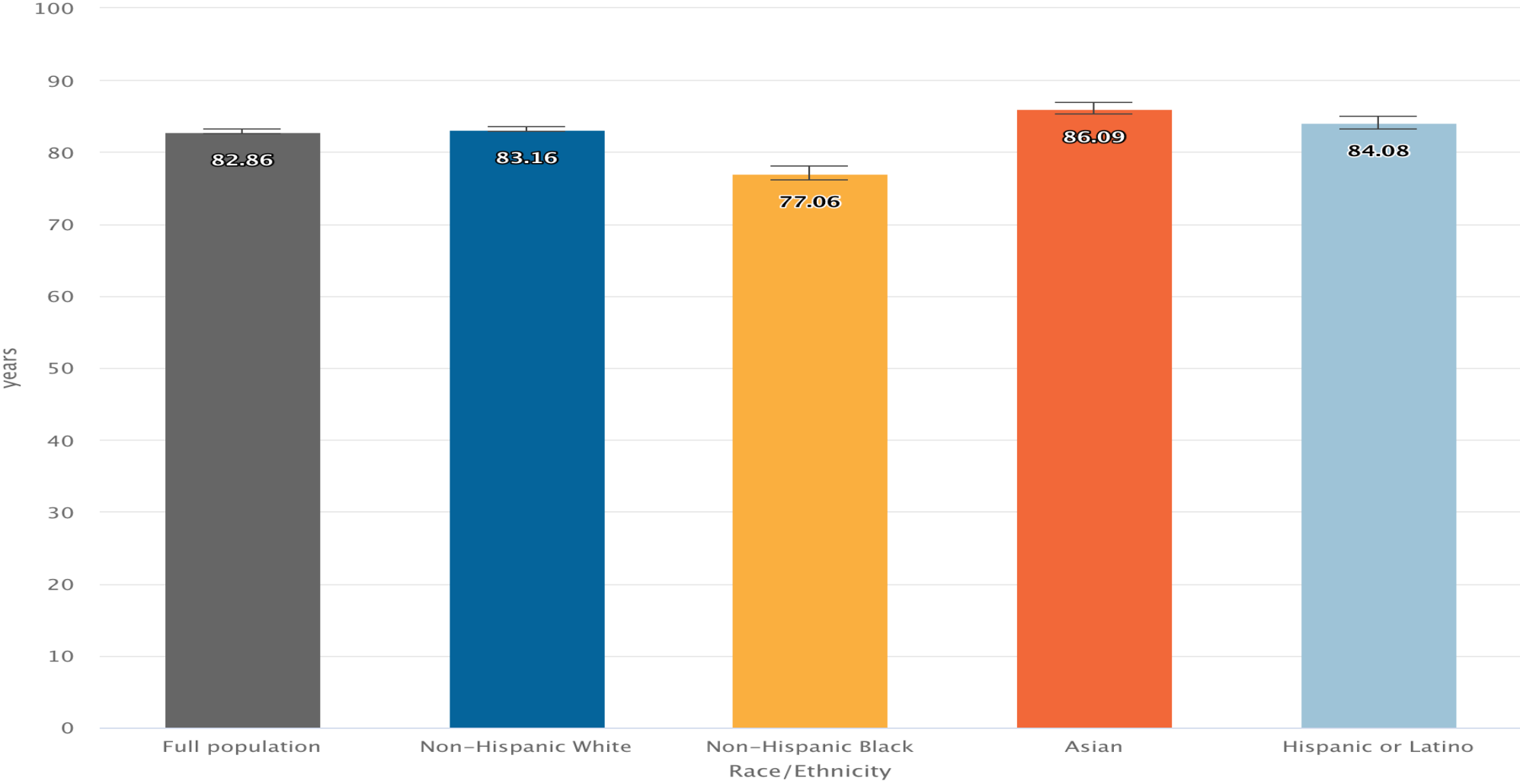
Disparities in Death Rates, Drug overdose (poisoning/substance use disorders) in Contra Costa, 2021-2023

Race/Ethnicity

Rate per 100,000 (Age-Adjusted)

Asian | Black | Latino | White

■ Lowest ■ Sig. Higher (p<.01)

Sex

Rate per 100,000 (Age-Adjusted)

Female | Male

■ Lowest ■ Sig. Higher (p<.01)

Age Groups

Rate per 100,000 (Age-Specific)

15 - 24 | 25 - 34 | 35 - 44 | 45 - 54 | 55 - 64 | 65 - 74

■ Lowest ■ No Difference ■ Sig. Higher (p<.01)
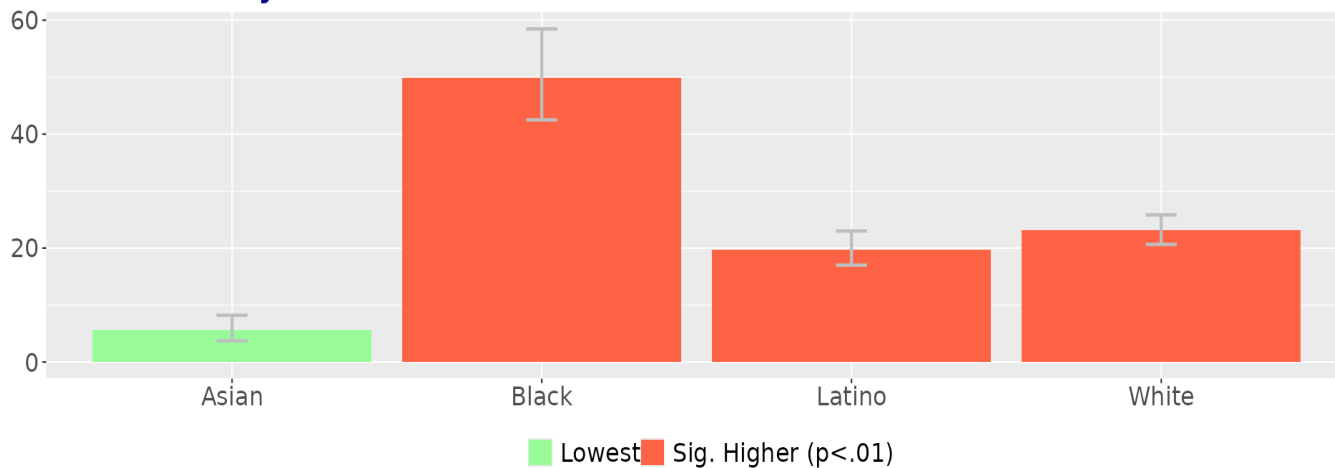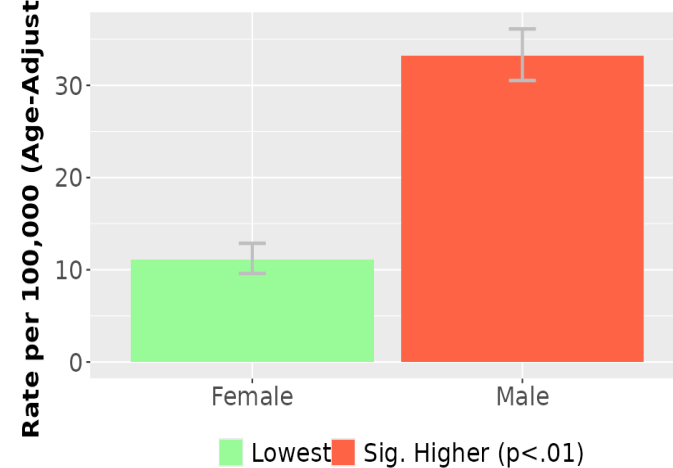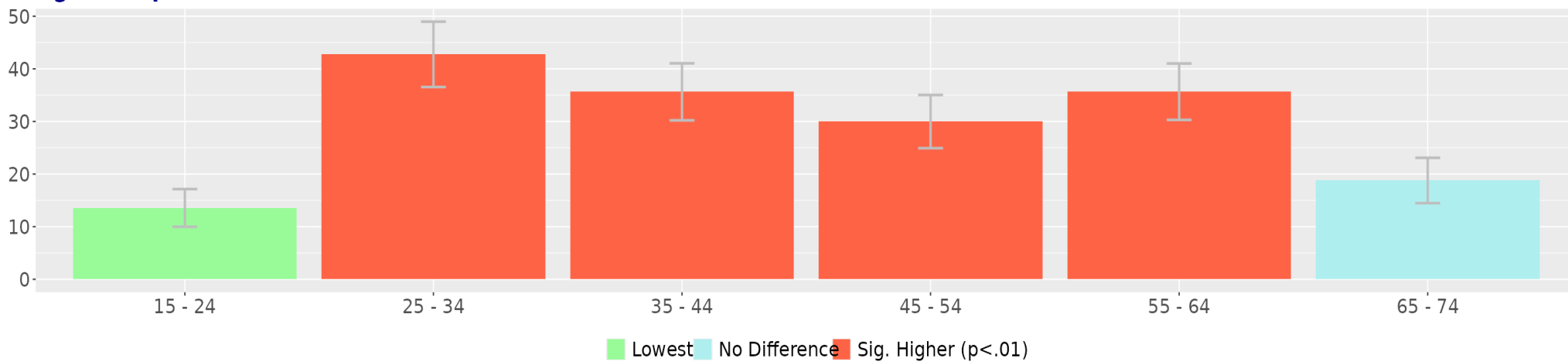
Disparities in Death Rates, Injuries in Contra Costa, 2021-2023

Race/Ethnicity

Rate per 100,000 (Age-Adjusted)

Asian | Black | Latino | White

Lowest | Sig. Higher (p<.01)

Sex

Rate per 100,000 (Age-Adjusted)

Female | Male

Lowest | Sig. Higher (p<.01)

Age Groups

Rate per 100,000 (Age-Specific)

15 - 24 | 25 - 34 | 35 - 44 | 45 - 54 | 55 - 64 | 65 - 74 | 75 - 84 | 85+

Lowest | Sig. Higher (p<.01)
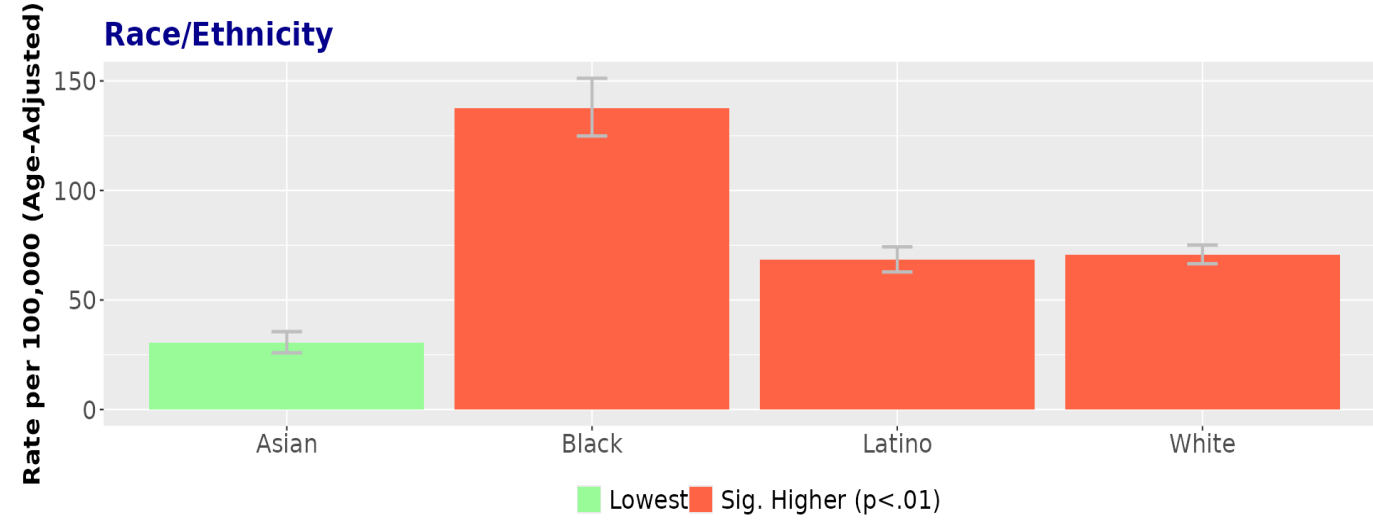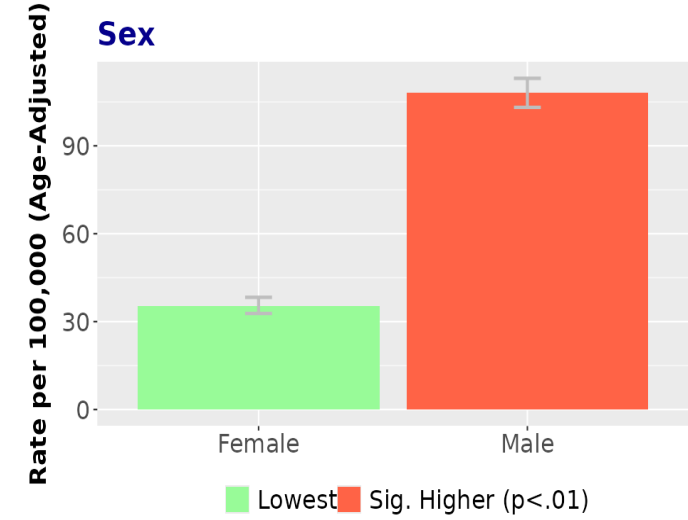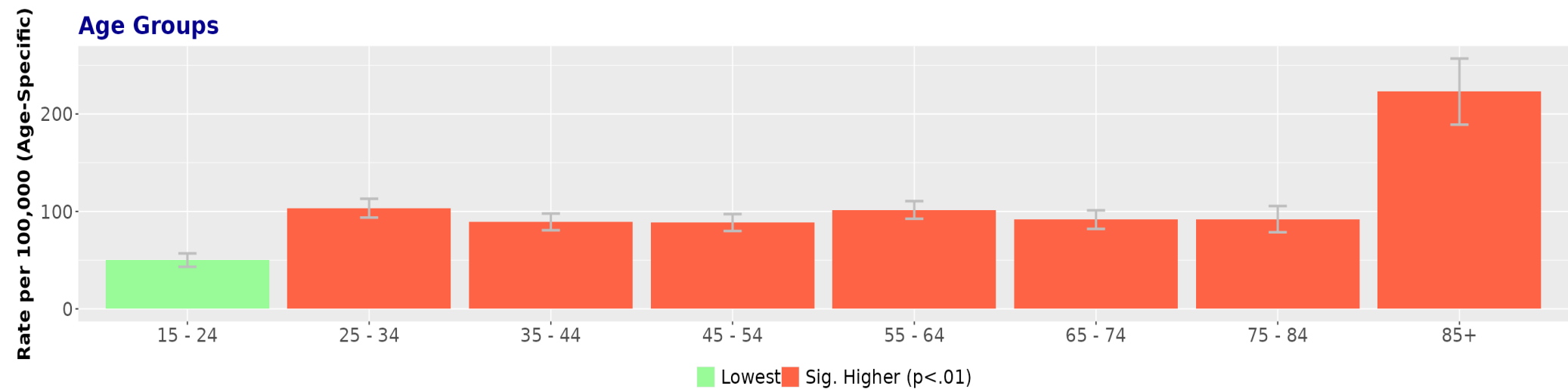
Disparities in Death Rates, Endocrine, blood, immune disorders in Contra Costa, 2021-2023

Race/Ethnicity

Rate per 100,000 (Age-Adjusted)

Asian | Black | White

Lowest | No Difference | Sig. Higher (p<.01)

Sex

Rate per 100,000 (Age-Adjusted)

Female | Male

Lowest | Sig. Higher (p<.01)

Age Groups

Rate per 100,000 (Age-Specific)

55 - 64 | 65 - 74 | 75 - 84 | 85+

Lowest | Sig. Higher (p<.01)
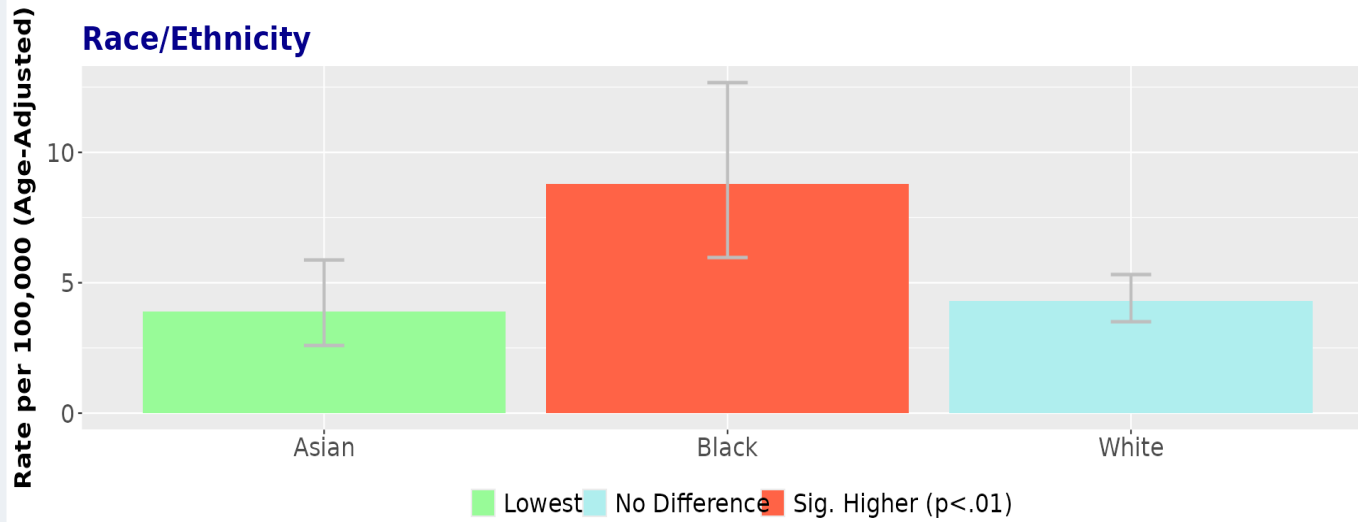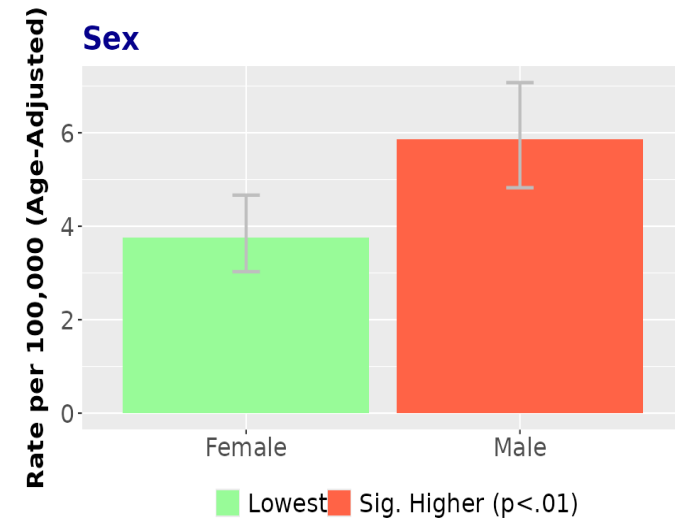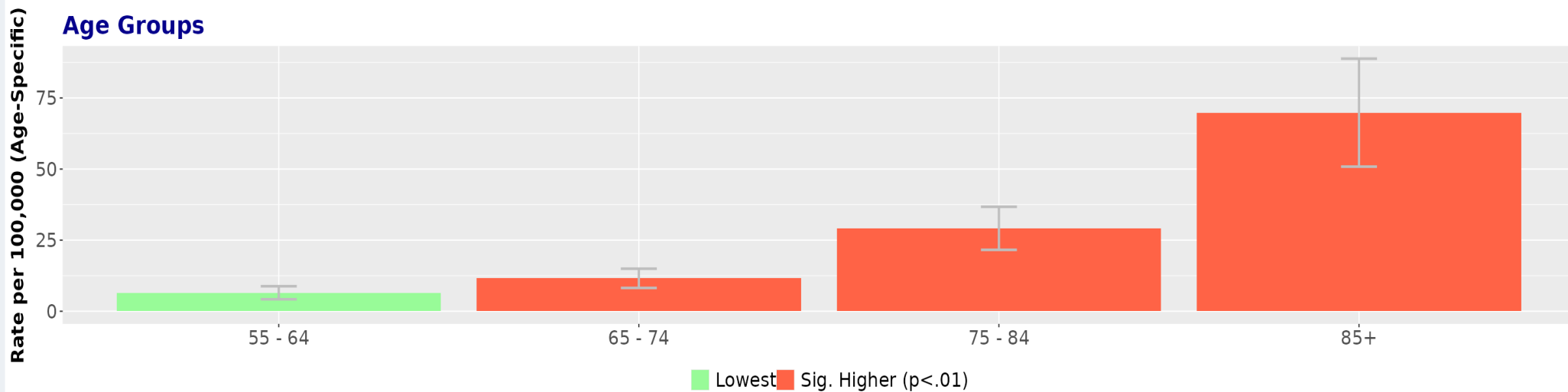
Disparities in Death Rates, Diabetes mellitus in Contra Costa, 2021-2023
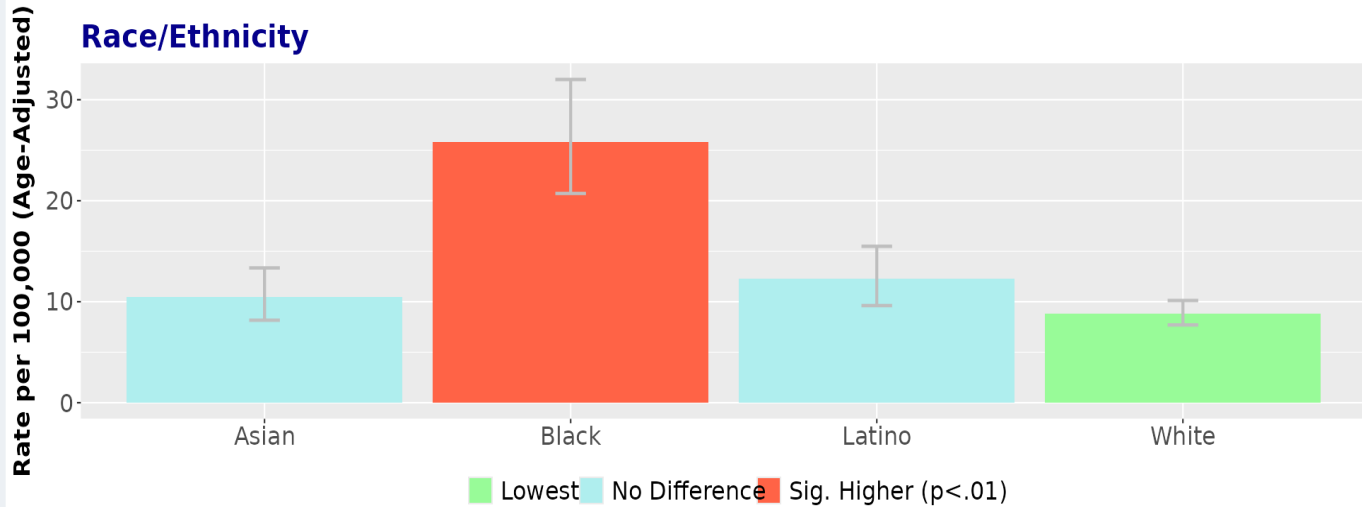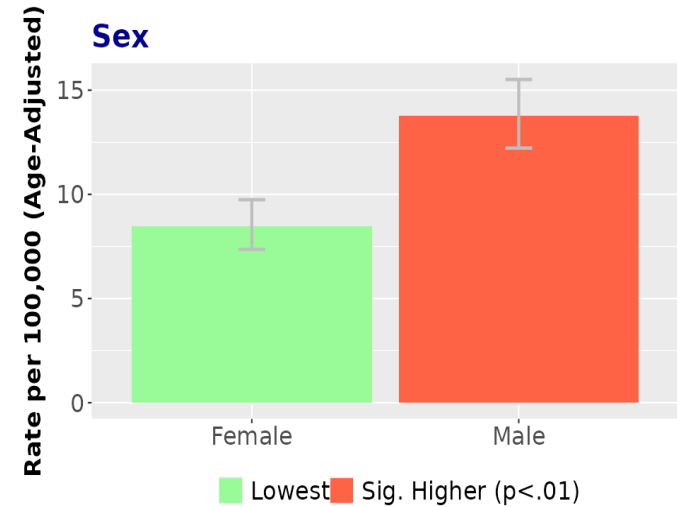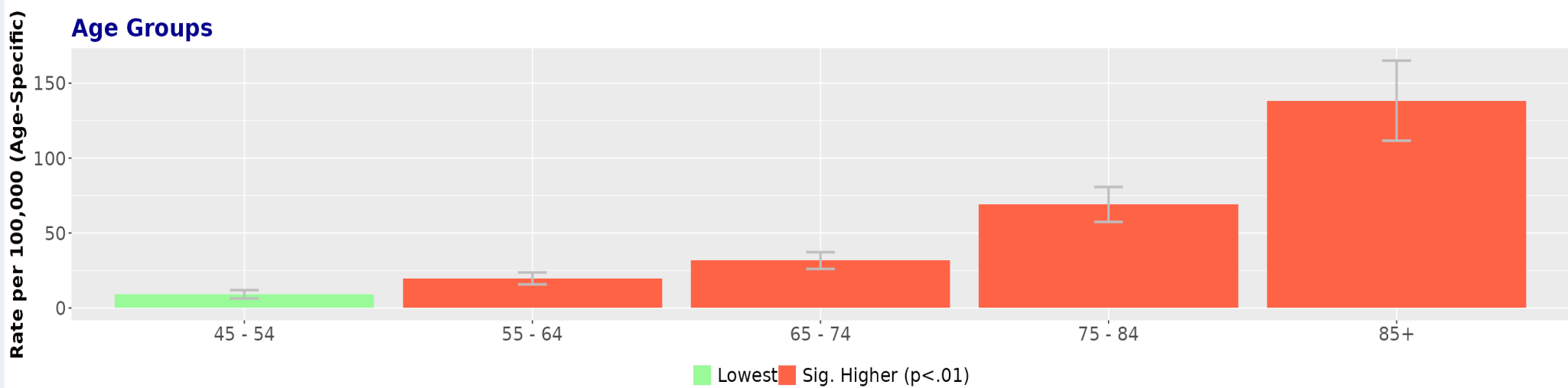
Disparities in Death Rates, Cancer/Malignant neoplasms in Contra Costa, 2021-2023

Race/Ethnicity

Rate per 100,000 (Age-Adjusted)

Legend: Lowest | No Difference | Sig. Higher (p<.01)

X-axis: Asian, Black, Latino, White

Sex

Rate per 100,000 (Age-Adjusted)

Legend: Lowest | Sig. Higher (p<.01)

X-axis: Female, Male

Age Groups

Rate per 100,000 (Age-Specific)

Legend: Lowest | Sig. Higher (p<.01)

X-axis: 25 - 34, 35 - 44, 45 - 54, 55 - 64, 65 - 74, 75 - 84, 85+
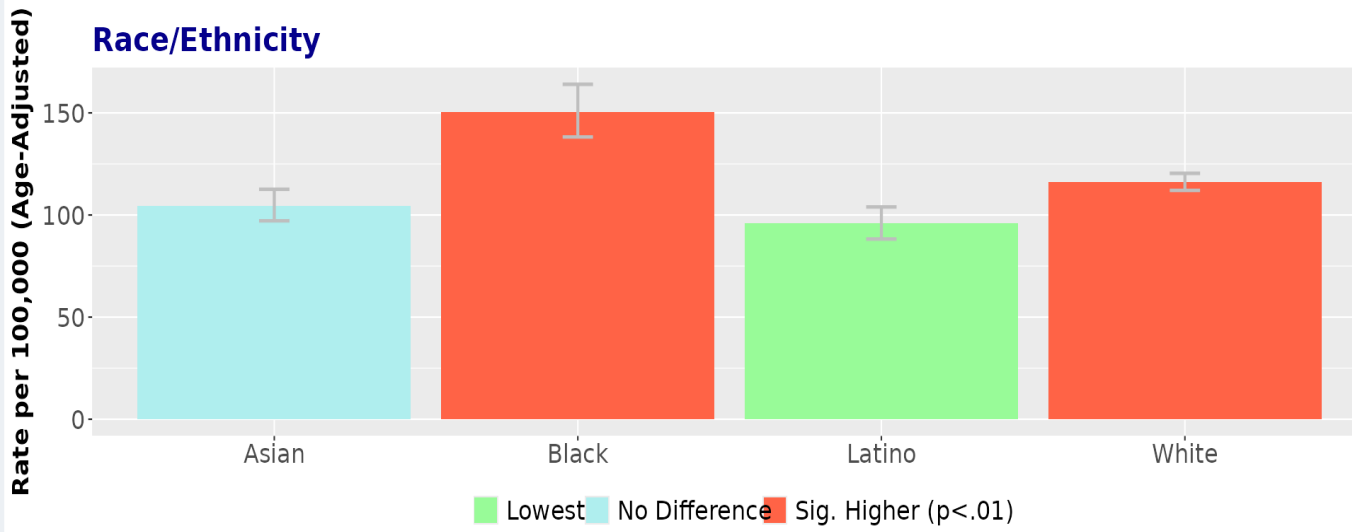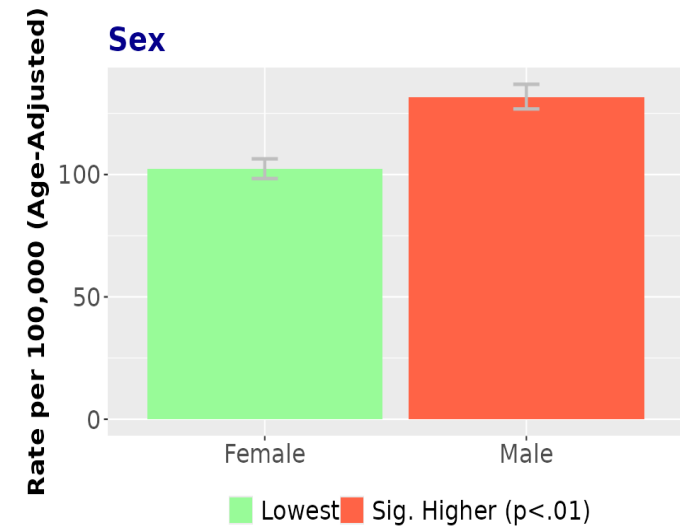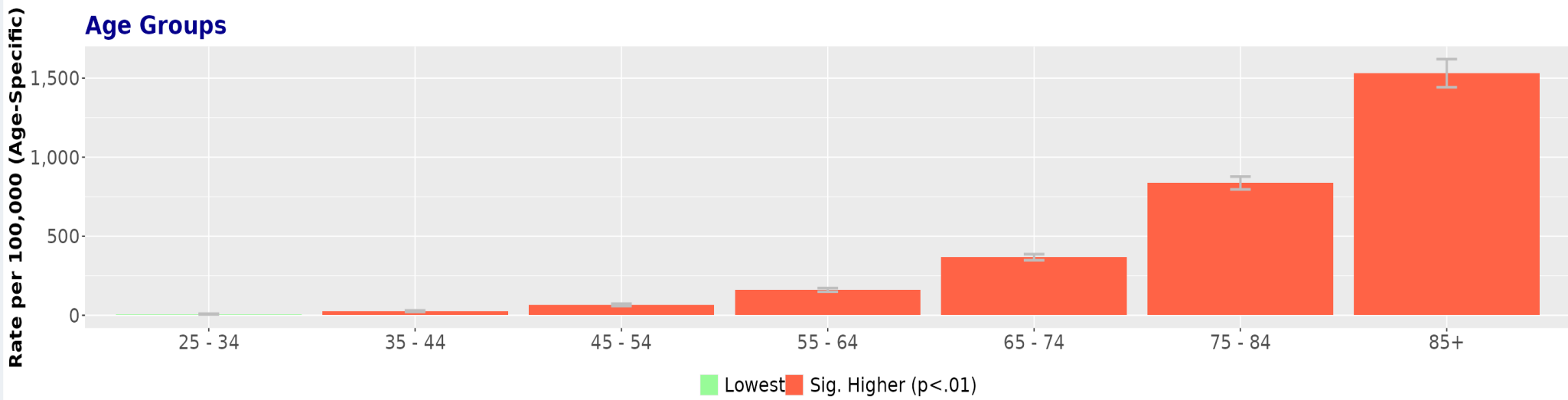
New HIV diagnoses rate by Race/Ethnicity, 2022

Contra Costa County, CA and comparison

Grouped bar chart showing cases per 100,000 by Race/Ethnicity. Y-axis: cases per 100,000 (0 to 40). X-axis: Race/Ethnicity.

Race/Ethnicity	Contra Costa County, CA	California
Full population	12.1	14.7
Non–Hispanic White	5.6	8.2
Non–Hispanic Black	37.5	37.7
Asian	3.6	4.7
Hispanic or Latino	22.0	21.8
Native American	0.0	15.2
Pacific Islander/Native Hawaiian	0.0	13.7
Two or more races	5.6	11.3

Legend: ● Contra Costa County, CA ● California

Adult psychological distress by Race/Ethnicity, Contra Costa County, CA

2021

Birth rate by Race/Ethnicity, Contra Costa County, CA
2020–2022

Bar chart of birth rate (per 1,000 women) by Race/Ethnicity:

- Full population: 54.10
- Non–Hispanic White: 51.20
- Non–Hispanic Black: 46.10
- Asian: 51.50
- Hispanic or Latino: 58.10
- Native American: 28.30
- Pacific Islander/Native Hawaiian: 77.50
- Two or more races: 46.20

Y-axis: per 1,000 women
X-axis: Race/Ethnicity
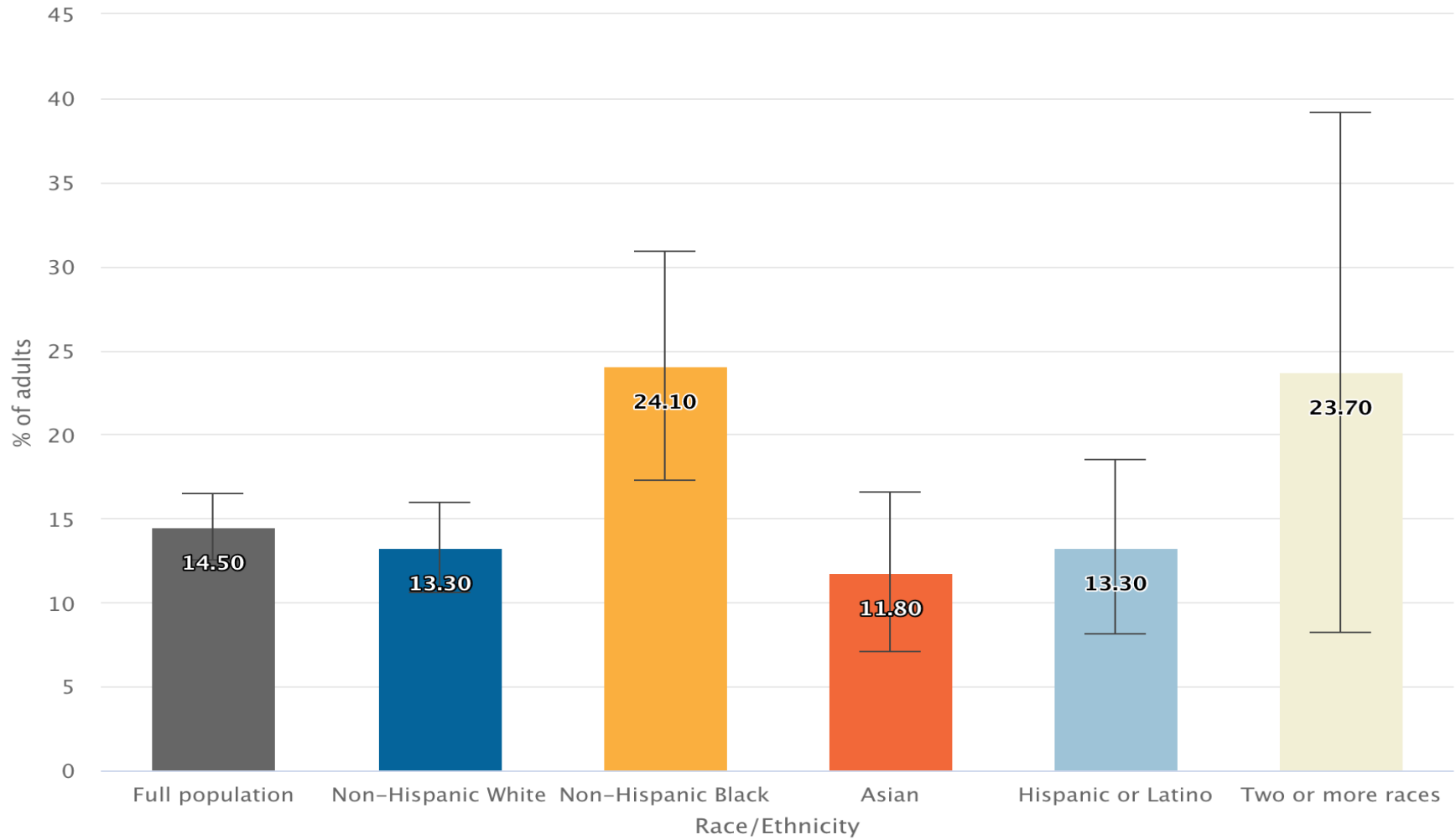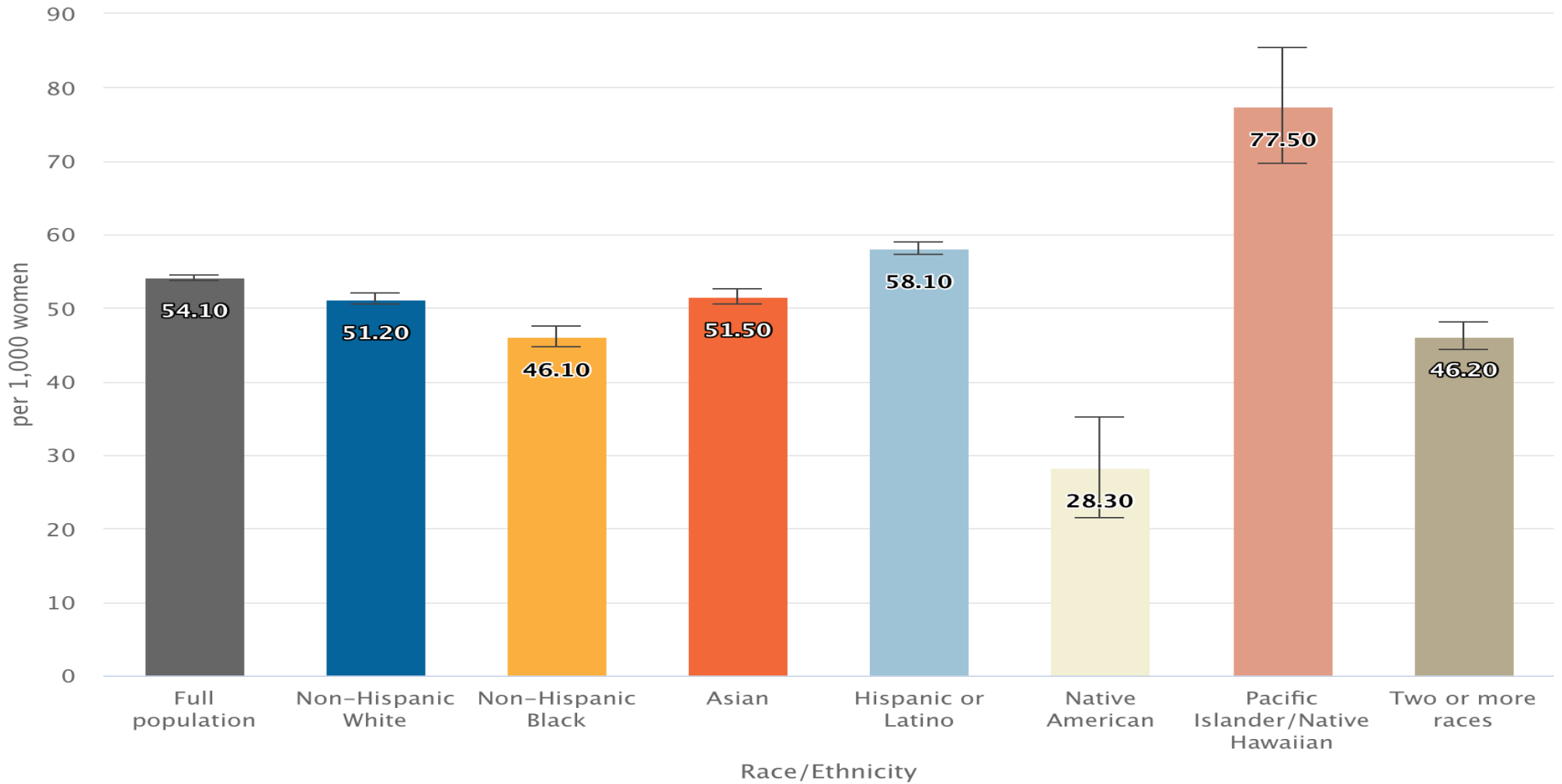
Low birthweight rate by Race/Ethnicity, Contra Costa County, CA
2020–2022

% of births

Race/Ethnicity	Value
Full population	7.26
Non–Hispanic White	5.44
Non–Hispanic Black	12.89
Asian	8.85
Hispanic or Latino	6.50
Pacific Islander/Native Hawaiian	7.76
Two or more races	8.49
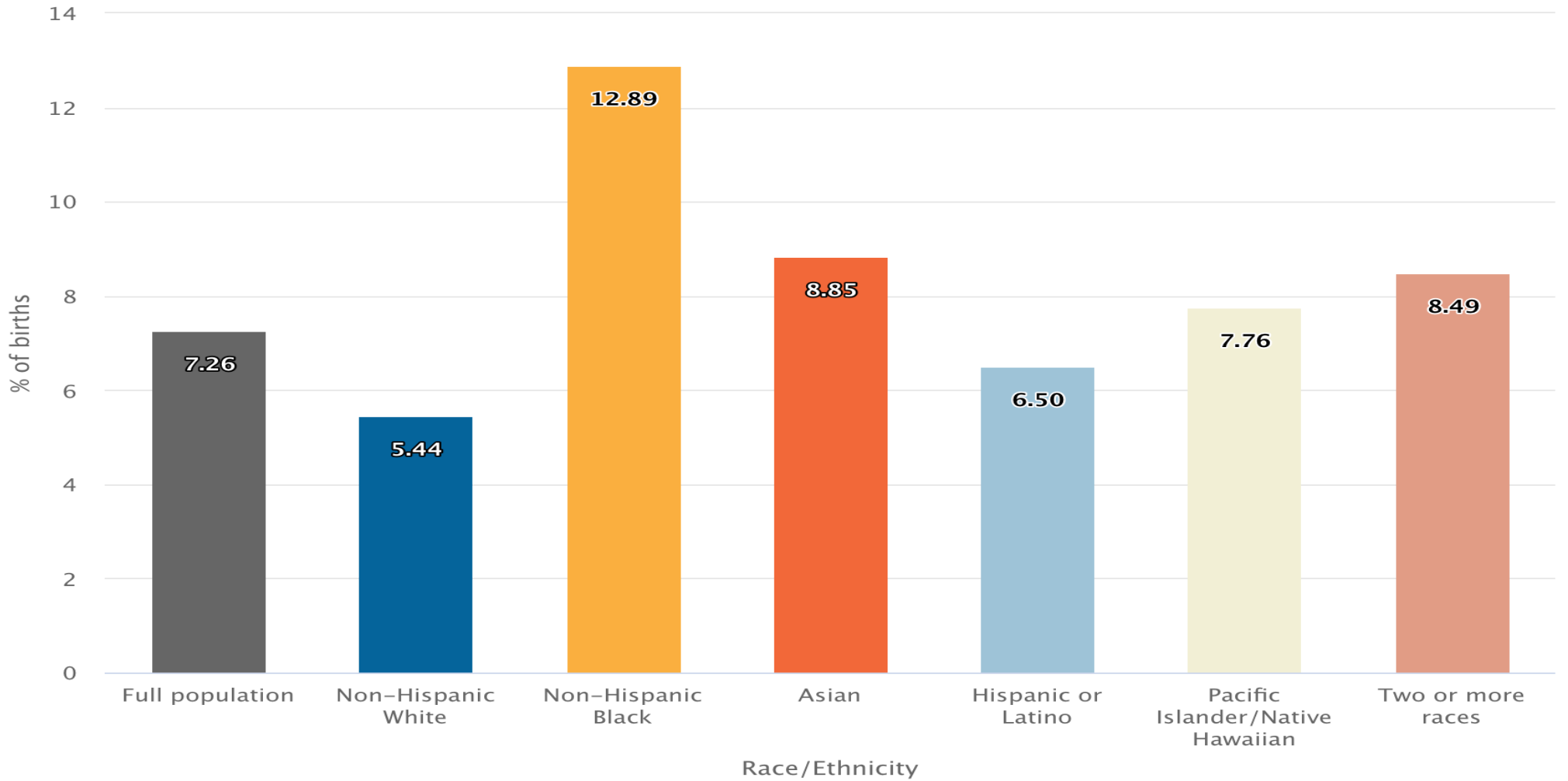
Race/Ethnicity

Severe maternal morbidity complication rate by Race/Ethnicity, Contra Costa County, CA

2020–2022

per 10,000 births

Race/Ethnicity	Rate
Full population	120.7
Non-Hispanic White	97.2
Non-Hispanic Black	201.7
Asian or Pacific Islander	112.5
Hispanic or Latino	131.2
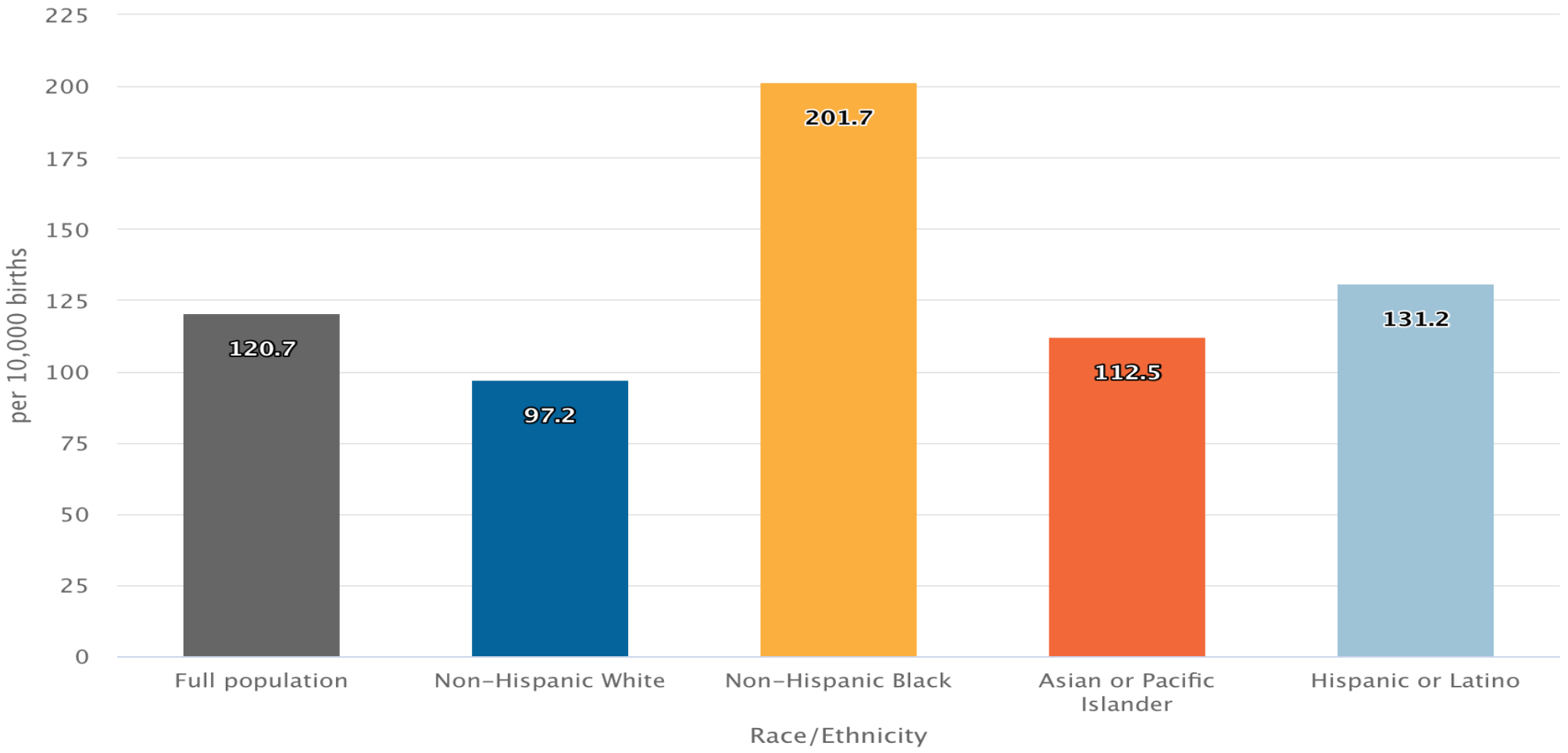
Adults diagnosed diabetes by Race/Ethnicity, Contra Costa County, CA
2022

Bar chart showing % of adults (y-axis) by Race/Ethnicity (x-axis):

- Full population: 8.70
- Non–Hispanic White: 7.70
- Non–Hispanic Black: 14.90
- Asian: 11.20
- Hispanic or Latino: 5.50
- Two or more races: 19.10

High blood pressure by Race/Ethnicity, Contra Costa County, CA

2023

Bar chart showing % of adults with high blood pressure by Race/Ethnicity:

- Full population: 40.10
- Non–Hispanic White: 41.60
- Non–Hispanic Black: 55.50
- Asian: 38.30
- Hispanic or Latino: 36.00
- Native American: 0.00
- Pacific Islander/Native Hawaiian: 0.00
- Two or more races: 30.70

Y-axis: % of adults
X-axis: Race/Ethnicity

Adults with asthma by Race/Ethnicity, Contra Costa County, CA
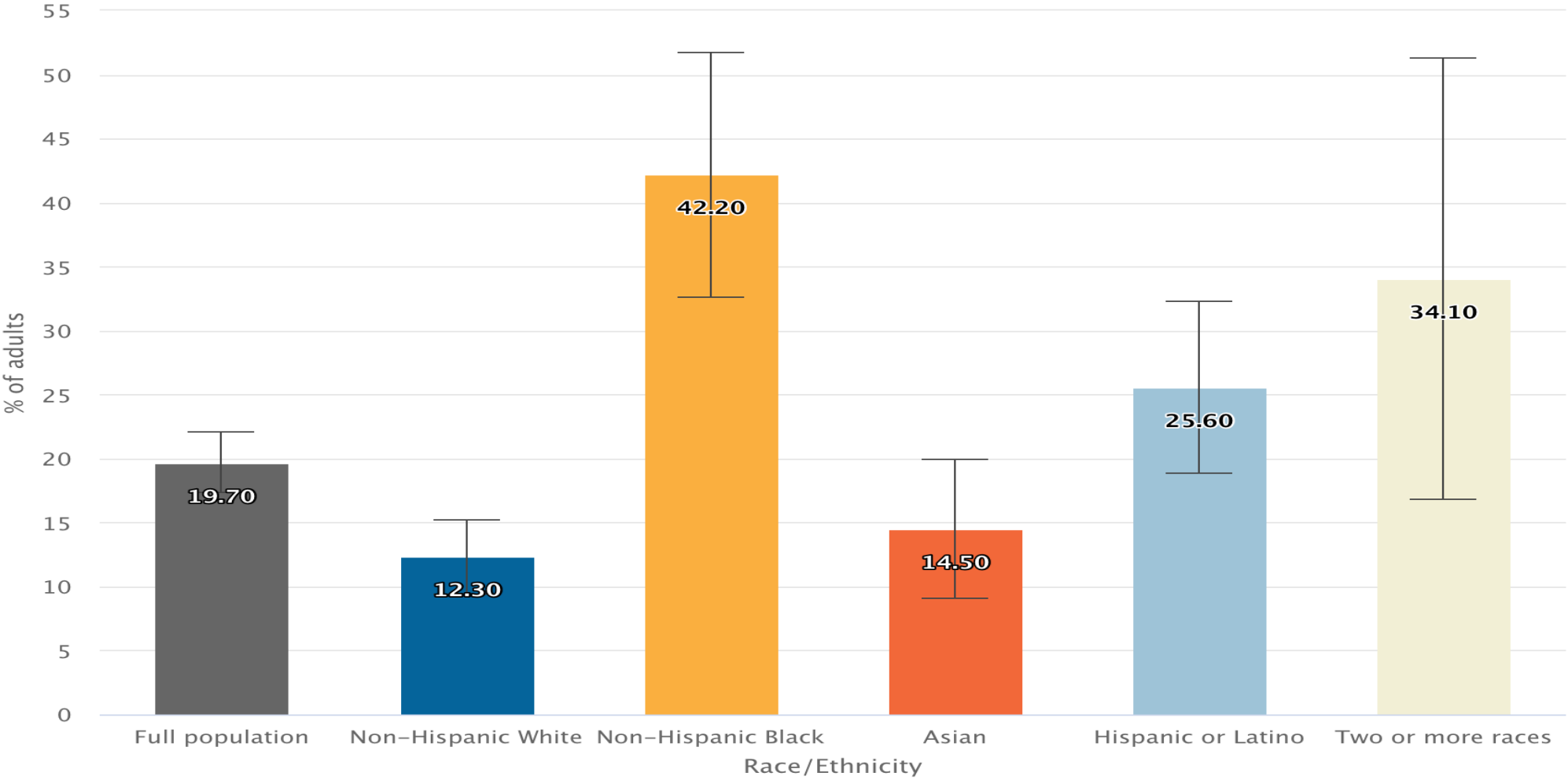
2023

Homicide deaths by Race/Ethnicity, 2021–2023

Contra Costa County, CA and comparison

Contra Costa County, CA
- Hispanic or Latino: 26.5%
- Non–Hispanic Black: 55.1%
- Non–Hispanic White: 18.4%

California
- Two or more races: 2.4%
- 0.9%
- Hispanic or Latino: 49.5%
- Asian: 3.9%
- Non–Hispanic Black: 26.1%
- Non–Hispanic White: 16.9%

Total (%)

Legend:
- Non–Hispanic White
- Non–Hispanic Black
- Asian
- Hispanic or Latino
- Native American
- Pacific Islander/Native Hawaiian
- Two or more races
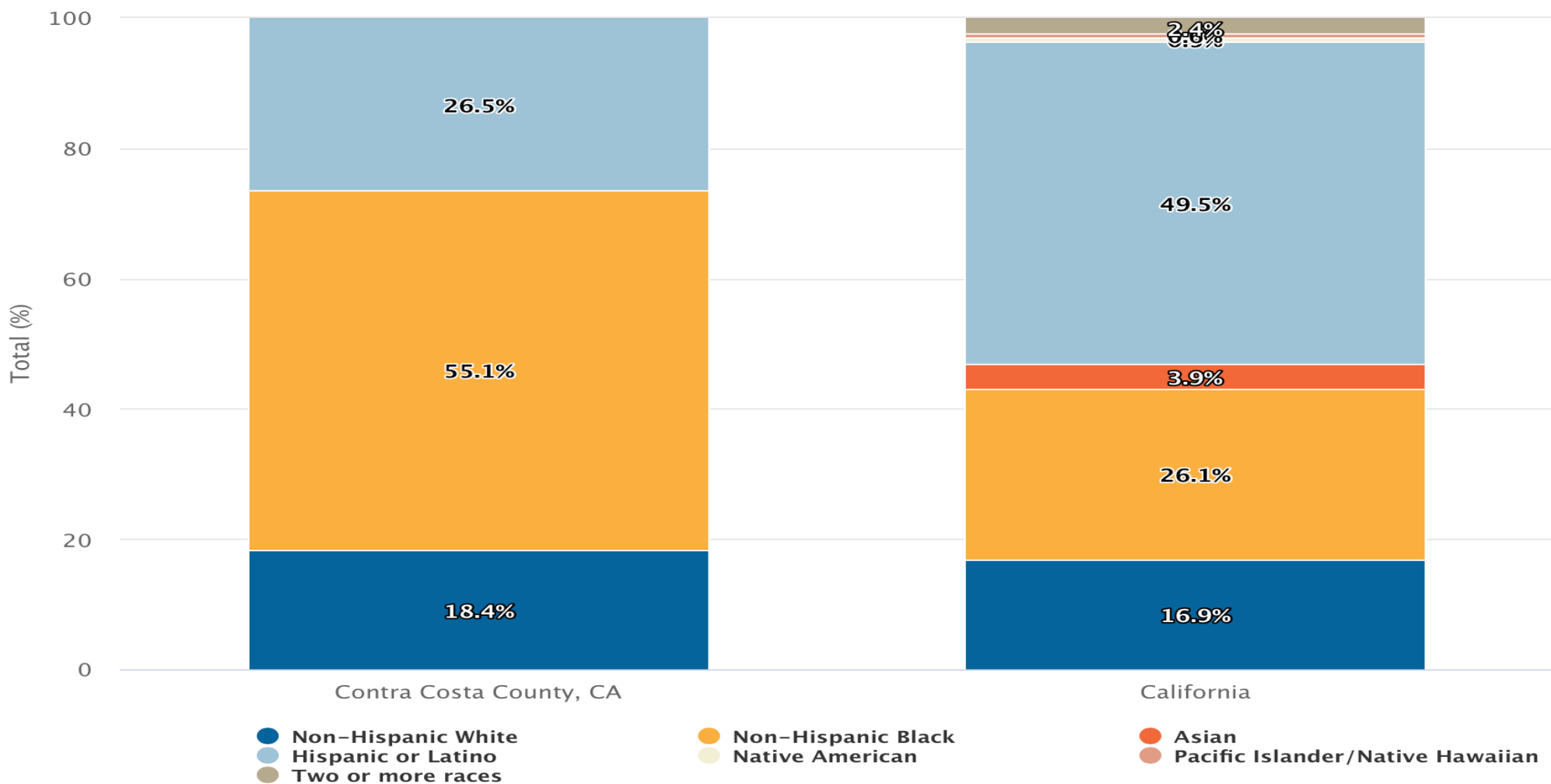
Homicide age-adjusted mortality rate by Race/Ethnicity, Contra Costa County, CA
2021-2023

per 100,000 residents

Race/Ethnicity	Rate
Non-Hispanic White	2.45
Non-Hispanic Black	33.73
Hispanic or Latino	5.39
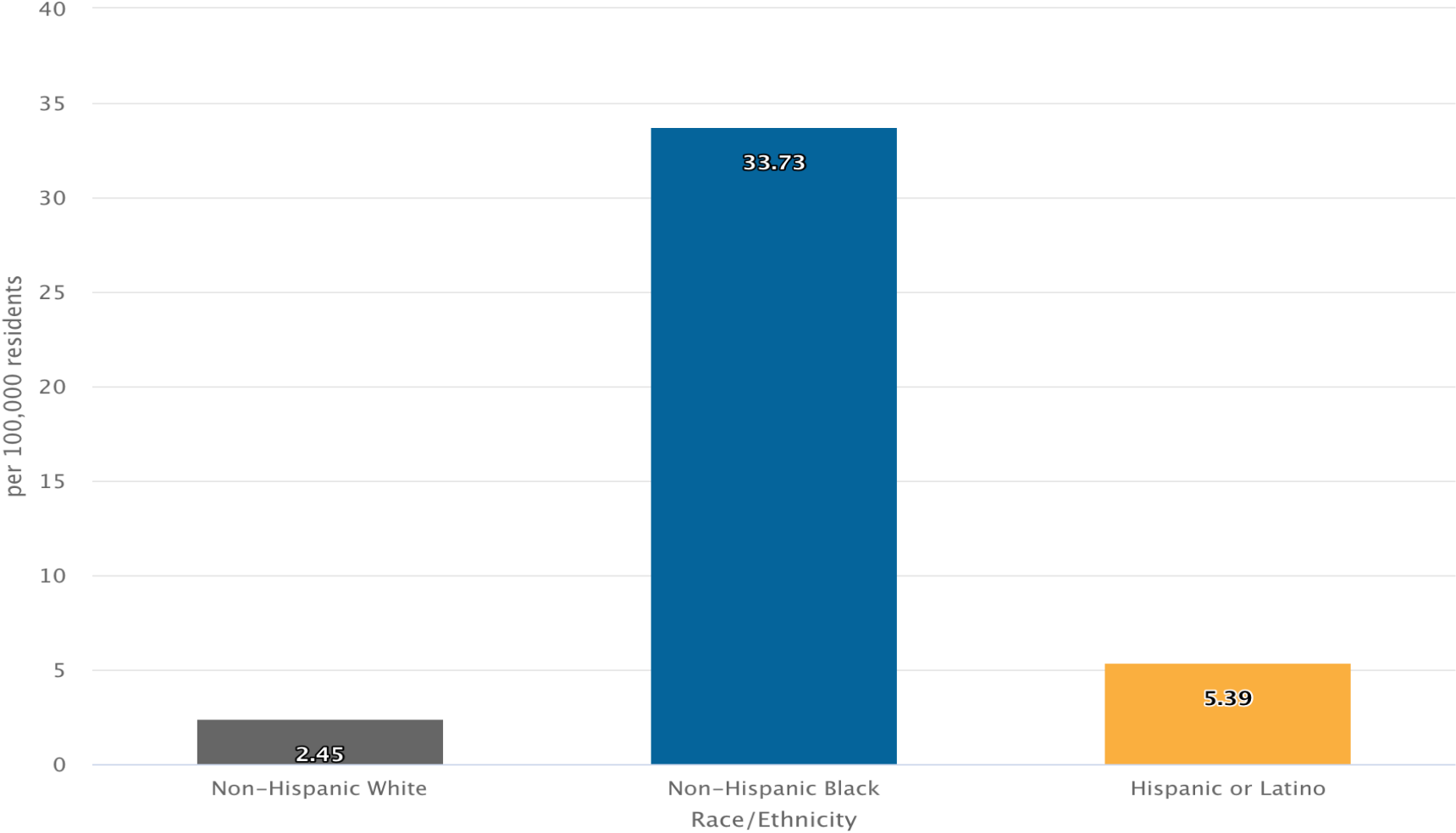
The Voices of Our Community – Justification for the Hub

◆ **Black Men: Criminalization & Economic Barriers**

- *"They tell us to work hard, but when we try to get a job, they shut the door in our faces. It's like the system is designed to make us fail."*
  ✔ **The Problem: Employment discrimination** and **barriers to reentry** lock Black men out of economic stability, reinforcing cycles of poverty.

- *"Black men don't get the space to heal. We're expected to just deal with it. But the trauma is real, and it eats away at us."*
  ✔ **The Problem: Unaddressed racial trauma and mental health stigma** prevent healing, leading to higher rates of **stress-related illnesses and substance use**.

The Voices of Our Community – Justification for the Hub

◆ **Black Women (Childbearing Years): Medical Racism & Maternal Health Disparities**

- *"When I was pregnant with my son, they treated us poorly until they found out that my husband and I were attorneys. All of a sudden, we were treated better. But why should my profession determine my quality of care?"*
  ✔ **The Problem: Black maternal health outcomes** are shaped by **implicit bias and systemic racism**, contributing to **higher maternal and infant mortality rates**.

- *"Postpartum care is nonexistent for Black women. The moment you give birth, the system is done with you. But what happens if you're struggling with postpartum depression or need extra financial support?"*
  ✔ **The Problem: Lack of postpartum mental health support** leaves Black mothers vulnerable to **depression, anxiety, and economic hardship**.

The Voices of Our Community – Justification for the Hub

🔷 **Elders: Healthcare & Housing Insecurity**

"I'm 70, and I can't even find a primary care doctor in Richmond. They tell you to go to Orinda or some other place far away, but I need care here, where I live."

✓ **The Problem: Healthcare deserts in Black communities** force elders to **travel long distances**, limiting their access to **chronic disease management and preventative care**.

🔷 **Families & Parents of K-12 Youth: Educational & Mental Health Disparities**

"Our kids don't need more cops in schools; they need counselors. But instead, they get criminalized for just being kids."

✓ **The Problem: Over-policing of Black students** leads to **higher suspension rates and the school-to-prison pipeline**, rather than **mental health support and intervention**.

The Voices of Our Community – Justification for the Hub

🔷 **Justice-Impacted Individuals: Reentry Barriers**

"They send you to prison young, and then when you get out, nobody will hire you. How are we supposed to survive? How do we build a future for our families?"

✔ **The Problem: Systemic barriers to reentry** leave formerly incarcerated individuals **without employment, housing, or mental health resources**, increasing **recidivism rates**.

🔷 **Mental Health & Crisis Support: Criminalization of Black Trauma**

"I had a friend who called the crisis line, and the next thing he knew, the police were at his door. Now he's scared to call again. They criminalize us instead of helping."

✔ **The Problem:** Black people in crisis are often **met with law enforcement instead of mental health professionals**, escalating situations instead of providing real support.

Key Services and Programs

◆ **Mental Health & Trauma Support**

Black therapists, peer counseling, and healing circles.

Trauma-informed services for youth, families, and justice-involved individuals.

Culturally relevant crisis response and long-term mental health care.

◆ **Economic Empowerment**

Job training, career pathways, and workforce development.

Financial literacy, credit repair, and homeownership support.

Business coaching and resources for Black entrepreneurs.

◆ **Culturally Relevant Healthcare**

Black doulas and maternal health support.

Chronic disease prevention (diabetes, hypertension, heart disease).

Accessible health screenings, wellness programs, and nutrition education.

Key Services and Programs

◆ **Stability & Reentry Services**

Tenant advocacy, eviction prevention, and rental assistance.
Reentry programs for justice-involved individuals.
Transitional housing and long-term housing support.

◆ **Community Wellness & Mobile Services**

Mobile wellness clinics and pop-up services in high-need areas.
Transportation assistance for seniors and families.
Community navigators connecting residents to essential services.

How Services Should Be Delivered

Rooted in Trust & Cultural Competence

- "The government is giving us $7.5 million to establish this hub, but the biggest challenge is: Will people trust it?"

- "Black folks don't trust these county services because we know how we get treated. We need providers we know, who understand our struggles."

- "People won't use a service just because it's available. They need to feel safe, seen, and respected. The wrong people running this will kill it before it starts."

Accessible & Community-Based

- "Mobile services and partnerships with organizations doing like work make the most sense. Why should we wait for a building when we can bring services to people where they are?"

- "A lot of people ain't gonna step foot in a county building. We have to make sure we are in places they trust, like churches, community centers, and even mobile units."

- "Transportation is a huge issue. You got elders, pregnant women, folks with disabilities who can't even get to the doctor. If we don't have shuttles, mobile vans, and home visits, we're already failing."

Holistic & Wraparound Support

- "Health and wellness, to me, is about what's happening in your community before you even step into a clinic."

- "If I had a wish list, I would love it to be a wraparound service space where people can come in hungry and get a meal but also get support to figure out how to get groceries in their house, make sure they have housing, make sure their kids are in school, make sure they're getting social-emotional support, maybe even employment."

- "People think this is just about healthcare, but it's really about survival. If you don't have stable housing, transportation, or food, how you gonna focus on your health?"

- "The Hub can't just be a place that gives out pamphlets. It has to be a place where folks actually get real help, real solutions."

Impact of Federal Policy on the African American Holistic Wellness Hub

- **Federal Changes & Risks**
  - **Funding Cuts**: Reductions in public health, workforce development, and housing programs directly affect the Hub's service offerings.
  - **Equity & Inclusion Rollbacks**: The de-emphasis on diversity and racial equity at the federal level may limit funding streams for Black-led initiatives.
  - **Healthcare & Medicaid Risks**: Potential denial of California's **BH-CONNECT waiver** and Medicaid funding changes threaten behavioral health services.
  - **Increased Barriers to Economic Stability**: Workforce Innovation and Opportunity Act (WIOA) reductions impact job training and financial empowerment programs.
  - **Public Safety & Civil Rights Concerns**: Heightened policing, weakened social protections, and policies targeting marginalized communities increase community stress and trauma.

How the Hub Responds

✅ **Local & State Advocacy** – Strengthening partnerships with state and local agencies to sustain critical funding.

✅ **Self-Determined Infrastructure** – Building a permanent, community-led resource that isn't dependent on shifting federal priorities.

✅ **Expanding Alternative Funding** – Pursuing philanthropy, private partnerships, and unrestricted funding for long-term sustainability.

✅ **Culturally Rooted Wellness & Trust** – Providing safe spaces for healing, advocacy, and economic empowerment in a time of uncertainty.

✅ **Policy & Data-Driven Accountability** – Using community-driven research to push for protections against systemic disinvestment.

DISCUSSION

Identifying Service Gaps: What are the most urgent service gaps the Hub should address based on our findings?

Barriers to Access: What challenges might prevent community members from using the Hub, and what strategies can we implement to remove those barriers?

Key Partnerships: Who are the essential partners—organizations, agencies, or leaders—we should collaborate with to ensure the Hub's long-term success?

Community Representation & Data Gaps: Are there specific community voices, data points, or lived experiences missing from our research that should be incorporated?

Challenging Assumptions: What assumptions about community needs should we reevaluate or further explore to ensure the Hub's effectiveness?

Finalizing the BOS Presentation & Next Steps

◆ **Final Adjustments & Submission:**
- ✅ Incorporate Steering & Equity Committee feedback.
- ✅ Align messaging with BOS expectations.
- ✅ Confirm key milestones and submission timeline.

◆ **Board of Supervisors (BOS) Presentation Structure:**
- ✅ **Introduction & Vision** – Historical context, phased approach.
- ✅ **Community Voice** – Town hall insights, data-driven needs assessment.
- ✅ **Funding & Sustainability** – Measure X funding, partnerships for long-term impact.
- ✅ **Equity & Impact** – KPIs, Black-led organizations, racial equity priorities.

◆ **Next Steps & Action Items:**
- ✅ Finalize presentation materials and prepare speakers.
- ✅ Continue community engagement through town halls and stakeholder meetings.
- ✅ Strengthen partnerships and funding strategies.
- ✅ **Call to Action** – Advocate for Hub approval and mobilize support.