

# **African American Holistic Wellness and Resource Hub**

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*Recommendations for Implementation  
(DRAFT)*

July 2025

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## 1. EXECUTIVE SUMMARY

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This memo outlines the implementation plan for the African American Holistic Wellness & Resource Hub (AAHWRH), designed to address longstanding health, housing, and economic inequities experienced by Black residents in Contra Costa County. The plan centers Black leadership and community voice, with the goal of building a culturally-grounded countywide network of supportive services and resources that promote wellness, economic stability, and healing. The AAHWRH will bring together services delivered by County departments, community-based organizations, and other public/private partners, by implementing a “hub and spoke” model and serving as a centralized coordination anchor providing the “glue” that aligns, coordinates, and leverages cross sector efforts.

The Office of Racial Equity and Social Justice (ORESJ) was tasked with developing an implementation plan that builds off the Ceres Policy Research Feasibility Study, which was informed by over 4,000 community survey responses, 16 listening sessions, and 8 district town halls. In addition, ORESJ conducted stakeholder interviews and multiple site visits, gathered County department data and insights, and researched similar efforts occurring in neighboring jurisdictions and communities. Overall, community members expressed a clear need for holistic, healing-centered approaches, and a majority of survey respondents reported having significant unmet needs in areas of mental health care, legal advocacy, housing support, and culturally responsive employment services. Additionally, a census tract-level analysis using the Healthy Places Index (HPI) identified 12 geographic areas with significant percentages of African American residents and the lowest HPI scores in the county. The analysis found that most of these tracts lack essential infrastructure such as county health centers and libraries, further exacerbating barriers to wellness.

From December 2023 to June 2025, the Board of Supervisors allocated a total of \$8.9 million for African American healing, safety and wellness. Of the total \$8.9 million investment, \$1 million has already been approved for distribution in the form of one-time wellness grants for African American healing. In May 2025, a cohort of 13 Black-led community-based organizations began service delivery on 14 projects located in East and West County across five priority services areas – community healing, food and housing insecurity, infant and maternal health, behavioral health and youth development. ORESJ recommends that the remaining approved County allocation of \$7.9 million (Measure X funds) be distributed over 3.5 years to seed the establishment of an AAHWRH through a combination of two competitive procurement processes for 1) community-based programming that meet unique community needs by filling identified service gaps and 2) an independent entity to serve as the implementation lead tasked with coordinating services, providing technical assistance, developing a long-term sustainability plan and establishing an independent non-profit organization to serve as the AAHWRH. It is also recommended that the County approve an ongoing annual allocation of \$1.5 million beginning in 2029 to sustain AAHWRH core staff and operations and ensure its role as a lasting anchor institution.

In addition, County departments, including Contra Costa Health (CCH), Employment and Human Service Department (EHSD), Contra Costa Probation (Probation) and Contra Costa Library (Library) will be core partners by aligning with AAHWRH goals and activities, contributing their services that prioritize vulnerable and highly-impacted populations in specific and strategic ways that maximize engagement and participation, and actively participating in planning and coordination with AAHWRH and its service partners.

This implementation plan proposes an immediate roll-out of coordinated County and community-led services delivered via mobile services, pop-up sites, community-based organizations, County service centers, and satellite hubs to begin in year 1. By the end of year 3, a permanent facility will be established in Antioch, CA to serve as an anchor site to house executive leadership and management, core administration functions, and County and community-led services co-located under one roof.

To date, Contra Costa County has allocated over \$8.9 million toward establishing its first African American Holistic Wellness and Resource Hub and is uniquely positioned to move the AAHWRH from planning to implementation. This initiative represents a structural intervention to realign systems around equity, repair, and justice.

## **2. BACKGROUND**

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Currently, in Contra Costa County, African Americans represent approximately [8.7%](#) of the population. Racism, inequity, injustice, disparities and harm exist throughout the United States and, unfortunately, here in Contra Costa County as well. In Contra Costa County, African American residents experience disproportionate rates of preventable chronic illnesses such as heart disease, obesity, cancer as well as most recently, COVID-19. Racial and ethnic disparities in health outcomes, the criminal justice system, educational achievement, and social service metrics are present in Contra Costa County. These disparities have been well-documented in reports issued by the [Contra Costa Racial Justice Task Force/Oversight Body](#), [First Five Contra Costa](#), [Kaiser Permanente](#), [Contra Costa Health Services](#), [Contra Costa Continuum of Care](#), [Contra Costa Employment and Human Services Department](#), and others. More recently, Ceres Policy Research conducted a [feasibility study](#) for the AAHWRH commissioned by the County which provides a comprehensive community needs assessment that surfaces the disparities and the extent to which Black communities continue to be among the most harmed by inequities in Contra Costa County (discussed in more detail below).

For several years, members of the community have been advocating and leading the effort in the County for the creation of an African American Holistic Wellness and Resource Hub and the urgent need for expanded support services that address the pain, trauma, and other related challenges that exist in under-resourced, under-served African American communities. Recent advocacy efforts were launched in part by evidentiary findings of the racist and sexist actions of officers within the Antioch and Pittsburg Police Departments. The findings have led to the direct involvement of the County District Attorney, the County Public Defender, the State Attorney General, the FBI, and the Department of Justice. Initiated by NAMI Contra Costa's 40 Voices Campaign, intense community advocacy followed from East County residents, faith leaders and service organizations expressing the clear need for healing and sustained support for impacted African American residents of East County communities in particular, and to other highly impacted Black communities throughout the county as a whole.

On December 12, 2023, the Board of Supervisors directed that a one-time allocation of \$1,000,000 of Measure X funds be allocated for the purpose of supporting the "African American Holistic Wellness and Resource Hub and existing services" in Contra Costa County by funding community-based programs to provide immediate support services in the short-term, as well as to inform the possibilities for what will become housed within the Hub in the long-term. On January 14, 2025, the Board of Supervisors approved [awards for fourteen \(14\) one-year projects](#) to be delivered by

Black-led community-based organizations, as well as a [contract with East Bay Community Foundation](#) to administer the fourteen (14) service contracts on behalf of the County.

On April 22, 2024, the Board of Supervisors allocated an additional \$7.5 million of one-time Measure X funds towards the establishment and operation of an African American Holistic Wellness and Resource Hub with an initial priority focus on East County communities. These funds were allocated as an initial step to what was expected to be an increased, long-term investment in Black communities' overall well-being and holistic health.

On June 10, 2025, the Board of Supervisors approved an allocation of \$400,000 of one-time Measure X funds to support African American males, and directed that these funds be included in the implementation of the African American Holistic Wellness and Resource Hub.

The high-level mission and vision for the African American Holistic Wellness and Resource Hub, as expressed through public comment made to the Board of Supervisors, is to host and provide culturally-relevant and responsive services to eliminate health and wellness disparities. As a result of services provided through the African American Holistic Wellness and Resource Hub, African American community members in Contra Costa County will experience greater safety, connection and belonging, and have greater access to health, mental health and other support services that meet their immediate needs.

### **3. AFRICAN AMERICAN HOLISTIC WELLNESS AND RESOURCE HUB FEASIBILITY STUDY**

From August 2024 through March 2025, Ceres Policy Research conducted a feasibility study for an African American Holistic Wellness and Resource Hub in Contra Costa County. The feasibility study process began with a [comprehensive community needs assessment](#) and included research of similar wellness models, identification of potential funding sources, landscape review of potential physical sites/locations, and a set of recommendations for design and implementation. The [findings and recommendations](#) were presented to the Board of Supervisors on April 15, 2025. Informed by 4,074 survey responses, 16 listening sessions, 8 district town halls and stakeholder interviews input, the study identified:

- Health Access Gaps: 60% of Black residents report difficulty accessing Black providers, especially in mental and maternal health.
- Housing Instability: Black residents face the highest eviction rates and disproportionate homelessness.
- Economic Disparities: 72% of respondents cited lack of culturally responsive job training and economic mobility tools.
- Cultural Erasure: 81% of respondents lack access to Black-led cultural and community spaces.
- System Distrust: Historic and ongoing institutional harm has fueled deep distrust in county systems.

In addition, the study affirmed the following guiding principles that community members believed were essential to an AAHWRH:

- Black-led Governance: At least 51% of decision-makers should identify as Black.

- Healing-Centered Care: Incorporate Black indigenous healing practices, Black mental health providers, spiritual care.
- Integrated Services: Co-locate housing, reentry, health, and workforce supports.
- Subregional Strategy: Recognize distinct needs by geography; use mobile and rotating sites.
- Cultural Safety: Services must feel affirming, not punitive or bureaucratic.
- Accountability: Track performance through equity dashboards and community-defined Key Performance Indicators (KPIs).

Based on these findings, Ceres Policy Research offered the following recommendations towards a phased approach:

- Phase 1: Immediate activation of mobile services and leveraging of County-led rapid-response services that target high-need groups such as elders, unhoused, geographically isolated, etc.
- Phase 2: Engage and fund CBOs to fill service gaps by delivering dispersed “satellite” services through a sub-regional approach that prioritizes high-need Districts.
- Phase 3: Establish a physical site in Antioch, CA by 2028 that delivers medical, mental health, social and economic support through co-location of County and community services

Ceres Policy Research’s recommendations for immediate action steps included:

- Hire an implementation lead (e.g. executive director) within 90 days
- Expand and extend Steering Committee role/function to Oversight and Advisory Body
- Activate rapid-response services by Jan 2026

On April 15, 2025, the Board of Supervisors directed the Office of Racial Equity and Social Justice (ORESJ) to return to Equity Committee for further direction, with the goal of returning to the full Board in summer 2025 with a fully developed and actionable implementation plan that builds off the Ceres Policy Research report and that also addresses the following:

- Conduct an inventory analysis of existing County-run services and programs that support and/or prioritize the improved health and wellness of African American communities and individuals.
- Explore sub-regional approaches that meet the unique strengths, needs and concerns of the diverse African American communities throughout the County’s supervisorial districts.
- Prioritize investment recommendations of the current approved allocation of \$7.5 million to initiate efforts and services toward establishing a hub, and propose a long-term sustainability plan that includes non-County funding sources.
- Propose a governance structure other than a Joint Powers Authority (JPA) that allows for more flexibility and nimbleness in establishing formal partnerships with stakeholders, encourages shared responsibility, and prioritizes community leadership and partnership.
- Propose an approach to securing an entity and/or staff to carry out the implementation of services and establishment of a hub that does not include hiring new County employees.

Grounded in the vision for community wellness outlined in Ceres Policy Research’s feasibility study, ORESJ developed an implementation plan committed to addressing harm and promoting Black-led, Black-curated healing spaces. The survey of 4,000+ African American residents

indicated a widespread perception of harm within the community, highlighting an urgent need for the county to acknowledge and respond to these concerns. The survey and listening sessions uncovered an interest in community healing circles, restorative justice programs, and mental health services.

**These results underscore the community's desire for holistic, supportive strategies to address the impacts of violence.**

<b>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?</b>	
Community Healing Circles or Restorative Justice Programs	47%
Mental Health Services	43%
Legal Advocacy & Support	42%
Trauma Informed Counseling Services	40%
Public Forums for Discussing Safety Concerns	35%

The most frequently cited wellness challenges were caregiving responsibilities, lack of access to healthcare services, and a high cost of services. **These findings show that although Contra Costa County may offer assistance with some of these challenges, many individuals face barriers that could be related to eligibility criteria, lack of awareness, or limited time and energy to navigate the often-complex enrollment process.**

<b>What are the three top wellness challenges to your community?</b>	
Caregiving Responsibilities	42%
Lack of Access to Healthcare Services	41%
High Cost of Services	41%
Lack of Mental Health Resources	38%
Limited availability of services in my area	38%
Housing Instability	38%
Lack of Employment Opportunities	36%
Concerns around safety and police relations (e.g., racial profiling, over-policing)	35%



Lack of Reliable Transportation	30%
Food Insecurity	30%
I have to travel long distances	23%

Findings indicate a demand for comprehensive, accessible services that address the full spectrum of health, economic stability, and basic needs within the community. **This underscores the need to expand program capacity, broaden service offerings, enhance outreach efforts, and increase the availability of enrollment specialists for county services.**

What specific wellness services or practices do you feel are currently missing or would be most helpful to you and your community?	
Physical Health Services	44%
Mental Health Support	40%
Employment Support and Job Training	38%
Nutritional Education and Food Access Programs	38%
Safe and Affordable Housing Services	37%
Substance Abuse Counseling	28%

Based on the findings described, ORESJ recommends that the following service categories be prioritized in the initial development and Phases 1 and 2 of the AAHWRH, and that each set of services are culturally relevant and delivered by local practitioners that are African American and/or have extensive expertise in working with and effectively engaging African Americans.

- Behavioral Health services and supports, particularly for African American males
- Housing Navigation services and supports, particularly for those at immediate risk for loss of housing, elders, and parents with young children.
- Preventative health care, check-ups, and screenings, especially for elders and young children
- Infant and Maternal health care services and supports
- Resource Navigation to enroll in Medi-Cal, Cal Fresh, and other public benefits, and navigate social welfare and public systems more broadly
- Reentry support for those transitioning from incarceration and restorative alternatives for those engaged in the criminal legal system, especially African American males



#### 4. INTERNAL ANALYSIS OF COUNTY SERVICES

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In May 2025, ORESJ surveyed and analyzed the public programs currently offered in Contra Costa County. The departments contacted included: Employment and Human Services (EHSD), Contra Costa Health (CCH), Library, Probation, and the Public Defender. Each department provided a list of the programs they administer along with brief descriptions (**see Appendix A** for a list of program names). This information was then compiled and analyzed to develop an overview of the county's existing public service infrastructure. We are currently in continued conversation to further develop and refine this analysis.

The results (to-date) were then compared to the set of recommended services outlined in the feasibility study, which are based on community input, survey data, and research on effective strategies to improve wellness in Black and African American communities.

The findings revealed that while several of the needed services are currently offered across departments in Contra Costa County, significant gaps remain. Programs such as childcare services, parenting classes, doula and midwife services, food security programs, youth mentorship, and digital literacy training are available through departments like EHSD, Health, and the Library. Additionally, reentry support is being provided by Probation and the Public Defender's Office. However, many critical services including youth mental health support, fitness and stress relief programs, safe recreational spaces, housing navigation, peer support groups, financial literacy, caregiver support, community healing, and spiritual wellness are either limited or not currently available. A full list of the recommended services and their availability status can be found in **Appendix B**. As mentioned, we are currently in continued conversation to further develop and refine this list for completeness and accuracy.

The current findings suggest that while Contra Costa County has a robust and essential service infrastructure in place, there is significant opportunity to innovate and provide community-led, community-centered spaces for accessing care and social services to address the enduring unmet needs in the Black community. Further, it is imperative to strengthen and expand the infrastructure and delivery strategies to more effectively meet the needs of the African American community and other vulnerable populations. The analysis reveals notable gaps in wellness services that are essential for fostering long-term health, stability, and economic wellbeing. To address these gaps and build a more inclusive system of support, several strategic approaches can be considered:

##### **Restructure and Realign Existing Programs**

Conduct internal reviews to assess how current programs are being delivered and explore opportunities to modify or redesign services in ways that more directly meet the lived experiences and cultural needs of African American communities.

##### **Strengthen Partnerships with Community-Based Organizations (CBOs)**

Collaborate with and fund established CBOs that are already serving or are well-positioned to serve the African American community. Leveraging these organizations' cultural expertise, community trust, and existing infrastructure can accelerate service delivery and ensure more responsive and equitable outcomes.

##### **Increase Capacity of County Departments**

Allocate additional resources to existing county departments to scale up services and tailor them to better support African American residents. This could include expanding eligibility criteria, increasing staff capacity, provide racial equity and community engagement trainings, or launching targeted wellness initiatives.

#### 4.1. SERVICE LOCATIONS

Currently, health care and social services are offered across the county. Both EHSD and Health have a significant presence in East and West County. This correlates with the areas of the county that are associated with the most need based on the Social Vulnerability Index (SVI), as well as the Healthy Places Index (HPI). Despite this alignment, significant barriers may still exist, particularly related to limited public transportation options and the geographic spread of cities, which can make it difficult for residents to access services efficiently.

In order to develop a more detailed understanding of Contra Costa's most vulnerable populations, ORESJ referenced the Healthy Places Index. The Healthy Places Index analyzes 23 social indicators of health that are positively associated with life expectancy at birth, from multiple peer-reviewed sources to create an index.<sup>1</sup> The indicators include employment rates, educational attainment, homeownership, and insurance coverage.<sup>2</sup>

The analysis identified 12 census tracts (see **Appendix C**) in Contra Costa County with a significant African American population that fall under the 25th percentile of the Healthy Places Index (HPI), indicating that these areas are performing worse than the majority of census tracts across California. These tracts are located within the cities of North Richmond, Richmond, Pittsburg, and Antioch. The census tract with the lowest HPI score, 5.3, was located in Antioch, reflecting particularly severe challenges in that area.

Within the identified census tracts, there was only one library, no regional medical centers, or community health centers.<sup>2</sup> There were several EHSD offices for workforce services, childcare centers, and a service integrations team site. ORESJ will expand the analysis to include sites within 5 miles of the identified census tracts. Being that oftentimes the most vulnerable communities do not have reliable transportation<sup>3</sup>, it is important that African American Wellness and Resource Hub (AAHWRH) services are located nearby and/or accessible by public transportation.

Due to these findings, the ORESJ recommendation is to dispatch services throughout multiple locations within the most impacted census tracts. That way, neighborhoods or census tracts with the most severe social vulnerability can benefit from the AAHWRH. This approach is supported by data from the survey conducted during the feasibility study, in which 63% of respondents preferred decentralized services (specific programs offered at various sites throughout the county) and 43% favored having multiple service locations across the county. The survey data highlighted a community preference for more accessible service points across the county. Still, in the East County listening sessions with service providers and their clients, and in district community cafes with residents, there was an overwhelming response and desire for a centralized

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<sup>1</sup> <https://www.healthyplacesindex.org/>

<sup>2</sup> This does not include population specific health centers such as school clinics.

<sup>3</sup> [https://ccta.net/wp-content/uploads/2021/05/d212e7\\_17065ead5e7a4124bf45a8401ff0e23a.pdf](https://ccta.net/wp-content/uploads/2021/05/d212e7_17065ead5e7a4124bf45a8401ff0e23a.pdf)

physical site in the Antioch/Pittsburg area in addition to a broader network of community-based comprehensive and coordinated services.

In phase 1 of the proposed implementation phase, ORESJ will analyze the public transportation options of those who reside in the most vulnerable census tracts including distance to bus stops and total travel time.

#### **4.2. FINANCIAL ANALYSIS**

ORESJ was also asked to analyze current county spending on services and programs benefitting the African American community. County departments reported challenges in providing an accurate fiscal accounting of this since they typically do not track or assess their budgets based on race or ethnicity of their program participants. Eligibility for services is not contingent on one's race (as that would be illegal and unethical), and this type of reporting is not currently required at the county, state, or federal levels. In addition, staff time and program resources are also difficult to parse out in a way that correlates with race of program participants and/or clients. ORESJ is continuing to work with County departments to provide a more accurate analysis reflective of actual spending by departments and service engagement by African Americans.

Though, it is important to note that framing racial equity efforts through the question of "how much is already being spent on Black communities?" is both analytically and ethically problematic. This approach risks reducing efforts toward reparative justice to a transactional calculation, assuming that future investment must be justified by prior spending, rather than recognizing it as a necessary response to historic and ongoing disinvestment in Black communities (Blackwell, Kramer, & Parilla, 2015).

Such framing can reinforce a scarcity mindset that often positions marginalized groups in competition with one another for limited resources. Legal scholar John A. Powell refers to this approach as a "zero-sum" narrative that tends to undermine solidarity and collective progress (Powell, Menendian, & Ake, 2019). This can distort the purpose of equity work, which is to ensure that all groups receive what they need to thrive (which is very often different for each group) and that systems are accountable to those that have been historically excluded and marginalized.

### **5. ORESJ RECOMMENDATION FOR IMPLEMENTATION**

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At the April 15, 2025 Board of Supervisors meeting, ORESJ was tasked with building upon the Ceres Policy Research recommendations to create an actionable implementation plan. Further, ORESJ was directed to work with and receive direction from the Equity Committee and return to the Board of Supervisors with a final plan in Summer 2025. Below is ORESJ's initial recommendation for an implementation plan.

The AAHWRH will ensure a culturally-responsive, compassionate, and comprehensive response to the needs of vulnerable members of the African American community and build on the success of prior County efforts and models, such as the Contra Costa Family Justice Alliance (administered by EHSD) and the Reentry Success Network/Center (administered by Probation). The AAHWRH will provide a formalized structure for shared governance and sustainability of a wide network of County and community-led programs and services in order to ensure the efficient use of resources, consistent access to quality services across communities, streamlining of policies, and a coordinated focus on the needs of Black families experiencing intense disparities and inequities in

Contra Costa County. The AAHWRH will leverage the combined strengths of local and regional public, nonprofit, and private partners to improve outcomes for individuals and families in a way that will be responsive to the diverse needs, geographies, and cultures of the western, central, and eastern regions of the county. Ultimately, the AAHWRH will coordinate a comprehensive countywide safety net for vulnerable African Americans and other marginalized residents in need of greater safety, connection and belonging, and improved access to health, mental health and other support services that meet their immediate needs.

Specifically, the AAHWRH will:

- Facilitate collaboration and communication among County, community-based, and other partners in order to align and integrate programs and services offered via mobile, pop-up, and satellite sites;
- Support and facilitate referral and coordination processes that recognize the fluid and ever-shifting dynamics of migration and community formation among Black residents throughout the County
- Support integration of data and tracking of outcomes by:
  - Working with partners to use common data collection tools,
  - Identifying outcomes for all partners to track, and
  - Encouraging data sharing among partners as appropriate, without compromising participant confidentiality, trust and safety;
- Identify and share promising and community-defined evidence-based best practices with partners;
- Work with public system, business, community and philanthropic partners to identify and pursue funding opportunities to support these activities;
- Coordinate capacity building and training opportunities for all partners engaged in service provision; and
- Once a facility is established in East County, provide infrastructure, including workspace, supplies, and communications, for partners who co-locate services at the site.

### **Proposed Design and Timeline:**

#### **Phase 1 | 6 months | July-Dec 2025**

ORESJ will recruit and assemble a Transitional Community Advisory Body (T-CAB) to support the creation and design of the procurement, review and selection processes for the contracted agency, and support the design of eligibility and recruitment and selection criteria for the executive director. Members will demonstrate lived experience and professional expertise specific to African American community health, safety and wellness. The T-CAB will serve as a non-County appointed body and will serve during the initial period of development of the Hub. (See “6.1 Transitional Community Advisory Body (T-CAB)” below for more detail.)

ORESJ will oversee and administer the release of an RFQ to secure an independent entity (e.g. independent consultant, non-profit agency, community foundation, etc.) with demonstrated experience and success in establishing community based, community-led health and wellness centers for Black communities to serve as a lead agency and fiscal sponsor. This initial contract will be for a period of 3.5 years, with potential opportunities for renewal in future years based on outcomes and success, project need, and availability of funds.

ORESJ (or other designated County agency) will also release an RFP for community-based service providers to deliver programs within priority service categories determined by data analysis (see “Key Implementation Priorities for Phases 1 and 2” below). Service contracts will be for a period of 3.5 years, with potential opportunities for renewal in future years based on outcomes and success, project need, and availability of funds. Service providers that serve specific areas/regions, as well as those that serve multiple regions countywide, will be encouraged to apply, as long as those areas include the priority census tracts communities identified.

### **Phase 2 | 3.5 years | January 2026 – June 2029**

Once selected and Board-approved (during Phase 1), the contracted lead entity will hire (or serve as) an executive director to lead the implementation efforts which will include: creation of an independent and self-sustaining 501(c)3 nonprofit organization to serve as the Hub; recruitment and assembly of a Board of Directors; recruitment and assembly of a Community Council; recruitment and hiring of inaugural program staff; administration and coordination of provider contracts; managing partnership relationships with system partners; and developing a 10-year fund development and sustainability plan.

The contracted lead entity will provide the executive director with technical support, strategic planning, and clear direction on how to design and implement the above; serve as the employer of record for the executive director and any program staff; provide the organizational infrastructure, administrative support, and resources for AAHWRH staff to carry out programming and duties.

A Board of Directors (BOD) will be comprised of individuals with strong community ties, as well as positions of influence in public system. The BOD will include community seats with representation from faith communities, service provider organizations, and specific impacted communities, along with institutional seats with representation of government agencies including the Board of Supervisors, County departments (CCH, EHSD, and ORESJ), and local municipal Mayor or Councilmembers. This structure would allow for the agility of an independent nonprofit organization while maintaining buy-in and support from local community groups as well as government partners at the county and city levels. (See “6.2. AAHWRH Board of Directors” below for more detail.)

The Community Council(s) will provide insight, subject matter expertise, and lived experience to help guide and inform the shaping and implementation of the Hub and related activities. The Community Council will be comprised of African American community members with professional and/or lived expertise representing the target priority populations served by the Hub. The Community Council will be comprised of regional (e.g. East, West, Central, South County) sub-committees. (See “6.3 AAHWRH Community Council” below for more detail.)

Simultaneously, the contracted service organizations (selected and Board-approved during Phase 1) will deliver direct services in collaboration with County services, while receiving coordination support, technical assistance, and capacity building opportunities from the contracted lead agency.

### **ORESJ’s Role in Phase 1 and Phase 2**

ORESJ will oversee the procurement and selection processes for both the contracted lead entity and for the service provider organizations. ORESJ will bring together a Transitional Community

Advisory Body (T-CAB) to support the design and development of these procurement and selection processes. Once an independent entity has been selected, a 501c3 has been established and a Board of Directors is in place, the T-CAB will transition from its duties and form the foundation of the inaugural Community Council.

In addition, ORESJ will work with and support the contracted lead agency and/or executive director in establishing and maintaining partnerships with county agencies and other appropriate public system partners with the goal of establishing effective collaboration, communication and coordination with regard to referral processes, service alignment, and leveraging of shared resources and services.

In partnership with the contracted entity and the Community Council, ORESJ will also engage health system partners, local municipal leadership and community organizations in order to garner support, buy-in and commitment from key stakeholders regarding long-term service partnerships and sustainability.

#### **Key Implementation Priorities for Phases 1 and 2:**

- Expand mobile physical health services in collaboration with CCH and establish partnerships with transportation services and CBOs.
- Expand systems navigation and service linkage support in collaboration with County departments, as well as expand supports to unhoused and housing insecure families.
- Establish partnerships with CBOs to provide credible messengers, pop-up sites, and wraparound supports.
- Fund community-based mental health healing circles and counseling programs in partnership with trusted local providers.
- Implement restorative justice and re-entry support in collaboration with the Public Defender and Probation Departments.
- Fund supportive services that prioritize African American males, mothers and infants, and elders.
- Focus initial services across multiple neighborhood sites in Districts 1 and 5 to meet urgent resident needs and ensure accessibility.

#### **Phase 3 | July 2029 – ongoing**

In addition to continued implementation of services and increased growth of the AAHWRH, this phase includes the establishment of a physical site at County-owned property located at 1650 Cavallo Road in Antioch, CA to serve as an anchor site from which the executive director and staff will be based and carry out the vision and goals of the AAHWRH. With over 24,000 square feet, the facility has ample space for co-location of medical, mental health, and social services, as well as mixed-use space for events, gatherings, small business incubation, etc.

Located next door is a Rocketship Delta Prep charter elementary school, and the area has the potential for sparking community revitalization and development in an historically underinvested community of African American, Latinx, working class, and immigrant families. It should be noted that this site is currently occupied by EHSD staff and will not be vacated until 2028 at the earliest, though by that time the County will have completely paid for and own the building.

The final decision of whether the proposed Cavallo Road site is feasible will be determined by further analysis of actual costs involved in renovation/construction, facility management and regular maintenance, potential leasing/ownership structures, and other financial dynamics, along with considerations regarding accessibility and public transportation, community safety, and projected utilization. ORESJ has already engaged Public Works, EHSD, and CAO to begin determining actual costs, all necessary County processes, and a realistic timeline.

### **AAHWRH Project Budget for 2026-2029**

On April 22, 2024, the Board of Supervisors allocated \$7.5 million of one-time Measure X funds towards the establishment and operation of an African American Holistic Wellness and Resource Hub. On June 10, 2025, the Board of Supervisors allocated \$400,000 of one-time Measure X funds to meet the needs of African American males and assigned these funds to ORESJ to administer as part of the establishment of AAHWRH. ORESJ will oversee and administer allocated funding in accordance with county fiscal policies. The following project budget includes the annual expenses for each fiscal year, beginning with FY 25-26.

<b>January 2026 - June 2027 (1.5 years)</b>	
<b>Lead Agency</b>	<b>\$500,000</b>
*Executive Director	\$225,000 (\$150,000 salary + \$50,000 benefits)
*Director of Programs and Operations	\$218,750 (\$130,000 salary + \$45,000 benefits)
Operations + Indirect Cost	\$56,250
<b>Service Contracts w/ CBOs</b>	<b>\$1,250,000</b>
Behavioral Health (1-2 grants)	\$250,000
Housing Support (1-2 grants)	\$250,000
Reentry Support (1-2 grants)	\$250,000
Preventative Health (1-2 grants)	\$250,000
Infant and Maternal Health (1-2 grants)	\$250,000
<b>Total FY 25-26 and FY 26-27</b>	<b>\$1,750,000</b>
<b>July 2027- June 2028 (1 year)</b>	
<b>Lead Agency</b>	<b>\$750,000</b>
Executive Director	\$200,000 (\$150,000 salary + \$50,000 benefits)
Director of Programs and Operations	\$175,000 (\$130,000 salary + \$45,000 benefits)
Advocacy and Training Manager	\$120,000 (\$90,000 salary + \$30,000 benefits)
Administrative Assistant	\$93,000 (\$70,000 salary + \$23,000 benefits)
Operations	\$49,500
Indirect Cost (15%)	\$112,500
<b>Service Contracts w/ CBOs</b>	<b>\$1,250,000</b>
Behavioral Health (1-2 grants)	\$250,000
Housing Support (1-2 grants)	\$250,000
Reentry Support (1-2 grants)	\$250,000
Preventative Health (1-2 grants)	\$250,000
Infant and Maternal Health (1-2 grants)	\$250,000
<b>Total FY 27-28</b>	<b>\$2,000,000</b>



<b>July 2028 - June 2029 (1 year)</b>	
<b>Lead Agency</b>	<b>\$900,000</b>
Executive Director	\$200,000 (\$150,000 salary + \$50,000 benefits)
Director of Programs and Operations	\$175,000 (\$130,000 salary + \$45,000 benefits)
Advocacy and Training Manager	\$120,000 (\$90,000 salary + \$30,000 benefits)
Community Engagement Specialist	\$120,000 (\$90,000 salary + \$30,000 benefits)
Administrative Assistant	\$93,000 (\$70,000 salary + \$23,000 benefits)
Operations	\$57,000
Indirect Cost (15%)	\$135,000
<b>Service Contracts w/ CBOs</b>	<b>\$1,250,000</b>
Behavioral Health (1-2 grants)	\$250,000
Housing Support (1-2 grants)	\$250,000
Reentry Support (1-2 grants)	\$250,000
Preventative Health (1-2 grants)	\$250,000
Infant and Maternal Health (1-2 grants)	\$250,000
<b>Antioch Site Renovation**</b>	<b>\$2,000,000</b>
Fiscal analysis, Engineer, Architect	\$200,000
Renovation/construction	\$1,800,000
<b>Total FY 28-29</b>	<b>\$4,150,000</b>
<b>January 2026 – June 2029 Total (3.5 years)</b>	
<b>\$7.5M Measure X Allocation (+ \$400k for African American Males)</b>	<b>\$7,900,000</b>

\*Assumes Executive Director and Director of Programs and Operations are hired in March 2026; salary total is calculated at the cost of 1 year and 3 months.

\*\*ORESJ anticipates the need for a capital campaign to secure additional investments for any site renovation project. ORESJ has and will continue to engage in conversations with interested public and philanthropic partners as the implementation process evolves.

## **6. PROPOSED GOVERNANCE STRUCTURE**

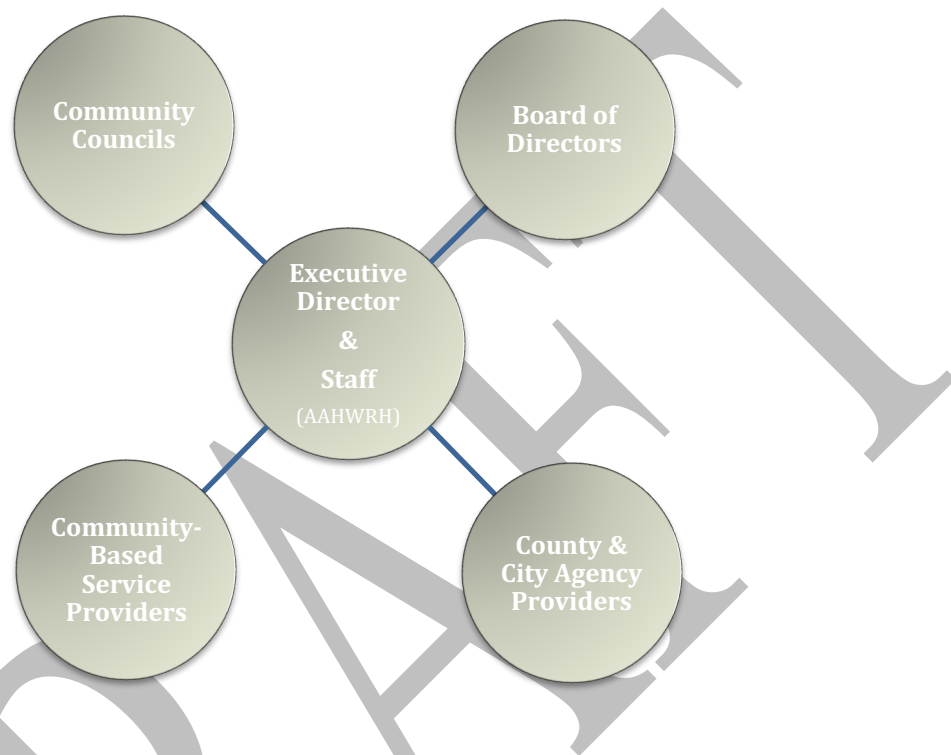
### **6.1. TRANSITIONAL COMMUNITY ADVISORY BODY (T-CAB)**

ORESJ proposes that a Transitional Community Advisory Body (T-CAB) be responsible for supporting the AAHWRH development during Phase 1 by providing guidance to ORESJ in the procurement of an independent lead entity to oversee implementation and coordination. A precursor to the future governance structure of the AAHWRH, the T-CAB will be a non-County appointed, community-led body composed of both institutional and community representative seats. The T-CAB will remain in place until an independent 501(c)(3) nonprofit organization is created, a Board of Directors is appointed, and a Community Council is established.

As fiscal sponsor providing fiduciary, legal, and operational oversight, the selected lead entity will be responsible for maintaining project financial stability, and ensuring project impact through coordination of service providers' day-to-day operations. Among its first tasks will be to create an independent 501(c)(3) nonprofit organization, hire an executive director and core leadership staff, and recruit a Board of Directors.

The Community Council will essentially take on the responsibilities of the T-CAB (allowing it to dissolve) and continue the work of advising the Board of Directors and AAHWRH leadership and on real-time concerns and issues within local the Black community and provide guidance around community engagement, improved service delivery, and innovative partnership opportunities.

Figure 1. Visualization of Governance Structure



## 6.2. AAHWRH BOARD OF DIRECTORS

The proposed structure of the AAHWRH Board of Directors is intended to maintain and enhance support from a diverse set of public agencies and private and nonprofit organizations and draw upon the experience and expertise of individual community members. The structure of the Board mirrors the public/private partnerships that will drive the coordinated service delivery model. To ensure ongoing participation and support from key public agencies and private organizations, the Board of Directors will include institutional seats in addition to community seats. The Board will be composed of 13 seats: six institutional seats and seven community seats. All directors will be asked to serve for at least two years to build continuity.

**Institutional seats** will include representatives of public system organizations that have a vested interest and responsibility in ensuring the long-term success of the AAHWRH. Institutional seats can include:

- Contra Costa County Board of Supervisors;
- Contra Costa Health Department;
- Contra Costa Employment and Human Services Department;
- Contra Costa Office of Racial Equity and Social Justice;
- A local municipal Mayor or Councilmember; and
- A local public system leader (e.g. school district, private health system, public safety, etc).

**Community seats** will include community representatives who are invited based on their lived and professional expertise, and who bring with them one or more of the following:

- Deep alignment with AAHWRH values and mission;
- Extensive experience serving African American vulnerable communities;
- Fund development and fundraising expertise;
- Nonprofit management and leadership experience;
- Expertise in community-led, culturally-responsive health and wellness practices;
- Deep relational ties and leadership experience in faith-based communities;
- Experience in community building, advocacy, and/or organizing; and
- Expertise in cultural and performance arts programming and event planning.

The Board of Directors' responsibilities will include:

- Developing and sustaining the AAHWRH mission, vision, and values;
- Setting and upholding policies;
- Participating in short- and long-term strategic planning while ensuring community input;
- Approving annual project budgets and monitoring financial performance;
- Assisting with fundraising and sustainability;
- Selecting and evaluating the AAHWRH Executive Director;
- Supporting the AAHWRH Executive Director and staff in fulfilling program goals;
- Providing input into program development; and
- Serving as ambassadors and champions for the AAHWRH within the community and with key partners; and

### **6.3. AAHWRH COMMUNITY COUNCIL**

The Community Council will advise the Board of Directors and AAHWRH leadership on real-time concerns and issues within local the Black community and provide guidance around community engagement, improved service delivery, and innovative partnership opportunities.

Over time, regional subcommittees representing east, west, central and south parts of the county can be created to uplift the unique strengths, assets, needs and challenges of each region's African American communities and provide guidance on how best to serve the communities they represent.

The Community Council will be comprised of people with both lived experience and professional expertise and who represent highly vulnerable and marginalized community members, including those most harmed by inequities in medical, mental health, housing, criminal legal, education and/or economic systems.

### **6.4. AAHWRH STAFF**

The AAHWRH staff will provide oversight and coordination of service programming across the service network in Contra Costa County, and ultimately be responsible of day-to-day operations of the East County facility. AAHWRH core staff will be comprised of people with lived and professional expertise that reflect the county's African American community, and positions can potentially include:

- Executive Director
- Director of Programs and Operations

- Director of Finance and Administration
- Advocacy and Training Manager
- Community Engagement Specialist
- Administrative Assistant

Initially, these staff will be employees of the contracted lead entity, and eventually be transitioned to becoming staff of the 501(c)(3) nonprofit organization that is created.

#### **6.5. ORESJ ROLE AND PARTNERSHIP**

ORESJ has played a critical role in the planning, development and launch of the AAHWRH, and once the AAHWRH is formally established, ORESJ will continue to have a direct leadership role through its seat on the AAHWRH Board of Directors. To support the AAHWRH, ORESJ will:

- Serve as a bridge and liaison between County departments, AAHWRH leadership, and community partners;
- Identify and pursue public funding opportunities on behalf of the AAHWRH and its partners;
- Develop and support County policies addressing the needs of vulnerable and marginalized populations and supporting systems-level response to the issues;
- Identify and provide resources for shared measurement and outcomes; and
- Raise community awareness around the needs of African American and other vulnerable communities and build public will in support of the AAHWRH and its partners.

### **7. COMMUNITY-BASED SERVICE CENTER AND/OR HUB MODELS**

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The AAHWRH model is a widely recognized best practice for integrating the work of public and private organizations to provide wrap-around services for vulnerable community members and their families. Community-embedded wellness centers address the unique needs of specific populations, and help communities use existing resources in new ways to ensure easier access to high-quality services, build safer and healthier communities, and promote sustainable well-being.

ORESJ engaged administrators of several community wellness and resource centers throughout the region and conducted site visits and key informant interviews to glean best practices, community engagement and service utilization strategies, and potential funding structures for administering community-embedded wellness clinics and centers. These visits and discussions informed ORESJ's recommendations included in this implementation plan. The following is a list of existing community health and wellness centers across the Bay Area, and highlighted are those that ORESJ has met and/or conducted a site visit with.

Contra Costa County:

- African American Family Wellness Center, Village Keepers
- The Family Justice Center
- Reentry Success Center / Reentry Success Network
- RYSE Youth Center
- The SAFE Center
- District Youth Centers

Alameda County:

- ROOTS Community Health Clinic
- Youth Uprising
- Ashland REACH Youth Center
- African American Wellness Center
- Berkeley African American Wellness Center

Santa Clara County:

- Vietnamese American Services Center
- ROOTS Community Clinic / Umoja Community Center

San Francisco City and County:

- Rafiki Coalition for Health and Wellness
- Marin City Health and Wellness Center (SF)

## 8. SUSTAINABILITY PLAN

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The success of the AAHWRH will be in securing long-term sustainability to ensure the countywide service network, coordinated partnerships, and East County site remain in full operation beyond the initial County investment of \$7.9 million in Measure X one-time funds. This initial allocation is a tremendous investment necessary to spur this transformative approach and creates a strong base for sustainability and scale, and is a reflection of the Board of Supervisors' commitment to the health and wellness of its most impacted residents and communities.

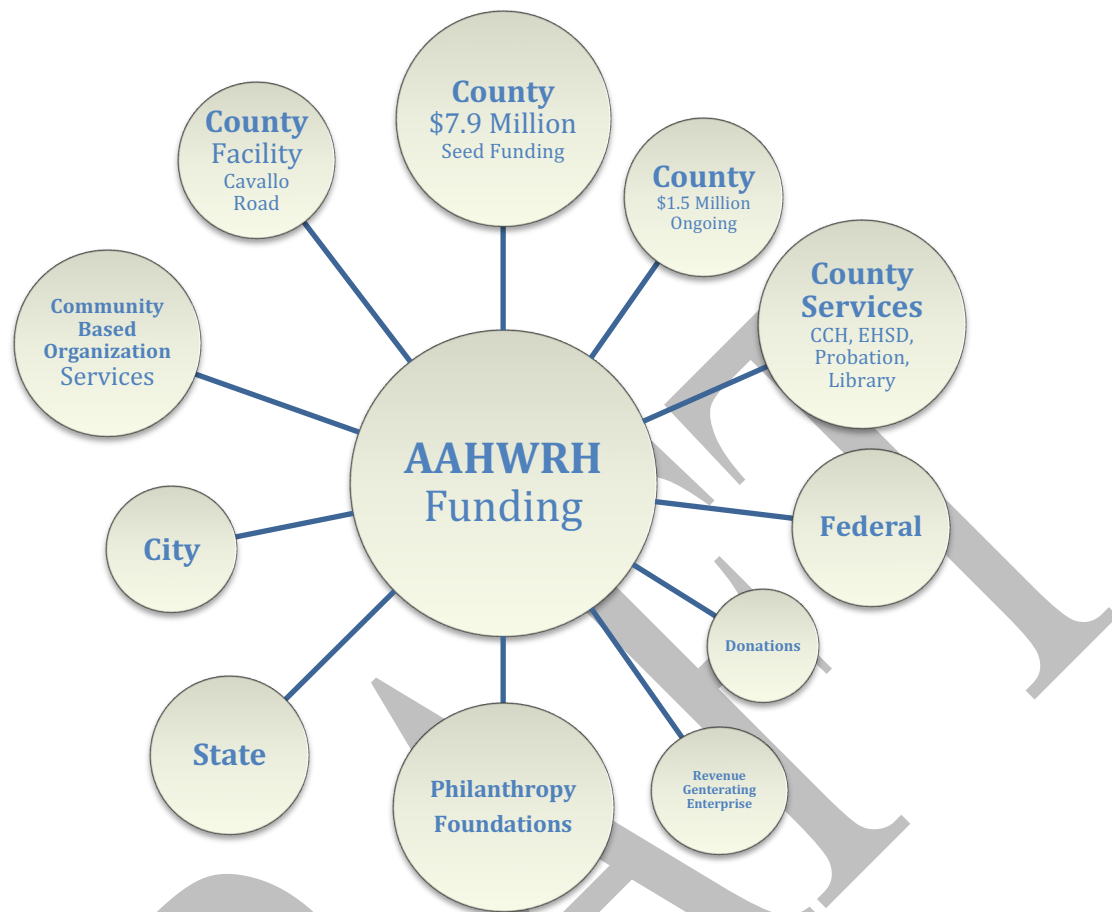
While the recommendation is to establish the AAHWRH as an independent 501(c)(3) nonprofit organization responsible for developing and implementing a 10-year sustainability plan that leverages public, private, and philanthropic resources, it is vital that the County continue to play a critical role in the sustainability of the AAHWRH to ensure that the Hub remains stable and provides long-term public service to all of Contra Costa County's African American and other vulnerable communities.

ORESJ recommends that beginning in fiscal year 2029-2030, the County allocate an annual baseline award of \$1.5 million from Measure X funds to support base operational expenses of the AAHWRH, including core staffing costs and infrastructure for network coordination activities (e.g. communications, meetings, trainings, grant writers, etc.). In our final recommendation, we will include the feasibility of this proposed baseline allocation based on feedback from Equity Committee and the County Finance Director.

In-kind contributions in the form of leveraged coordinated services from County departments via formal commitments (e.g. MOUs), and possibly in the leasing arrangement between the County and the AAHWRH for a physical site, will also aid in the long-term sustainability.

The AAHWRH has the greatest chance of success if it diversifies its funding sources. ORESJ recommends that by the beginning of Phase 3 (FY 29-30) the AAHWRH secure at least 50% of future revenue from public sources, including Contra Costa County, state and federal grants. In particular, it will be critical to garner support from local cities where significant numbers of African Americans reside and stand to benefit from AAHWRH services.

Figure 2. Visualization of AAHWRH Funding Composition



The lead entity, and ultimately the 501(c)(3) organization, will be responsible for identifying funding opportunities through municipal, county, state and federal agencies that aim to support the needs of vulnerable and marginalized populations (e.g. homelessness, violence prevention, anti-poverty, behavioral health, physical health programs). These funds will be vital in leveraging and growing additional support from private and corporate donors, as well as philanthropic and community foundations, particularly for innovative programs and pilot projects. Other funding streams might include individual donor campaigns, annual fundraising events, and potential program service revenues.

Once a physical site is established, there will be opportunities to generate supplemental revenue through leasing of shared space (e.g. co-location of service providers or retail/small businesses) or implementing other revenue-generating endeavors (e.g. community café, cultural arts programming, facility rental for trainings or events). There will also be opportunity to explore opportunities for cost-reimbursement through delivery of eligible Medi-Cal covered services.

## 9. EVALUATION

The vision for the AAHWRH itself emerged from community wisdom and co-design principles, and ORESJ recommends that the evaluation continue in that spirit, with:

- Shared power with the Transitional Community Advisory Board co-creating the methodology and research design, and developing metrics, language, and dissemination.
- Inclusion of African American service providers, healers, reentry leaders, and birth workers as co-researchers.



- Allocation of research funds to local community organizations for data gathering, interpretation, and storytelling.
- Culturally informed consent and trauma-informed protocols to protect spiritual, ancestral, and cultural knowledge.

ORESJ recommends utilizing the Community-Based Participatory Action Research (CBPAR) research framework to ensure the research is community-led, non-extractive and affirming. Core methods will include qualitative storytelling, narrative interviews, and focus groups with Hub users, staff, and leaders; quantitative tracking of disaggregated access and service outcome indicators; and participatory data sense-making and equity dashboards to return findings to the community. The results generated from the evaluation will provide actionable insights in order to measure improvements in access to care, quality of service provided, and the level of community trust. They will guide real-time governance and service implementation decisions. This research is designed to build capacity and resource healing—not to extract information for institutional benefit. ORESJ believes that this evaluation has the potential to offer clear policy and fiscal recommendations for county and state agencies seeking to replicate this model of community-led wellness centers. Further, ORESJ is committed to sharing findings through public dashboards, community teach-ins, and convenings with state and local policymakers.

ORESJ has and will continue to seek external funding for this evaluation, and has submitted a grant proposal to the Robert Wood Johnson Foundation’s Health Equity Research program.

## 10. CONCLUSION

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ORESJ recommends that the coordination and implementation of the AAHWRH is carried out by a contracted entity until a new, independent 501(c)(3) is created to take on the responsibilities. To be a truly representative shared governance structure, it is crucial that the future AAHWRH Board of Directors reflect the people who are working at both the community and public system levels to sustain long-term funding, enact actionable design, implement effective programming, and most importantly, produce outcomes that change peoples’ lives for the better. A Community Council will ensure that people most impacted and closest to the crisis will always provide the AAHWRH Board and staff with a clear, real-time vision of what the community needs most. By bringing together local government, nonprofit, and community leaders, the AAHWRH will continue to work toward its mission of uniting Contra Costa County’s African American communities to support its overall health, safety and well-being.

The AAHWRH model is built upon a system of leveraging existing resources which, coupled with intentional diversification of funding streams, will enable sustainability and scale. An ongoing, annual County investment of \$1.5 million for core staff and operations, along with leveraged County services and facility use, is critical to ensuring long-term success. To protect against the threat of scarce funding resources will require a combination of public funding, foundation grants, individual donor campaigns, and program service revenues. Formal, strategic partnerships between local, county, and community-based organizations to deliver critical health and social services in culturally responsive ways that are informed by community needs and wisdom will undergird a countywide network of coordinated services and programming aimed at increasing African American health and wellness.



ORESJ respectfully submits this implementation plan to the Equity Committee and seeks guidance and direction from the Supervisors to determine next steps toward full Board approval.

DRAFT

## 11. APPENDICES

### APPENDIX A: LIST OF CURRENT COUNTY SERVICE PROGRAMS THAT SERVE SIGNIFICANT NUMBERS OF AFRICAN AMERICAN RESIDENTS

(NOTE: will be updated for completeness and accuracy)

Program Name	Department
Black Infant Health	Health
CoCo Doulas	Health
Partners in Pregnancy Fatherhood Program	Health
Nutrition Support Program	Health
QIP Child-Adolescent	Health
African American Health Conductor Program	Health
Free WiFi	Library
Wellness Teams	Library
Kindergarten Readiness	Library
Tech Exchange Digital support	Library
Veterans Support	Library
BrainFuse	Library
Teen Afterschool Activities	Library
Homework Help	Library
Holistic Intervention Partnership	Public Defender
Stand Together Contra Costa	Public Defender
Clean Slate	Public Defender
YEIP - Youth Early Intervention Partnership	Public Defender
AB 109/PRCS	Probation

General Felony Supervision	Probation
Pre-Trial	Probation
Transitional Age Youth Supervision	Probation
Juvenile Field Services - Supervision	Probation
Briones Youth Academy (BYA) - Community Success Pathway	Probation
Community Services - Child Care Centers	EHSD
Community Services - Child Care Vouchers	EHSD
Community Services - Home Visiting	EHSD
Community Services - Community Action	EHSD
Community Services - Energy Assistance	EHSD
Children & Family Services - All Programs	EHSD
Workforce Services - CalWORKs	EHSD
Workforce Services - CalFresh	EHSD
Workforce Services - Medi-Cal	EHSD
Navigators	EHSD
Workforce Development - American Job Centers	EHSD
Workforce Development - Youth Services	EHSD
Workforce Development - Employer Supports (Businesses)	EHSD
Workforce Development - Employer Supports (Employees)	EHSD
Aging & Adult Services - Adult Protective Services (APS)	EHSD

Aging & Adult Services - Area Agency on Aging (AAA)	EHSD
Aging & Adult Services - General Assistance (GA)	EHSD
Aging & Adult Services - In-Home Supportive Services (IHSS)	EHSD
Aging & Adult Services - Public Authority	EHSD

**APPENDIX B: AAHWRH SERVICES – RECOMMENDATIONS AND AVAILABILITY OF SAME/SIMILAR COUNTY SERVICES**

*(NOTE: will be updated for completeness and accuracy)*

<b>Service</b>	<b>Department</b>	<b>Currently Available?</b>
Childcare Services	EHSD	
Parenting Classes	Health	
Doula and Midwife Access	Health	
Food Security Programs	EHSD + Health	
Fitness and Stress Relief		
Youth Mentorship Programs	Library	
Tech and Digital Literacy	Library	
Safe Recreational Spaces		
Mental Health Support	Health	
Behavioral Health Services	Health	
Job Training and Placement	EHSD	
Financial Literacy		
Housing Navigation	Health	
Peer Support Groups		
Caregiver Support		
Health Screenings		
Social Engagement		
Reentry Support	Probation	
Behavioral Health & Addiction Recovery	Public Defender	
Community Healing		
Resource Navigation Hub		
Food Security	EHSD + Health	
Community Kitchen		
Spiritual Wellness		
Safe Spaces for Unhoused People		
Healing Circles		
Workshops and Skills Training	EHSD	

**APPENDIX C: CONTRA COSTA CENSUS TRACTS UNDER THE 25<sup>TH</sup> PERCENTILE IN THE HEALTHY PLACES INDEX**

*(NOTE: will be updated for completeness and accuracy)*

<b>City</b>	<b>Census Tract</b>	<b>Percent Black/African American</b>	<b>Total Population</b>	<b>HPI Score</b>
Antioch	3072.02	38.60%	4,299	5.3
Richmond (Iron Triangle)	3760	12.40%	6,245	14.2
Pittsburg (Los Medanos)	3050	18.80%	6,561	14.4
Richmond	3810	28.7%	6,521	15
Richmond	3790	24.10%	7,003	16.3
Pittsburg (Los Medanos)	3120	33.60%	2,243	16.6
North Richmond	3650.02	18%	5,590	18.3
Antioch	3072.05	34.40%	7,557	19.8
Richmond	3770	20.60%	7,323	21.4
Richmond	3730	10%	4,468	22.1
Antioch	3071.02	13.2%	5,330	22.9
Richmond	3750	12.50%	4,897	23.5