

# Fairfield/Vacaville area Community Health Needs Assessment

## Access to Care

ACCESS TO CARE, CANCER, ORAL HEALTH, TRANSPORTATION, CLINICS

Access to quality health care includes affordable health insurance, utilization of preventive care, and ultimately reduced risk of unnecessary disability and premature death. Importantly, it is also one of the key drivers in achieving health equity. The Fairfield/Vacaville area fares worse than the state across important access-related indicators, such as residents recently having a primary care visit and breast cancer incidence. While the service area rates better than California on indicators such as total rate of uninsured residents, racial inequities persist; for example, Whites in the Fairfield/Vacaville area are 2.5 times more likely to be insured when compared to Native Hawaiian and Pacific Islanders. Racial minority groups and lower income individuals also face significant challenges in obtaining affordable care. Interviewees highlighted many barriers to accessing needed services, from a lack of culturally competent care, to not having sufficient time off work to go to the doctor.

### Key Data

#### Indicators

Data presented below represent how the service area performs relative to the identified benchmark. Indicators performing *better* than the benchmark may still reflect a health need since the benchmark may also be low, indicating a widespread need for improvement, or disparities may exist within the indicator, reflected in the following sections.

##### Recent primary care visit (Medicare beneficiaries) (percent)<sup>1</sup>



##### Breast cancer incidence (rate per 100,000 population)<sup>2</sup>



##### Dentists (rate per 100,000 population)<sup>3</sup>



“We have people that are social workers, have been working with somebody, they're hospitalized and the hospital discharge planner sends them to another community, and all the work that everyone's been doing suddenly falls apart because they've been moved to another county.”  
- Service provider

#### Community Identified Themes



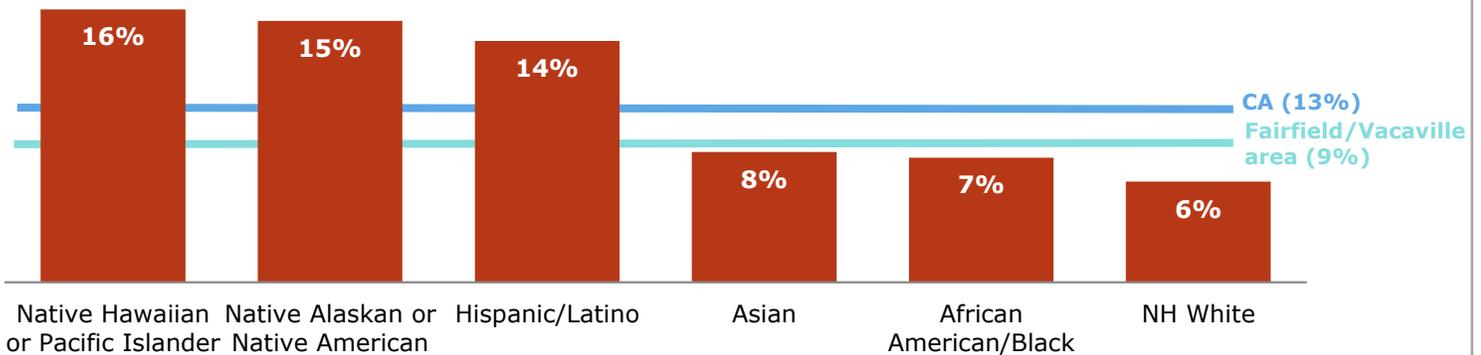
##### Barriers to Access to Care

- Time-consuming public transportation
- Services not available locally
- Inconvenient hours of operation
- Communication gaps between service agencies (e.g., referrals and data systems not integrated)
- Lack of linguistically and culturally competent medical care
- Short appointments
- Lack of funding (state, private, etc.) and inability to pay providers a living wage (refers to smaller service providers)
- Impact of political climate

# Populations Disproportionately Affected

## Populations with Greatest Risk

Percentage of the population without health insurance<sup>4</sup>

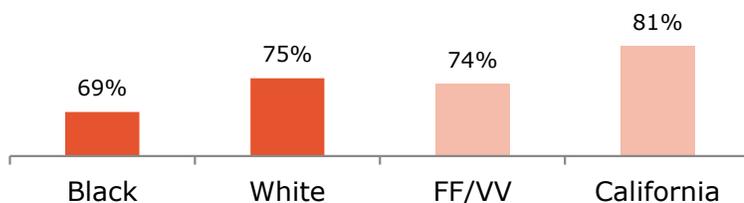


The bus service runs three times a day in the town and out of town, so public transportation isn't adequate enough and a lot of the folks that we serve live in rural agrarian areas in and around town.  
- Service provider

- Service providers noted the **increasing senior population**, and common health needs including: **diabetes, COPD, heart issues, and cancer** (and some cases of dialysis).

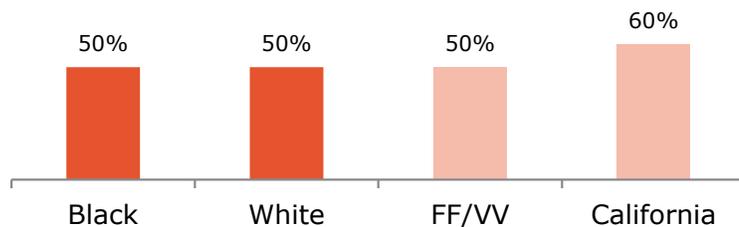
I come from a family that's Haitian and east Indian, and I speak Farsi. So if I didn't grow up and learn English, how many people would be able to talk to me when I walked into a doctor's office. Where I used to work, it would take us up to seven to nine days to hire a translator.  
- Focus group participant

## Diabetes Management (Hemoglobin A1c Test) administered in past year among Medicare patients<sup>5</sup>



So many barriers to connecting with agencies, because of policies, procedures, climate, the culture of the agency, a lot of restraints put on the staff members of agencies.  
- Service provider

## Breast Cancer Screening (Mammogram) in past two years among Medicare patients<sup>5</sup>



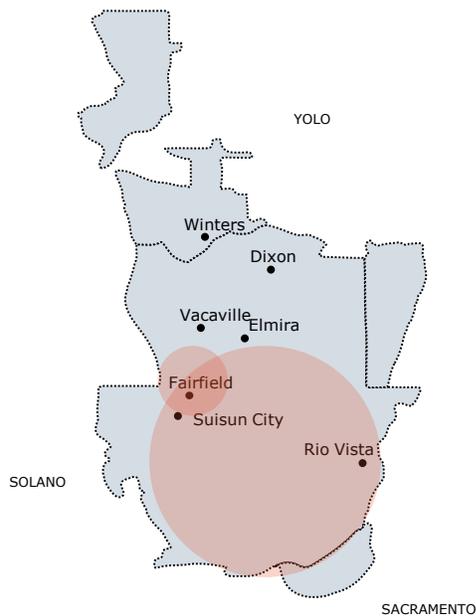
**53%** of Blacks who are Medicare beneficiaries had visited a primary care clinician at least once within the past year, compared to **62%** of their White peers with Medicare.<sup>5</sup>

## Cancer death rate per 100,000 population <sup>6</sup>

Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Hispanic/Latino	Native American Alaskan Native	FF/Vacaville service area	California
<b>192.1</b>	<b>190.6</b>	<b>113.4</b>	<b>108.2</b>	<b>101.5</b>	<b>168.6</b>	<b>147.3</b>

## Populations Disproportionately Affected

### Geographic Areas with Greatest Risk



As community members identified, transportation is a significant barrier that impacts access to care. Access varies by geographic communities within the Fairfield/Vacaville area. (Circle size indicates the regional extent of disparities.)

While there is some data missing for the northern region of the service area, the available data for **Public Transit Stops** (percentage of the population living within 0.5 miles of a transit stop) reflects clear disparities. Community members living in the most southern region of the service area, extending from **Fairfield to Rio Vista, have extremely low access** (less than one percent) to transit stops (indicated by larger circle).

In Fairfield specifically, access varies greatly by census tract between **less than one percent to over 80 percent** (indicated by smaller circle).<sup>7</sup>



### Spotlight on Equity

**Community members discussed the following concerns in regard to equity and discrimination:**

- Older adults living at home need additional support and may not have a social network to support needs.
- Solano County has a large Hispanic/Latino population that requires culturally competent and language appropriate care.
- Many families cannot afford to take off work for health care appointments and need extended evening hours to access services.
- In Rio Vista, providers conduct home visiting for families in most need and mentioned that it's an important option but not cost-effective.

“Private for-profit nursing homes are shutting out Medicare patients.  
- Service provider

When English is their second language, it makes it even more difficult because people—also, based on the political climate [changes in policies and discourse impacting immigrants] right now—are really backing away and not coming to us for help.

- Service provider”

## Examples of Existing Community Assets



**In-home support services, boarding care, nursing homes (for older adults)**



**Whole-person care approach (e.g., cross-sector communication and partnerships)**



**Health sector partnering with school districts**



**Continuum of Care, integrated services in one place**



**New community clinics, and extended hours for current services (e.g., dental for kids)**



**Community health fairs**

## Ideas from Focus Groups and Interview Participants

- Increase wages to address staff shortages and retain staff (e.g., caregivers for older adults)
- Increase co-locating and coordination of services (e.g., schools, health services, child care centers)
- More services for older adults, such as “day centers,” crisis management, home-sharing
- Incorporate best practices from other counties working with older adults (e.g., Program of All-Inclusive Care for the Elderly or PACE)
- Educate providers on specific needs of different populations and improve bedside manner
- Provide primary care options for undocumented individuals (many use emergency room services)
- Integrate health service providers to accompany fire department (often called for medical needs)
- Improve public transit options
- Accessible and interactive health outreach and education in the community (e.g., web apps, health fairs with experts) about preventive care and social determinants of health
- More affordable and accessible clinics including dental care, and clear terms of eligibility
- Create a community center that promotes healthy living



1. Dartmouth Atlas of Health Care. (2014).
2. State Cancer Profiles. (2010-2014).
3. Area Health Resource File (Health Resources & Services Administration). (2015).
4. American Community Survey. (2012 – 2016).
5. Dartmouth Atlas of Health Care. (2014).
6. National Vital Statistics System. (2011- 2015).
7. EPA Smart Location Database. (2013).

# Fairfield/Vacaville area Community Health Needs Assessment

## Behavioral Health

MENTAL HEALTH, SUBSTANCE USE/TOBACCO

Behavioral health is the foundation for healthy living, and encompasses mental illness, substance use and overdoses, and access to service providers for preventive care and treatment. Fairfield/Vacaville area residents face a range of behavioral health-related challenges, from a higher rate of excessive drinking, opioid prescription drug claims, and deaths by suicide, drug, or alcohol misuse, when compared to the state average. Residents also smoke tobacco products at a higher rate and exhibit a higher incidence of lung cancer when compared to the state. Interviewees described several barriers to achieving behavioral health, including early-age use of substances, decreased social connectedness in their communities, and strong peer pressure, especially among youth. The need for increased access to mental health services was also highlighted by community members.

### Key Data

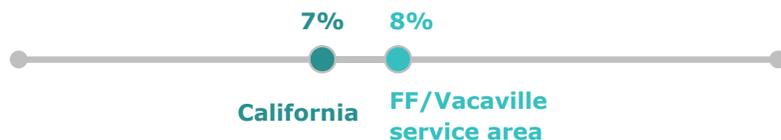
#### Indicators

Data presented below represent how the service area performs relative to the identified benchmark. Indicators performing *better* than the benchmark may still reflect a health need since the benchmark may also be low, indicating a widespread need for improvement, or disparities may exist within the indicator, reflected in the following sections.

##### Excessive Drinking<sup>1</sup> (percent)



##### Opioid Prescription Drug Claims<sup>2</sup> (percent)



##### Deaths by Suicide, Drug or Alcohol Misuse<sup>3</sup> (rate per 100,000 population)



“ Access to a provider that is bilingual is a huge barrier often. We see some of our families sit on wait lists, particularly for mental health services, for months on end, and when you have a kid in crisis, that just exacerbates it.

- Service provider

There's the chicken or the egg, but usually it's the mental health issue, substance abuse issue that leads to criminal activity, that often leads to homelessness.

- Service provider

#### Community Identified Themes



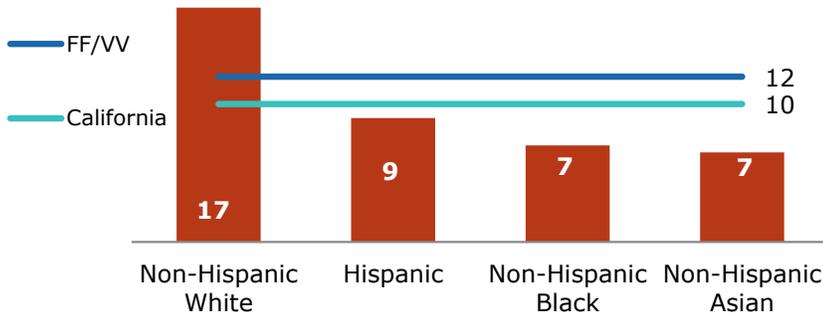
##### Barriers to Behavioral Health

- Lack of buy-in in hospital systems to establish crisis stabilization units
- Lack of financial partnerships addressing mental health
- Early-age use and abuse of substances (e.g., marijuana, alcohol, vaping)
- Increase in cyberbullying
- Less privacy and reduced in-person social connections due to social media use
- Anti-depressants don't provide immediate relief, need better options

# Populations Disproportionately Affected

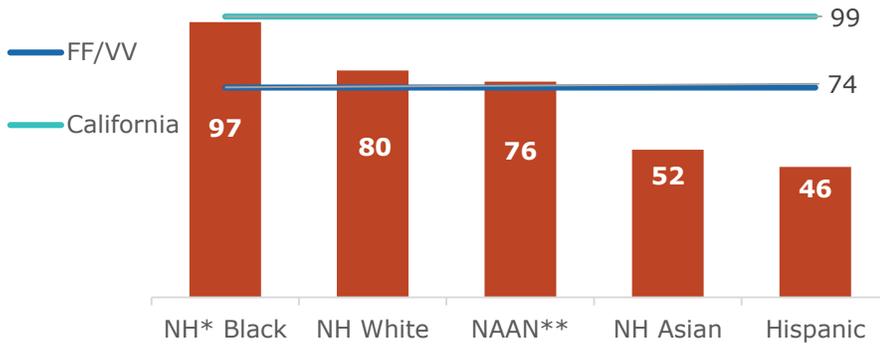
## Populations with Greatest Risk

**Suicide Deaths** (rate per 100,000 population)<sup>4</sup>



• In a focus group which included some service providers, a participant noted that in a recent study of students in Rio Vista, **youth identified mental health and substance use as their top needs.**

**Heart Disease Death Rates** (rate per 100,000 population)<sup>5</sup>



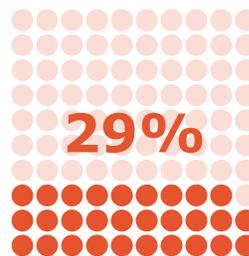
A lot of grandparents are now raising their grandchildren because their sons and daughters have become addicted to some kind of substance; be it methamphetamine, or opiates.  
- Service provider

\*NH refers to non-Hispanic. \*\* NAAN refers to Native American / Alaska Native

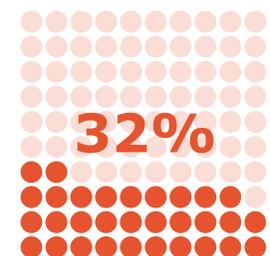


It used to be do you smoke [marijuana]? Now it's, do you not smoke? Even before legalization it was already increasing.  
- Youth Focus Group participant

## Impaired driving deaths <sup>6</sup>



California



Fairfield/Vacaville area

## Current Smokers (rate per 100,000 population) <sup>7</sup>

**Fairfield /Vacaville area : California**

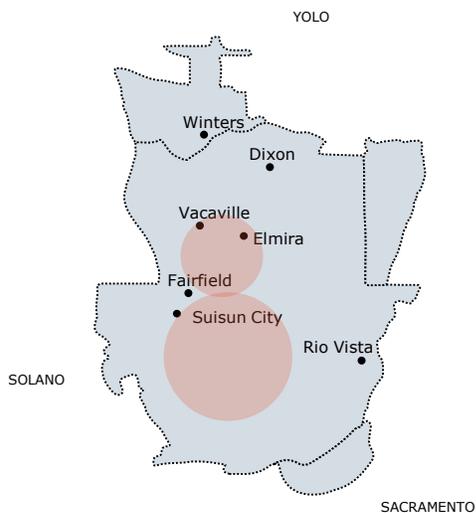
**14.4 : 13.7**

## Lung Cancer Incidence (rate per 100,000 population) <sup>8</sup>

**Fairfield/Vacaville area** has a rate of **56 persons** compared to **California's 45 persons**

# Populations Disproportionately Affected

## Geographic Areas with Greatest Risk



Several common barriers to behavioral health varied by geographic communities within the Fairfield/Vacaville Area. (Circle size indicates the regional extent of disparities).

**Deaths by suicide, alcohol, or drug misuse** were moderate across the region around 34-43 per 100,000 population. (Data not shown on map).<sup>9</sup>

**Social associations** including civic organizations, labor organizations, recreational clubs and facilities, etc. were lowest in parts of Vacaville, Fairfield, Suisun City.<sup>10</sup>



## Spotlight on Equity

**Community members discussed the following concerns in regard to equity and discrimination:**

- Youth respondents mentioned peer pressure that encourages young people to engage in drugs and violence.
- There is a gap in county mental health services for seniors over age 65.
- Solano County service providers noted that a culture shift is needed to create holistic care that underscores the impact of risk factors (e.g., Adverse Childhood Experiences) and how they affect mental and physical health.

Solano is a few years behind some other counties in terms of how they roll out both addressing health inequities and programming. - *Service provider*



# Assets and Ideas

## Examples of Existing Community Assets



**Diversion programs  
(e.g., drug courts,  
Prop 47 funds)**



**Grants through  
Mental Health  
Services Act (MHSA)**



**Extended hours for  
mental health  
services**

## Ideas from Focus Groups and Interview Participants

- Improve mental health services for youth and families through individualized treatment (vs. group), and increased access points to therapy
- Increase focus on preventive measures, particularly for youth (e.g., mentorship, community centers)
- Increase financial support for mental health services across sectors beyond county resources
- Identify and support smoking cessation opportunities
- More mental health providers and staff trained in behavior change
- Provide free, confidential drug testing, and more education on drug use
- Integrate behavioral and physical health care



1. California Health Interview Survey. (2015-2016).
2. Centers for Medicare and Medicaid Services. (2015).
3. National Vital Statistics System. (2011-2015).
4. Same as above.
5. Same as above.
6. Fatality Analysis Reporting System. (2011-2015).
7. California Health Interview Survey. (2014).
8. State Cancer Profiles. (2010-2014).
9. National Vital Statistics System. (2011-2015).
10. County Business Patterns. (2015).

# Fairfield/Vacaville area Community Health Needs Assessment

## Economic Security

ECONOMIC SECURITY, EMPLOYMENT, TRANSPORTATION

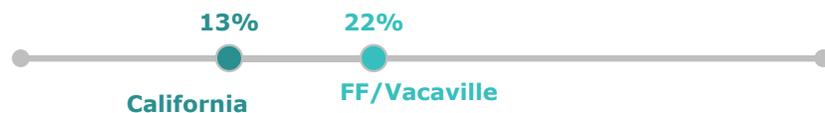
Economic security means having the financial resources, public supports, career and educational opportunities, and housing necessary to be able to live your fullest life. Intrinsically related to all health issues from housing to behavioral health, economic security is a strong determinant of an individual's health outcomes. Residents of the Fairfield/Vacaville area encounter many challenges when compared to California residents on the whole, such as decreased access to healthy foods stores and a lack of walkable destinations. Notably, the Fairfield/Vacaville area has a lower proportion of cost-burdened households when compared to the state average, but large racial disparities in poverty incidence; for example, Native American/Alaska Native children in Fairfield/Vacaville experience poverty at 5 times the rate of Asian children. Residents and service providers identified many challenges related to maintaining economic security, such as unrealistic requirements for government assistance, and the need for better pay to be able to make ends meet.

### Key Data

#### Indicators

Data presented below represent how the service area performs relative to the identified benchmark. Indicators performing *better* than the benchmark may still reflect a health need since the benchmark may also be low, indicating a widespread need for improvement, or disparities may exist within the indicator, reflected in the following sections.

##### Healthy Foods Stores, Low Access (percent)<sup>1</sup>



##### Walkable Destinations (percent)<sup>2</sup>



##### Cost Burdened Households (percent)<sup>3</sup>



It's juggling or dropping your classes to make sure that your child is taken care of. It's really hard...it puts stress on you as well as your family when you're trying to juggle that, which also ties in with mental health.

- Focus Group participant

It's not a luxury to have a vehicle, it's a necessity at this point. So certain things really need to be counted as an expense when it comes to determining a person's eligibility for resources.

- Focus Group participant

#### Community Identified Themes



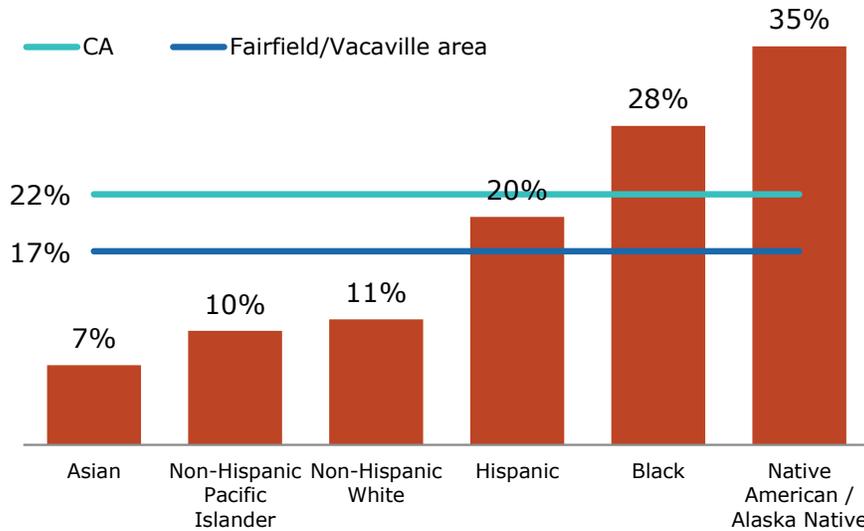
##### Barriers to Economic Security

- Income requirements too low, unrealistic for gov't assistance (e.g., WIC)
- Poor public transportation infrastructure (e.g., wait times, bus transfers)
- Services are not linked
- Lack of private funding to support nonprofits
- Long-term impacts of high school students more motivated to work than continue school
- Difficulty to manage work, household, and education
- Salaries below living wage (e.g., health, education sectors)
- Lack of affordable child care

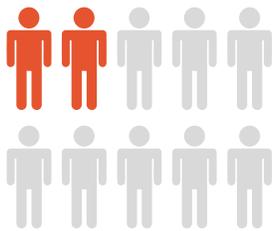
# Populations Disproportionately Affected

## Populations with Greatest Risk

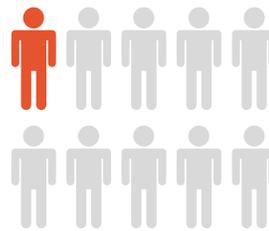
### Children Below 100% Federal Poverty Line <sup>4</sup>



- Spanish-speaking residents in Fairfield expressed that many families have to choose between **childcare** and work, with one participant noting they spent **\$1,000 monthly** last year for their three children.

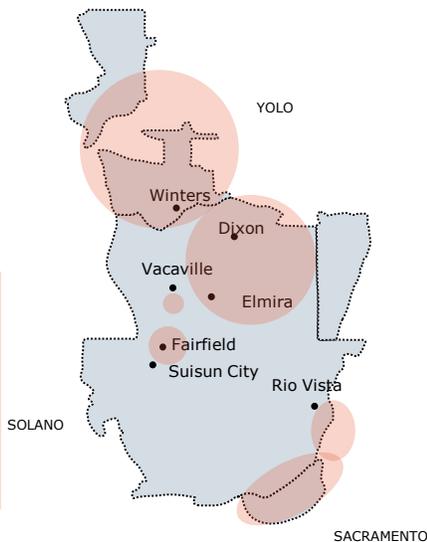


**17%**  
Of **Black residents** live in a household with incomes below the FPL<sup>5</sup>



**8%**  
Of **non-Hispanic White residents** live in a household with incomes below the FPL<sup>5</sup>

## Geographic Areas with Greatest Risk



- Solano County service providers mentioned **concentrations of poverty in Fairfield and Dixon.**

Several common barriers to economic security varied by geographic communities within the Fairfield/Vacaville area. (Circle size indicates the regional extent of disparities).

Pockets of areas within Vacaville, Fairfield, and Rio Vista contained households with incomes **below the Federal Poverty Level.**<sup>6</sup>

Parts of Dixon, Vacaville, and Fairfield had **high percentages of adults with no high school diploma.**<sup>7</sup>

## Populations Disproportionately Affected



### Spotlight on Equity

**Community members discussed the following concerns in regard to equity and discrimination:**

- In Rio Vista, there are an increasing number of children using free and reduced priced lunch (FRPL)—there is some stigma for those who are eligible for that benefit.
- Teachers are particularly feeling the pressure of not earning a living wage (unable to afford classroom materials, and manage home responsibilities).
- Many first-generation Hispanic/Latino immigrants in the region do not have a high school education, and as a social determinant of health this puts this population at risk.
- In Fairfield, Hispanic/Latino community members noted that more cultural activities could bring currently segregated community members together.
- Youth identified how even with both parents working, they are still struggling with rent and food.
- Lack of affordable childcare is a barrier to many who otherwise could be working.

“People in the community are so segregated and in competition with the next person.”  
- Focus Group participant

We need to consider seriously economic mechanisms for minimizing the harm to poorer families during gentrification, otherwise, all they do is face displacement.”  
- Service provider

### Emerging Needs

Although the unemployment rate is currently low in the Fairfield/Vacaville area, service providers emphasized the need for a greater focus on economic security *within* the region such as availability of jobs and more local investment for support services.

“In the case of Solano, I think we have to work to diversify our economic opportunities within the county. I think there's too heavy a reliance on people commuting to the Bay Area and to Sacramento, so that when the next recession hits, large, large numbers of people are going to be out of work, and that will be problematic. And they're not going to have alternate jobs within the county to try to focus on. I do think that we need to consider economic incentive programs to try to diversify the available range of job types within the county.”  
- Service provider

### Unemployment <sup>8</sup>

**3.9%** in FF/Vacaville

**4.0%** in California

I think Solano county sometimes gets forgotten as the area between the Bay Area and Sacramento, and so for that reason there's not a lot of foundations that focus their giving on Solano county, and so that just leaves a lot of nonprofits...with less funding than most other nonprofits.”  
- Service provider

## Examples of Existing Community Assets



**Grants that support education pathway for teachers**



**Partnerships across systems (e.g., workforce development, education sector, and WIC)**



**Natural resources and untapped physical space for new infrastructure**

## Ideas from Focus Groups and Interview Participants

- Identify and legalize an appropriate minimum wage for teachers that meets costs of time and resources, and value of work
- Build more personal connections between service providers and clients
- Continue and increase integrated services models across sectors (e.g., food vouchers and immunizations through WIC)
- More funding for nonprofit organizations, and more partnerships among community groups
- More affordable products at thrift stores
- Connecting youth and older adults (e.g., career mentorship, etc.), and more after-school resources
- Create safe and healthy community spaces (e.g., bowling alley, Boys & Girls Club, and YMCA)
- Improve efficiency of public transportation systems (e.g., train, more bus transfers, better sidewalks)
- Increase support provided from corporate organizations in the community
- Review standards that qualify people for public assistance to reduce barriers (e.g., for married couples, based on expenses)
- Raise Supplemental Security Income (SSI)
- Conduct outreach in schools to inform students of available services



1. USDA Food Access Research Atlas. (2014).
2. Center for Applied Research and Environmental Systems. (2012-2015).
3. American Community Survey. (2012-2016).
4. Same as above.
5. Same as above.
6. Same as above.
7. Same as above.
8. Bureau of Labor Statistics. (2017).

# Fairfield/Vacaville area Community Health Needs Assessment

## Healthy Eating and Active Living (HEAL)

OBESITY, DIABETES, CVD, STROKE, FOOD SECURITY

Healthy Eating and Active Living (HEAL) relates to Fairfield/Vacaville area residents' ability to shape their health outcomes through nutrition and physical activity. There is a high rate of obesity among adults and youth in Vacaville, especially among minority populations. Community members highlighted the barriers to eating healthy, as well as the high costs and behavioral change needed to live an active lifestyle. Lack of access to healthy grocery stores and the prevalence of fast food options were another important barrier to healthy eating highlighted by interviewees. A healthy lifestyle greatly impacts the rates of chronic conditions like cardiovascular disease, stroke, and cancer, but is not equally attainable for all residents.

### Key Data

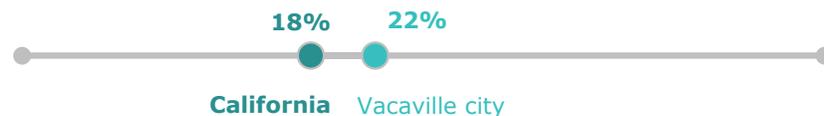
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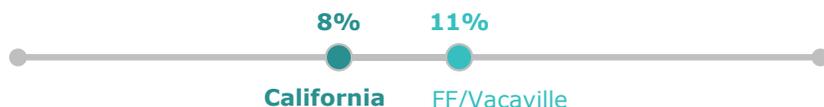
#### Walkable Destinations (percent) <sup>1</sup>



#### Soft Drink Consumption (percent) <sup>2</sup>



#### Diabetes Prevalence (percent) <sup>3</sup>



#### Community Identified Themes



#### Barriers to HEAL

- Requires behavior change for whole family
- May not align with cultural food practices
- Lack of affordable healthy food options
- Cost of other basic needs such as housing
- Play centers with fees are unaffordable for large families



Ultimately I think raising people's ability to purchase food is the better way to go about it. We always talk at the food bank about wanting to put ourselves out of business because we would prefer people be empowered to make their own purchasing decisions than need food from us.

- Service provider

When Michelle Obama was in the office, we were seein' her and she was gettin' us up and out and active and showin' us in commercials and through ads and all that other stuff, but now...

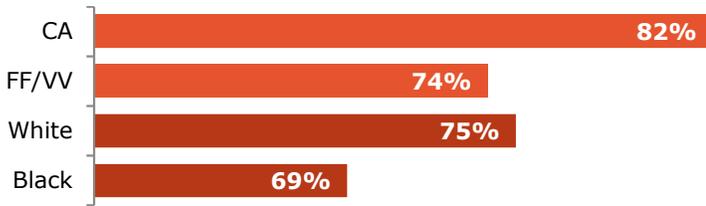
- Focus Group participant



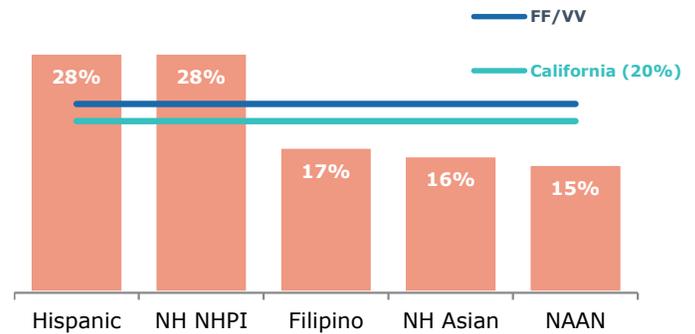
# Populations Disproportionately Affected

## Populations with Greatest Risk

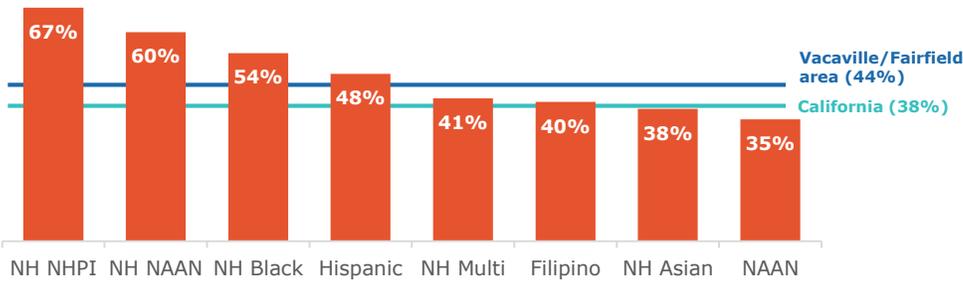
### Diabetes Management <sup>4</sup>



### Obesity among Youth <sup>6</sup>



### Physical Inactivity among Youth <sup>5</sup>



They've had [housing] developments [in Fairfield] where lower income folks had no grocery stores, no supermarkets in the community and they have to find a way to get to the supermarket to purchase fresh vegetables and fruits.

- Service provider



### 30% of adults are obese in Vacaville (City) <sup>7</sup>



I think that we need to increase the exercise options for people, but that has to be accompanied by better safety, so we have to address crime at the same time.

- Service provider



Kids are walking to and from school and there's no sidewalk. They're walking on the shoulder of a road. They're crossing over train tracks. There have been so many pedestrian collisions with trains in Solano County, it just blows my mind when I hear about them.

- Service provider

### Percent of population who experience food insecurity <sup>9</sup>

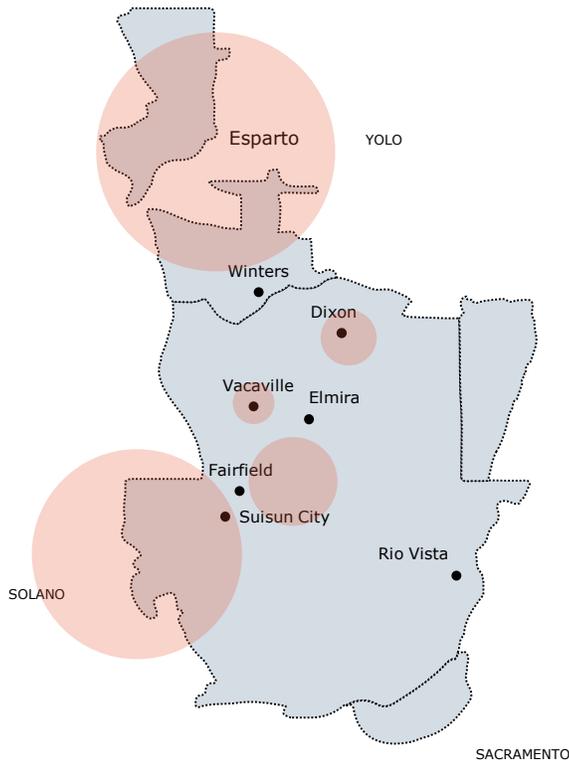
Fairfield/Vacaville area : CA  
15% : 13%

23% of Fairfield/Vacaville area residents do not live close to a supermarket, compared to 13% of California residents <sup>8</sup>



# Populations Disproportionately Affected

## Geographic Areas with Greatest Risk



### Healthy Food Stores (Low Access)<sup>10</sup>

Several communities within the Fairfield/Vacaville area of Solano County do not have good access to healthy food retailers (large grocery store or supermarket) including the following census tracts (circle size indicates the regional extent of disparities):

- **Dixon:** 2534.02 (33.6%)
- **Solano (Fairfield and Vacaville):** 2523.10 (91.8%), 2522.02 (98.2%), 2532.06 (99.8%)
- **Yolo (Esparto and Winters):** 115 (83.8%), 113 (39.4%)

When I'm in **Suisun**, there's the four corners that are all fast food, and you've got Walmart and yeah, they've got some healthy stuff, but most people are not going there for their healthy items.

- Focus Group participant



## Spotlight on Equity

### Community members discussed the following concerns in regard to equity and discrimination:

- In Rio Vista, there are an increasing number of kids using free and reduced priced lunch (FRPL)—and there is some stigma associated with that between those who are or are not eligible for that benefit.
- Spanish-speaking residents noted that maintenance of parks differs between higher and lower income regions, and are less clean and safe (e.g., drug use, trash) in poor communities.
- Solano county senior service providers noted the importance of giving residents choice in food selections (through pantries, food stamps, etc.) so individuals can choose food aligned with their culture.

Wouldn't it be great if we linked with the bus transport services and identified maybe the senior centers that do noon meals or restaurants that want to participate in low senior cost meals and have the bus run around in the neighborhood and pick people up.

- Service provider



## Examples of Existing Community Assets



**Cross-sector partnerships**  
(e.g., county and health care organizations)



**Community health promoters** (e.g., provide nutrition education)



**Youth Reach Coalition**  
improved local trails



**Senior food program sites**  
converted to “choice pantries”



**Public officials working to address food dessert issues** (e.g., food pharmacy programs through grants and in collaboration with local Indian tribes)



**Convenience store “food makeovers”** promoting fruits and veggies up front, food banks

## Ideas from Focus Groups and Interview Participants

- Offer low-cost meals for seniors at restaurants in the community
- Allow clients to have more choice in food selections through food pantries
- Continue to cultivate youth-led initiatives and civic engagement
- More role models that promote healthy eating and active living (e.g., Michelle Obama)
- Engage the whole family in simple and nutritional meal planning, and eating well within budget
- Diminish economic incentives driving the existence of unhealthy food
- Places to exercise and finding local champions to give the classes, and with options for those with kids (i.e., offer child care), more diverse exercise options (e.g., dance)



1. Center for Applied Research and Environmental Systems. (2012-2015).
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4. Dartmouth Atlas of Health Care. (2014).
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# Fairfield/Vacaville area Community Health Needs Assessment

## Housing

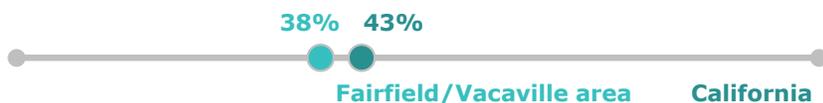
Access to safe, secure, and affordable housing is an important social determinant of health. Families with fewer financial resources are more likely to experience sub-standard housing conditions and the associated risks. The Fairfield/ Vacaville area has a lower proportion of cost-burdened households and a less severe housing problem when compared to the state of California. However, the region reflects clear disparities across race and ethnicity, and a prevalence of individuals and households experiencing homelessness. Focus group and interview respondents provided additional insights; they identified that families of color, older adults, and single parents are most affected by housing issues. Many also noted that housing barriers are escalating within the community, and there is a lack of affordable options across demographics and ages. The closure of shelters, which provide a much needed safety net for many, and diminishing options for low-income families as well as an influx of residents from other regions (e.g., East Bay) have created additional stressors to housing in the community.

### Key Data

#### Indicators

Data presented below represent how the service area performs relative to the identified benchmark. Indicators performing *better* than the benchmark may still reflect a health need since the benchmark may also be low, indicating a widespread need for improvement, or disparities may exist within the indicator, reflected in the following sections.

#### Cost-burdened Households (percent) <sup>1</sup>



#### Severe Housing Problem (percent) <sup>2</sup>



#### Community Identified Themes



#### Barriers to Housing

- Affordable housing options below health standards (e.g., multi-family homes)
- Less affordable and Section 8 housing available due to influx of East Bay residents to the region
- Unaffordable and increasing rents
- Lack of sustainable funding streams for local shelters, and recent closure of some shelters

“One of the more negative points, unfortunately, is that while there's a lot of nice places to live in Fairfield and Vacaville, there can also be some really unhealthy places to live. And I think that's something that really needs to be brought to the attention of people who are in authority to make changes.

- Focus Group participant

Our county's very committed to the Housing First model that even if people have mental health issues, substance abuse issues, homelessness, you have to get them into some aspect of housing.”

- Service provider

# Populations Disproportionately Affected

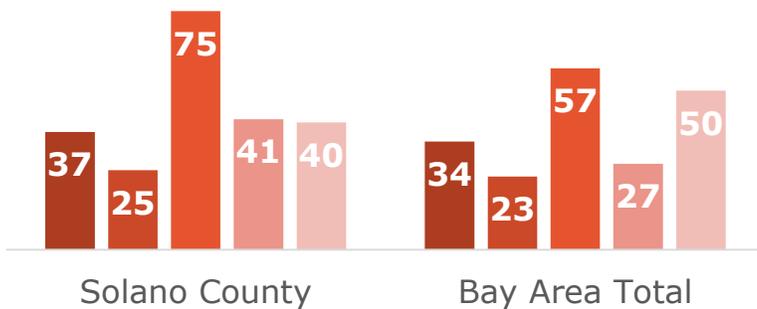
## Populations with Greatest Risk

Percentage of individuals by race/ethnicity that spend 30% or more of their income on rent, Solano County <sup>3</sup>

- 69% Black/African American
- 70% American Indian/Alaska Native

Percentage of families with children under 5 years old, paying more than 30% income on housing<sup>4</sup>

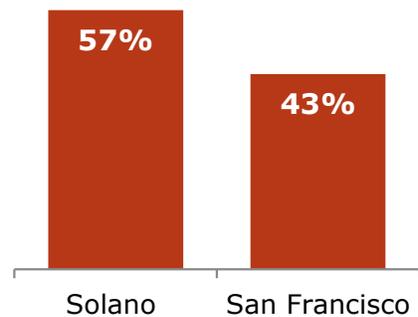
■ Total ■ White ■ African American ■ Asian ■ Hispanic



“Usually, it is our families of color and our seniors. We did take a look at, statistically, who is being affected by this housing situation, and it is our lower income families, our single parents with children, single moms and children, and our senior citizens; they are the most vulnerable of our community.

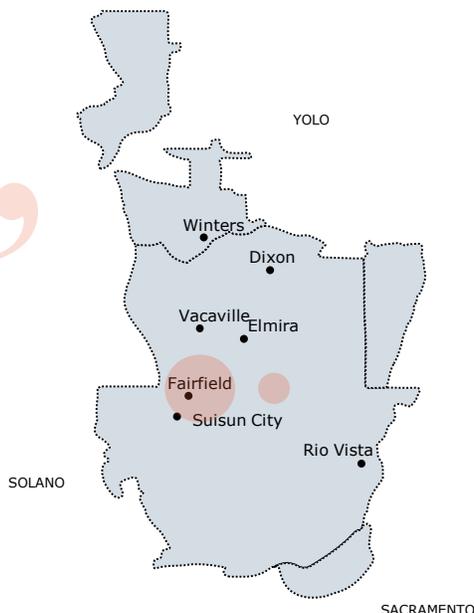
- Service provider

Percent of renters pay 30% or more of their income on rent comparison <sup>3</sup>



## Geographic Areas with Greatest Risk

Homelessness is a big problem in Fairfield. I would say it's escalating,  
- Service provider



## Cost-burdened households<sup>5</sup>

Roughly a third of Fairfield/Vacaville area residents spend thirty percent or more of their total household income on housing costs. While this actually fares better than the state average of 43%—there are several communities in which the **housing cost burden is much worse than the state**. Those communities are largely concentrated **in and around Fairfield** and extending to the **north of the Travis Air Force Base**. Over half of residents are cost-burdened in the following census tracts (circle size indicates the regional extent of disparities):

- **Fairfield region: 2526.04, 2526.07, and 2526.11** (Fifty-four to fifty-eight percent of households)
- **North of Travis Air Force Base: 2528.01, 2528.02** (Sixty-four to seventy-five percent\* of households)

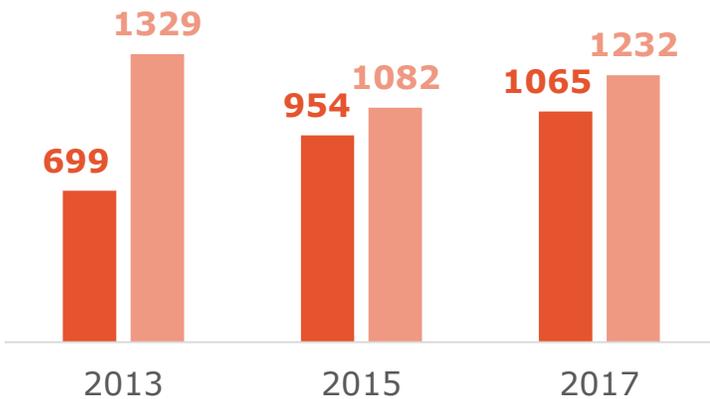
\* Note that Travis Air Force Base region figures may be skewed due to unique income structures of military residents.

# Populations Disproportionately Affected

## Emerging Needs

### Number of households and persons [experiencing homelessness], Solano County <sup>6</sup>

■ Total Homeless Households ■ Number of Total Persons



### Age at first experience of homelessness (percent), Solano County <sup>7</sup>



**58%** were 25 years or older

**29%** were 18-24 years old

**13%** were 17 years or younger

“We have probably anywhere between **5,000 and 9,000** what I would consider, what our public health officer considers, **situationally homeless**. Meaning they have lost a job, living in a car, couch surfing with relatives, but to me they're still homeless and if you don't tackle *that* population, that chronically homeless population is just **going to grow over the next few years**. Even our staff, we do a lot to assist in terms of rental assistance, finding apartments, or whatever the case may be. Sometimes we have the money, but we don't have units.” – Service provider



## Spotlight on Equity

### Community members discussed the following concerns in regard to equity and discrimination:

- In a focus group with WIC recipients, a community member noted the stark differences in housing standards between high and low income housing.
- Influx of East Bay population to Solano county for more affordable housing opportunities has led to many landlords providing less Section 8 vouchers to pursue fair market rates. Families experiencing homelessness are more likely to live in cars and less likely to accept shelter possibly for fear the family would be separated.
- Increasing rent impacts many residents, including older adults living off of social security benefits.
- Fairfield residents noting that increasing rents have led to the breaking up of their “cute little neighborhood” and impacted their social connections.



There should be a main [housing] standard for people's health no matter if you have a million dollars, or if you have a hundred.

- Focus Group participant

I came across a 76 year old, African-American female who had lived in her apartment for 25 years and had just been evicted because they went for a market. And then I've come across plenty of other individuals for the same reason.

- Service provider



## Examples of Existing Community Assets



**Commitment of public officials to “Housing First” model (e.g., tiny home/tough shed initiative, shelters accepting pets, women and children only housing)**



**Grants dedicated to housing initiatives (e.g., Prop 47)**



**Opening of medical detox center, and sober living units**

## Ideas from Focus Groups and Interview Participants

- Rent control, especially in low-income communities
- Continue moving toward a “continuum of housing” model that incorporates housing options for those experiencing mental health or substance abuse issues
- Increase partnerships (corporations, community, local leaders) to create housing options that consider building in social connectedness through large common areas, aesthetically beautiful, comfortable, safe, etc.
- City partnerships with developers to provide affordable or moderate housing, offer tax credits, etc.
- Increase and facilitate opportunities for more civic engagement



## References

1. American Community Survey. (2012-2016).
2. Consolidated Planning/CHAS Data. (2011-2015).
3. American Community Survey 5-Year Estimates. (2012-2015).
4. Housing Stability and Family Health: An Issue Brief; Bay Area Regional Health Inequities Initiative (BARHII), Federal Reserve Bank of San Francisco; extra analysis by BARHII and Alameda County Public Health of the American Community Survey PUMS data, (2016).
5. American Community Survey. (2012-2016).
6. Point-In-Time, US Housing and Urban Development, Continuum of Care Assistance Programs, Homeless Populations and Subpopulations, CA-518 Vallejo/Solano County CoC. (2009-2017).
7. Solano County Homeless Point in Time Census & Survey. (2017).

# Fairfield/Vacaville area Community Health Needs Assessment

## Maternal and Infant Health

Mothers in the Fairfield/Vacaville area face many barriers related to their own well-being and that of their children. Children born in the Fairfield/Vacaville area (specifically Solano County region) have slightly higher infant mortality rates compared to the state of California. When broken down by race/ethnicity, disparities in infant mortality are starker; children born to women of color are nearly 30 percent more likely to die as infants when compared to their White peers. Mothers in the region struggle with many issues relating to child health and development, including experiencing discrimination within the health system, providing a healthy home life for their young children, and experiencing a lack of options for reproductive health care. Interviewees expressed a need for more services to support mothers. Solano County service providers noted that over the last ten years, health officials and community providers have made a concerted effort to increase prenatal care and have seen an increase in rates over time, especially for the Medi-Cal population.

### Key Data

#### Indicators

Data presented below represent how the service area performs relative to the identified benchmark. Indicators performing *better* than the benchmark may still reflect a health need since the benchmark may also be low, indicating a widespread need for improvement, or disparities may exist within the indicator, reflected in the following sections.

##### Life Expectancy at Birth (years of age) <sup>1</sup>



##### Low Birth Weight (percent) <sup>2</sup>



##### Preschool Enrollment (percent) <sup>3</sup>



If children are happy and children are adjusted and they seem like they're doing okay, that to me is a good indicator that they are from a healthy environment and things are going okay.

- Service provider

Teaching [pregnant women] about good oral health, mental health as well, so that they are taking care of themselves physically and emotionally. And serving the family when they're pregnant so they can continue that when their baby is born.

- Service provider

#### Community Identified Themes



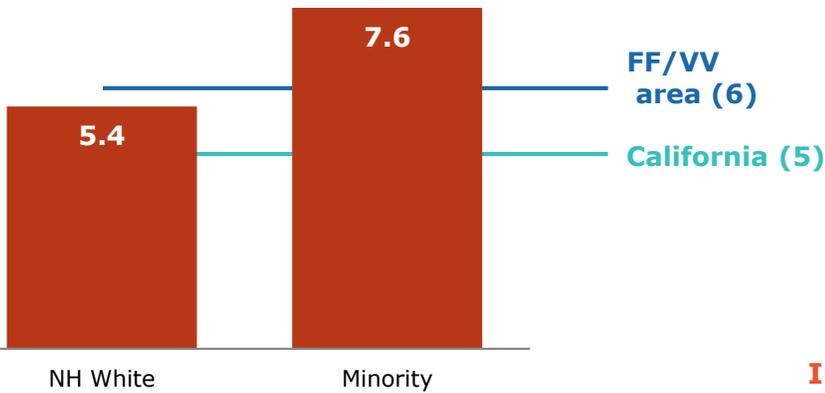
##### Barriers to Maternal and Infant Health

- Unhealthy home life (e.g., drugs, abuse)
- Lack of self-sufficiency of parent
- Discrimination of pregnant women (e.g., low-income, history of past drug use) in health settings
- Lack of reproductive health care services including family planning such as Planned Parenthood (esp. for youth)
- Prevalence of teen pregnancy in high school
- Lack of affordable health care and child care
- Need to commute for work

# Populations Disproportionately Affected

## Populations with Greatest Risk

**Infant Deaths** (rate of death per 1,000 births)<sup>4</sup>

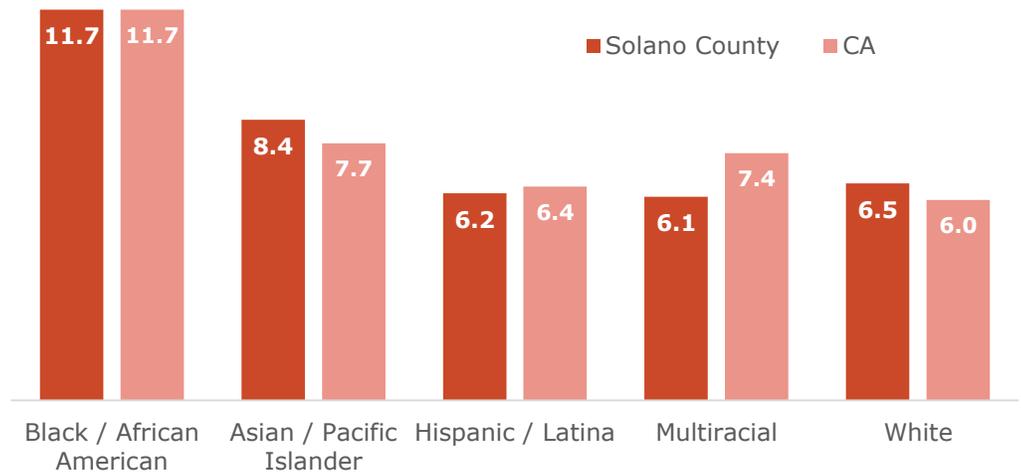


In 2013, infants whose mothers received Prenatal Care in the first trimester <sup>5</sup>

**Solano County : CA**

**79.9% : 83.6%**

**Infants Born at low Birthweight, by Race/Ethnicity of mother** (percent)<sup>6</sup>



High blood pressure, diabetes ... I think obesity is a health issue, however, we're [as Black women] on a spectrum. We're shaped different. We carry different. But what does that look like in terms of obesity [and when pregnant]?

- Focus Group participant

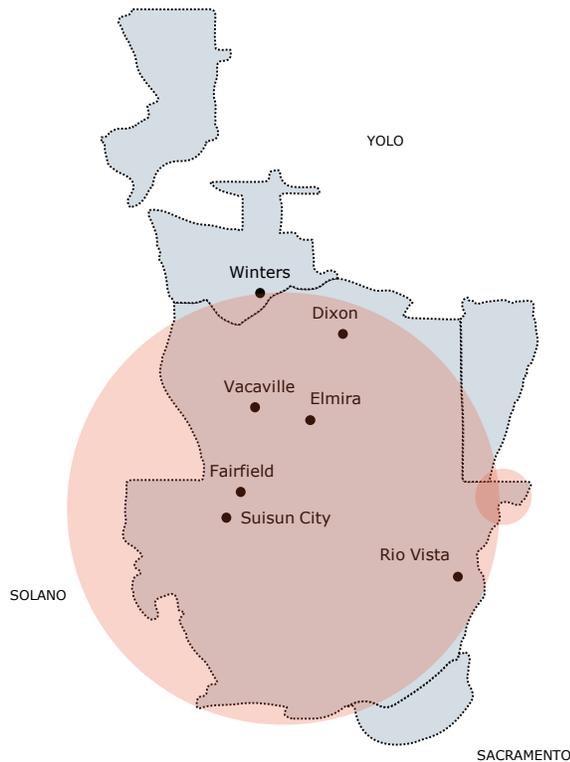


“ So the cost of living is becoming more like the rest of the Bay Area and it's really creating issues for people, and we are always concerned that one of the things families struggle with is to pay for child care, and if they don't qualify for one of our programs, there's always that concern that they're going to leave a child home, or leave them with someone who's not safe.

- Service provider

## Populations Disproportionately Affected

### Geographic Areas with Greatest Risk



### Rate of death among infants less than 1 year of age per 1,000 births<sup>7</sup>

Solano County's rate of death among infants, **6.1 deaths per 1,000 births**, trails the state average by nearly twenty percent. In close-by Yolo County, and in the Fairfield/Vacaville area, rates are better than average though still suffer with 3.8 deaths per 1,000 births. (Circle size indicates the regional extent of disparities.)

Infant mortality is a proxy measure for community health status, poverty and socioeconomic status, and access to care.



### Spotlight on Equity

#### Community members discussed the following concerns in regard to equity and discrimination:

- Families with children with developmental needs (e.g., autism) face many barriers including funds for medication, access to services, access to schools with inclusion teachers, etc. Many schools have a shortage of trained staff to address these needs.
- Black Infant Health Solano clients mentioned that Black women have different context of health issues (obesity, diabetes, etc.) and often don't find health providers culturally competent to address their health needs.
- Spanish-speaking residents in Fairfield mentioned the high costs of child care, and the need for more affordable options or government support. Other community members added that without affordable child care, kids can be out in adverse situations if staying at other people's homes.
- Throughout Solano County, including Rio Vista, service providers mentioned grandparents raising kids whose parents are incarcerated or abusing drugs—as well as a perceived increase in single parents (both women and men).
- Focus group participants noted that there is some stigma towards those using public assistance, by other community members.

“A nurse came to her [pregnant woman] and said, 'Oh you didn't eat your food. We assumed you came so often because you were homeless and wanted to eat.' So we have comments like that. It just reinforces the idea that I don't wanna seek medical treatment or that you avoid actual medical emergencies based on experiencing conversations like that.

- Focus Group participant

## Examples of Existing Community Assets



**The California Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)**



**Public assistance for parents (e.g., CalWORKs)**

## Ideas from Focus Groups and Interview Participants

- Improve culturally competent care, bedside manner, and recognition of unique context and health needs of different populations
- Increase preventive services such as pre-natal and maternal health supports (e.g., education of mothers early on in pregnancy)
- Increase availability and affordability of reproductive health resources (e.g., free condoms, community clinics, school-based initiatives)
- Better integration of child development services and primary care services to be more convenient for families
- Need after school support systems for low income families
- Integrate more resources into central service facilities such as WIC (e.g., lab work capability to check for anemia)
- More co-location of services and better connections among schools, Head Start services, child care centers
- Prevent inappropriate use of emergency room services by providing more training for young mothers as well as offering non-traditional hours for urgent care



## References

1. Institute for Health Metrics and Evaluation. (2014).
2. National Vital Statistics System. (2008-2014).
3. American Community Survey. (2012-2016).
4. Area Health Resource File. (2006-2010).
5. Kidsdata.org. (2013).
6. Same as above.
7. Area Health Resource File. (2006-2010).

# Fairfield/Vacaville area Community Health Needs Assessment

## Violence and Injury Prevention

Direct and indirect exposure to violence and injury, such as domestic and community violence, have significant effects on well-being and health. On average, residents of the Fairfield/Vacaville Area have higher rates of domestic violence hospitalizations, injury deaths (intentional and unintentional), and violent crimes compared to the state. Domestic violence hospitalizations are especially pronounced across the Solano County portion of the service area extending into the city of Vallejo. The incidence of violent crimes impacts community safety in many ways. Through interviews and focus groups with local stakeholders, several factors were identified as contributing to the effects of violence and injury, including existing trauma in the community, stress from economic insecurity, competing priorities of families to meet basic needs and support youth, and a lack of safe spaces. Many of these barriers disproportionately affect low-income individuals and people of color. Restorative justice programs are one approach that community leaders are implementing to address these and other disparities.

### Key Data

#### Indicators

Data presented below represent how the service area performs relative to the identified benchmark. Indicators performing *better* than the benchmark may still reflect a health need since the benchmark may also be low, indicating a widespread need for improvement, or disparities may exist within the indicator, reflected in the following sections.

#### Violent Crimes (rate per 100,000 population) <sup>1</sup>



#### Injury Deaths (rate per 100,000 population) <sup>2</sup>



“I've watched these health initiatives for a long time and I think that a lot of it is linked to criminal activity and crime. Particularly when it gets down to how many people are coming to the trauma centers.

- Service provider

I have to walk all through that shitty neighborhood at the cost of ... fightin' to come to these resources, coming to these groups. I keep tryin' to push myself, to better myself so I can make a change for my children.

- Focus Group participant

#### Community Identified Themes



#### Barriers to Violence/Injury Prevention

- Unsafe neighborhoods as a barrier to accessing services
- Lack of supervision of youth, living with a guardian rather than parents
- Gang-related crime
- Insufficient police protection
- Criminal activity continuing outside of trauma centers, and impact on hospital staff
- Service providers lack capacity to support clients who speak non-English languages

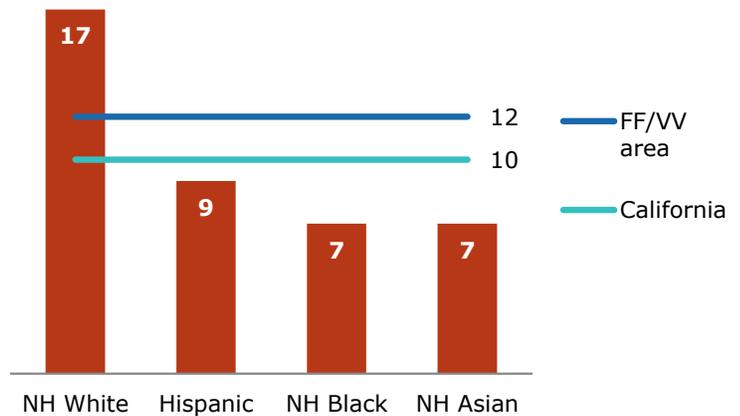
# Populations Disproportionately Affected

## Populations with Greatest Risk

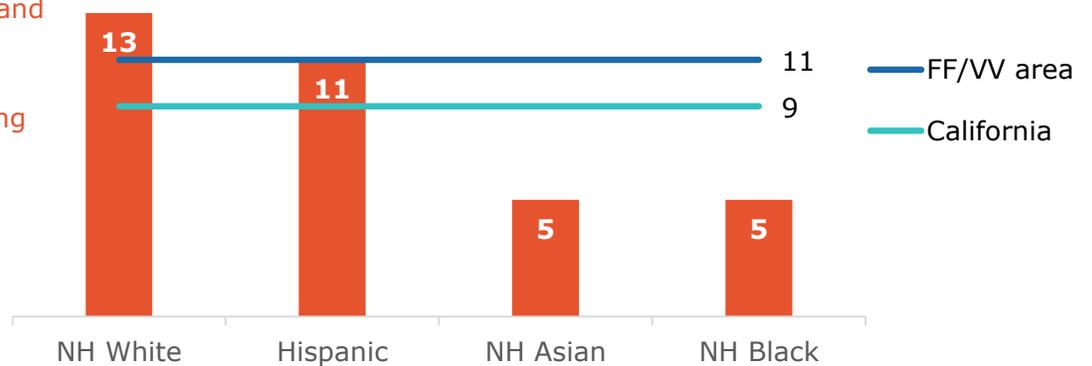
Both parents work at least one or two jobs so that they can maintain, pay their rent, which is really sad. Then, that affects the children. I don't want to blame the parents because they have to survive. Lots of times they're not supervising, especially their teens, effectively; and in the area that they live in, they tend to associate with other teens in the same predicament where they don't have supervision, and many times that's when problems start with substance abuse, or being involved in gangs, etc.

- Service provider

**Suicide Deaths** (rate per 100,000 population) <sup>3</sup>



**Motor Vehicle Crash Deaths** (rate per 100,000 population) <sup>4</sup>



### Domestic Violence Hospitalization rates (per 100,000 population)<sup>6</sup>

**11.4** incidents in **FF/VV area**

**4.9** incidents in **California**

### Percent of Motor Vehicle Crash deaths with alcohol playing a role <sup>7</sup>

**32%** in **FF/VV area**

**29%** in **California**

I'd say crime, crime and crime again [as a top health issue]. When a community is unraveled by that, it is unraveled. I've seen that just time and time again that it takes a lot of money and a lot of resource to pull back together.

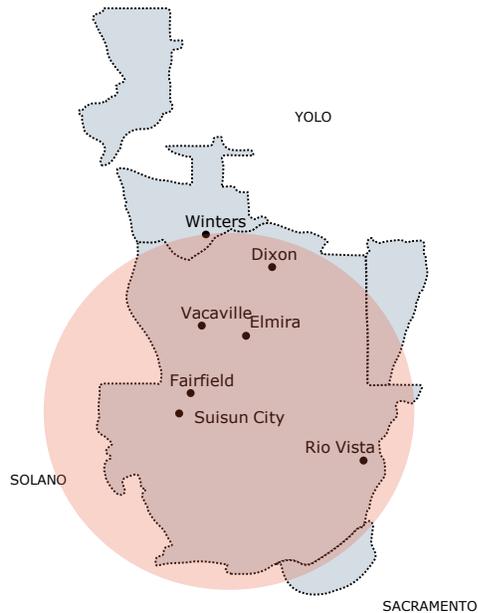
- Service provider

[From conversations with inmates] it's who they surround themselves with at a very, very young age that seems to have made a big impact.

- Service provider

# Populations Disproportionately Affected

## Geographic Areas with Greatest Risk



## Domestic Violence Hospitalizations<sup>7</sup>

The rate of non-fatal emergency department visits for domestic violence incidents—among females aged 10 years and older—is **most prevalent in the Solano County region** of the Fairfield/Vacaville area **and extending into the city of Vallejo** at a rate of **11.6 per 100,000 population**. (Circle size indicates the regional extent of disparities.)

This indicator is relevant as a proxy measure of intimate partner and domestic violence, and may signal broader issues in the community, such as economic insecurity and substance misuse.

- Service providers noted that crime has reduced according to police dept. data across the region such as in **Sunset Ave. and Dana Dr.**—however, community members still spoke of feeling unsafe in their communities.



## Spotlight on Equity

**Community members discussed the following concerns in regard to equity and discrimination:**

- A Solano County service provider noted that there is a disproportionately high number of youth of color in the region's juvenile hall. They shared that a greater focus on restorative justice programs for both youth and adults can prevent incarceration.\*
- Service providers noted that many inmates are illiterate and have shared that damaging social connections in school led to them abandoning education which fueled their path toward crime.
- Both service providers and other community members emphasized the negative impacts of economic stress and unhealthy home environments on violence and crime. For example, if child care is unaffordable, children are more likely to be left in adverse environments.

“Just the overall vulnerabilities and risk factors of living in a neighborhood that has crime prevalent on some level.”  
- Service provider

\*Conditions that increase the likelihood of involvement with the juvenile justice system include **family poverty, separation from family members** including parental incarceration, a **history of maltreatment**, and **exposure to violence**. Youth who have contact with the juvenile justice system are at **increased risk** for a number of negative long-term outcomes, such as **injury, substance use** and dependency, **dropping out of school**, and **early pregnancy**.<sup>8</sup>

## Examples of Existing Community Assets



**Family Violence Unit that addresses elder abuse, child abuse, sexual assault, and domestic violence—and individual officers that are helpful**



**Incorporation of restorative justice principles in services for youth and adults (e.g., Center for Positive Change)**



**Advocates and clinical staff that provide support to victims (e.g., legal aid, support groups, crisis counseling)**

## Ideas from Focus Groups and Interview Participants

- More economic and community stability, people taking initiative around creating change
- More programs and opportunities for men
- Stronger focus on preventive measures (e.g., education, support programs, mentorship, etc.)



## References

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6. Fatality Analysis Reporting System. (2011-2015).
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