



# **Community Perceptions of Health Care Needs in Contra Costa County**

---

PREPARED FOR THE HOSPITAL COUNCIL

December 11, 2001

---

Prepared by:  
Resource Development Associates  
3685 Mt. Diablo Blvd. Suite 203  
Lafayette, California  
925-299-7729  
[rdassoc@earthlink.net](mailto:rdassoc@earthlink.net)  
[www.resourcedevelopment.net](http://www.resourcedevelopment.net)

# TABLE OF CONTENTS

I. Background of the Community Benefits Initiative	Page 1
II. Purpose of Focus Groups and Interviews	Pages 1-2
III. Who We Talked With	Page 2
IV. Major Recurring Issues	Pages 2-4
V. Specific Populations	Pages 4-5
A. Age Priorities:	Pages 4-5
B. Population Priorities:	Page 5
VI. Geographic Comments	Pages 5-7
Attachments:	
A. Collaborative Objectives	Page 8
B. Key Informant and Focus Group Questions and Answers	Pages 9-13
C. Interview and Focus Group - List of Participants	Pages 14-17

# COMMUNITY PERCEPTIONS OF HEALTH CARE NEEDS IN CONTRA COSTA COUNTY PREPARED FOR THE HOSPITAL COUNCIL

## Results of Focus Groups and Key Informant Interviews

December, 2001

### I. BACKGROUND OF THE COMMUNITY BENEFITS INITIATIVE

In March 1993 the Senate passed SB 697, which mandated that all non-profit hospitals complete a community needs assessment. The purpose of the needs assessment was to evaluate the health needs of the community serviced by the hospital including a process for the identification and prioritization of community needs that the hospital can address directly, in collaboration with others, or through other organizational arrangements. This community needs assessment must be updated at least once every three years.

Based on the results of the needs assessment, hospitals must prepare a "Community Benefits Plan," for submission to the Office of Statewide Health Planning and Development. The Community Benefits Plan includes a description of the activities that the hospital has undertaken in order to address identified community needs within its mission and financial capacity, and the process by which the hospital developed the plan in consultation with the community.

"Community benefits" include health care services rendered to vulnerable populations, including the unreimbursed cost of providing services to the uninsured, the underinsured, those eligible for Medi-Cal, Medicare, California Children's Services Program, and county indigent programs.

### II. PURPOSE OF FOCUS GROUPS AND INTERVIEWS

In March 2001 the Contra Costa members of the Hospital Council contracted with Resource Development Associates (RDA) to assist with the health data collection and analysis process. The participating hospitals include:

- ✓ Doctors Medical Center - San Pablo
- ✓ John Muir Medical Center - Walnut Creek
- ✓ Kaiser Permanente - Richmond
- ✓ Kaiser Permanente - Walnut Creek / Martinez
- ✓ Mt. Diablo Medical Center - Concord
- ✓ Sutter Delta Medical Center - Antioch

Contra Costa members of the Hospital Council began by identifying initial interest areas and then proceeded with the needs assessment. RDA then collected relevant indicator data and completed a data scan. In June the Hospital Council reviewed the results of the data scan and identified large-scale goals and set tentative objectives. RDA then completed a more in depth analysis of relevant data, which became the basis for the actual objectives. (Collaborative objectives are included as an attachment)

In September 2001, the Contra Costa members of the Hospital Council decided to supplement the quantitative data analysis with information collected through focus groups and key informant interviews. The results of this listening exercise and quantitative data analysis would be used to conduct the community benefit planning process for all hospitals participating in the needs assessment process.

In October and November of 2001, RDA staff conducted four focus groups in different areas of the county and interviewed 33 individual key informants. The purpose of conducting focus groups and key informant interviews was to:

1. Listen to the impressions, feelings, and experiences of people who live and work in the community regarding their perception of health needs and concerns in the community;
2. Discover which age groups of the population are of most concern to people regarding health issues and why;
3. Determine whether there are particular groups (e.g. race, ethnicity, sex etc.) that people believe have unmet health needs, what they are, and why;
4. Learn what people would change in the community to improve health resources if they had the opportunity;
5. Reveal the most common complaints or concerns that respondents hear from their constituents or other people in the community.

### III. WHO WE TALKED WITH

Members of the Hospital Council brainstormed a list of categories of key individuals and groups from all geographical areas of the county. Every effort was made to speak with a cross section of the community including representatives from ethnic groups in each area. From October 11, 2001 through the second week of November we interviewed 90 people. The following charts break down the demographics of participants.

Race/Ethnicity	Sex	Categories
African American 22	Males 38	Non Profit Organizations / County Health Officials
Asian 8	Females 52	Elected Officials / Community Leaders/ Faith Community
Latino 15		Citizens / Neighborhood representatives
White 28		School Officials / Educators / Family Resource Workers
Unknown 17		Health Task Force Members/ Community Clinics / Other Health Providers

### IV. MAJOR RECURRING ISSUES:

The following health issues are presented in the order that they were most often mentioned. They are also presented in the order in which there was the most consensus among participants.

#### Health issues of primary concern

- ❑ **Lack of access to the health care:**

When asked to *describe what health issues or health needs are of primary concern*, the overwhelming majority of respondents listed lack of access to health care. Nearly everyone we spoke with lamented the fact that many are forced to live without health insurance. People described the impact of this phenomenon as amounting to a health care crisis. Respondents felt that every income level was impacted but the low-income population was most at risk.

Local clinics are reported to be very successful in providing health care to the many that rely on their services. However clinics are overcrowded and turn patients away everyday. Often the long wait forces many to abandon treatment out of frustration. Others lack transportation and some are physically unable to travel to routine appointments. Many people lack the ability to navigate the system. Even making the necessary appointments can be difficult for many.

Seniors report that even though they must make many phone calls and figure out the complexity of the systems that they must navigate, they have learned to be “patient yet persistent” in their efforts to access care.

Those who are here illegally may shy away from health care altogether for fear of deportation. Other respondents complained that the health care system lacks cultural competency and suffers from a shortage of doctors and other clinicians that are not multilingual.

❑ **The high incidence of chronic conditions:**

A majority of respondents cited such chronic conditions as diabetes, asthma and HIV/AIDS as critical health issues. Informants described a lack of readiness within the health care community to respond to these conditions.

There are increased numbers of adults with diabetes. Respondents reported that there are barriers to diagnosis and service, especially for low income and undocumented families. Respondents cited a concern over the lack of available follow-up care and stressed the need for community education about this condition.

The increasing number of teens and adults with HIV/AIDS was described in terms of “epidemic proportions.” Respondents stated that the County is *not* able to offer all necessary services in light of the high increase in the numbers infected and the enormity of the problems associated with the disease.

Asthma and a significant number of other respiratory related diseases were also listed as major health concerns. It was suggested that respiratory problems might possibly be the result of the poor local air quality caused by refinery emissions. The effect of second hand smoke was also cited as a reason for respiratory related diseases.

❑ **The lack of available dental care for all age groups:**

Lack of dental care was the third most often repeated health concern for all income groups because of the rising costs of coverage. School and clinic representatives report that an alarming number of children and adults are currently neglecting routine dental care.

❑ **Lack of access to mental health services, especially for children and adolescents:**

Affordable mental health services, especially for children and adolescents are limited. The existing mental health delivery system is woefully inadequate and suffers from a lack of coordination, fragmentation and a shortage of clinicians. There are limited resources and services especially for those who are dually diagnosed. Resources are also in short supply for those who need short term counseling.

❑ **Lack of cultural competency:**

The current health care system is not culturally competent. There are insufficient resources for those who speak English as a second language. It is also extremely difficult to hire the

numbers of multicultural and multilingual clinicians necessary to serve the many diverse groups residing in the county. This is seen as a major barrier to health care access.

#### ❑ **Substance Abuse**

Substance abuse was a concern to many. Respondents believe that there is increased incidence in all age groups. Many spoke of the limited capacity for treatment services, lack of available follow up care and a need to offer more effective preventative education.

### **V. SPECIFIC POPULATIONS:**

We also examined particular health concerns for specific ages and populations. The following is a list in order of priority.

#### **A. Age Priorities:**

When asked, *“Which age groups of the population were of most concern to you regarding health issues at this time and why”* the majority of the respondents listed the elderly first (65 years and older), teens and younger adults second (13-21yrs.), school aged children third (6-12yrs.), Preschool age children fourth (3-5yrs), and unborn children and their pregnant mothers fifth (Prenatal).

##### **1. Senior citizens (65 years and older)**

More respondents were concerned about the health needs of the elderly than any other age group. The older adult population is often frustrated in their attempts to navigate the health care system in their effort to receive care. Older citizens complain about the lack of medical care in general, including adequate emergency services, long-term care, availability of quality skilled nursing facilities with trained staff, and the lack of quality health care services to the increasing population with dementia.

A large number of seniors also lack insurance, are unable to pay for high priced prescription drugs, and have difficulty traveling the distances to receive necessary health care (especially emergency services). The conditions most often mentioned in relation to this age group include: chronic pain, diabetes, obesity, high blood pressure, heart problems, cancer and poor nutrition.

##### **2. Teens (13-19 years)**

A significant number of respondents were concerned about the health needs of teenagers. There is an alarmingly high incidence of drug & alcohol use, unwanted pregnancies, sexually transmitted diseases, obesity, and HIV/AIDS among this population. It is also reported that teens suffer from poor nutrition, lack of available short-term mental health counseling, and adequate sex education. The prevalence of gang violence and frequency of teen runaways were cited as community problems that contribute to poor health outcomes for this population.

##### **3. School Age (6-12 years)**

Almost as many respondents were concerned about the health needs of school aged children as those who expressed concern about teens. These concerns include the lack of available preventative care, routine care and screenings, dental care, medical exams and mental health services for abused children. Several noted that the lack of proper nutrition for many school age children has resulted in an increase in obesity. There is also a reported increase in the

frequency of head lice outbreaks in school. Others mentioned the neglect of children due to parental drug and alcohol abuse and the effects of second hand smoke.

#### **4. Preschool Age (3-5 years)**

A major health issue for preschool aged children was the lack of routine medical and dental care. It was suggested that this can be attributed to parents' lack of understanding of the health needs of children. School officials state that without adequate health care at this stage children can enter school at age five with health concerns that impact their ability to learn. Other issues of concern were the incidence of abuse and neglect, asthma, lice, increasing obesity, and poor nutrition. It was suggested that all parents, especially young parents, need education to develop a better understanding of the return on the investment of time and energy spent with their kids.

#### **5. Prenatal (Unborn children and their pregnant mothers)**

Respondents suggested that there are a significant number of young pregnant women who lack adequate prenatal care, nutrition, and parenting education. Concern was also expressed that many of these babies are further impacted by tobacco, alcohol and drug use.

\* There were also a significant number of interviewees who felt that *all age groups* had health needs and were opposed to singling out one particular age group to focus on.

### **B. Population Priorities:**

When asked, “*Are there other particular groups (e.g. race, sex, culture, etc) that you believe have unmet health needs?*” respondents listed the following groups in order of most perceived need:

1. **Low Income** children and adults, by an overwhelming majority, were perceived to have the greatest health care needs.
2. **Latinos** were most often mentioned as the fastest growing population with a variety of unmet health needs. Respondents noted that there is a critical shortage of culturally appropriate health and mental health professionals to serve this population.
3. **African Americans** were also believed to have unmet health needs. Several respondents reported that older African American women are unwilling to seek out medical care because of their fear of having a serious illness. The high incidence of TB and HIV/AIDS for this population was also mentioned as serious concerns.
4. **Non- English Speaking** residents are perceived to be at risk because of their lack of understanding of the need for, and availability of, preventative and regular health care. The inability of the health care system to offer culturally and linguistically appropriate services also places this population at risk.
5. **Undocumented aliens** often will refuse to access necessary health care for fear of deportation. Health care for this population is limited and their health care needs unmet.

### **VI. Added geographically reflective comments:**

All participants were asked, “*Do you have any other information you would like to add?*” The following is a brief list of observations from respondents who work and or live in different geographical areas of the county. These comments are *not* meant to be indicative of how *all* respondents from a particular area felt.

❑ **West County:**

- A large percentage of the Latino and African American population do not know how to access the health system.
- Brookside Clinic, Tranquillum (serving HIV patients), ECMH, and Familias Unidas are all well utilized health resources. North Richmond Health Center is underutilized. The area residents are simply not willing to go there.
- There is a high incidence of adults with untreated TB. Respondents agreed that there is a great need to do street outreach for the purpose of conducting education of symptoms and treatment of the disease.
- Something must be done to get the drug dealers off the streets and away from the schools.
- Neighborhood residents would like to see the local clinic stay open until midnight and offer medications on site.
- The health service delivery system in the county needs to pay more attention to HIV and AIDS.
- Several respondents expressed concern about the increase in childhood obesity.

❑ **East County**

- There is a need for emergency crisis services in East County. (A hazardous materials team was suggested). If a disaster occurred it would not take long for the resources at Sutter Delta to be tapped out.
- It is reported that there is a lack of doctors and a lack of affordable medical office space.
- It is feared that the senior citizen health care environment is going to become critical (Antioch and Brentwood) and that their need for services will overwhelm the health system.
- There are not enough positive alternatives offered in the community for youth to prevent such risky behaviors as drug abuse, smoking, sexual behavior and gang violence.
- Residents complain about the lack of health care access, the high cost of pharmaceuticals, language barriers and the medical staff's inability to understand the needs of differing cultures. It is suggested that the community open up a health clinic that offers services at night and on weekends with no restrictions on status.
- There is a "crying need" for a centrally located hospital offering emergency room services. It is reported that there is one hospital for 200,000 people. Lack of transportation is a major issue.
- Latino health profile statistics identify diabetes, asthma, cervical cancer, STD's, breast cancer, and macular degeneration for the elderly, as their most serious health issues.

❑ **Central County**

- Residents complain that lack of access is the biggest health issue. Health services are there but they are hard to get to. (Language and transportation barriers are most prevalent).
- Poor nutrition is a major issue, particularly among young children and the elderly.
- It is reported that Hispanic families are the most under-served population in the area.
- One suggestion is to create a full service public health center at the corner of Monument and Meadow. This would allow services to be more accessible in the community.
- It is reported that the John Muir mobile clinic has done an excellent job. Also the schools report having success offering immunizations.



- A major issue is the lack of affordable available mental health care for children and adolescents. The problem is systemic, both qualitative and quantitative. It is reported that there is not only a lack of resources but that the resources that do exist are fragmented and lack coordination. It was recommended that the system be reorganized in order to offer more helpful and responsive care.
- A major concern of school officials is the high number of kids coming to school sick. Large numbers of kids come to school hungry, tired from lack of sleep and overall are not as healthy as they should be. This has a negative impact on their ability to learn.

**Countywide:**

- Clinics are overcrowded.
- The health care service system is fragmented. Citizens are constantly looking at different providers for different things.
- There are not enough preventative health care services. There is not enough available literature on healthy aging, chronic conditions, and available care. Residents need to be educated in preventative health care.
- We should begin to do more work on web based delivery of information for younger seniors and family members such as a user-friendly database of health and social service information.
- We must make more of an investment in health and nutrition education. There is an alarming increase in obesity in young people.
- Young people and young parents need to develop a better understanding of the return on the investment of time and energy spent with their kids.
- Substance abuse is a health issue that is given too little attention compared to the magnitude of the problem.
- Something must be done to increase the availability of mental health, dental care, and affordable medications.
- Are we really prepared to serve the ever increasing numbers of senior citizens that will be flooding the health care system soon?

## Attachment A

### COLLABORATIVE OBJECTIVES

#### Perinatal Health:

1. Participate with Contra Costa County Home Visiting Collaborative in establishing home visiting programs and evaluating outcomes.

#### Family Violence:

1. Establish common procedures for screening for family violence in emergency departments
2. Establish common referral protocols once family violence is identified
3. Work with Advisory Council Against Domestic Violence to convene law enforcement agencies to establish common standards
4. Facilitate hospital participation in domestic violence death review

#### Senior Health:

1. Increase the number of seniors linked to adequate health services
2. Increase the number of seniors participating in medical awareness programs
3. Participate in countywide programs to create systems for aging in place safely

#### Access to Care:

1. Eliminate ethnic disparities in outcomes for asthma and diabetes by 2010
2. Continue to participate in Contra Costa County low cost and free health insurance enrollment programs

#### Preventable Death:

1. Assess the feasibility of establishing a youth death review committee, and if feasible establish such a committee by 2004.

## Attachment B

### Key Informant and Focus Group Questions and Answers

The following numbered questions were used for all participants in the focus groups and interviews. We have condensed the responses only when the same idea or concept was presented in different words.

**1. Please describe, from your experiences in the community, what health issues or health needs are of primary concern?**

- Lack of access to health care:**
  - Effect of poverty on long term access. Lack of universal health care for the working poor.
  - Lack of coverage because so many cannot afford insurance. For adults no employer coverage, ineligible for MediCal due to income or resident status. For kids usually parents are not aware of Healthy Families, which most kids are eligible for.
  - There are cultural language, psycho-social, age and comfort barriers
  - Geographic inaccessibility of health care services (Lack of transportation-this was a repeated issue )
  - Availability of free and affordable health and mental health care to families of color and low income in general
  - Availability of hospital services and adequate emergency care
  - It is reported that the health clinics are full and they have to turn people away every day.
  - Inability to navigate the system (health and mental health as well as social services)
  - For undocumented families Parents are afraid to get the children coverage Fear that they will be deported
  - Fear of finding out that they might have a life threatening illness
  - Reduction in Medicare and Supplemental Health Insurance
  - Large numbers of uninsured children and families including the homeless population
- Access to mental health services especially for children and adolescents
  - Services are woefully inadequate and fragmented
  - Delivery system is inadequate and lacks coordination
  - Shortage of clinicians
- No local ,state or national health care program
- Cultural competency across the county
- The high cost of prescription drugs
- Macular Degeneration
- Diabetes (In adults There are reported barriers to diagnosis and If they are undocumented there is no funding to provide follow-up care.)
- Asthma and allergies and a significant number of respiratory related diseases as the result of the environment and the effects of second hand smoke
- Not enough STD and family planning clinics
- Lack of Dental care for all age groups. Very difficult for children and adults to access the full continuum of dental services and there is little or no funding available)
- Obesity for all age groups
- Immigration- language barriers, fears, lack of knowledge
- Improving forensic response and services for adult sexual assault victims
- Nutrition and obesity among youth

- ❑ HIV/AIDS in teens and adult population
- ❑ Elementary School age children- head lice, communicable diseases, lack of medical insurance and regular wellness visits, Aids prevention
- ❑ Low income Latino community, migrant families (lack of knowledge re: health care)
- ❑ STD's and other sexual issues
- ❑ High incidence of Asthma
- ❑ Cancer
  - Cervical, Colon and Breast Cancer Screening There is no follow up for any of the other cancers and the undocumented are not eligible
- ❑ TB High incidence of, especially in west county. Need for community education of symptoms
- ❑ General health education and awareness
- ❑ Nutrition for the elderly population
- ❑ Substance Abuse- (The under attention given to the issue compared to the enormity of the problem)
- ❑ Domestic violence and sexual assault
- ❑ Lack of available mental health and counseling services Very little available for the Spanish speaking population
- ❑ High cost to employers of providing health care to their employees
- ❑ Large numbers of African American women not following through on medical needs
- ❑ Lack of cultural competency across the county
- ❑ Violence in general
- ❑ **Children's Health Issues:**
  - Lack of preventative care
  - Lack of dental care
  - Lack of availability of mental health services
  - Lack of services for abused children (Forensic medical exams)
  - Poor nutrition
  - Lack of services for abused children
  - Lice
  - Neglect of children as the result of parental drug and alcohol abuse and the effects of second hand smoke
- ❑ **Teen health issues:**
  - Drug & alcohol use,
  - Nutrition
  - STD's,
  - Obesity\*
  - Unwanted Pregnancies
  - Lack of adequate sex education
  - Gang Violence
  - Runaways
- ❑ **For Younger Men**
  - Substance abuse
  - Issue of violence
- ❑ **For Younger Women**
  - Sex education
  - Prenatal care
  - Post natal care
  - Awareness of the need for routine medical care
  - Lack of dental care

- Obesity
- ❑ **For Parents**
  - Large numbers of uninsured parents
  - Lack of understanding of the routine health needs of their children
  - Access to prenatal care
  - General dental care
  - Significant drug and alcohol abuse
  - Domestic Violence
- ❑ **For the elderly**
  - Chronic Pain
  - Not assertive enough to navigate the system and pursue the care they need.
  - Isolation
  - The inability to provide quality health care to the increasing population with dementia
  - The possibility of moving resources to home based and community based services from institutional care
  - Poor nutrition
  - Lack of medical care in general
  - Lack of emergency care in Pinole. Respondents report that they have to go to San Pablo b/c of the closure of Doctor's Hospital
  - Lack of health insurance
  - Lack of prescription drugs
  - Lack of long term care for the older and vulnerable adult population
  - High blood pressure
  - Heart problems
  - High incidence of Diabetes and obesity
  - Availability of quality skilled nursing facilities with trained staff
  - Moving resources to home and community based services from institutional care

**2. Which age groups of the population are of most concern to you regarding health issues at this time?**

Age	Prenatal	Preschool (0-5yrs.)	School Age (6-12yrs.)	Teens	Adults/ Parents	Older Adults	All ages
# of responses	5	12	15	17	6	19	16

**3. Are there other particular groups (e.g. race, sex, culture, etc) that you believe have unmet health needs?**

Groups	Low income	Latinos	African Americans	Non-English Speaking	Undocumented	Every body
# of responses	31	18	13	11	8	8

**4. If you could change one thing in the community regarding health related issues or to improve health care services, what would it be?**

- ❑ Improve current health care service delivery

- Be able to provide follow-up services, not merely clinic care
- Ability to have the money that is currently being spent on acute health care and nursing home care be redirected to a broad range of home and community based alternatives to promote independence longer
- Reorganize and re-prioritize the system, to provide more helpful and responsive care
- Provide more services to more people
- Universal access to health care delivery
  - Access to no cost or low cost health insurance for the working poor
  - Make primary and preventative
  - Sign up every child who is eligible for health benefits
  - To provide more access to children's routine and restorative dental health services
  - Improve access to all available resources
- Close down the Chevron refinery\*
- Close all liquor stores
- Provide a very systematic and well articulated response for crime victims, for physical and mental health care
- Provide a really good health education class in all the high schools. With qualified teachers and support groups. (Family Life courses, sex education, marriage etc.)
- Massive redeployment of resources-Provide massive resources to elementary schools for parent support and preventative services
- Put health care and mental health services in the schools so children will have the benefits of routine medical and mental health care and they won't have to miss so much school to attend medical appointments
- Improve peoples eating habits
- Create a HASMAT (Emergency services team) for Eastern Contra Costa County
- Improve the cultural competency of the local health system

**5. *What are the most common complaints or concerns that you hear voiced by your constituents or other people in the community?***

- Not being able to access health care in general
  - Because of medical facility closures
  - Because of lack of affordable insurance( i.e. the inability to pay the high costs associated with health, mental health and dental care) care\*
  - Geographic (location of health care facilities)/ Transportation issues
  - The feeling that there is a two tiered system and that more services should be made available
  - Lack of doctors
- The high cost of prescription drugs
- Lack of Mental Health Care (dual diagnosis programs and mental health for kids)
- Lack of cultural competency
- The MediCare system does not provide adequate resources
- Children:
  - Who come to school not ready to learn
  - Miss a lot of school because of illnesses
  - Poor dental care
  - Poor nutrition
  - Not enough sleep
  - Lack of adequate health and mental health care
  - Lack of enough preventative screenings and treatments
  - Asthma
  - Lack of positive alternatives for youth
- Teens
  - High amount of teen pregnancy

- ❑ Adults
  - Who are physically tired
  - Overweight
  - Depressed
  - Mental Health issues
- ❑ Older Adults
  - Getting someone to help coordinate care for individuals(Frail and older adults)
  - Many do not qualify for available case management services
  - Lack of information and understanding on how to locate and access services
  - Their health insurance is being cancelled
  - The Medical supplement being dropped by many companies
- ❑ Clinics and ER's
  - The wait is too long
  - Clinics are too busy
- ❑ Substance Abuse
  - The problem is an epidemic and there are not enough available services
- ❑ That medical staff really don't care
  - That there is a "bottom line" mentality and that whether you can pay or not is all that matters;
  - You are just shuffled in and shuffled out.
- ❑ Mental Health
  - Lack of affordable counseling
  - Lack of services in the schools

## Attachment C

### CONTRA COSTA COUNTY KEY INFORMANT INTERVIEWS AND FOCUS GROUP PARTICIPANTS

NAME	TITLE	ORGANIZATION	PHONE (925)	LOCATION
<b>Elected/Government Officials</b>				
Renee Zeimer	YFS Coordinator	City of Walnut Creek	256-3503	Central
Mark Deven	Dir. Leisure Services	City of Concord	671-3461	Central
Federal Glover	Supervisor	Contra Costa County	427-8138	East
Brad Nix	Mayor	City of Oakley	625-7000	East
Michael Menesini	Mayor	City of Martinez	372-3501	Central
.Dion Aroner (Betty Reed Zoskin for)	Assemblywoman	CA State Assembly	540-3655	918 Parker St., Suite A-13, Berkeley CA 94710
George Miller (David Tucker for)	Congressman	US House of Reps	602-1880	1333 Willow Pass Road Suite 203 Concord CA 94520
<b>County Health Officials and Workers</b>				
Sue Crosby	Dir., Clinical Services	CC Public Health	313-6146	Countywide
Nina Goldman	Program Manager	S.S..Integration Team	335-8503	East
<b>Community Clinics and Other Providers</b>				
Robin Poppino-Brown	Clinic Director	Planned Parenthood	676-0505	Central/East
Mary Rocha	Coordinator	Perinatal Council / Family Res. Ctr.	427-3035	East
<b>Non-Profit Organization Leadership</b>				
Gloria Sandoval	Exec. Director	STAND!	676-2845	Countywide



NAME	TITLE	ORGANIZATION	PHONE (925)	LOCATION
Beth Schecter	Exec. Director	Comm. Violence Solutions	307-4112	Countywide
Peggy Nichols		Pittsburg Blind Center	432-3013	East
Nancy Kaiser	Exec. Director	Delta 2000	779-1404	East
Shirley Marchetti	Exec. Director	Reach Program	754-3673	East
Bob Sessler	Director	Area Agency on Aging	313-1700	Countywide
<b>School Officials/Educators</b>				
Sonja Chesarek	Family Resource Wkr.	Mt. Diablo USD-Concord	691-0351	Central
Maria Barsa	Family Resource Wkr.	Mt. Diablo USD-Concord		
Bobbie Hicks	Family Resource Wkr.	Mt. Diablo USD- Bay Point		
Gail Jones	Family Resource	Mt. Diablo USD-Bay Point		
Jim Bouquin	Exec. Director	New Connections	363-5000	Countywide
Daniel Callahan	Superintendent	Martinez USD	313-0480	Central
Dr. William Wong	Superintendent	Pittsburg USD	473-4000	East
<b>Police and Fire Department Representatives</b>				
Decky Thornton	Chair	J.J.Coord. Committee	288-4642	Countywide
Lonnie Karste	Supervisor	Antioch Police Dept.	779-6924	East
<b>Churches</b>				
Don Stahlhut	Exec. Director	CISCO	313-0206	Countywide
<b>Community Clinics</b>				
Margie Bowan		Brookside Comm Health Ctr	215-9092	2023 Vale Road, Suite 114 San Pablo CA 94806
Ruth Vasquez		Brookside Comm Health Ctr	215-9092	2023 Vale Road, Suite 114 San Pablo CA 94806
Mary Foran	Asst. Health Services	Contra Costa Health Services	370-5010	20 Allen Street Martinez, CA 94553

NAME		TITLE	ORGANIZATION	PHONE (925)	LOCATION
	Director				
Lary Hill	Project Manager	CC Partners for Health	374-3595	1744 4 <sup>th</sup> St Richmond, CA 94801	
Julie Kelly	Dir. Special Projects	County Health Services	370-5055	20 Allen Street Martinez, CA 94553	
<b>Non Profit Organizations</b>					
Taalia Hasan	Executive Director	West Contra Costa YSB	215-4670	263 So. 20th Street Richmond CA 94808	
Ona Alexander	Supervising Clinician	West Contra Costa YSB			
Marj Scott	Director	Pinole Senior Center	724-9800	PINOLE	
Jordan Simmons	Artistic Director	East Bay Center for the Performing Arts	-234-5624	339 - 11th Street Richmond CA 94801	
Glen Price	Board Member	WCCUSD Board of Ed	528-1558	1108 Bissell Ave. Richmond, 94108	
.Patricia Player	Board Member	WCCUSD Board of Ed	524-9789	(same as above)	
<b>Focus Group Community Members Contra Costa County Partners For Health- Richmond residents</b>					
Barbara Champion Sofia De Leon	Joe Diner Earline A. Crockett	Amos Adams III Ida Feathers	Tina Wilkerson Lesha Wilkinson		
<b>Monument Community Partnership- Health Task Force- Meeting – Health Priority List October 2001</b>					
<b>Name</b>	<b>Organization</b>	<b>Name</b>	<b>Organization</b>		
Robin Poppino Brown	County Health Services	Mike Lee	Community Health Alliance		
Joseph Partansky	Community representative	Lynn Baskett	Community Health Alliance		
Kathy Gabe	School Nurse	Mary Ann Morgan	County Health Services		
Jenni Harpring	Monument Community Partnership	Judith Rosenberg	Consultant- Neighborhood Action Teams		

NAME		TITLE	ORGANIZATION	PHONE (925)	LOCATION
Juan Cruz		Monument Community Partnership		Martha Potts	Neighborhood Action Team
Mark Deven		City of Concord		Wendell Brunner	Dir. Of Public Health
Mary Lou Laubscher		Neighborhood Action Team Facilitator		Elena Rodas	Neighborhood Action Team Facilitator
Jim Bouquin		New Connections		community members present in October	Names unknown
<b>Churches-The Interfaith Council - Faith in Action Committee Focus Group</b>					
Name	Title	Church	Denomination	City	
Chet Watson	Reverend	St. Michael and All Angels	Episcopalian	Concord	
Myron Herrell	Reverend	United Methodist	Methodist	Walnut Creek	
Glen Gierke	Associate Chaplain – Kaiser	Congregationalist	Congregationalist	Walnut Creek	
Richard Dyer	Ordained Elder	Danville Presbyterian Church	Presbyterian	Danville	
Amer Araim	PhD	Dar-UI Islam Mosque	Islam	Concord	
Sandra L. Mitchell	Ms.	Shell Ridge Community Church		Walnut Creek	
Patti Goldstein	Resident Chaplain	Mt. Diablo Medical Center		Concord	
Brent Adams	Chaplain	Medical Pavillion	Mt. Diablo Medical Center	Concord	
Raphael Asher	Rabbi	Congregation B’Nai Tikvah	Jewish	Walnut Creek	
<b>Pinole Senior Center Focus Group #1</b>			<b>Pinole Senior Center Focus Group #2</b>		
Tom McReady		Frances Bodensok	J. Mason	Esther Squires	
Julia Harris		LaVern Lloyd	Amelia Raegan	Emily Perez	
Inge Herrera		Connie Lopez	Josephine Padilla	Nancy Corl	
Joann Edwards		Lenore White	Lydia Desai	Magda Gerber	
Nella Miller		Bev Scharity	Gina Webb	Ola Mason	