

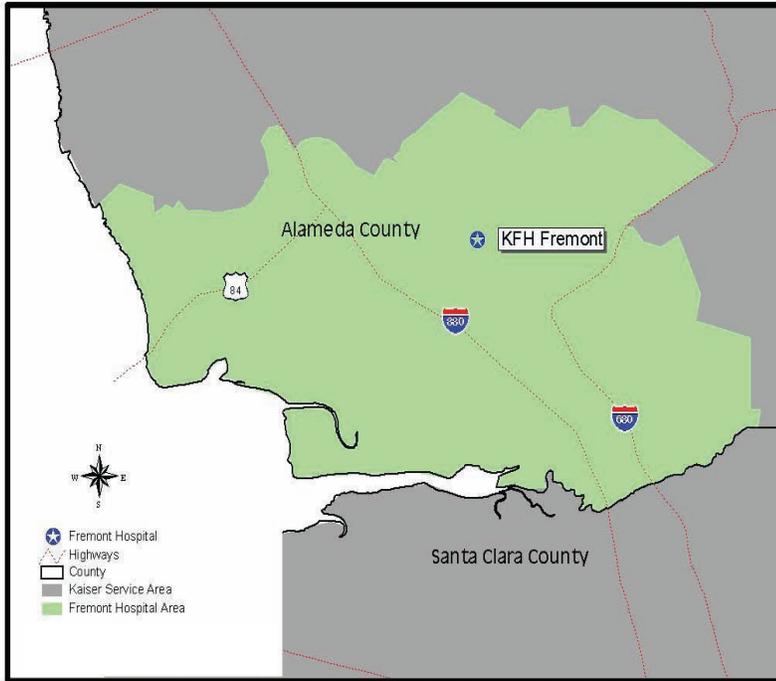
FREMONT

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KAISER FOUNDATION HOSPITAL (KFH)-FREMONT

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 (510) 248-3000



The KFH-Fremont service area includes the southern part of Alameda County. The cities served include Fremont and Newark.

COMMUNITY SNAPSHOT (*county-level data)

Total population:	251,838	White:	31.10%
Median age:*	36.1	Latino:	17.07%
Average household income:*	\$70,217	African American:	2.72%
Percentage living in poverty:	5.56%	Asian and Pacific Islander:	43.74%
Percentage unemployed:	8.92%	Native American:	0.25%
Percentage uninsured:	8.48%	Other:	5.12%

KEY STATISTICS

Year opened:	2002	Total licensed beds:	106
KFH full-time equivalent personnel:	542.7	Inpatient days:	17,415
KFHP members in KFH service area:	88,153	Emergency room visits:	26,847

KEY LEADERSHIP AT KFH-FREMONT

Colleen McKeown	Senior Vice President and Area Manager
Jeanette Engle-Ramirez	Acting Chief Operating Officer
Charles Thevnin	Area Finance Director
Calvin Wheeler, MD	Physician in Chief
Victoria O’Gorman	Medical Group Administrator
Debra Lambert	Public Affairs Director
Arleen Carino	Interim Community Benefit/Community Health Manager

THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

Previous hospital collaborations to support the Alameda County CHNA have been successful and KFH-Fremont and KFH-Hayward continue to participate in this partnership. In late 2008 and early 2009, Alameda County members of the Hospital Council of Northern and Central California conducted another countywide CHNA by contracting with the county's Community Assessment, Planning, and Education (CAPE) unit to complete the quantitative data collection and analysis. Participating hospitals – Alta Bates Summit Medical Center, Eden Medical Center, KFH-Oakland, KFH-Hayward, KFH-Fremont, St. Rose Hospital, Valley Care Health System, and Washington Hospital – worked in partnership with the Hospital Council to define specific demographic and health status measures for review and analysis and jointly reviewed and discussed the results.

Community voices augmented data provided by CAPE via two mechanisms. Lavender Seniors, Tiburcio Vasquez Health Center Promotoras, and Filipino Advocates for Justice each conducted a PhotoVoice project. And Greater Southern Alameda Area (GSAA) Community Benefit consultant Nancy Shemick conducted two focus groups in southern Alameda County, one in Spanish with primarily monolingual community members at Tiburcio Vasquez Community Health Center and another composed primarily of immigrant Afghan residents. GSAA's Community Benefit Advisory Group (CBAG) used findings from CAPE, Photo Voice, and the focus groups to identify the priority needs for KFH-Fremont's 2011–2013 Community Benefit Plan. Those recommendations were brought to GSAA leadership for discussion and ratification in late 2010.

KEY FINDINGS FROM THE 2010 CHNA

Based on a careful review of the primary and secondary data collected for the 2010 CHNA, the key findings are as follows:

Teen Pregnancy and Births to Teen Mothers:

- Disparities between ethnic groups are marked. Latinos have the highest rates of teen births in the entire county, 7.4 times higher than Asian/Pacific Islander (API) teens. African American teens had rates 4.9 times higher than API teens.
- The county rate for teen births is 26.5 per 1,000 females 15 to 19 while the Latino birthrate is 51.8. Of the 118 teen births in Newark from 2006 to 2008, 88 were to Latinas. In Fremont, 170 of the 316 teen births were to Latinas. At 52.8 and 50.6, respectively, these rates are twice that of the county overall.

Injury:

- San Leandro had the highest assault and homicide rates in southern Alameda County.

Access to Preventive Health Care:

- Mortality due to lung cancer and colorectal cancer was highest in southern Alameda County.
- Colorectal cancer incidence and mortality have both declined since the early 1990s; however, the mortality rate among Latinos has increased in recent years.
- The incidence of new colorectal cancer cases was highest in Newark and other areas in southern Alameda County.

Chronic Disease:

- Some of the highest stroke hospitalization rates are found in Newark.
- Newark also has some of the highest coronary heart disease hospitalization rates in Alameda County.

Overweight and Obesity:

- Although the Newark child obesity rate is 26.5%, African American and Latino children in that school district experience rates that are nearly 10% higher, at 36.4% and 35.8%, respectively.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-FREMONT SERVICE AREA

1. Improve access to prevention and primary care services
2. Reduce rates of obesity and overweight in adults and children
3. Reduce teen pregnancy rates
4. Improve prevention and management of diabetes and cardiovascular disease
5. Increase violence prevention education

2011 YEAR-END RESULTS

PRIORITIZED NEED I: IMPROVE ACCESS TO PREVENTION AND PRIMARY CARE SERVICES

In Alameda County, an estimated 12% of residents were uninsured in 2008. The uninsured are more likely to delay or not get needed medical care than those with health insurance (20.9% versus 14.9%). Low-income noncitizens, those with limited English proficiency, and recent immigrants were much less likely to be insured than high-income U.S.-born citizens, the English proficient, and long-term immigrants. Thirty-two percent of immigrants who identify their ability to speak English as “not at all” or “not well” are uninsured. Many of these vulnerable persons are located in Newark and Fremont and are of Afghan and South Asian descent. Almost one in four Latinos was uninsured, four times the percentage of uninsured whites. Asians/Pacific Islanders (APIs) and African Americans also had more than twice the rate of uninsured as whites.

Two-thirds of women in the county received a mammogram in the last two years. API women were least likely to have a mammogram. Low-income women had the highest mammography screening rates of all income groups. Only one in four uninsured women had received a mammogram. Newark has one of the highest breast cancer mortality rates in the county. Nearly 75% of adults were screened for colorectal cancer. African Americans and Latinos had lower rates of colorectal cancer screening than other racial/ethnic groups. Seniors and the insured were substantially more likely to be screened for colorectal cancer than other groups. Newark has a colorectal cancer rate of 22.8 per 100,000 compared to the county average of 15.6. Only one in four men 40 or older had received a prostate-specific antigen (PSA) test. Seniors were twice as likely as nonelderly men to have a PSA test. African American and white men had significantly higher rates of PSA screening than API and Latino men. Access to prevention and screening services can identify prostate cancer in its earlier stages, helping to reduce the mortality rate.

2011 GOALS

1. Increase the number of low-income people who enroll in or maintain health care coverage.
2. Increase access to health care services for low-income and uninsured individuals.

2011 STRATEGIES

1. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and Kaiser Permanente Child Health Plan); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.
2. Provide charity care through the Medical Financial Assistance (MFA) program and maximize efficiencies.
3. Provide technical assistance (TA) and capacity building training to strengthen the Southern Alameda County safety net providers.

TARGET POPULATION

Individuals who are at high risk for experiencing disparities in cancer rates. For example, the rate of female breast cancer in Newark is twice as high as the rate for Pleasanton.

COMMUNITY PARTNERS

Community partners include Tri-City Health Center, Tiburcio Vasquez Health Center, Operation Access (OA), and other safety net providers to be identified in the coming year.

2011 YEAR-END RESULTS

- Afghan Elderly Association (AEA) improves the well-being of Afghan elders, primarily women, through culturally appropriate, preventive health programs and community resources. Through its fiscal agency, the City of Fremont, AEA provides care to Afghans throughout southern Alameda County. KFHM-Fremont and KFHM-Hayward provided \$12,000 to support access to primary care and preventive services. The goal was to promote healthy aging while eliminating health

disparities for Afghan seniors, who due to language and literacy barriers have knowledge deficits in medication usage and compliance. During the grant year, 56 elders obtained medication management in Fremont and Hayward. Of the 56, 55% live in Fremont and 41% improved their knowledge about medication usage.

- Grupo VIP Fremont (GVF) provides comprehensive quality HIV support, education, and linkages to care and treatment services for HIV-positive Latino individuals living in southern Alameda County to ensure care retention for all program participants. KFH-Fremont and KFH-Hayward provided a \$5,000 sponsorship for GVF's September 11 cultural-health event for English- and Spanish-speaking community members. The goal of this special event was to provide education on HIV/AIDS and chronic disease management and prevention. Guest speakers presented on blood pressure and HIV, diabetes, and other chronic diseases, and cholesterol screenings were available for the more than 500 attendees. San Francisco UniVision and other Spanish and English radio and print media covered the event.
- Abode Services, which provides housing and services to homeless individuals in the Tri-City area, received a \$5,000 sponsorship from KFH-Fremont and KFH-Hayward for its Journey Home Breakfast. Drawing more than 300 attendees, this annual fundraiser provides much-needed services to men, women, and children; particularly, primary care and prevention services for homeless families.
- California Primary Care Association received a \$300,000 core operating support joint grant over one year (\$150,000 from Kaiser Permanente Northern California Region and \$150,000 from Kaiser Permanente Southern California Region). The grant positions community health centers to succeed in the new health care delivery system with the Affordable Care Act and Medicaid 1115 Waiver by helping organizations navigate new reimbursement and billing mechanisms and enrollment processes.
- On behalf of Regional Association of California (CPCA), California Family Health Council received a \$130,000 core operating support joint grant over one year (\$65,000 from Kaiser Permanente Northern California Region and \$65,000 from Kaiser Permanente Southern California Region) to continue the collaboration of the executive directors of local consortia, CPCA, and California Family Health Council.

2012 GOALS UPDATE

The goals will remain unchanged for 2012.

2012 STRATEGIES UPDATE

1. Provide grants to community-based organizations (i.e., safety net providers) to increase access to health care services for vulnerable, low-income, and uninsured individuals by educating them on the importance of early screening and detection.
2. Provide operation and physician support to OA.
3. Share bilingual health education materials focused on the importance of early detection and screening.
4. Provide charity care through MFA.

MONITORING PROGRESS OF 2012 STRATEGIES

KFH-Fremont will track number of grants awarded; total grant dollars provided; number of people reached through grants; number of patients and their families educated on the importance of screening and early detection; number of people served through OA; number of encounters where health education is shared with patients and their families through safety net providers such as Tri-City Health Center, Tiburcio Vasquez Health Center, and others; number of individuals receiving MFA; dollars spent on MFA; and number of MFA applications screened.

PRIORITIZED NEED II: REDUCE RATES OF OBESITY AND OVERWEIGHT IN ADULTS AND CHILDREN

Despite recent countywide efforts to reduce obesity, Alameda County's obesity prevalence rate of 22.7%, with lower-income groups, African Americans, and Latinos at highest risk, does not meet the Healthy People goal of less than 15%. Overweight and obesity are recognized as a national epidemic with severe health consequences for both adults and children. Adults who

are overweight or obese are more likely to be depressed and have chronic diseases such as arthritis, breathing problems, diabetes, certain types of cancer, heart disease, and stroke. It has been estimated that one-half of overweight schoolchildren will remain overweight as adults. Being overweight in childhood has been linked to several health problems that can last into adulthood, including poor heart health, type 2 diabetes, and impaired mental health. In Alameda County, only half of adults consume the recommended five servings of fruits and vegetables a day, which is an essential part of a healthy diet. Fast-food consumption, considered unhealthy, is two and one-half times more common among African Americans than whites.

2011 GOALS

1. Increase access to healthy food options.
2. Increase physical activity in community settings (e.g., safe walking and biking routes, parks, joint use agreements).

2011 STRATEGIES

1. Support multicultural coalitions that create capacity to impact local policy on making healthy foods accessible. Work in conjunction with East Bay Area on countywide coalitions. Collaborate with Alameda County Parks and Recreation Department, Alameda County Office of Education, Alameda County Public Health Department, and others.
2. Provide grant funding to multicultural coalitions to support advocacy training that creates capacity to impact local policies on the built environment (i.e., use of green space, parks, safe routes to school, and walkable communities).
3. Leverage Kaiser Permanente Government Relations resources to consult and train on policy and advocacy development with grantees.
4. KFH-Fremont staff and physicians participate in obesity coalition(s) within the service area.

TARGET POPULATION

Overweight and obese children and adults, especially low-income and vulnerable children, in Newark and Fremont.

COMMUNITY PARTNERS

Community partners include countywide coalitions, Alameda County Parks and Recreation Department, Alameda County Office of Education, Alameda County Public Health Department, and others.

2011 YEAR-END RESULTS

- Friends of Children with Special Needs (FCSN) helps children with developmental disabilities and their families find love, hope, respect, and support through integrated community involvement. With a \$10,000 grant from KFH-Fremont and KFH-Hayward, FCSN incorporated walking programs and health workshops into its curriculum and also hosted two four-mile hiking events to promote walking for better health. After nine months and an end-of-year weigh-in, 40 participants successfully lost weight and five maintained their weight.
- Community Child Care Council of Alameda County (4Cs) provides services, resources, and referrals on child care, child nutrition, child care payment services, and child development centers to families, children, and child care providers. A \$15,000 grant from KFH-Fremont and KFH-Hayward supported development of nutrition and physical activity policies in child care programs to encourage healthy lifestyles and prevent overweight and obesity. Twenty-eight child care programs have adopted written child feeding policies and practices that support obesity prevention. The vast majority of providers adopted an outside food policy requiring healthy foods, serving meals family style for more appropriate sized portions, and celebrating special occasions with healthy foods.

2012 GOALS UPDATE

The goals will remain unchanged for 2012.

2012 STRATEGIES UPDATE

1. Support multicultural coalitions that create capacity to impact local policy on making healthy foods accessible. Work in concert with East Bay Area on countywide coalitions. Collaborate with Alameda County Parks and Recreation Department, Alameda County Office of Education, Alameda County Public Health Department, and others.
2. Provide grant funding to multicultural coalitions to support advocacy training that creates capacity to impact local policies on the built environment such as use of green space, parks, safe routes to school, and walkable communities.
3. Leverage Kaiser Permanente Government Relations resources to consult on policy and advocacy development with grantees. Collaborate with Alameda County Transportation Commission on policy change.
4. KFH-Fremont staff and physicians participate in obesity coalition(s) within the service area.

MONITORING PROGRESS OF 2012 STRATEGIES

KFH-Fremont will track number of grants awarded; total grant dollars provided; number of people reached through grants; number of projects shared among grantees; number and types of policies adopted as a result of this work; number of community members educated and/or who make purchases from healthier food vendors, such as farmers' markets; number of people reached through combined efforts; number of hours and other resources contributed by Government Relations staff; number of participants trained on policy development and advocacy; and number of KFH-Fremont employees and physicians who participate in coalitions.

PRIORITIZED NEED III: REDUCE TEEN PREGNANCY RATES

Although teen births have decreased overall in the last 10 years, Alameda County's teen birthrate, 26.5 per 1,000 females 15 to 19, is still unacceptable. According to the *Alameda County Report*, the highest risk groups are Latinas and African Americans. Because the teen pregnancy rate may be as high as twice the birthrate, we know that teens are still not practicing birth control and are at higher risk for sexually transmitted infections (STIs). Many factors increase the risk for teen pregnancy; some of the most important include poor access to birth control and health care in general, low income, lack of financial and emotional support, lack of education, lack of positive role models, unsatisfactory adult relationships, lack of after-school and community activities, substance abuse, and low self-esteem.

2011 GOAL

Decrease risk factors and increase protective factors to reduce rates of unprotected teen sex and teen pregnancy.

2011 STRATEGIES

1. Provide grant funding to organizations such as Newark Memorial High School (NMHS) to increase the ability of families to communicate about teen health, teen pregnancy, and sexual and reproductive health, and to promote policies that support families and communities in creating an encouraging, safe environment that promotes and facilitates knowledge and communication about teen pregnancy and overall sexual and reproductive health.
2. Provide grant support for programs that provide young men and women with culturally competent and linguistically appropriate tools and education to help them make informed and healthy decisions to avoid risky sexual behaviors that lead to teen pregnancy, STIs, and HIV/AIDS.
3. Provide grant support to community-based organizations and coalitions that focus on enhancing sexual health education to include healthy relationships, the pursuit of education, the role of young men and women in preventing teen pregnancy, and a more complete understanding of the implications that teen pregnancy and childbearing have for young men and women, their families, and their communities.
4. KFH-Fremont staff members participate in countywide Teen Pregnancy Prevention Coalition (Alameda Health Care Services Agency, Alameda County Public Health Department, Asian Health Services, and Girls Inc.).
5. Provide strategic grant funding to Tri-City Health Center (TCHC) to support the NMHS Teen Center.

TARGET POPULATION

Male and female adolescents, especially Latinos, in Newark.

COMMUNITY PARTNERS

Community partners will include Teen Pregnancy Prevention Coalition and others.

2011 YEAR-END RESULTS

- The City of Fremont received \$10,000 from KFH-Fremont to develop culturally responsive outreach tools and parenting education for Latino and Asian parents of at-risk teens in Fremont, Newark, and Union City to reduce teen violence and teen pregnancies in the community. The focus was on giving parents access to Parent Project®, a 13-week course that research has shown provides parents with prevention and intervention strategies that successfully address destructive adolescent behaviors, including poor school attendance and performance, alcohol and other drug use, gang involvement and fighting, running away, and teen sex. At the end of the project, 82% of 63 parents who completed Parent Project® reported that they were using the techniques they learned. Also, based on post- surveys, 84% (48/63) of parents who completed the course reported an improvement in their child's behavior at the end of the course compared to before it began.
- TCHC was awarded \$ 50,000 to monitor and reduce teen pregnancy rates at NMHS through the My Choice, My Future program, which was designed to decrease teen birthrates, reduce at-risk behavior, improve refusal skills and self-esteem for teen girls, and improve parent-teen communication regarding sexual behavior and health education. TCHC provides health services in a caring, nurturing, and respectful atmosphere, promoting optimal health, eliminating preventable diseases, and improving the quality of life for every individual and family in our community. At the end of the school year, 360 (out of 400) NMHS students completed questionnaires; 82% reported to have acquired at least three key assets in youth development, 92% (331) were aware of two network opportunities including employment and primary pregnancy prevention, and 56% (201) were aware of services and resources available outside NMHS. The top three services and resources cited by students were religious/spiritual, safety/law enforcement, and health. Of 30 students who participated in a focus group, 24 (80%) reported to have acquired six of nine key assets in youth development by the program's completion. The assets included future aspirations, use of time, responsible choices, and community involvement. These students were committed to graduating from high school and attending college to achieve their goals. All 30 students knew of a network opportunity in at least one of three categories—education, employment, and community service—and all were aware of services and resources available for the network opportunities they acquired. Currently, about 23 students have acquired three network opportunities.

2012 GOALS UPDATE

The goals will remain unchanged for 2012.

2012 STRATEGIES UPDATE

The strategies will remain the same for 2012.

MONITORING PROGRESS OF 2012 STRATEGIES

KFH-Fremont will track number of grants awarded; total grant dollars provided; number of students and others reached through grants; number of KFH-Fremont representatives who participate in the Teen Pregnancy Prevention Coalition; and number of people reached through the coalition's work.

PRIORITIZED NEED IV: IMPROVE PREVENTION AND MANAGEMENT OF DIABETES AND CARDIOVASCULAR DISEASE

Diabetes requires rigorous management to reduce the risk of serious complications and premature death. It contributes to a variety of medical problems, including heart disease, stroke, high blood pressure, blindness, kidney disease, diseases of the

nervous system, amputations, dental problems, and complications during pregnancy. Risk factors for diabetes include poor diet, lack of physical activity, and being overweight or obese. In Alameda County, 7.8% of adults had diabetes in 2007. African Americans (11.8%) were twice as likely to have diabetes as Latinos (5.7%). Education is an important aspect of socioeconomic status and a strong determinant of health. In Alameda County, adults with a high school education or less (11.1%) were more than twice as likely to have diabetes as those with a high school degree or higher (6.1%).

From 2006 to 2008, there were 40,111 coronary heart disease-related hospitalizations in Alameda County. The hospitalization rate for coronary heart disease ranged from a low of 612.2 per 100,000 to an average of 924.6 countywide. At 1,301.5, Newark has one of the highest rates. From 2006 to 2008, hospitalizations for stroke-related illness totaled 18,725. The rate was four times higher for African Americans than other groups in the county. Countywide the rate is 432.2 while in Newark it is 482.8.

2011 GOALS

1. Improve prevention of diabetes and cardiovascular disease.
2. Increase the ability of patients, families, and communities to manage the risk of acquiring complications due to diabetes and cardiovascular disease.

2011 STRATEGIES

1. Provide grants to community-based organizations to increase access to preventive health care services for vulnerable, low-income, and uninsured individuals who may be at risk of diabetes and cardiovascular disease.
2. Leverage Kaiser Permanente prevention expertise, including health education and prevention materials and strategies on lifestyle changes, targeting families, community agencies, coalitions, and safety net providers.
3. Provide grants to community agencies, safety net providers, schools, and others to help them educate and inform target audiences on diabetes and cardiovascular disease prevention.
4. Leverage Kaiser Permanente chronic care management expertise, including health education, materials, and strategies on lifestyle changes, to support families, community agencies, and safety net providers.
5. Leverage Kaiser Permanente clinical programs and best practices such as PHASE (Prevent Heart Attacks and Strokes Everyday) and ALL (aspirin, Lisinopril, and Lovastatin).

TARGET POPULATION

Adults with or at risk for diabetes and cardiovascular disease, particularly Pacific Islanders, African Americans, and Latinos.

COMMUNITY PARTNERS

Community partners include Alameda Health Consortium, Alameda County Department of Public Health, Tiburcio Vasquez Health Center, and others to be identified in the coming year.

2011 YEAR-END RESULTS

- Alameda County Public Health Department's Diabetes Program received \$10,000 from KFH-Fremont and KFH-Hayward to provide diabetes self-management education and cardiovascular disease prevention classes to Punjabi-, Urdu-, and Hindi-speaking communities in southern Alameda County. After health education interventions with a registered dietitian, 80% of the 29 participants made one or two lifestyle changes, 90% showed an increase in their knowledge of managing their disease, and 80% lost weight or decreased their blood pressure. In addition, the program provided education to 73 high-risk patients and 100% can now name two risk factors for diabetes and cardiovascular disease.
- The City of Fremont provides an array of services at the Multi-Service Senior Center to support older adults in Fremont, Newark, Union City, and Hayward. A \$30,000 collaborative grant funded a wraparound program, EngAGE in Health, that coaches and supports seniors to take control of and better manage their chronic disease, specifically diabetes and cardiovascular disease. After a comprehensive 11-week class covering nutrition, exercise, and general health information,

95% of participants reported understanding the impact of proper nutrition and exercise on type 2 diabetes, and 100% were able to correctly answer questions about the impact of lifestyle and/or genetics on high cholesterol.

- KFH-Fremont awarded \$15,000 to TCHC to support the PHASE Plus program, which combines Kaiser Permanente's PHASE approach with TCHC's integrated chronic care-behavioral health model to promote overall wellness for patients with chronic conditions. Of 255 identified eligible patients, 179 (70%) had a co-diagnosis of hypertension and diabetes, all had at least two HgA1c levels analyses, and 47 showed an improvement of at least 18% in their HgA1c level.

2012 GOALS UPDATE

The goals will remain unchanged for 2012.

2012 STRATEGIES UPDATE

1. Provide grants to community-based organizations to increase access to preventive health care services for vulnerable, low-income, and uninsured individuals who may be at risk of diabetes and cardiovascular disease.
2. Leverage Kaiser Permanente prevention expertise, including health education and prevention materials and strategies on lifestyle changes, targeted to families, community agencies, coalitions, and safety net providers.
3. Provide grants to community agencies, coalitions, safety net providers, schools, and other agencies to educate and inform target audiences on diabetes and cardiovascular disease prevention.
4. Leverage Kaiser Permanente chronic care prevention and management expertise, including health education and prevention expertise, materials, and strategies on lifestyle changes, to support families, community agencies, coalitions, and safety net providers.
5. Leverage Kaiser Permanente clinical best practices on programs such as PHASE.

MONITORING PROGRESS OF 2012 STRATEGIES

KFH-Fremont will track number of grants awarded; total grant dollars provided; number of providers who receive information on best practices; number of families, community agencies, coalitions, and safety net providers that receive materials and expertise on prevention methods and approaches and learn nationally recognized standards and guidelines (such as PHASE and ALL); number of people reached through grants; and number of patients and their families who receive education and information.

PRIORITIZED NEED V: INCREASE VIOLENCE PREVENTION AND EDUCATION

Violence—including assault and homicide—is a major public health problem in the United States. Suicide, homicide, and assault account for most intentional injuries. The Healthy People 2010 target for mortality rates due to assault and homicide is 2.8 or fewer homicides per 100,000. Alameda County has an overall rate of 10.7. Alcohol use such as binge drinking can lead to domestic violence and is often underreported and hard to quantify. Although not reported in the Alameda County CHNA, the focus groups and PhotoVoice results pointed to a fear of using public open spaces due to neighborhood violence. In addition, the GSAA CBAG is particularly concerned that in the absence of culturally and linguistically appropriate interventions or community support, the stressors of the immigrant/refugee experience can lead to ineffective coping mechanisms such as aggressive and violent behavior.

2011 GOALS

1. Decrease risk factors and increase protective factors among youth to reduce aggressive behavior, self-harm, inappropriate coping behaviors, poor social relationships, and violence.
2. Decrease risk factors and increase protective factors related to domestic violence especially with at-risk populations.

2011 STRATEGIES

1. Provide grants to community-based organizations to support skill-building support groups for identified at-risk youth in school and community settings to reduce the impact of multiple risk factors, enhance protective factors, and involve families in supporting youth involvement and success. These organizations may include law enforcement, community coalitions, high schools, teen health clinics, counseling/health centers, youth activity centers, community health centers, juvenile detention facilities, youth shelters, and faith institutions.
2. KFH-Fremont representatives participate in coalitions and efforts such as the Gang Tattoo Removal Project.
3. Provide operational and physician support at KFH-Fremont and KFH-Hayward for the Gang Tattoo Removal Project.
4. Provide grants to community-based organizations, faith-based institutions, ethnicity-based institutions, and safety net providers to support domestic violence awareness and prevention.
5. Share bilingual health education materials that focus on the importance of early detection and screening. Leverage Kaiser Permanente resources (e.g., Domestic Violence Advisory Group) to share best practices with community-based organizations.

COMMUNITY PARTNERS

Community partners include Building Futures for Women and Children, Gang Tattoo Removal Project, Fremont Resource Center-Youth Services Program, Safe Alternatives to Violent Environments (SAVE), and Tri-City Health Center.

2011 YEAR-END RESULTS

- East Bay Agency for Children (EBAC) provides programs to assure the health and educational well-being of children and families through specialized therapeutic, educational, and peer support. With a \$30,000 collaborative grant from KFH-Fremont and KFH-Hayward, EBAC's train-the-trainer program trained six Afghan women as certified prevention specialists, who will help implement child abuse and assault prevention education, parenting, and health and safety workshops. These women, who were selected because they speak the language, are known and trusted members of the Afghan community, and are perceived as culturally competent, reached more than 400 people.
- Herald Family Rebuilding Center supports Asian families who are experiencing relationship crisis with phone, individual, and group lay counseling; parenting and anger management classes; support groups; workshops; life-rebuilding retreats; and referrals. KFH-Fremont and KFH-Hayward awarded \$12,000 for Outshine Your Anger, a project that provides practical anger management tools to prevent domestic violence for families in southern Alameda County. A six-session anger management class was conducted for 39 Chinese Americans, 33% of whom were men and heads of household. In addition, a one-day community workshop focused on anger management to prevent domestic violence was conducted in Mandarin for 57 Chinese Americans.
- SAVE, which aims to create a society free from domestic violence by raising awareness of the human cost of domestic violence through community outreach and education, received a \$4,370 sponsorship from KFH-Fremont and KFH-Hayward for its annual Breakfast Eye Opener event. The September event, which consisted of personal testimonials from domestic violence victims and information about available resources, attracted more than 300 attendees, including community members, business owners and managers, state legislators, local elected officials, commissioners, public safety officials, public school administrators, and faith community leaders.)

2012 GOALS UPDATE

The goals will remain unchanged for 2012.

2012 STRATEGIES UPDATE

1. Provide grants to community-based organizations to support skill-building support groups for identified at-risk youth in school and community settings to reduce the impact of multiple-risk factors, enhance protective factors, and involve families in supporting youth involvement and success. These organizations may include law enforcement, community

coalitions, high schools, teen health clinics, counseling/health centers, youth activity centers, community health centers, juvenile detention facilities, youth shelters, and faith institutions.

2. Kaiser Permanente representatives participate in coalitions such as Gang Tattoo Removal Project.
3. Provide operational support and physician support at KFH-Hayward and KFH-Fremont for the Gang Tattoo Removal Project.
4. Provide grants to community-based organizations, faith-based institutions, ethnicity-based institutions, and safety net providers to support domestic violence awareness and prevention.
5. Share bilingual health education materials focusing on the importance of early detection and screening. Leverage Kaiser Permanente resources (e.g., Domestic Violence Advisory Group) to share best practices with community-based organizations.

MONITORING PROGRESS OF 2012 STRATEGIES

KFH-Fremont will track number of grants awarded; total grant dollars provided; number of people reached through grants; number of KFH-Fremont representatives who participate in coalitions; number of people reached through coalition work; and number of locations where health education materials are distributed.

Table 1

KAISER FOUNDATION HOSPITAL-FREMONT

2011 Key Community Benefit Program Metrics

(For more information about these and other CB programs and services, please see pages 10–20 in the Introductory Chapters Section.)

Charity Care: Medical Financial Assistance Program recipients	927
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members	42
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	1,098
Medi-Cal Managed Care members	1,866
Healthy Families Program members	2,087
Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) ¹ members	50
Operation Access – number of procedures (including general surgery, ophthalmology, colorectal, dermatology) ²	48
Operation Access – number of medical volunteers ²	101
Operation Access – number of medical volunteer hours ²	648
Health Research projects (new, continuing, and completed)	1
Nursing Research projects (new, continuing, and completed)	2
Educational Theatre Programs – number of performances and workshops	20
Educational Theatre Programs – number of attendees (students and adults)	8,309
Graduate Medical Education – number of programs	5
Graduate Medical Education – number of affiliated and independent residents	6
Nurse practitioner and other nursing training and education beneficiaries	4
Deloras Jones nursing scholarship recipients	0
Other health professional training and education (non-MD) beneficiaries	21
Summer Youth and INROADS programs participants	13
Number of 2011 grants and donations made at the local and regional levels ³	146

¹AIM: Access for Infants and Mothers, MRMIP: Major Risk Medical Insurance Program, MRMIP Grad: Major Risk Medical Insurance Program graduate, and IV-D Kids: Four D Kids, insurance provided by either Blue Shield Insurance or Kaiser Permanente under a special agreement with the Sacramento County Child Support Services Department.

²KFH-Fremont and KFH-Hayward share a hospital license, so OA data for the two facilities is combined.

³The vast majority of regional grants impact three or more local hospitals. As such, a single regional grant may be included in the “Number of 2011 grants and donations” count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-FREMONT

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2011

	2011 Total
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$2,781,291
Healthy Families ²	1,056,611
Charity care: Charitable Health Coverage programs ³	797,893
Charity care: Medical Financial Assistance Program ⁴	186,576
Grants and donations for medical services ⁵	259,150
Subtotal	\$5,081,522
Other Benefits for Vulnerable Populations	
Summer Youth and Inroads programs ⁶	\$115,086
Grants and donations for community-based programs ⁷	109,044
Community Benefit administration and operations ⁸	162,321
Subtotal	\$386,451
Benefits for the Broader Community⁹	
Community health education and promotion programs	\$7,597
Educational Theatre Programs	55,481
Facility, supplies, and equipment (in-kind donations) ¹⁰	0
Community Giving Campaign administrative expenses	7,717
Grants and donations for the broader community ¹¹	70,855
National board of directors fund	11,957
Subtotal	\$153,606
Health Research, Education, and Training	
Graduate Medical Education	\$85,905
Non-MD provider education and training programs ¹²	234,325
Grants and donations for the education of health care professionals ¹³	200,218
Health research	2,487,363
Subtotal	\$3,007,811
Total Community Benefits Provided	\$8,629,390

ENDNOTES

- 1 Amount includes unreimbursed inpatient expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries.
- 2 Amount includes unreimbursed inpatient expenditures for Healthy Families members.
- 3 Amount includes unreimbursed inpatient expenditures for Steps Plan members and unreimbursed inpatient expenditures for Kaiser Permanente Child Health Plan subsidy.
- 4 Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance and Indigent Care programs.
- 5 Figures reported in this section for grants and donations for medical services consist of charitable contributions to community clinics and other safety net providers; community health partnerships and collaboratives; community health care coverage enrollment efforts; and special Request for Proposals to support specific health issues such as HIV/AIDS, childhood obesity, asthma, etc. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 6 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Summer Youth students hired.
- 7 Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonhealth needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 8 The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- 9 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a number of related denominators such as the number of Educational Theatre Programs performances or health education programs.
- 10 Amount represents the estimated value of donated surplus office and medical supplies, equipment and furniture, promotional items and giveaways, in-kind services such as printing, mailings, multimedia production, etc., and conference and meeting room usage, as recorded in the Micro Edge GIFTS database.
- 11 Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 12 Amount reflects the net expenditures after tuition reimbursement for health professional education and training programs.
- 13 Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, etc. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

