Community Benefit Report
FY 2013/2014

Community Benefit Plan
FY 2014/2015

VALLEYCARE HEALTH SYSTEM®

A not-for-profit health system

Introduction

ValleyCare Health System (VHS) has provided high quality, not-for-profit health care to the Tri-Valley and surrounding communities since 1961. Through highly skilled physicians, nurses and staff, and state-of-the art technology, ValleyCare offers a wide range of health care services at its Livermore, Pleasanton and Dublin medical facilities. ValleyCare in not publicly owned or operated, nor is it supported by taxes. ValleyCare reinvests any profits it makes into new services, equipment, and facilities. A 13-member Board of Directors, which is elected by its corporate members, governs the ValleyCare Corporation. Corporate members exercise certain reserve rights with respect to governance decisions.

Through SB 697, the State of California requires all non-profit hospitals in California to complete and submit an annual Community Benefit Report. Although hospitals bring numerous benefits to their local economies, these reports are intended to document the ways in which each hospital goes above and beyond the core functions of a hospital to support the health needs of its community. To inform the Community Benefit Report and community benefit activities, every three years non-profit hospitals in California must conduct a needs assessment to identify the greatest health needs affecting their respective communities.

VHS collaborated with Kaiser Foundation Hospital Walnut Creek in the 2013 CHNA process. The process included comprehensive review of secondary data on health outcomes, drivers, conditions and behaviors as well as collection and analysis of primary data through community conversations with members of vulnerable populations in our service area. Input on the identified community health needs, and the relative priority among them, was gathered through a convening of public and community health leaders, advocates and experts. The resulting prioritized list represents a community understanding that is informed by both data and experience.

The Patient Protection and Affordable Care Act (PPACA), enacted March 23, 2010, requires tax-exempt hospitals to conduct community health needs assessments and to adopt implementation strategies to meet the health needs identified through the assessments. Through collaborative community partnerships, VHS recently completed the Community Health Needs Assessment in accordance with the provisions of the PPCAA. As a community-based organization, VHS understands the value of continuously evaluating the health needs of the community it serves. By doing so, we are able to establish a systematic process for identifying community health needs that will guide thoughtful and effective community investment for years to come.

About ValleyCare Health System

Mission

The mission of ValleyCare Health System is to assume the leadership role for the health of the communities of the Tri-Valley. For the last several years ValleyCare has tracked public opinion relative to its performance.

Vision

ValleyCare Health System is a center of clinical and service excellence.

Credo

ValleyCare Health System is a place where the genuine care, comfort and dignity of our patients is our highest commitment. The ValleyCare experience promotes healing and well-being, and anticipates the wishes and needs of the community. Every employee commits to make a difference in every instance, every time, every day.

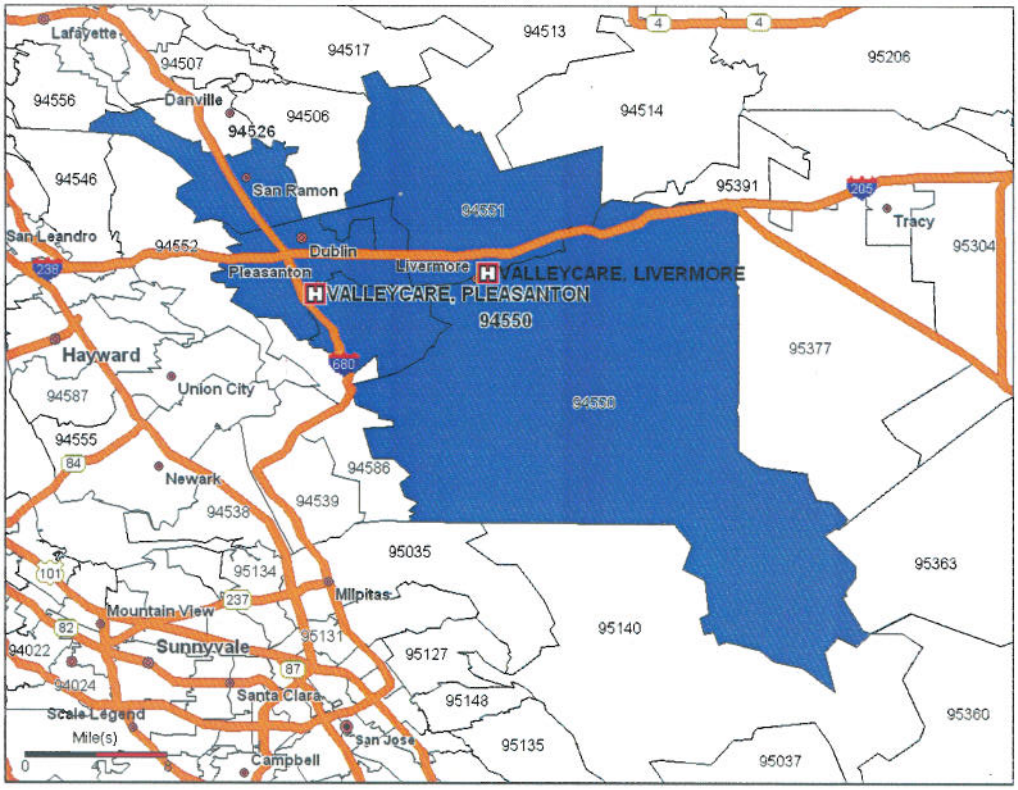
Community Served

ValleyCare defines the community served by a hospital as those individuals residing within its hospital service area. The hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

ValleyCare Health System Service Area

The Tri-Valley region is based around the four suburban cities of Livermore, Pleasanton, Dublin and San Ramon in the three valleys from which it takes its name: Amador Valley, Livermore Valley and San Ramon Valley. Livermore, Pleasanton and Dublin are in Alameda County, while San Ramon is located in Contra Costa County. ValleyCare's primary service area is the Tri-Valley. ValleyCare has facilities in Pleasanton, Livermore, and Dublin. The Tri-Valley community accounts for over 80% of ValleyCare's inpatient discharges.

Map of the community served by hospital facility



ValleyCare Health System Services

ValleyCare Medical Center 5555 West Las Positas Boulevard Pleasanton 94588	ValleyCare Medical Plaza at Stoneridge & W. Las Positas 5725 W. Las Positas Blvd. Pleasanton 94588
• Breast-feeding Classes • Emergency Services • Gastroenterology Services • Inpatient Acute Care - Medical/Surgical Services - Intensive/Critical Care Services - Maternity Services & Birthing Center - Nursery - Observation Services - Open Heart Surgery • Medical Imaging • Outpatient Surgery	• ValleyCare Health Library and Ryan Comer Cancer Resource Center *Specialized Collections* - Children's and Youth Collection - Women's Collection *Extensive Adult Collection* - 4,000+ books - Video & audio tapes - Anatomic models - Posters - Journals & magazines

- Lamaze Prepared Childbirth Classes
- Childbirth Preparation Classes
- Infant Care Classes
- Infant Massage Classes
- Infant CPR Classes

- Tri-Valley Health Resource Directory
- Community Education Seminars
- Diabetes and Nutrition Education Center
- Surgical Weight Loss Classes
- ValleyCare Regional Cancer Institute
- Private Breastfeeding Consultations
- Telephone Advice
- Breast Pump Rentals
- Breastfeeding Equipment & Supplies
- ValleyCare Women's Imaging Center
- ValleyCare Breast Cancer Patient Navigator

Las Positas Student Health Center
3033 Collier Canyon Road
Livermore 94550

- Treatment of minor illnesses and injuries
- Immunizations
- TB Tests
- Health and wellness education
- Free over-the-counter medications
- HIV testing
- Physician referrals

Valley Memorial Center
1111 East Stanley Boulevard
Livermore 94550

- Inpatient Geriatric Psychiatry
- Skilled Nursing
- Mobile Health Unit (closed end of May 2014)
- Sleep Lab

ValleyCare Services
5565 West Las Positas, Suite 140
Pleasanton 94588

- Outpatient Laboratory
- Physical and Sports Medicine
- Ambulatory Care Clinic
  - Anticoagulation
  - Polypharmacy

Mertes/Feit Education Center
1015 East Stanley Blvd.
Livermore 94550

- ValleyCare Extended Campus of Chabot College Nursing Program
- Simulation Lab
- Classrooms
- Skills Lab

ValleyCare Medical Plaza at Livermore
1133 E. Stanley Blvd.
Livermore 94550

- Urgent Care
- Medical Imaging
- Clinical Laboratory
- Gastroenterology Services
- Outpatient Surgery
- Pulmonary Function Testing

LifeStyleRx
1119 East Stanley Blvd.
Livermore 94550

- Cardiac and Pulmonary Rehabilitation
- Youth Sports & Fitness Conditioning
- Athletic Training
- Prenatal Yoga
- Physical and Sports Medicine
- Patient Education Classes
- Group Exercise Classes
- Nutrition Services
- Support Groups and Wellness Education
- Arthritis Foundation Aquatic Program
- Youth Sports Camp
- Community Health Fairs
- ChildCare

Chabot College Student Health Center 25555 Hesperian Boulevard Hayward, California 94545	ValleyCare Health System 4000 Dublin Blvd, Suite 150 Dublin, CA 94568
• Treatment of minor illnesses and injuries • Immunizations • TB Tests • Health and wellness education • Free over-the-counter medications • HIV testing • Physician referrals	• Urgent Care • Occupational Health Services • Physical Therapy

COMMUNITY BENEFITS GOALS AND OBJECTIVES

For the 2013-2014 Fiscal Year, ValleyCare's goals for the Community Benefit Plan are:

1. Provide access to primary diagnostic and treatment services in the Tri-Valley.
   - Ease access to services offered at ValleyCare Health System and other organizations.
   - Explore new programs, facilities, and technology to allow ValleyCare to become a tertiary care center.
2. Identify programs that will address the unique needs of women and children.
   - Increase community awareness regarding services to women and children.
   - Identify the unique needs of women and children, and enhance and develop new services to address these needs.
3. Study the feasibility of locating new medical specialty programs in the Tri-Valley.
   - Provide local access to specialized services.
4. Serve as a leader for disaster preparedness training and information. Engage local leadership, government and business, to assure coordination, resource maximization and optimal preparedness.
   - Assure that ValleyCare's ability to provide patient care is not disrupted in the event of a disaster.
5. Promote access to, and awareness of, accurate and current information regarding health related matters especially chronic disease.
   - Increase the visibility of services for those who are chronically ill.
   - Educate the community about the management of chronic illness.
   - Provide education programs for groups on specific health related topics.
6. Provide access to information and services to promote and maintain health and wellness regardless of health status or age.
   - Offer programs that prevent disease and/or promote wellness.
   - Provide access to information on wellness related issues.
7. Ensure the availability of health care professionals to provide needed services at an optimal level.
   - Provide and encourage educational opportunities for students studying to become

healthcare professionals.
- Recruit professionals as needed in the Tri-Valley community.

Summary of Community Benefit Investments

For the purposes of this report, the above VHS community benefit goals and objectives fall into three major categories:

1. Benefits for vulnerable populations
2. Benefits to the community at large
3. Health research, education and training programs

The table below summarizes VHS' FY 2013 investment in community benefit.

Charity Discounts	2,312,000
Benefits for Vulnerable Populations	2,520,025
Medi-Cal uncompensated expense	8,290,526
Medicare (uncompensated expense)	28,271,577
Benefits for the Broader Community	1,017,504
Health Research, Education and Training	1,567,519
Total Excluding Uncompensated Expense of Medicare	15,707,574
Total Including Uncompensated Expense of Medicare	43,979,151

Category 1: Benefits for Vulnerable Populations

Investments in Vulnerable Populations

In addition to the investments in charity care and uncompensated Medi-Cal, ValleyCare Health System's contribution to other community benefit activities for vulnerable populations was over $2.5 million in fiscal year 2013-2014.

Activities for Vulnerable Populations

These activities provide essential services for those most in need in our communities. As part of ValleyCare Health System's support for its community partners and other community-based agencies, VHS conducted a variety of activities for community members, ranging from education and support to persons with chronic conditions, meals to the disabled and seniors, to no-cost joint surgery to persons in need.

Improving Access to Health Care

The ValleyCare Health System Mobile Health Unit provided 1,007 uninsured and low income patients with primary care, laboratory tests, medical screenings, flu and pertussis vaccines, and linkages to the programs such as Child Health and Disability Prevention and Healthy Kids. Staffed by nurse practitioner, medical assistant and supported by physicians when needed, the costs to run the Mobile Health Unit totaled more than $156,000 for fiscal year 2013-2014.

Through Operation Walk, two low income uninsured patients no longer suffer from joint pain and disability. These patients without usual access to health care received surgery and inpatient care free of charge.

Support for Persons at Risk for, or Diagnosed With Cancer

ValleyCare Health System demonstrates its commitment to person with cancer and their families by providing support programs free of charge. These programs function at least once weekly and include psychosocial support for cancer survivors, wigs for those experiencing hair loss, a wellness program that provides nutrition and cooking classes, meditation, massage and exercise instruction to persons struggling with a cancer diagnosis. Almost 2,600 persons with cancer or affected by cancer undertook these programs over the year.

Support for Persons Experiencing Chronic Conditions

ValleyCare Health System provides staff and other resources to conduct support groups for patients, their families, and members of the community. These groups support participants affected by a wide spectrum of conditions, such as diabetes, cardiac conditions and pulmonary disease, and offer caregiver training and support. The goal of the support groups is not only to educate, but to provide a compassionate forum for participants and their caregivers to improve their coping skills and adjust to the life changes resulting from their conditions. In fiscal year 2013-2014 over 625 individuals participated in these support groups.

Education and Awareness

ValleyCare Health System supported education and awareness efforts ranging from cancer prevention and awareness learning about the signs of dementia. Over 7,500 community members were involved in activities such as cancer screenings and education or seminars providing information on dementia and depression, CPR classes and infant seat instruction.

Youth Injury Prevention

ValleyCare Health System supports all students who perform in sports activities in Granada High School, Livermore High School and the Regional Occupation Program (a program that provides technical job training for high school juniors, seniors, and adults). VHS supports a portion of an athletic trainer's salary to provide game coverage for athletic injuries. In addition, the athletic trainer provides education in fitness, nutrition and safety.

Category 2: Benefits for the Broader Community

ValleyCare Health System supported a wide range of activities that benefit the broader community. In fiscal year 2013-2014, VHS contributed more than $1 million to support these activities.

Information and Education

The ValleyCare Health Library provides scientifically based health information to assist community members can make more informed decisions about their health and health care. The health library is open to the community and reaches out to the local population, as well as to those who use the Internet. All health library services are provided to community members free of charge at a cost of $36,278 in fiscal year 2013-2014. The library has an extensive collection of online health and wellness resources, including medical websites and of full text articles. It also includes conventional health and wellness resources such as books, medical journals, periodicals, and videos.

Education and Referral

The ValleyCare Health Information and Physician Network provides 24 hour, 7 day a week physician referral services, as well as information and registration for education seminars, community education programs and classes available at ValleyCare Health System and in the community. In fiscal year 2013-2014 over 4,400 community members connected with health care and information by using this important service.

The paper and electronic publications *Healthways, E-Health Newsletter,* and *Simply Health for Women* reach over 83,000 members of the Tri-Valley community. The latter is an 8-page publication mailed directly to nearly 30,000 women in the Tri-Valley area of which 4 pages are dedicated to pregnancy and early childhood development.

Supporting Mothers and their Newborns

ValleyCare Health System extends series of classes and seminars to the community to help prepare for pregnancy, childbirth and newborn care. Over 4,600 encounters with community members include Lamaze classes, preparing siblings for a newborn, childbirth education as well as new mothers support groups, prenatal education and lactation.

Public Health Nursing and Patient Navigation

During the school year, ValleyCare Health System paid the salaries of two nurse practitioners for the Pleasanton Unified School District. They provided 30,682 health visits in areas including medication administration for asthma, diabetes and seizures. They also conducted vision and hearing testing to students who often do not have good access to health care. These advanced nurse practitioners treated minor injuries and illnesses and helped keep students in the school, supporting their learning. Because schools receive funding based on attendance, keeping kids in school has an added benefit to the school district. Along with direct student services, the nurse practitioners provided training to the school staff on topics such as diabetes, CPR use of the epinephrine pen and the techniques of good hand washing. Salaries and benefits for the nurse practitioners totaled $160,000 in fiscal year 2013-2014.

Women who experience breast cancer need help managing the health care system. The Breast Cancer Patient Navigator directs patients through the continuum of care to help reduce barriers to health care, and locate cancer education and support resources. More than 150 patients received support at the cost of $103,000 during fiscal year 2013-2014.

Category 3: Health Research, Education and Training

ValleyCare Health System contributed over $1.5 million to support health research, education, and training in fiscal year 2013-2014.

Health Research

Through a partnership with University of California San Francisco, ValleyCare Health System strives to empower patients with information about the best treatment options available today and to spur new discoveries. Last year 500 persons diagnosed with cancer were screened by the VHS Clinical Research Coordinator free of charge and offered access to clinical trials through an affiliation with the University of California San Francisco Clinical Trials Program.

Health Education and Training: Closing the Health Care Workforce Gap

ValleyCare Health System is the setting for training health professionals and allied health professionals from a variety of institutions making a significant contribution to training the next generation of healthcare providers. The programs expose young people from diverse backgrounds to career opportunities they might not have considered otherwise and help them envision themselves in health sciences surroundings. Given the diverse ethnic and language needs of patients in the Bay Area, VHS recognizes the importance of these programs in developing a cadre of diverse providers to reduce health care inequality. As a result VHS has partnered with a variety of institutions that encourage students from under-represented communities to enter the health professions.

As the US health care system grapples with reform, improving the quality of health care, and cutting overall costs in the long term, VHS is supporting the development of a health care workforce sufficient to successfully provide the increasing numbers of people requiring services and care. Primary care clinicians-those providing the most basic, frontline health services-continue to decrease in numbers in the Bay Area. Some expect the shortage to worsen as more baby boomers approach retirement age in this decade, and will require more care for chronic illnesses. VHS is committed to supporting a workforce pipeline through a variety of approaches, including providing early exposure and information about health careers, mentoring those interested who have expressed interest in a health career, and providing clinical oversight to those who are in training.

To help individuals explore and pursue health care careers as well as to broaden their skills and continue to grow personally and professionally, VHS clinical staff mentored high school and college students via job shadowing for a total of 10,240 hours. Collaborating with the Regional Occupational Program alone provided high school students with 2,720 hours of training and exposure to health care professions. These students then had a real-life experience in the

hospital setting and interaction with health professionals, permitting them to make more informed career decisions. Students from Syracuse and San José State University shadowed registered dieticians for an additional 96 hours last year. In addition, VHS collaborated with the, Full and part-time internships were provided to students preparing for a career in physical and sports medicine where VHS clinicians served as preceptors totaling 3,976 hours of supervision.

For those students enrolled in nursing and surgical technology, VHS provided 17,730 hours in clinical supervision totaling more than $854,000. Ninety students from Samuel Merritt University School of Nursing, Cal State University East Bay, Ohlone and Chabot Community Colleges, Holy Names University, and California State University Dominguez Hills each completed a rotation of 380 hours per semester last year.

In conjunction with Chabot Community College, ValleyCare is now an established campus for nursing and pre-nursing students, providing more than $134,000 in training during fiscal year 2013-2104. Last year 30 enrolled students learned on-site during this 2 year nursing program.

COMMUNITY BENEFIT PLAN FOR FISCAL YEAR 2014/2015

ValleyCare CHNA framework and process

From data collection and analysis to the identification of prioritized needs and the development of an implementation strategy, the intent was to develop a rigorous process that would yield meaningful results. To collaborate effectively with other hospitals in the service area, ValleyCare cooperated via the Hospital Council of Northern California to jointly collect data and manage the priority setting process. The cooperative agreed on a list of roughly 100 indicators to be collected via the CARES data platform that, when looked at together, help illustrate the health of a community. California data sources were used whenever possible.

When California data sources weren't available, national data sources were used. Once a user explores the data available, the CARES data platform has the ability to generate a report that can be used to guide primary data collection and inform the identification and prioritization of health needs.

In addition to reviewing the secondary data available through the CHNA data platform, and in some cases other local sources, along with partner hospitals, ValleyCare collected primary data through key informant interviews, focus groups, and surveys. ValleyCare asked local public health experts, community leaders, and residents to identify issues that have the biggest impact

on the health of the community. Through this process, we also inventoried existing community assets and resources.

The collaborative used a set of criteria to determine what constituted a health need in our community. Once all of the community health needs were identified, we then prioritized them, based on a second set of criteria. As a result, the report includes a list of the of the prioritized community health needs. The process and the outcome of the CHNA are described in herein.

Demographic profile of community served.

The demographic characteristics show that the population is majority white, with over 90% of adults having a HS diploma. Across three key drivers (insurance status, high school education and income) the Hispanic/Latino population stands out as at high risk for poor health outcomes.

Although the City of Pleasanton itself and several areas immediately contiguous to it are relatively affluent, the City of Livermore in Alameda County has pockets of low-income, vulnerable populations for whom health outcomes tend to be poor. The community health needs that have been identified in this CHNA are all most important to address in these targeted areas of poor health status and outcomes.

Description of community served by hospital facility

CITIES OF DUBLIN, LIVERMORE AND PLEASANTON

	Dublin	Livermore	Pleasanton	San Ramon
Total population	46,036	80,968	70,285	69,241
Under 18 years old	22%	25%	27%	22%
Ages 18-34	28%	21%	15%	18%
Ages 35-64	43%	44%	47%	46%
Ages 65+	7%	10%	11%	7%
White	51%	75%	67%	53%
African American	9%	2%	2%	2%
Asian	27%	8%	23%	36%
Latino/Hispanic	14%	21%	10%	10%
% Below Poverty	3.5%	6%	4.2%	3.6%
% Over age 25 with HS diploma or equivalent	92.5%	92%	94.9%	97.2%

Community Health Needs Assessment

Community Assessment Process and Prioritization of Community Needs

This CHNA was completed through a collaborative multi-stage process designed to integrate findings from secondary data with the experiences, expertise and opinions made available through primary data collection. The steps in the process are shown below.

1. Review and analysis of health outcomes data found in the Center for Applied Research and Environmental Studies (CARES) data platform.
2. Review and analysis of secondary data on demographic, social, behavioral, environmental and economic factors that have been shown through research to be related to health outcomes. The majority of these data were also contained in the CARES data platform.
3. Exploration of health-related issues arising from the secondary data through facilitated conversations with vulnerable communities residing in the ValleyCare service area.
4. Articulation and refinement of a list of Community Health Needs for the communities served by ValleyCare.
5. Engagement of public and community health experts in a structured process of refinement and prioritization among community health needs and identification of community assets related to the identified community health needs. Two sessions were

held, one with representatives from Contra Costa County and one with representatives from the Tri-Valley area of Alameda County.

6. Documentation, review and approval of the Community Health Needs Assessment.

PROCESS AND METHODS USED TO CONDUCT THE CHNA

Secondary data

Sources and dates of data and other information used in the assessment

The secondary data used in this CHNA are available through the Kaiser Permanente (KP) Community Health Needs Assessment (CHNA) Data Platform, powered by the Center for Applied Research and Environmental Systems (CARES), and the Institute for People, Places, and Possibility (iP3). These data are organized into six distinct categories:

Demographics. The source for demographic data is the US Census Bureau, 2006-2010 American Community Survey 5 year estimates.

Social and Economic Factors. These data were from the following sources:

- US Census Bureau, American Community Survey 2006-2010 5-year estimates and 2008-2010 3-year estimates
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010
- US Department of Education, National Center for Education Statistics (NCES), Common Core of Data, Public School Universe File, 2009-2010 and Local Education
- Agency (School District) Universe Survey Drop-out and Completion Data, 2008-2009
- States' Department of Education, Student testing Reports, 2011
- US Census Bureau, Small Area Income and Poverty Estimates (SAIPE), 2009
- US Bureau of Labor Statistics, July 2012 Local Area Unemployment Statistics
- US Federal Bureau of Investigation, Uniform Crime Reports, 2010

Physical Environment, including data from the following sources:

- US Census Bureau, ZIP Code Business Patterns, 2009 and County Business Patterns,
- 2010
- California Department of Alcoholic Beverage Control, Active License File, April 2012
- US Census Bureau, 2010 Census of Populations and Housing, Summary File 1;Esru's
- USA Parks layer (compilation of ESRI, National Park Services and TomTom source
- data) 2012
- Centers for Disease Control and Prevention, National Environmental Public Health
- Tracking Network, 2008
- US Department of Agriculture, Food Desert Locator, 2009

- Walkscore.com 2012
- US Department of Agriculture, Food Environment Atlas, 2012

Clinical Care data from the following sources:

- California Health Interview Survey (CHIS) 2005, 2007, and 2009
- US Health Resources and Services Administration Area Resource File 2009 (as reported in the 2012 County Health Rankings) and Health Professional Shortage Area File 2012
- Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality 2003-2007
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010
- US Health Resources and Services Administration Centers for Medicare and Medicaid Services, Provider of Service File, 2011
- California Department of Public Health Birth Profiles by ZIP code, 2010
- California Office of Statewide Health Planning and Development (OSHPD), Patient Discharge Data, 2010

Health Behaviors data from the following sources:

- California Health Interview Survey (CHIS) 2009
- Nielsen Claritas Site Reports Consumer Buying Power, 2011
- California Department of Public Health, In-Hospital Breastfeeding Initiations Data, 2011
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010
- California Department of Education, Fitnessgram Physical Fitness Testing Results, 2011

Health Outcomes data, based on incidence and mortality:

- California Office of Statewide Health Planning and Development (OSHPD), Patient Discharge Data, 2010
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010
- Centers for Disease Control and Prevention and the National Cancer Institute: State Cancer Profiles, 2005-2009
- California Department of Public Health, Death Statistical Master File, 2008-2010
- Centers for Disease Control and Prevention and the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2009
- Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2009
- California Health Interview Survey (CHIS) 2009
- California Department of Education, Fitnessgram Physical Fitness Testing Results, 2011
- Centers for Disease Control and Prevention, National Vital Statistics System, 2008-
- 2010 (As reported in the 2012 County Health Rankings)

Methodology for collection, interpretation and analysis of secondary data

The statisticians at the Center for Applied Research and Environmental Systems (CARES) used data from the sources listed above to create the CHNA data platform. The platform analysis of data by geographic areas is limited by the geography for which the data were originally collected. Health outcomes data from the platform were downloaded for the KFH-Walnut Creek Area and compared to benchmarks defined either by Healthy People 2020 or State-level rates.

After identifying those outcomes indicators for which the population in the KFH-Walnut Creek area were seen to compare poorly to benchmarks, associated indicators of health (health behaviors, clinical care, physical environment and social and economic factors) were reviewed and analyzed to see where these indicators also showed poor performance relative to benchmarks.

Based on the combined analysis described above, a set of community health concerns were identified and served as the basis for a series of facilitated community conversations as described below.

Community input

ValleyCare Health System, in collaboration with Kaiser Foundation Hospital-Walnut Creek, collected community input in two forms. First, the findings regarding community health concerns were synthesized from the secondary data (as described above) and discussed with groups of people from medically underserved, minority and low-income populations in each county. The results of these community conversations were used along with the secondary data to identify a set of "community health needs" for the Walnut Creek service area residents based on the following guidelines:

- The community health need arises from comprehensive review and interpretation of a robust set of data
- More than one indicator and/or data source (i.e., the health need is suggested by more than one source of secondary and/or primary data) confirms the community health need
- Indicator(s) related to the health need perform(s) poorly against a defined benchmark (e.g., state average or HP 2020)
- A group of community members collectively agreed on the level of significance (and inclusion)

Priority Setting Process

In order to select the needs that ValleyCare Health System will address from the broader list of community health needs identified during the 2013 CHNA VHS used the following criteria:

- Magnitude/Scale of the Problem: the health need affects a large number of people within the community
- Severity of Problem: the health need has serious consequences (morbidity, mortality, and/or economic burden) for those affected
- ValleyCare Health System Assets: ValleyCare Health System has relevant expertise and/or unique assets as an integrated health system to make a meaningful contribution
- Existing or Promising Approaches: there are effective or promising strategies to address the need
- Health Disparities: the health need disproportionately impacts the health status of one or more vulnerable population groups
- Ability to leverage: opportunity to collaborate with existing community partners working to address the need, or to build on current programs, emerging opportunities, or other assets.
- Community Prioritization: the community prioritizes the health need over other health needs

Health Needs that ValleyCare Health System Plans to Address

1. Primary care services and information (health literacy), including adequate Spanish capacity

Lack of insurance is a barrier to health care access in the ValleyCare Health System service area. Even with implementation of the Affordable Care Act in January 2014, many of the immigrants who lack documentation will continue to be uninsured. Although health coverage will be made available to the remainder of the population, the premiums may be too costly to afford. For these groups, access barriers will continue.

Access to care is not always guaranteed for patients whose primary language is not English and for those who are fearful of approaching the health care system. Often educational materials and self-management instruction is available only in English, thus creating barriers for monolingual Spanish speakers.

2. Asthma Prevention

Asthma hospitalizations comprise 10.77% of total discharges, representing a drain on health and other resources. The largest contributor to preventable hospital admissions among children is usually asthma. In California, the asthma hospitalization rate is highest among African Americans; at least three times the White rate.
The asthma hospitalization rate among in Livermore is 9.6 per 10,000 compared to the state rate or 8.7 per 10,000. Generally data show that young children, particularly boys, and the elderly are vulnerable to asthma attacks serious enough to warrant hospitalization. This points

out the need for timely asthma prevention and management programs as well as appropriate access to health care.

3. Healthy Eating

Access to affordable healthy food is a selected health need because of its potential positive impact on multiple health outcomes. Some of the outcomes that have been linked to poor eating habits and nutrition include breast cancer, prostate cancer and colorectal cancer, which reveal higher rates in some parts of the service area than benchmarks. Poor nutrition is a driver to the epidemic of obesity in both children and adults.
The importance of addressing the environment that influences individual decision-making and promotes healthful behaviors is recognized as a significant obesity prevention strategy. Many related economic and social factors show that healthy food is less available to vulnerable populations. Livermore focus group participants commented that they feel there is a higher concentration of fast food establishments available in the area.

ValleyCare Health System 2014-2015 Community Benefit Plan Goals and Strategies

1. Primary care services and information (health literacy), including adequate Spanish capacity

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ValleyCare Health System Implementation Strategies

1. Primary care services and information (health literacy), including adequate Spanish capacity

Long-term Goal

Increase the number of individuals who have access to and receive appropriate health care services.

Intermediate Goals

- Increase the number of low-income people who enroll in, or maintain, health care coverage.
- Increase the number of low income, uninsured people who have access to health care.
- Increase access to culturally competent, high quality health care services for low-income, uninsured individuals.

Strategies

- Provide support to expand use of patient navigators, promoters or community application assisters to provide culturally sensitive assistance in guiding patients through available medical, insurance and social support systems.
- Participate in Medi-Cal Fee for Service that provides subsidized health care on a fee-for-service basis for Medi-Cal beneficiaries.
- Provide financial assistance that assists patients in need by subsidizing all or a portion of their medical expenses for a period of time. Eligibility is based on prescribed level of income, expenses and assets.
- Work with Operation Walk, a nonprofit organization dedicated to providing access to free surgery and specialty care, to enable medical volunteers to provide free outpatient consultations, specialty care and same day surgery appointments to uninsured patient.
- Provide support to expand use of promoters to provide culturally sensitive assistance and care-coordination.

Expected Outcomes

- Increased access to coverage.
- Increased access to care.
- Increased number of patients seen and/or the range of services offered at community health centers and clinics.

2. Asthma Prevention

Long-term Goal

Increase the number of individuals who receive appropriate asthma prevention services.

Intermediate Goals

- Increase the number of low income, uninsured people who have access to appropriate asthma health care.

Strategies

- Provide support for improvements in childhood asthma prevention and management by partnering with school sites to provide health education and materials on asthma management, training, or supplies.
- Provide training and educational materials in schools about asthma triggers.
- Work with schools and families to reduce the exposure to asthma triggers in the school and home environments.
- Provide training to school nurses and staff on effective asthma management.
- Support school nurses at elementary schools to educate parents of children with asthma.
- Provide grants as appropriate to support community organizations or collaboratives that are working with children and families to improve asthma management and decrease asthma hospitalizations.
- Identify ValleyCare Health System providers and staff with interest and expertise and engage them (as trainers, educators, or providers) in the work with community partners.

Expected Outcomes

- Increased number of children and their parents who use an asthma management plan.
- Fewer asthma triggers in the school environment

3. Healthy Eating

Long-term Goal

Improve health and reduce obesity through the consumption of healthful foods.

Intermediate Goals

- Increase healthy eating among low-income youth and adults.
- Expand policies that support easier access to healthy foods.

Strategies

- Provide funding and/or technical assistance to improve nutrition and health knowledge in children such as education campaigns.
- Provide funding to support affordable food and/or development of sustained healthy eating practices in schools, workplaces, community settings, and programs that serve low-income persons.
- Provide funding to support development of sustained healthy eating practices in schools, workplaces, community settings, and programs that serve low-income persons.
- Provide funding that support and/or expand nutrition policies and practices adopted and implemented in school and community settings.

Expected Outcomes

- Increased awareness about healthy food choices.
- Increased access to healthy, affordable food, healthy food choices, and improved nutritional health.
- Increased consumption of water and healthy beverages and decrease consumption of sugar sweetened beverages.
- Increased consumption of fruits and vegetables.
- Progress towards new or improved policies that encourage healthy eating in schools and other community settings.

Evaluation Plans

ValleyCare Health System will monitor and evaluate the strategies listed above for the purpose of tracking the implementation of those strategies as well as to document the anticipated impact. Plans to monitor will be tailored to each strategy and will include the collection and documentation of tracking measures, such as the number of dollars spent along with the number of people reached/served, number and role of volunteers, and volunteer hours. In addition, ValleyCare Health System will require projects to propose, track and report outcomes, including behavior and health outcomes as appropriate.