

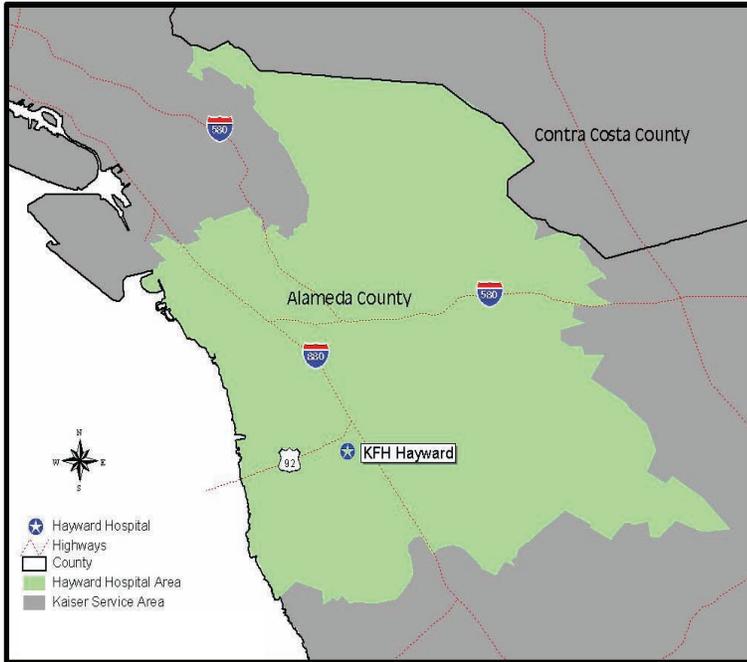
HAYWARD

HAYWARD

HAYWARD

KAISER FOUNDATION HOSPITAL (KFH)-HAYWARD

27400 Hesperian Boulevard
 Hayward, CA 94545
 (510) 784-4000



The KFH-Hayward service area covers the southern part of Alameda County. The cities served include Castro Valley, Hayward (including the unincorporated areas of Ashland, Cherryland, and Fairview), San Leandro, San Lorenzo, and Union City.

COMMUNITY SNAPSHOT (*county-level data)

Total population:	432,168	White:	27.84%
Median age:*	36.1	Latino:	29.26%
Average household income:*	\$70,217	African American:	9.56%
Percentage living in poverty:	10.06%	Asian and Pacific Islander:	28.18%
Percentage unemployed:	8.92%	Native American:	0.30%
Percentage uninsured:	13.09%	Other:	4.86%

KEY STATISTICS

Year opened:	1966	Total licensed beds:	213
KFH full-time equivalent personnel:	1,256.3	Inpatient days:	42,375
KFHP members in KFH service area:	174,423	Emergency room visits:	49,510

KEY LEADERSHIP AT KFH-HAYWARD

Colleen McKeown	Senior Vice President and Area Manager
Deborah Hemker	Chief Operating Officer
Charles Thevnin	Area Finance Director
Barry Scurran, DPM	Physician in Chief
Victoria O’Gorman	Medical Group Administrator
Debra Lambert	Public Affairs Director
Angela 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. The KFH-Hayward Community Benefits Advisory Group CBAG used these findings to select 2011–2013 priorities.

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 Photo Voice 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. The GSAA CBAG used findings from CAPE, PhotoVoice, and the focus groups to identify the priority needs for KFH-Hayward'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 teens. African American teens had rates 4.9 times higher than Asian/Pacific Islander teens.

Injury:

- In southern Alameda County, the assault and homicide rates were highest in San Leandro.

Access to Preventive Health Care:

- Mortality due to lung cancer and colorectal cancer were highest in Ashland and Cherryland.
- Colorectal cancer incidence and mortality have both declined since the early 1990s; however, the mortality rate among Latinos has increased in recent years.
- Prostate cancer incidence is highest in Fairview.

Chronic Disease:

- Hayward, San Lorenzo, and Cherryland have the highest diabetes mortality rates.
- The highest coronary heart disease hospitalization rates are found in Hayward, and the highest mortality rates are found in Fairview.
- The highest stroke hospitalization rates are found in Hayward, and highest mortality rates are in Ashland and Fairview.

Overweight and Obesity:

- Hayward, San Leandro, San Lorenzo, and Union City experience some of the highest obesity rates in the county.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-HAYWARD SERVICE AREA

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

2011 YEAR-END RESULTS

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

In Alameda County, an estimated 12.6% of nonelderly adults were uninsured in 2005–2007. Adults under 25 were more than twice as likely to be uninsured compared to older adults. 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 double the uninsured rate as whites. 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. Oakland and Hayward had the highest uninsured rates in the county—one in five residents. Berkeley had the highest rate of uninsured children. Pleasanton had the lowest rate of uninsured children and nonelderly adults in the county.

Two-thirds of women in the county had 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. Nearly 75% of adults had been 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. 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 financial, technical assistance (TA), and capacity-building support to primary care providers that compose the safety net of southern Alameda County.

TARGET POPULATION

Those at high risk for experiencing disparities in cancer rates. For example, Asians at risk for colon cancer in Union City.

COMMUNITY PARTNERS

Community partners include Tri-City Health Center, Tiburcio Vasquez Health Center, Ashland Free Medical Clinic, and Davis Street Family Resource Center (DSFRC).

2011 YEAR-END RESULTS

- DSFRC received a \$10,000 grant to extend primary care to the most disenfranchised immigrants, including recent arrivals from Nepal. DSFRC reaches populations that have high rates of diabetes and experience barriers to accessing primary care. During 2011, 52 of 988 patients were cared for in the Himalayan clinic, while 913 patients received care through the Hayward Day Laborer Center. Because a high percentage of these community members are diabetic, podiatric care was given to reduce the chance of complications. About 20 patients attended two workshops focused on nutrition, diabetes management, and education.

- KFH-Hayward and KFH-Fremont awarded \$12,000 to Afghan Elderly Association (AEA) to provide services for 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 and allows seniors access to primary care and preventive services. The goal is to promote healthy aging while eliminating health disparities for Afghan seniors. Owing to language and literacy barriers, this population has knowledge deficits in medication usage and compliance. During the grant year, a total of 56 elders received medication management—55% live in Fremont, 45% live in Hayward, and 41% improved their knowledge of medication usage.
- California Primary Care Association (CPCA) 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, 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. 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 MFA and maximize efficiencies.
3. 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.
4. Provide operational and physician support to Operation Access at KFH-Hayward, KFH-Fremont, and KFH-Union City medical offices.
5. Share bilingual health education materials that address the importance of early detection and screening.

MONITORING PROGRESS OF 2012 STRATEGIES

KFH-Hayward 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-Hayward employees and physicians who participate in coalitions.

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

Obesity and overweight have been recognized in recent years as a national epidemic with severe health consequences for both adults and children. Adults who are obese or overweight 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 half of overweight schoolchildren will remain overweight as adults. Being overweight in childhood has been linked to health problems that can last into adulthood, including poor heart health, type 2 diabetes, and impaired mental health. In Alameda County, CHIS data show that 18% of adults are obese, another 34% are overweight, and obesity rates are much higher for

African Americans (29%) and Latinos (23%). Studies measuring obesity among children in Alameda County found rates ranging from 16% of those 12 to 19, to 27% of 5th, 7th, and 9th graders.

2011 GOALS

1. Decrease calorie consumption (e.g., soda/sugar-sweetened beverages, portion size, snacking).
2. Increase consumption of fresh fruits and vegetables.
3. Increase physical activity in community settings (e.g., safe walking and biking routes, parks and hiking trails, joint use agreements).
4. Increase physical activity in institutional settings (e.g., schools, after-school programs, work sites)

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-Hayward staff and physicians participate in obesity coalition(s) within the service area.

TARGET POPULATION

Overweight children, especially low-income and vulnerable children in Hayward, Union City, San Leandro, and San Lorenzo.

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

- KFH-Hayward awarded a \$15,000 grant to Hayward Unified School District's Youth Enrichment Program (YEP), which creates opportunities for families to enjoy physical activity in a safe environment and to learn ways to exercise at home. YEP identified 143 kindergarten through 6th-grade students with high body mass indexes (BMI) and poor fitness scores to participate in a before-school program at three schools in low-income areas. Students learned about the importance of a good diet through nutrition-oriented literature and exercised two or three times per week. Of the 143 students served by the project, 69% initially had not been incorporating the food chart elements into their daily meals. By project end, 82% reported that they were incorporating two or more of the food chart elements in their daily diets. Some of these same students were recruited to serve as peer educators who then led group exercises and shared healthy nutrition information during the after-school program, reaching an additional 282 students.
- With a \$10,000 grant from KFH-Hayward to San Leandro Education Foundation, San Leandro Unified School District's Woodrow Wilson Elementary School conducted physical activities at recess, using the nationally known Playworks program, for 830 students. The school integrated Playworks' program of promoting physical fitness through organized games and student leadership into its practices. Through opportunities for healthy, safe, fun, and inclusive play, students learn to set up and lead games and learn responsibility by picking up equipment and cleaning up.
- A \$10,000 grant from KFH-Hayward to St. Rose Hospital Foundation allowed St. Rose Hospital's Silva Pediatric Clinic, a community clinic serving low-income residents, to identify and work with children 1 to 9 with high BMIs who could benefit from increased physical activity and better nutrition. Of 36 children who completed baseline and post questionnaires,

80.5% increased their fruit and vegetable intake, and 63.8% increased their daily physical activity resulting in a stabilized or lower BMI.

- Alameda County Deputy Sheriffs' Association conducted a soccer league, a midnight basketball league, summer swimming lessons/team, a mobile recreation unit, dance and yoga classes, and school-based fitness programs at no charge to low-income residents of impoverished areas of Hayward. With a \$10,000 KFH-Hayward grant, more than 950 youth now play soccer, more than 50 participate in PE Fridays, and 53 are involved in track, swimming, and basketball.

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 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-Hayward staff and physicians participate in obesity coalition(s) within the service area.
5. Collaborate with California State University, East Bay, the service area's HEAL (Healthy Eating, Active Living) partner.
6. Partner with the Promise Neighborhood Collaborative.

MONITORING PROGRESS OF 2012 STRATEGIES

KFH-Hayward 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-Hayward 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 include African Americans and Latinos in Cherryland, Ashland, and Hayward. 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).

2011 GOALS

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-Hayward 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 for the NMHS Teen Center.

TARGET POPULATION

Male and female adolescents.

COMMUNITY PARTNERS

Community partners include the Teen Pregnancy Prevention Coalition, Tri-City Health Center, and others.

2011 YEAR-END RESULTS

- Girls Incorporated seeks to inspire girls 5 to 18 to be strong, smart, and bold by offering diverse programs that enable them to achieve academically and personally. With a \$30,000 grant from KFH-Hayward, Girls Inc. of Alameda County enrolled 52 young women as peer educators to provide teen pregnancy prevention education and teen parenting skills. About 94% of the peer educators reported increased leadership skills as measured through focus groups and surveys. These peer educators reached 685 individual students through assemblies and one-on-one contacts. Approximately 166 one-on-one peer contacts resulted in a referral for service or health education materials. To provide greater policy impact, the peer educators had the opportunity to speak to members of Congress on important legislation affecting teen health and sexuality. Forty-three youth and parents participated in Safer Sex Parties, with 75% of the parents stating that they are willing to talk with their child about sex.
- Boys & Girls Clubs of San Leandro received \$50,000 to provide programs and opportunities in a positive, after-school environment to nurture youth to become self-sufficient members of the community. Owing to the tremendous interest and participation of 160 students, what was initially planned as a four-week session on avoiding teen pregnancy was extended to nine weeks. As a result, 86% (or 137) of the 4th- and 5th-grade participants increased their knowledge of sex education and pregnancy avoidance.
- Tiburcio Vasquez Health Center is dedicated to promoting community health and well-being by providing accessible, high-quality care and commitment to ensure this human right through quality service, advocacy, and community empowerment. With a \$20,000 grant from KFH-Hayward and KFH-Fremont, this federally qualified health center provided 750 high-risk students with presentations on teen pregnancy prevention. As a result of referrals generated during these sessions, 373 individual family planning sessions were held at the Logan and Tennyson high school health centers. Further, because of this program and the student data it yielded, New Haven Unified School District unanimously approved, for the first time, to allow birth control distribution directly from the health center.

2012 GOALS UPDATE

The goals will remain unchanged for 2012.

2012 STRATEGIES UPDATE

1. Provide grant funding to organizations such as 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-Hayward staff members participate in countywide Teen Pregnancy Prevention Coalition.
5. Provide strategic grant funding to Tri-City Health Center for the NMHS Teen Center.

MONITORING PROGRESS OF 2012 STRATEGIES

KFH-Hayward will track number of grants awarded; total grant dollars provided; number of students and others reached through grants; number of KFH-Hayward 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 (6.1%) were more than twice as likely to have diabetes as those with a high school degree or higher (11.1%). The age-adjusted diabetes mortality rates are highest in Hayward at 31.7 per 100,000, followed by San Lorenzo and Cherryland.

From 2006 to 2008, there were 40,111 coronary heart disease-related hospitalizations in Alameda County. Although the Healthy People 2010 goal is fewer than 50 deaths per 100,000, the coronary heart disease mortality rates ranged from a low of 61.8 to a high of 154.7 in Fairview. In addition to Fairview, Union City had the highest rates in the county. Hospitalizations for stroke-related illness totaled 18,725 from 2006 to 2008. The rate was four times higher for African Americans than for other groups in the county. Hayward and Union City experienced rates of 484.4 and 447.1, respectively.

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, Davis Street Community Center, South Hayward Parish, Tiburcio Vasquez Health Center, San Leandro Unified School District, and Davis Street Family Resource Center.

2011 YEAR-END RESULTS

- Alameda County Public Health Department's Diabetes Program received \$10,000 from KFH-Hayward and KFH-Fremont to provide diabetes self-management education and cardiovascular disease prevention classes to Punjabi-, Urdu-, and Hindi-speaking communities in Fremont and Hayward. The program targeted 29 persons with diabetes. 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.
- Volunteer-run Ashland Free Medical Clinic serves low-income people in San Lorenzo. Its Promotora Program provided family-based education on diet and exercise for 40 patients with diabetes and 80 family members. Located at San Lorenzo High School, the clinic is easily accessible for students and their families. Ashland received a \$9,500 grant from KFH-Hayward to reduce very high hemoglobin A1C levels (7.0 or higher) by at least .7. After receiving significant health education about the impact of diet and exercise on reducing risks associated with diabetes, half of the 34 participants decreased their hemoglobin A1C levels by 2.0 points, nearly three times the goal. During 72 home visits, all 34 patients received health education focused on diet and physical activity through family support. As a result, approximately 94% of participants stated that they had increased their activity levels and changed their diet.
- KFH-Hayward awarded \$15,000 to The Arc of Alameda County, an agency that supports people with intellectual and developmental disabilities. Grant funds allowed the agency to identify and educate (using curriculum specially designed to generate enthusiasm) 80 patients with poor blood lipids. More than 50% of participants lowered their blood cholesterol.

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-Hayward 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/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 rates is 2.8 or fewer homicides per 100,000. Alameda County has an overall rate of 10.7, while Hayward's rate is 6.9 and San Leandro's is 13.2. Almost 75% of these deaths are due to guns. The African American homicide rate (43.8) was significantly higher than that of any other racial or ethnic group in Alameda County. There were 15,089 Emergency Department visits for assault-related injuries between 2006 and 2008. Rates in San Leandro (385.3) and Hayward (372.7) were higher than the Alameda County rate of 328.6.

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-Hayward 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 such as SAVE (Safe Alternatives to Violent Environments) and Building Futures for Women and Children, 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 (such as the Domestic Violence Advisory Group) to share best practices with community-based organizations.

COMMUNITY PARTNERS

Community partners include Building Futures for Women and Children, Congregations Organizing for Renewal (COR), Gang Tattoo Removal Project, San Leandro Unified School District, and Tiburcio Vasquez Health Center.

2011 YEAR-END RESULTS

- KFH-Hayward awarded \$25,000 to Chabot College Foundation for a collaborative grant with Soulciety and four Hayward area high schools to identify and refer high-risk youth who would otherwise have received detention, suspension, and/or expulsion for a behavioral incident. Exceeding the target of 40, the program reached 53 high-risk youth on violence

prevention and the consequences of violent behaviors through weekly Souleadership classes, development of leadership skills, execution of community service projects, creative mentorship, and motivational speakers. Forty-one participants (77%) successfully completed the program. School administrators reported a 75% increase in the students' academic progress and attendance. Program participants were reported to have been involved in gang-related activities, crime, violence, drug use, and promiscuity. After completing the program, 100% claimed to have eliminated negative behaviors from their lifestyle, replacing them with positive alternatives learned in the program.

- Tiburcio Vasquez Health Center educated both students and staff on the issues of teen dating violence (TDV), sexual assault and prevention, harassment and prevention, and the resources available to students, their families, and school staff and faculty. Efforts included presentations on healthy relationship that reached more than 500 youth, production of a public service announcement that was shown to the entire student body and faculty at school sites and posted on YouTube, and training more than 100 faculty members on how to identify signs of TDV and educate them about the support they can provide in collaboration with SAVE. Approximately 60 peer educators were trained on the signs of unhealthy relationships and abuse, as well as referral sources. This \$30,000 collaborative grant from KFH-Hayward and KFH-Fremont opened doors to join forces with school officials and school site councils to develop policies that address teen violence districtwide.
- Passion Society's Youth for Peace Program (Y4PP) received \$15,000 to integrate violence prevention messages into performing and recording arts, which resulted in a diverse group of youth 15 to 19 writing, performing, and recording a CD with songs about celebrating life, hope, fighting for their dreams, and the grim reality of the consequences of violence. Each of the 15 youth increased their leadership skills and adopted a violence-free life. Y4PP participants share this kind of knowledge and experience by reaching out to their peers on choosing a life free from violence at school, at home, and in their neighborhoods. Y4PP reached more than 5,000 youth at community events, block parties, malls, parks, and schools, and 5,000 CDs were distributed at events sponsored by community members. The presence and involvement of parents, law enforcement, schools, local businesses, and positive mentors in leadership, music, and advocacy created a sense of connectedness. Participants said they felt truly supported, and learned how to collaborate and organize for social change in their environments. Eighteen Y4PP parents/guardians also participated.

MONITORING PROGRESS OF 2012 STRATEGIES

KFH-Hayward will track number of grants awarded; total grant dollars provided; number of people reached through grants; number of KFH-Hayward 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-HAYWARD

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	2,886
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members	119
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	2,947
Medi-Cal Managed Care members	5,963
Healthy Families Program members	4,980
Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) ¹ members	61
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)	0
Nursing Research projects (new, continuing, and completed)	7
Educational Theatre Programs – number of performances and workshops	135
Educational Theatre Programs – number of attendees (students and adults)	32,335
Graduate Medical Education – number of programs	5
Graduate Medical Education – number of affiliated and independent residents	12
Nurse practitioner and other nursing training and education beneficiaries	68
Deloras Jones nursing scholarship recipients	5
Other health professional training and education (non-MD) beneficiaries	43
Summer Youth and INROADS programs participants	13
Number of 2011 grants and donations made at the local and regional levels ³	175

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-HAYWARD

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2011

	2011 Total
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$9,632,880
Healthy Families ²	3,038,235
Charity care: Charitable Health Coverage programs ³	2,897,088
Charity care: Medical Financial Assistance Program ⁴	3,490,062
Grants and donations for medical services ⁵	264,793
<i>Subtotal</i>	<i>\$19,323,058</i>
Other Benefits for Vulnerable Populations	
Summer Youth and Inroads programs ⁶	\$100,128
Grants and donations for community-based programs ⁷	143,702
Community Benefit administration and operations ⁸	320,531
<i>Subtotal</i>	<i>\$564,361</i>
Benefits for the Broader Community⁹	
Community health education and promotion programs	\$15,031
Educational Theatre Programs	374,494
Facility, supplies, and equipment (in-kind donations) ¹⁰	0
Community Giving Campaign administrative expenses	15,269
Grants and donations for the broader community ¹¹	79,597
National board of directors fund	23,658
<i>Subtotal</i>	<i>\$508,049</i>
Health Research, Education, and Training	
Graduate Medical Education	\$171,810
Non-MD provider education, and training programs ¹²	1,198,832
Grants and donations for the education of health care professionals ¹³	498,468
Health research	4,914,915
<i>Subtotal</i>	<i>\$6,784,025</i>
Total Community Benefits Provided	\$27,179,493

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 MicroEdge 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.

