

MODESTO

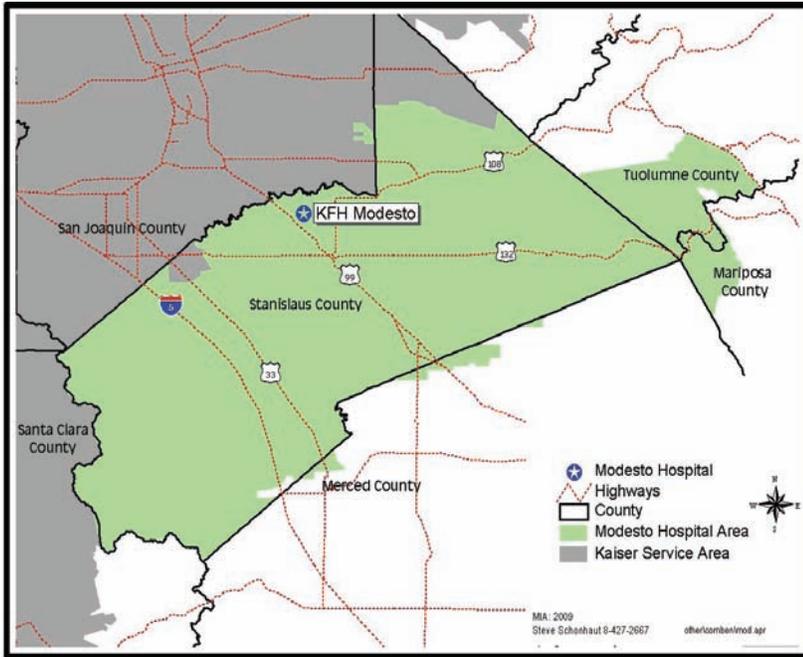
MODESTO

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# KAISER FOUNDATION HOSPITAL (KFH)-MODESTO

4601 Dale Road  
 Modesto, CA 95356  
 (209) 735-5000



The KFH-Modesto service area includes Ceres, Hughson, Modesto, Newman, Oakdale, Patterson, Riverbank, Turlock, and Waterford.

## COMMUNITY SNAPSHOT (\*county-level data)

Total population:	529,787	White:	47.70%
Median age:*	32.2	Latino:	40.28%
Average household income:*	\$50,094	African American:	2.69%
Percentage living in poverty:	16.29%	Asian and Pacific Islander:	4.87%
Percentage unemployed:	16.37%	Native American:	0.71%
Percentage uninsured:	17.60%	Other:	3.75%

## KEY STATISTICS

Year opened:	2008	Total licensed beds:	135
KFH full-time equivalent personnel:	992.3	Inpatient days:	28,882
KFHP members in KFH service area:	98,288	Emergency room visits:	32,677

## KEY LEADERSHIP AT KFH-MODESTO

Corwin N. Harper	Senior Vice President and Area Manager
Sharon Kelley	Chief Operating and Nursing Officer
Christopher M. Neuman	Area Finance Officer
Moses Elam, MD	Physician in Chief
Linda Mann	Area Medical Group Administrator
Melanie Hatchel	Public Affairs Director
Marie Sanchez	Community Benefit/Community Health Manager

# THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

## 2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

The CHNA 2010 was a collaborative effort by KFH-Modesto and the Stanislaus County Health Services Agency, Public Health Department, to guide the Central Valley Community Benefit Committee in selecting priority needs for its service area. Data were collected through telephone surveys and from secondary data sources. In August 2010, Applied Survey Research conducted telephone surveys in both English and Spanish with 400 randomly selected residents 18 and older. The surveys were conducted on both landlines and cell phones. Secondary data were collected from a variety of sources, including the U.S. Census Bureau; federal, state, and local agencies; academic and health care institutions; economic development groups; and electronic databases.

## 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:

### *Health Insurance and Access to Care:*

- 85% of 2010 Stanislaus County telephone survey respondents had health insurance. When broken down by ethnicity, however, 93% of White survey respondents and only 61% of Latino respondents reported having health insurance.
- 17% of Stanislaus County residents were enrolled in Medi-Cal in 2007, slightly higher than the statewide rate (16%).
- In 2010, the top reasons why respondents couldn't receive the health care they needed were not having health insurance (55%), unable to afford it (32%), and unable to find a doctor who would accept public health insurance (23%).

### *Obesity:*

- 34% of 2010 survey respondents in Stanislaus County were obese and 34% were overweight.
- 40% of survey respondents reported that they were "very concerned" about obesity in their community.
- 24% of county children 5 to 19 were obese, slightly higher than the state rate of 23%.

### *Chronic Diseases:*

- 12% of adult telephone survey respondents reported having been diagnosed with asthma.
- 20% of respondents reported that their children had been diagnosed with asthma.
- 9% of county residents had been diagnosed with diabetes in 2009. Of those, 79% had an A1c test, 59% had an eye exam, and 61% had their feet examined.
- Diabetes was one of the leading causes of death in 2008 and cited as the primary cause of 107 deaths in the county.

### *Basic Needs:*

- In 2009, 17% of all Stanislaus County residents were living below the federal poverty level, somewhat higher than the state rate (14%).
- 18% of respondents reported that they had to go without basic needs (such as food, child care, health care, or clothing) in the past year.
- Of the 2010 survey respondents who had to go without basic needs, 52% had to go without food, 49% went without health care, 45% went without clothing, and 42% went without dental care.
- 30% of all households in Stanislaus County did not meet the Self-Sufficiency Standard in 2007. Of the county's Latino households, 45% fell below the Self-Sufficiency Standard.

- The 2009 unemployment rate in Stanislaus County was 16%, up from 9% in 2005. Unemployment rates in 2009 varied from city to city; Keyes had an unemployment rate of 28%, while Turlock was at 12%.

#### **PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-MODESTO SERVICE AREA**

1. Access to health insurance coverage and health care services
2. Obesity and overweight
3. Chronic diseases
4. Basic needs

## 2011 YEAR-END RESULTS

### PRIORITIZED NEED I: ACCESS TO HEALTH INSURANCE COVERAGE AND HEALTH CARE SERVICES

According to the most recent census data, more than 90,000 people are uninsured in Stanislaus County. An additional 105,000 low-income residents are enrolled in the state's Medi-Cal program. Over the past five years, applications to the county's Indigent Adult Health Services program for the uninsured has risen more than 40%. In July 2009, 55,000 Stanislaus County adults on Medi-Cal had their dental, podiatry, and psychology benefits eliminated. In addition, the county Health Services Agency has been hit hard by the recession, which has resulted in the elimination of 126 positions since 2005, and consequently 14,000 fewer patients are being seen today than were five years ago.

#### 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 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 grant funding to support outreach and retention community efforts.
4. Provide grant funding to support an increase in access to health care wellness programs and services to include dental and optical services.
5. Provide grant funding to support increased access to health care wellness programs.
6. Create partnerships with other funding organizations such as First 5 of San Joaquin to create a strategy that supports insurance outreach, enrollment, and retention.
7. Leverage Kaiser Permanente intellectual capital to increase community access to community resources.

#### TARGET POPULATION

The underserved and underinsured, low-income children, adults, families, and others in the community.

#### COMMUNITY PARTNERS

Community partners include Catholic Charities of the Diocese of Stockton, Golden Valley Health Centers (GVHC), Health Services Agency Foundation, and United Way of Stanislaus.

#### 2011 YEAR-END RESULTS

- GVHC was awarded a \$56,828 grant to support the Riverbank Care Access Program. Funding supports the opening of a school-based health center on the Riverbank High School campus.
- GVHC also received a \$150,000 multiyear Quality Improvement grant (\$75,000<sup>1</sup> in 2011) from Kaiser Permanente Northern California Region to improve timely access to care for 2,800 patients. The effort will include the use of structured team care appointments for new patients with already diagnosed diabetes and/or hypertension, resulting in reduced wait time, increased efficiency in care, and patients having an identified medical home.

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<sup>1</sup> This grant was distributed from the Kaiser Permanente Fund for Community Benefit, a donor-advised fund established in late 2004 and administered by East Bay Community Foundation. Accordingly, the grant amount was not included in the Community Benefit totals for 2011 (Tables A, B, and 2).

- Central Valley Health Network (CVHN) received a \$90,000 joint grant (Northern California Region \$80,000, Southern California Region \$10,000) over one year for core operating support. Network members operate in 21 counties across the state and provide more than 2.5 million encounters to more than 600,000 patients annually. CVHN will utilize this grant to continue pursuing its priorities to enhance members' capacity and improve access to primary care services in the Central Valley Region. CVHN will also increase clinician capacity through participation in Institute for Healthcare Improvement programs and in all health reform implementation activities with California Primary Care Association and National Association of Community Health Centers.
- 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). It 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, the California Primary Care Association, and California Family Health Council.
- Catholic Charities of the Diocese of Stockton was awarded a \$25,000 grant from KFH-Modesto and KFH-Manteca to support the Children's Health Initiative program, which will provide outreach, enrollment, and case management services for the utilization and retention of health insurance plans services for 684 children.

#### **2012 GOALS UPDATE**

The goals will remain unchanged for 2012.

#### **2012 STRATEGIES UPDATE**

The strategies will remain unchanged for 2012.

#### **MONITORING PROGRESS OF 2012 STRATEGIES**

KFH-Modesto will monitor progress by requiring grantees to submit semiannual and year-end reports that demonstrate the number of people served by their efforts and the success rate of measurable objectives.

### **PRIORITIZED NEED II: OBESITY AND OVERWEIGHT**

In addressing obesity and combating chronic disease, two necessary elements support and create lasting changes: personal behavior changes and measures that support the adoption of healthy behaviors. Eating healthy and increasing physical activity are two behavior changes that a person can adopt. Access to healthy foods and a built environment that facilitates and promotes physical activity are imperative to sustaining and encouraging the level of behavior change necessary to address the obesity epidemic and to combat chronic disease. Many Stanislaus County residents exhibited unhealthy lifestyles; 68% of survey respondents were overweight or obese in 2010 and the incidence of chronic illness was high.

#### **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. Provide grant funding to support school-based initiatives such as Rethink Your Drink campaigns and portion control.
2. Provide grant funding to support existing and expanding healthy food outreach programs.
3. Provide grant funding to support local Safe Routes to School efforts.
4. Provide health education materials to schools and utilize physician champions and Kaiser Permanente's Educational Theatre Programs.
5. Leverage internal health education resources for the benefit of food banks, schools, and school parent organizations.

## TARGET POPULATION

Low-income families, children, adults, and seniors who have or are at risk for developing obesity.

## COMMUNITY PARTNERS

Community partners include DMC Foundation, Healthy Aging Association, Hughson Family Resource Center, Second Harvest Food Bank of San Joaquin and Stanislaus Counties, and West Modesto King Kennedy Collaborative.

## 2011 YEAR-END RESULTS

- Girls Scouts Heart of Central California was awarded a \$10,000 grant to support Go for It Day Camp Modesto. Eighty girls attended the camp, which focused on nutrition, body image, and physical activity.
- Hughson Family Resource Center was awarded a \$19,394 grant to support the Family Wellness and Fitness program, which will provide fitness camps and nutrition education for 200 community members.
- Second Harvest Food Bank of San Joaquin and Stanislaus Counties was awarded a \$10,000 grant from KFH-Modesto and KFH-Manteca to support Food 4 Thought, which addresses the nutritional needs of hungry schoolchildren, offers them the incentive to improve their academic skills, and provides 15 to 18 pounds of nutritious groceries twice a month. Food 4 Thought operates through existing tutorial programs, and participants receive eight hours of after-school tutorial and recreational activities each week.
- Stanislaus Multi-Cultural Community Health Coalition received a \$1 million multiyear grant from Kaiser Permanente Northern California Region (\$269,454<sup>1</sup> in 2011). As one of seven sites in the HEAL (Healthy Eating, Active Living) Zone Initiative, the coalition will implement strategies to support behavior change among community residents to eat better and move more as part of daily life.
- United Samaritans Foundation was awarded a \$10,000 grant to support the Daily Bread Mobile Lunch program, which will increase access to fruits and vegetables for lunch program participants.

## 2012 GOALS UPDATE

The goals will remain unchanged for 2012.

## 2012 STRATEGIES UPDATE

The strategies will remain unchanged for 2012.

## MONITORING PROGRESS OF 2012 STRATEGIES

KFH-Modesto will monitor progress by requiring grantees to submit semiannual and year-end reports that demonstrate the number of people served by their efforts and the success rate of measurable objectives.

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<sup>1</sup> This grant was distributed from the Kaiser Permanente Fund for Community Benefit, a donor-advised fund established in late 2004 and administered by East Bay Community Foundation. Accordingly, the grant amount was not included in the Community Benefit totals for 2011 (Tables A, B, and 2).

## **PRIORITIZED NEED III: CHRONIC DISEASES**

Chronic diseases are noncommunicable illnesses that are prolonged in duration, do not resolve spontaneously, and are rarely cured completely. Examples of chronic diseases include cardiovascular and heart disease, cancer, stroke, diabetes, respiratory illnesses, and arthritis. The 2007 Stanislaus County Public Health Report identified that each year more people in the county die from cardiovascular and heart disease than from any other cause. Stanislaus County has consistently ranked among the top three worst counties in the state for death rates due to heart disease. In general, chronic diseases are the major cause of death and disability in Stanislaus County.

### **2011 GOALS**

1. Increase access to prevention and early detection programs focused on chronic conditions, including diabetes, obesity, and cardiovascular diseases.
2. Improve access to chronic disease self-management tools.
3. Improve utilization and compliance of care plans in the management of chronic diseases.

### **2011 STRATEGIES**

1. Provide grant funding to support prevention of chronic disease to safety nets, schools, and community-based organizations.
2. Provide grant funding to support increased access to chronic disease self-management tools.
3. Provide grant funding to support increased utilization and patient compliance to chronic disease care plans.
4. Increase access to Kaiser Permanente's Educational Theatre Programs at local schools.
5. Leverage Kaiser Permanente's health education materials and utilize physician ambassadors in community presentations.
6. Provide technical assistance (TA) and support for community coalitions such as the HEART coalition.

### **TARGET POPULATION**

Low-income families, children, adults, and seniors who have or are at risk for developing obesity, diabetes, and cardiovascular diseases, particularly African Americans and Latinos.

### **COMMUNITY PARTNERS**

Community partners include DMC Foundation, Healthy Aging Association, Hughson Family Resource Center, Second Harvest Food Bank of San Joaquin and Stanislaus Counties, and West Modesto King Kennedy Collaborative.

### **2011 YEAR-END RESULTS**

- GVHC was awarded a \$60,734 grant to support patient-centered communication, an effort that will target six clinic sites and 2,300 patients with diabetes to improve patient partnerships and self-management of chronic disease.
- Healthy Aging Association received a \$35,000 grant to support the Young at Heart fall prevention education and outreach program. Twelve-hundred unduplicated seniors will participate in Young at Heart's strength training program, and 150 unduplicated seniors will participate in the aerobics program. Participants, members of Stanislaus County's vulnerable and underinsured population 60 and older, will improve their health outcomes and prevent premature decline, disability, and death through strength, flexibility, and wellness programs.
- Hughson Family Resource Center received a \$45,966 grant to support Neighborhood Connections for Southeast Stanislaus, a program that provides mental health, substance abuse, and violence prevention services for youth 6 to 18, uninsured individuals, and underserved Latinos in Southeast Stanislaus County. Three-hundred and fifty people will participate in individualized case management sessions and 245 will receive depression screenings.

- Sierra Vista Child and Family Services was awarded a \$50,000 grant to support mental health services (mental health counseling, substance abuse, and violence prevention) for school-age youth 6 to 17 and their families.

#### **2012 GOALS UPDATE**

Support mental health programs as a barrier to improved utilization and compliance of care plans in the management of chronic diseases.

#### **2012 STRATEGIES UPDATE**

Provide grant funding to support mental health programs as a barrier to improved utilization and compliance of care plans in the management of chronic diseases.

#### **MONITORING PROGRESS OF 2012 STRATEGIES**

KFH-Modesto will monitor progress by requiring grantees to submit semiannual and year-end reports that demonstrate the number of people served by their efforts and the success rate of measurable objectives.

#### **PRIORITIZED NEED IV: BASIC NEEDS**

Stanislaus County residents appear to be struggling to meet their health, economic, and social needs. In 2009, nearly 26% of county residents over 25 had not completed high school and 17% of county residents were living in poverty. Eighteen percent of 2010 survey respondents reported that they had gone without basic needs in the past year, and of those, 52% went without food, 49% went without health care, 45% went without clothing, and 42% went without dental care.

#### **2011 GOALS**

Increase knowledge and access to self-sufficiency services such as health insurance and government and community programs.

#### **2011 STRATEGIES**

1. Provide grant funding to support enrollment assistance programs.
2. Provide access to local resources on the Community Benefit web site.

#### **TARGET POPULATION**

The underserved and underinsured, low-income children, adults, families, and others in the community.

#### **COMMUNITY PARTNERS**

Community partners include DMC Foundation, Healthy Aging Association, Hughson Family Resource Center, Salvation Army of Stanislaus, Second Harvest Food Bank of San Joaquin and Stanislaus Counties, and West Modesto King Kennedy Collaborative.

#### **2011 YEAR-END RESULTS**

- United Way of Stanislaus County was awarded a \$45,160 grant to support the Stanislaus County 2-1-1/Health Insurance Enrollment Program. The Stanislaus County 2-1-1 line provides vital health and human services information and referrals to nearly 4,500 individuals each year.
- United Way of Stanislaus County also received another grant for \$50,000 to support the Stanislaus County 2-1-1/Health Insurance Enrollment Program.

### **2012 GOALS UPDATE**

The goals will remain unchanged for 2012.

### **2012 STRATEGIES UPDATE**

The strategies will remain unchanged for 2012.

### **MONITORING PROGRESS OF 2012 STRATEGIES**

KFH-Modesto will monitor progress by requiring grantees to submit semiannual and year-end reports that demonstrate the number of people served by their efforts and the success rate of measurable objectives.

**Table 1**

## **KAISER FOUNDATION HOSPITAL-MODESTO**

### **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	1,839
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members	68
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	4,767
Medi-Cal Managed Care members	8
Healthy Families Program members	7
Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) <sup>1</sup> members	7
Health Research projects (new, continuing, and completed)	0
Nursing Research projects (new, continuing, and completed)	5
Educational Theatre Programs – number of performances and workshops	90
Educational Theatre Programs – number of attendees (students and adults)	33,300
Graduate Medical Education – number of programs	2
Graduate Medical Education – number of affiliated and independent residents	29
Nurse practitioner and other nursing training and education beneficiaries	0
Deloras Jones nursing scholarship recipients	2
Other health professional training and education (non-MD) beneficiaries	13
Summer Youth and INROADS programs participants	10
Number of 2011 grants and donations made at the local and regional levels <sup>2</sup>	75

<sup>1</sup>AIM: 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.

<sup>2</sup>The 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-MODESTO

### COMMUNITY BENEFIT RESOURCES PROVIDED IN 2011

	2011 Total
<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$1,026,349
Healthy Families <sup>2</sup>	\$5,410
Charity care: Charitable Health Coverage programs <sup>3</sup>	\$4,061,324
Charity care: Medical Financial Assistance Program <sup>4</sup>	\$304,786
Grants and donations for medical services <sup>5</sup>	\$422,800
<b>Subtotal</b>	<b>\$5,820,669</b>
<b>Other Benefits for Vulnerable Populations</b>	
Summer Youth and Inroads programs <sup>6</sup>	\$104,223
Grants and donations for community-based programs <sup>7</sup>	\$115,874
Community Benefit administration and operations <sup>8</sup>	\$180,247
<b>Subtotal</b>	<b>\$400,344</b>
<b>Benefits for the Broader Community<sup>9</sup></b>	
Community health education and promotion programs	\$8,470
Educational Theatre Programs	\$144,249
Facility, supplies, and equipment (in-kind donations) <sup>10</sup>	\$0
Community Giving Campaign administrative expenses	\$8,604
Grants and donations for the broader community <sup>11</sup>	\$48,898
National board of directors fund	\$13,332
<b>Subtotal</b>	<b>\$223,554</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education	\$84,773
Non-MD provider education and training programs <sup>12</sup>	\$480,114
Grants and donations for the education of health care professionals <sup>13</sup>	\$54,803
Health research	\$2,754,311
<b>Subtotal</b>	<b>\$3,374,001</b>
<b>Total Community Benefits Provided</b>	<b>\$9,818,568</b>

## 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.