

RICHMOND

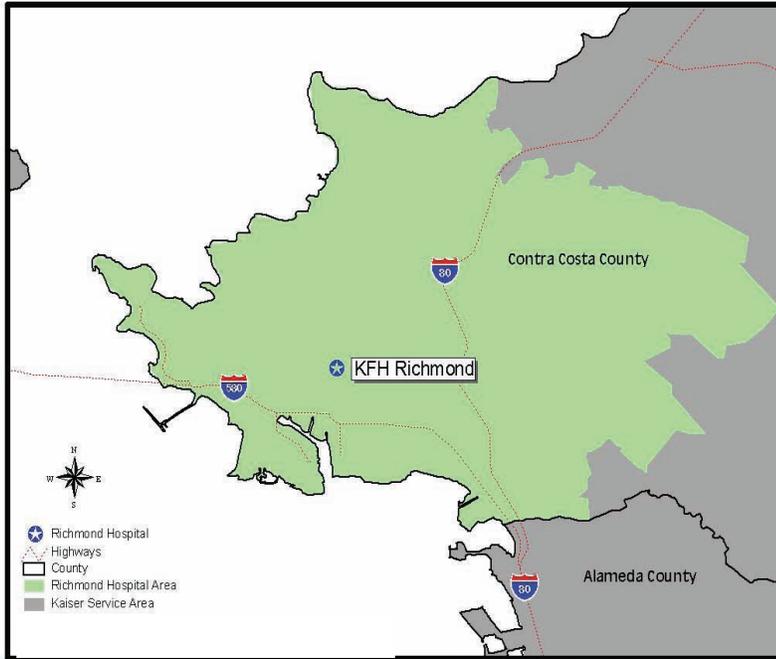
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## KAISER FOUNDATION HOSPITAL (KFH)-RICHMOND

901 Nevin Avenue  
 Richmond, CA 94801  
 (510) 307-1000



The KFH-Richmond service area includes Crockett, El Cerrito, El Sobrante, Hercules, Pinole, Richmond, Rodeo, and San Pablo.

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

Total population:	248,115	White:	23.45%
Median age:*	38.0	Latino:	31.51%
Average household income:*	\$78,469	African American:	20.26%
Percentage living in poverty:	12.82%	Asian and Pacific Islander:	20.06%
Percentage unemployed:	9.14%	Native American:	0.36%
Percentage uninsured:	16.35%	Other:	4.37%

### KEY STATISTICS

Year opened:	1942	Total licensed beds:	50
KFH full-time equivalent personnel:	465.9	Inpatient days:	11,767
KFHP members in KFH service area:	99,021	Emergency room visits:	34,474

### KEY LEADERSHIP AT KFH-RICHMOND

Nathaniel L. Oubré, Jr.	Senior Vice President and Area Manager
Karen Grisnak, RN, MSN	Chief Operating Officer
Dennis Morris	Area Finance Director
Tim Batchelder, MD	Physician in Chief
Shirley Steinback	Medical Group Administrator
Julie Hadnot	Public Affairs Director
Glenda Monterroza	Interim Community Benefit/Community Health Manager

# THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

## 2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

The 2010 CHNA for KFH-Richmond is based on secondary data analyzed and reported by the Contra Costa Department of Public Health (DPH) and primary data collected through a series of community focus groups. The East Bay Area contracted with the County DPH as part of a collaborative that included John Muir Health and Sutter Health and was managed through the East Bay Section of the Hospital Council of Northern and Central California. The focus groups were designed and conducted by Coleman-Smith, an Oakland-based consulting company. The East Bay Area engaged Areté Consulting to support the overall CHNA process on its behalf.

### 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:

*Obesity and overweight and the associated chronic conditions are significant health problems in West Contra Costa County:*

- More than 36% of West Contra Costa Unified School District (WCCUSD) 5th graders are overweight; 56% of adults in Contra Costa County are overweight or obese.
- Diabetes mortality in the west county city of San Pablo is more than 2.5 times the overall county rate. In Richmond, the diabetes mortality rate is nearly double the overall county rate.
- Heart disease mortality in San Pablo and Richmond is significantly higher than the overall county rate; San Pablo's rate is more than double the county rate.
- Individuals in the focus groups indicated that resources on health and nutrition are not always culturally appropriate and that exercise is difficult in neighborhoods where residents do not feel safe.

*Violence continues to affect the population in West Contra Costa County. Homicide is the second leading cause of death among county residents 15 to 34 and the fourth leading cause of death among African Americans in the county:*

- Half of all homicides in Contra Costa County occurred among African Americans.
- 41.5% of county homicides occurred in Richmond, a rate of 38.6 homicides per 100,000 residents, which is more than four times the rate of 9.3 for the county overall.
- African Americans constituted 32.6% of nonfatal assault hospitalizations. Similarly, African American men had the highest assault hospitalization rate, 235.2 per 100,000, higher than the overall rate for men in the county, 63.2 per 100,000.
- Richmond has a rate of nonfatal assault hospitalization that is four times the overall county rate.
- Rates of domestic violence calls for both Richmond and San Pablo are significantly higher than for the county overall.
- Focus group participants highlighted the relationship of violence to economic and financial stress and the tendency for violence to extend through generations.
- Several focus group participants indicated that mental health issues and interracial tensions are interwoven with violence.

*Chronic conditions have a disproportion impact on residents of West Contra Costa County cities and on African Americans in particular:*

- African Americans and Latinos are overweight or obese at higher rates than other races and ethnicities.
- Mortality rates for diabetes, heart disease, stroke, and several cancers are highest among African American residents.
- HIV/AIDS diagnosis rates in Richmond are twice the rate for the county and the diagnosis rate for African Americans is more than four times the overall county rate.

- Childhood asthma hospitalization rates are about twice the county rate in Pinole and Richmond and are 3.5 times the county rate in Hercules. Among African Americans, the rate of childhood asthma hospitalization is more than 2.5 times the county rate.

*Prenatal care and perinatal outcomes have emerged as issues of concern in West Contra Costa County:*

- Less than 85% of pregnant women in Richmond and San Pablo received early prenatal care.
- The low-birth-weight rate in Richmond is 8.0 per 100 live births, well above the Healthy People 2010 objective of 5.0 per 100 live births. For African Americans, the rate is 12.4.
- Rates of fetal death, infant death, and neonatal death are approximately two times higher for African Americans than for the county overall.

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

1. Access to health insurance coverage and health care services
2. Obesity and overweight
3. Community violence
4. Childhood asthma
5. Perinatal health

# 2011 YEAR-END RESULTS

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

The most recent data indicate that more than 17% of county residents are uninsured. Based on data related to unemployment and housing foreclosures in West Contra Costa County, the uninsured rate is almost certainly higher among west county residents.

### 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 grant funding to support increased access for teens through school-based clinics.
4. Coordinate with Kaiser Permanente Northern California Region to assure access to services for people with HIV/AIDS.

### TARGET POPULATION

Uninsured and underinsured individuals in West Contra Costa County.

### COMMUNITY PARTNERS

Community partners include California School Health Centers Association (CSHC), YMCA of the East Bay—West Contra Costa Branch, Bay Area Community Resources (BACR), Contra Costa County Health Services, Contra Costa County Supervisor John Gioia, and West Contra Costa Unified School District (WCCUSD).

### 2011 YEAR-END RESULTS

- KFH-Richmond provided a second round of funding (\$50,000) to CSHC to strengthen six school-based health centers (SBHCs) at WCCUSD high schools. The project provided technical assistance (TA), evaluation, communications, and youth engagement support. CSHC facilitated ongoing coordination between WCCUSD and the six SBHC coordinators; conducted a workshop on how to better integrate SBHCs into the schools; and helped establish connections between the SBHCs and The California Endowment's Healthy Richmond program to help align initiatives and improve collaboration. CSHC helped the sites resolve data collection conflicts that were preventing them from comparing and summarizing data across sites; made progress toward developing a stronger data collection system; and worked with WCCUSD to explore ways to connect SBHC usage data to academic performance. In addition, CSHC continued to expand the network of community stakeholders for the SBHCs and developed a shared brand for the six sites and collaborating community partners. They also worked with SBHC youth leadership teams to promote the health centers and helped several sites rebuild teams that had weakened due to staff and student changes. These SBHCs are in a unique position to improve the health of WCCUSD students, many of whom experience high rates of poverty, chronic illness, exposure to violence, and mental health concerns. All students attending WCCUSD high schools benefit from this project.
- Early in 2011, then KFH-Richmond Community Benefit/Community Health Manager Angela Jenkins and Community Benefit/Community Health Specialist Glenda Monterroza convened six SBHC coordinators to get their feedback on the 2010 grant to CSHC. This feedback informed KFH-Richmond's grant-making efforts, resulting in a second grant to CSHC in the fall of 2011 to continue its TA efforts. Furthermore, additional meetings were held with key stakeholders, including

CSHC, WCCUSD, Supervisor John Gioia's office, YMCA of the East Bay, Contra Costa Health Services, and BACR, to look at a collaborative effort to strengthen the power of SBHCs. These meetings led to a funder cultivation event in fall 2011 that helped leveraged a \$50,000 grant from The California Endowment. Ms. Jenkins and Ms. Monterroza have been instrumental in leading key stakeholder's efforts to enhance the work of the SBHCs in West Contra Costa.

- Ms. Jenkins and East Bay Area Public Affairs Director Julie Hadnot facilitated approval of a services agreement between KFH-Richmond and WCCUSD to support the provision of clinical services at Richmond's John F. Kennedy (JFK) High School. This agreement allows KFH-Richmond pediatrician Cherilyn Brunetti, MD, to provide clinical services one day per week at JFK in partnership with Contra Costa County Health Services Department and Planned Parenthood. Dr. Brunetti is available to provide sports physicals, primary care, and reproductive health services to all students who need them, approximately 10 per week. KFH-Richmond Nurse Practitioner Ann McKenzie provides health education talks about healthy sexual habits. She has conducted these presentations/talks for the last 10 years at Richmond High School and is just beginning this work at JFK High School. KFH-Richmond purchased a series of videos entitled *Smart Sex for Teens* (at a cost of \$500) for NP McKenzie's use in the high schools.
- KFH-Richmond provided \$15,000 to YMCA of the East Bay to support the assistant position at JFK High School. The assistant, a key front office staff member at the SBHC, greets students and others who come to the health center to seek services and information, provides basic triage and assessment services, links students to the appropriate service or program, contacts parents/guardians for consent to treat, and tracks referrals to determine whether appointments are kept and if students receive the services. The assistant also generates outcome reports detailing number of referrals and type/number of appointments, facilitates smooth SBHC operations, and is available to students and their families, including those needing to communicate in Spanish.
- KFH-Richmond provided in-kind donations valued at \$1,914 to Brookside Community Health Center's annual health fair. In addition to in-kind donations, Ms. Monterroza led KFH-Richmond's participation on the event planning committee. Brookside's annual health fair included a day of cooking demonstrations, basic health screenings, music, and games. Participants learned about proper nutrition, healthy eating, and the importance of physical activity. This health fair serves underserved communities in San Pablo and Richmond. Kaiser Permanente Northern California Region's Educational Theatre Programs provided its Kid Zone obstacle course and 22 KFH-Richmond physicians and employees volunteered at the event, which was attended by more than 500 community members.
- Ms. Monterroza also represented KFH-Richmond on Building Blocks for Kids (BBK), a collaborative that aims to support the healthy development and education of all children and the self-sufficiency of all families living in Richmond's Iron Triangle by engaging the community, block by block. More than 30 community and government agencies participate in BBK, which is based on the Harlem Children's Zone philosophy of reaching children early, often, and throughout their childhood. BBK implements multiple strategies and activities that rely on best practices and that links and leverages the strength of BBK and the community. KFH-Richmond is a founding BBK partner. Ms. Monterroza has provided TA to the health and wellness working group, supporting development of goals and strategies focused on improving the overall health of and access issues for children and families in the Iron Triangle neighborhood. Ms. Monterroza will continue this work in 2012, helping to develop a work plan that achieves the ultimate goal of improving the health of Iron Triangle families.
- Kaiser Permanente Northern California Region provided a \$75,000<sup>1</sup> grant to HIV Education and Prevention Project of Alameda County (HEPPAC) to support the 2011 HIV/AIDS Initiative. HEPPAC utilizes community outreach and social networks as recruitment strategies for targeting high-risk African American and Latino youth who have not been tested for HIV or do not know their HIV status. Target areas are Alameda and Contra Costa counties with a focus on East Oakland and North Richmond. Peer educators reach out to high-risk individuals who have not been tested in the last six months or who do not know their HIV status, provide HIV prevention information and referrals to HEPPAC's HIV testing and intensive case management components, and are instrumental in identifying youth leaders who will serve as peer program recruiters. Through targeted outreach and recruitment, participants receive information about HIV/AIDS, the risks associated with becoming infected, and ways to remain HIV-negative and/or prevent the further the spread of HIV. Strong case management helps participants further increase their knowledge of HIV and develop strategies for actively

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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).

preventing the acquisition and/or transmission of HIV. Finally, those who participate in community-level testing events receive messages aimed at normalizing HIV testing. HEPPAC's outreach efforts aim to serve as a catalyst to encourage healthy sex practices among African American and Latino youth 15 to 24 who are at high risk for HIV and currently reside in East Oakland or North Richmond. They aim to impact 600 youth through these efforts.

- KFH-Richmond provided \$5,050 to Contra Costa Interfaith Sponsoring Committee (CCISCO) to support Richmond Faith Collaborative's Keep'n It Real. KFH-Richmond Project Manager Tracy Smith created the Keep'n It Real pilot project, a series of peer leader workshops that provide information and support to increase the knowledge and ability of vulnerable adolescents/middle school students in the Richmond area to say no to risky behavior and yes to healthy choices. In the long term, Keep'n It Real supports a series of health topics aimed at preventing teen pregnancy, STIs (sexually transmitted infections), HIV, alcohol and drug use, youth violence, and obesity. Presenting partners included HEPPAC on HIV prevention and A Safe Place on youth violence.
- 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

Projects must focus on the prevention of HIV to reduce the disparities in HIV infection rates and AIDS prevalence among youth and African Americans age 18 to 35.

## 2012 STRATEGIES UPDATE

1. Fund programs that increase access to HIV-testing services.
2. Fund mental health and case management services, with a focus on adherence for individuals infected with HIV.
3. Fund programs using proven best practices for HIV education, prevention, and early intervention.

## MONITORING PROGRESS OF 2012 STRATEGIES

We will assess our success relative to these strategies and goals by monitoring community rates of insurance coverage and indicators of access to care; tracking number of people enrolled in both public programs and Kaiser Permanente-subsidized products (Kaiser Permanente Child Health Plan and STEPS); tracking number of individuals receiving MFA, number of signed agreements, time to approve MFA awards, and number of applications screened; tracking grant dollars provided; collecting data on number of teens seen in school-based clinics that are supported through grant funding; and monitoring regional and local efforts to assure access to services for people with HIV/AIDS.

## PRIORITIZED NEED II: OBESITY AND OVERWEIGHT

Obesity and overweight are health problems in themselves and contribute to several other debilitating health conditions. In West Contra Costa County, the rates of obesity and overweight are high both for adults and for children. More than 56% of adults in Contra Costa County are obese or overweight, and more than 36% of WCCUSD 5th graders are overweight. Rates of obesity and overweight are highest for African Americans, Latinos, males, and students in low-income school districts in Contra Costa County.

## 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 Faith Initiative programs, A Taste of Health and Keep'n It Real.
2. Provide in-kind staff support to Faith Initiative planning and program development for A Taste of Health and Keep'n It Real.
3. Provide in-kind staff support and grants to advance HEAL-CHI (Healthy Eating, Active Living-Community Health Initiative) efforts related to physical activity in Richmond.
4. Provide grant funding to increase physical activity in school settings and faith communities.

## TARGET POPULATION

Low-income individuals who are obese or overweight or who are at risk of being obese or overweight.

## COMMUNITY PARTNERS

Community partners include CCISCO, West County HEAL Collaborative, Bay Area Local Initiatives Support Coalition (LISC), Playworks, Children's Hospital & Research Center, and The California Endowment.

## 2011 YEAR-END RESULTS

- KFH-Richmond and KFH-Oakland provided \$20,000 to Playworks to support its East Bay project. In partnership with 33 low-income elementary schools, Playworks delivers a five-component program designed to improve the health and well-being of children by providing opportunities for physical activity and safe, meaningful play, before, during, and after the school day. The five components include organized recess activities, individual play and physical activity classes, before/after school programming, developmental sports leagues, and a youth leadership program, Junior Coaches, that empowers hundreds of students to take ownership of their school experience by providing opportunities to be positive leaders during the school day. Playworks runs throughout the year and culminates in a daylong conference focusing on topics such as conflict resolution, time management, leadership qualities, healthy eating, and healthy lifestyles. In addition to increasing physical activity levels, Playworks strives to educate students about healthy eating choices through pilot garden projects and educational curriculum, and provides programming at schools where at least 51% of the students qualify for free or reduced lunches.
- KFH-Richmond provided \$10,000 to Healthy & Active Before 5 (HAB45) to support HAB45's initiative to create food and activity environments in neighborhoods and key children's institutions that motivate and support young children and families to adopt healthy behaviors and reduce obesity rates countywide. HAB45 works with local community partners to become a role model for healthy eating and good nutrition. HAB45 staff have challenged their community partners to adopt at least one policy aimed at reducing childhood obesity, and to "pledge the practice," and to make changes in their everyday professional habits. Through TA efforts, HAB45 encourages its partners to consider these model policies and helps them adapt the policies as needed. Model policies include (1) no sugar-sweetened beverages or juice; (2) breastfeeding accommodation; (3) healthy foods and beverages; and (4) movement and play. HAB45 plans to give policy mini-grants to eight West County partner agencies serving children 0 to 5 to create new healthy organizational policies.

- Kaiser Permanente Northern California Region provided a \$1 million<sup>1</sup> grant (over three years) to Bay Area LISC to support the 2011 HEAL Initiative, which has an overarching goal of getting people to eat better and move more as part of daily life. Kaiser Permanente's vision is that by the end of the three-year initiative, targeted communities will be visibly transformed and opportunities for engaging in healthy behaviors, such as bike lanes, farmers' markets, clean and safe parks, and active after-school programs will be an intrinsic part of community life. As important, residents will have the knowledge and skills to make healthy choices, and social norms changes within the community will support and encourage those choices. Over the course of the three years, all HEAL initiatives will undertake community-specific strategies that address the four common behavior change goals: decrease calorie consumption, increase fruit and vegetable consumption, increase physical activity in community settings, and increase physical activity in institutional settings. The goal is to reach all 16,943 residents within defined boundaries in Richmond's Iron Triangle, North Richmond, and Parchester Village neighborhoods. Then KFH-Richmond Community Benefit/Community Health Manager Angela Jenkins was a member of the HEAL Collaborative providing TA and serving as a liaison to Kaiser Permanente Northern California Region Community Benefit.
- KFH-Richmond provided \$7,000 to CCISCO to support phase two of Richmond Faith Collaborative's A Taste of Health, which aims to provide health awareness workshops, resources, and activities to Richmond residents, empowering them to make healthier, well-informed decisions about their health and safety. A 12-week adult fitness and nutrition education program, a Taste of Health reached 20 adult participants who have suffered or are suffering from chronic illness. Activities included healthy food selection and preparation classes and low-impact physical fitness trainings. Program instructors provided participants with resources, information, and support to help reduce chronic illness.

## 2012 GOALS UPDATE

The goals will focus on projects that work on systemic changes to promote and support healthy eating and active living in community and institutional settings.

## 2012 STRATEGIES UPDATE

1. Fund programs/policies that increase access to and/or the consumption of water and healthier beverage choices.
2. Fund development/implementation of policies/systems changes to promote physical activity in institutional, community and/or outdoor recreational settings (e.g., schools, faith-based organizations, work sites).
3. Fund programs/policies that increase support for breastfeeding among African American women.
4. Fund programs that support food retail outlets to offer healthier food and beverage choices in underserved areas.

## MONITORING PROGRESS OF 2012 STRATEGIES

We will assess our progress with respect to our goals and strategies by tracking grant dollars provided to support each strategy as well as the number of people reached by programs receiving grant funding (HEAL-CHI collaborative, Faith Initiative programs), and monitoring and tracking in-kind support provided to the Faith Initiative for planning and program development.

## PRIORITIZED NEED III: COMMUNITY VIOLENCE

Richmond has the highest rates of homicide and nonfatal assault hospitalizations in the county. The city accounts for more than 41% of homicides in the county, with a homicide rate that is more than four times the county rate. Homicides and nonfatal assaults tend to involve firearms (79% of homicides and 37% of nonfatal assault hospitalizations) and have a disproportionate impact on teens and young adults as well as on African Americans. Living in communities where violence is prevalent can result in an increased need for mental health services, both to mitigate the impact of the current violence and to prevent the continuation of violence as a strategy for resolving conflict or addressing social injustice.

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## 2011 GOALS

1. Decrease violence among young men of color.
2. Decrease the psychological and emotional impact of violence on children and families.

## 2011 STRATEGIES

1. Provide grant funding to address the mental health needs of young men at risk for violence.
2. Investigate opportunities to implement Caught in the Crossfire pilot in the KFH-Richmond Emergency Department.
3. Provide grant funding for mental health services to children and families who are affected by violence.

## TARGET POPULATION

African American families, youth, and children who are at risk for, participate in, or have been exposed to community violence.

## COMMUNITY PARTNERS

Community partners include City of Richmond Office of Neighborhood Safety, The California Endowment, and Youth Alive!

## 2011 YEAR-END RESULTS

- KFH-Richmond provided \$19,920 to Pacific Institute for Studies in Development, Environment, and Security to support Safe Return, a project that builds the leadership capacity of formerly incarcerated Richmond residents to shape policy and improve opportunities for community members returning from incarceration. Safe Return community researchers conduct research, community organizing, and policy development and advocacy to leverage the wisdom of lived experience, scientific data, and broad relationships to reduce recidivism and improve community safety. The team has conducted and documented more than 500 one-on-one interviews during which they listened to formerly incarcerated and other residents' experiences and views on reentry, safety, and related issues. They also conducted 101 structured survey interviews with recently released Richmond residents, using a survey instrument with 151 questions crafted by the team. Finally, the team participated in and led planning and policy development in several venues: a city-led multi-stakeholder reentry planning process, the county's implementation of AB109 realignment, and direct grassroots advocacy. The team has reached 1,200 Richmond residents and stakeholders, about half of whom are formerly incarcerated.
- KFH-Richmond provided \$20,000 to Early Childhood Mental Health Program for Los Buenos Padres (good parents), which provides two psycho-educational support groups: Familias Seguras (safe families) for Spanish-speaking mothers who have experienced or are experiencing domestic violence and Ser Papá (to be a father) for Spanish-speaking fathers with parenting or domestic violence issues. Parents receive culturally competent mental health services to address parenting and domestic violence issues. As a result of their participation, parents have seen a reduction in domestic violence and/or child abuse, learned nonviolent disciplinary techniques, learned to nurture their children's needs and development with patience, understood the demoralizing impact that violence has on their children, and received referrals for other needed family services. Familias Seguras has served 16 mothers, and Ser Papá has served nine fathers.
- KFH-Richmond provided \$10,000 to YMCA of the East Bay, West Contra Costa Branch, to support uninsured and underinsured students at JFK and Pinole Valley high schools who demonstrate a need for mental health services. Students receive individual/group/family counseling, information, and referrals around grief and loss; crisis intervention. Counselors work with students who need counseling but are ineligible for other on-campus counseling services (funded by Medi-Cal) and would not be served otherwise. The funds at JFK help maintain a full-time clinician, who at any given time manages a caseload of 25 students receiving counseling. Pinole Valley has a part-time counselor with an average caseload of 10 students, as well as a therapy group serving eight additional students.

- KFH-Richmond provided \$15,000 to The Wright Institute to support the Gompers Continuation High School Collaboration, which works to reduce the psychological and emotional impact of violence and trauma on Gompers' 180 students, who are primarily Latino and African American. The trauma-informed, evidence-based clinical services provided by Wright Institute graduate students are designed to help young people and their families cope with the anger and pain that drives much of the violence, and to build healthy, supportive relationships, regulate emotional states, and exercise good judgment. To date, they have worked with 25 students. Parents and families will also be invited to the campus to participate in counseling and consultation services.
- KFH-Richmond provided \$15,000 to Youth Enrichment Strategies (YES) to support PeaceTalk, a program that provides parents/caregivers and their families with various workshops on nondefensive communication training, health and wellness education, safe walks to schools, safety, gang prevention, and leadership development. Workshops are held at Lincoln and Verde elementary schools in Richmond. To date, YES has provided six workshops at Lincoln (29 participants) and three workshops at Verde (13 participants). All participants have been women. During workshop sessions, YES staff cultivate parents/caregivers' leadership skills by helping them develop group agreements, conduct planning tasks, facilitate portions of meetings, and outreach to other parents and school staff. The target population is primarily African American and Latino low-income families in Central and North Richmond.
- Then KFH-Richmond Community Benefit/Community Health Manager Angela Jenkins, MPAA, initiated discussions with Youth Alive! and KFH-Richmond Emergency Department (ED) personnel about the possibility of implementing a Caught in the Crossfire pilot program in the ED. She also explored opportunities to implement the program in partnership with The California Endowment, Office of Neighborhood Safety, and John Muir/Mt. Diablo Health System to address trauma- and nontrauma-related injuries due to gun violence or other forms of violence (assault, domestic violence). Caught in the Crossfire is a hospital-based peer intervention program that hires young adults to work with youth who are recovering from violent injuries. Intervention specialists offer long-term case management, linkages to community services, mentoring home visits, and follow-up assistance to violently injured youth. At this date, aggregate data have been shared with Youth Alive! on the number of victims of violence who have received treatment in the KFH-Richmond ED. Kaiser Permanente Northern California Region provided a \$75,000 TA grant for this and other similar efforts.

## 2012 GOALS UPDATE

Projects must focus on efforts to reduce violence among youth, especially young men of color, and/or decrease the psychological and emotional impact of violence on children and families.

## 2012 STRATEGIES UPDATE

1. Fund violence prevention programs for youth that focus on economic and career development.
2. Fund comprehensive after-school programs that focus on mentoring and academic improvement.
3. Fund mental health/case management programs for youth experiencing family and/or community violence.
4. Fund restorative justice programs designed to reduce violence and conflict and promote community healing.

## MONITORING PROGRESS OF 2012 STRATEGIES

We will assess our progress with respect to these strategies and goals by tracking grant dollars awarded and number of young men, children, and families reached through grant-funded mental health programs; monitoring community indicators of violence; and tracking and evaluating the impact of Caught in the Crossfire on victims of violence seen in the KFH-Richmond ED.

## PRIORITIZED NEED IV: CHILDHOOD ASTHMA

Richmond, Hercules, and Pinole have rates of childhood asthma hospitalization that are significantly higher than the overall county rate. Childhood asthma can be managed, and acute attacks requiring hospitalization can largely be avoided, but the data indicate that this is not happening in these cities. Data also show disproportionately high rates of childhood asthma hospitalization among African Americans.

## 2011 GOAL

Improve asthma management in African American families.

## 2011 STRATEGIES

1. Work with schools to share Kaiser Permanente's clinical expertise and materials related to asthma management at home and at school.
2. Explore opportunities to participate in and support community advocacy efforts to prevent and reduce the environmental factors contributing to asthma incidence and severity.

## TARGET POPULATION

African American families in which children have been diagnosed with or are at risk for asthma.

## COMMUNITY PARTNERS

Community partners include West Contra Costa County Asthma Coalition, EarthTeam, and American Lung Association.

## 2011 YEAR-END RESULTS

- KPH-Richmond and KFH-Oakland provided \$5,000 to Alameda County Asthma Coalition (fiscal agent, Oakland Children's Hospital Foundation) to support Camp Breathe Easy 2011, which provided 80 asthmatic children 7 to 13 from Oakland, Richmond, and surrounding area with a summer camp experience they might not otherwise have had because of their asthma. In addition to classic summer camp activities (swimming, sports, arts and crafts, climbing wall, challenge course, etc.), campers learned about asthma self-management skills in group sessions. Camp staff and other campers share methods to improve asthma self-management skills and discuss and problem-solve social and psychological hurdles related to living with asthma in a supportive environment. The camp also educates campers' parents (approximately 70) about how to use asthma devices, asthma medications, community resources, and other self-management tools.
- Ms. Jenkins initiated planning efforts to provide asthma management classes in community settings and faith institutions to African American and Latino families in West Contra Costa County. KFH-Richmond's Asthma Care Manager Lillian Martinez and Susan Lindheim, MD, are key partners in this effort. Agency partners include Bethlehem Missionary Baptist Church and members of the Richmond Faith Initiative.

## 2012 GOALS UPDATE

Projects must focus on reducing the disparity in asthma hospitalizations for African American and Latino children and youth.

## 2012 STRATEGIES UPDATE

1. Fund efforts to provide community-, faith-, and school-based education and support to assess and mitigate asthma triggers in the home.
2. Fund efforts that focus on preventive measures that support asthma self-management education for children and youth.
3. Fund programs that provide asthma management training and support for parents/caregivers.

## MONITORING PROGRESS OF 2011 STRATEGIES

We will assess our progress with respect to these strategies and goals by tracking number of contacts made to schools and materials and expertise on asthma management provided as a result of those contacts; and monitoring opportunities and actions to advocate for reducing the environmental factors contributing to asthma incidence and severity.

## **PRIORITIZED NEED V: PERINATAL HEALTH**

Rates of fetal death among African Americans are almost two times the overall county rate. Rates of infant death are almost three times those for the county overall. African Americans and Richmond residents also have the highest rates of low-birth-weight babies in the county. Only 81% of African Americans, 85% of Richmond residents, and 84% of San Pablo residents received early prenatal care.

### **2011 GOAL**

Improve rates of fetal and infant survival among African Americans.

### **2011 STRATEGIES**

1. Fund local collaborative efforts that focus on creating the conditions for healthy pregnancies and healthy infants.
2. Provide leadership and TA to community collaborative efforts focused on improving health outcomes and infant survival (Fetal and Infant Mortality Review [FIMR], etc.).

### **TARGET POPULATION**

Pregnant and likely-to-get pregnant African Americans.

### **COMMUNITY PARTNERS**

Community partners include Ujima Family & Recovery Services and Contra Costa Health Services.

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

- KFH-Richmond provided \$20,000 to Ujima Family Recovery Services to support its Perinatal Care Foundations, which provides mothers and pregnant women with substance abuse treatment, health education, and links to medical and support services to help them remain sober and increase healthy birth outcomes. Ujima offers a residential as well as an intensive day treatment program in West Contra Costa. Both programs provide individualized, culturally-sensitive, gender-responsive treatment that addresses each woman's pathway to drug and alcohol use, the consequences of her use, and her own motivation for treatment. Ujima is currently serving 150 pregnant and parenting women of various ethnicities.
- KFH-Richmond provided \$20,000 to Contra Costa Health Services for its Prenatal Care Guidance Program, which utilizes two components, direct case management services and a community awareness campaign, to promote early entry and continued prenatal care for low-income Medi-Cal-eligible women. This dual-pronged approach addresses the individual perinatal needs of 30 pregnant African American and Latino women and raises awareness in the larger community about essential perinatal health issues. At the time this report was written, the program had provided support, education, and linkages to 22 women through outreach and ongoing home visits. The awareness campaign focuses on a temporary health coverage program called Presumptive Eligibility (PE), Medi-Cal enrollment, the importance of prenatal care and resources, and staying healthy during and between pregnancies. PE is a vital state-administered program that provides temporary coverage while pregnant women apply for Medi-Cal and promotes perinatal health by allowing women to start prenatal care immediately, increasing the likelihood of a healthy pregnancy and baby. The PE Campaign kicked off at the beginning of 2012, and materials will be distributed to community clinics and other community partners.

### **2012 GOALS UPDATE**

Projects must work to increase the number of pregnant women receiving early prenatal care, improve the rates of fetal and infant survival, and promote healthy birth outcomes within the life course framework.

## 2012 STRATEGIES UPDATE

1. Fund case management programs and/or support groups for mothers and their partners/families, with a particular focus on African American and Asian and Pacific Islander women. Case management activities may include maternal health assessments and screenings, health promotion, education and counseling, lactation support, and methods to reduce the stress of pregnant women.
2. Fund efforts to work with pregnant women to maintain abstinence from drugs, smoking, and alcohol.
3. Fund programs that promote and support male/partner involvement in the prenatal care experience.

## MONITORING PROGRESS OF 2012 STRATEGIES

We will assess our progress with respect to these strategies and goals by tracking grant dollars provided and number of individuals reached through funded programs, monitoring community data regarding fetal and infant deaths and implementation of collaborative program priorities.

**Table 1**

**KAISER FOUNDATION HOSPITAL-RICHMOND**

**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	1,965
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members	46
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	1,372
Medi-Cal Managed Care members	3,970
Healthy Families Program members	2,873
Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) <sup>1</sup> members	59
Operation Access – number of procedures (including otolaryngology, general surgery, ophthalmology, gynecology)	21
Operation Access – number of medical volunteers	35
Operation Access – number of medical volunteer hours	242
Health Research projects (new, continuing, and completed)	0
Nursing Research projects (new, continuing, and completed)	2
Educational Theatre Programs – number of performances and workshops	85
Educational Theatre Programs – number of attendees (students and adults)	14,599
Graduate Medical Education – number of programs	7
Graduate Medical Education – number of affiliated and independent residents	87
Nurse practitioner and other nursing training and education beneficiaries	1
Deloras Jones nursing scholarship recipients	2
Other health professional training and education (non-MD) beneficiaries	12
Summer Youth and INROADS programs participants	0
Number of 2011 grants and donations made at the local and regional levels <sup>2</sup>	146

<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-RICHMOND**

**COMMUNITY BENEFIT RESOURCES PROVIDED IN 2011**

	2011 Total
<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$8,660,973
Healthy Families <sup>2</sup>	982,802
Charity care: Charitable Health Coverage programs <sup>3</sup>	1,178,126
Charity care: Medical Financial Assistance Program <sup>4</sup>	522,391
Grants and donations for medical services <sup>5</sup>	140,035
<b>Subtotal</b>	<b>\$11,484,328</b>
<b>Other Benefits for Vulnerable Populations</b>	
Summer Youth and Inroads programs <sup>6</sup>	\$8,767
Grants and donations for community-based programs <sup>7</sup>	586,966
Community Benefit administration and operations <sup>8</sup>	181,695
<b>Subtotal</b>	<b>\$777,428</b>
<b>Benefits for the Broader Community<sup>9</sup></b>	
Community health education and promotion programs	\$8,533
Educational Theatre Programs	235,792
Facility, supplies, and equipment (in-kind donations) <sup>10</sup>	11,753
Community Giving Campaign administrative expenses	8,668
Grants and donations for the broader community <sup>11</sup>	101,053
National board of directors fund	13,431
<b>Subtotal</b>	<b>\$379,231</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education	\$2,538,107
Non-MD provider education and training programs <sup>12</sup>	277,386
Grants and donations for the education of health care professionals <sup>13</sup>	9,643
Health research	2,785,450
<b>Subtotal</b>	<b>\$5,610,586</b>
<b>Total Community Benefits Provided</b>	<b>\$18,251,573</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.