

OAKLAND

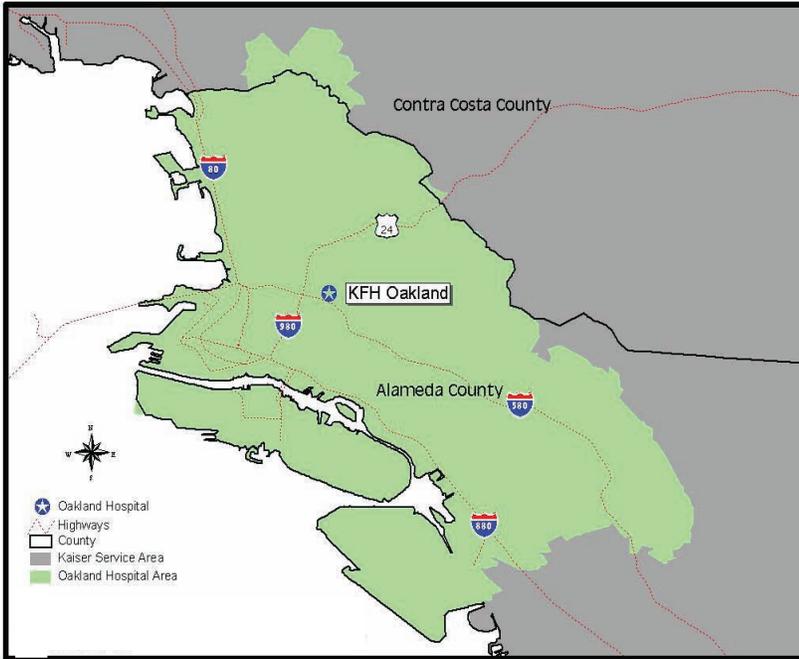
OAKLAND

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# KAISER FOUNDATION HOSPITAL (KFH)-OAKLAND

280 West MacArthur Boulevard  
 Oakland, CA 94611  
 (510) 752-1105



The KFH-Oakland service area includes Alameda, Albany, Berkeley, Emeryville, Oakland, and Piedmont.

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

Total population:	633,114	White:	32.41%
Median age:*	36.1	Latino:	21.76%
Average household income:*	\$70,217	African American:	21.12%
Percentage living in poverty:	16.92%	Asian and Pacific Islander:	19.84%
Percentage unemployed:	8.92%	Native American:	0.33%
Percentage uninsured:	14.67%	Other:	4.55%

## KEY STATISTICS

Year opened:	1942	Total licensed beds:	341
KFH full-time equivalent personnel:	1,884.0	Inpatient days:	74,218
KFHP members in KFH service area:	188,929	Emergency room visits:	50,725

## KEY LEADERSHIP AT KFH-OAKLAND

Nathaniel L. Oubré, Jr.	Senior Vice President and Area Manager
Belia Marshall, RN, MPA	Chief Operating Officer
Dennis Morris	Area Finance Director
John Loftus, 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-Oakland is based on secondary data analyzed and reported by the Alameda County 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 Eden Medical Center and Sutter Health and was managed through the East Bay Section of the Hospital Council of Northern and Central California. The community 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 behalf of KFH-Oakland.

## 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:

*Access to care remains an issue for low-income residents of the KFH-Oakland service area:*

- In 2007, before the current economic recession, 12.6 percent of nonelderly adults in Alameda County were uninsured. Current estimates (released September 2010) from UCLA show 15% of all Alameda County residents uninsured for all or part of the year.
- Males, young adults 18 to 24, and low-income adults are more likely to be uninsured than females, older adults, or those with high incomes.
- Latinos, Asians/Pacific Islanders (APIs), and African Americans have much higher rates of uninsurance than Whites. Almost 25% of Latinos were uninsured in 2005–2007.
- Among cities in Alameda County, Oakland has the highest rate of uninsured nonelderly adults, 22%. Oakland and Berkeley also have high rates of uninsured children compared to the rest of the county (11% and 12%, respectively).
- Almost half (47.8%) of adults over 65 lack dental insurance coverage, a much higher rate than younger adults (20.9%) or children (13.3%).
- Data for 2003 show that males (13.9%) are significantly more likely than females (6.9%) to lack a usual source of care.
- 10.3% of adults did not have a usual source of care: Whites are most likely to have one, while APIs and African Americans are least likely.
- The uninsured are five times more likely to lack a usual source of care.
- Women are more likely than men to delay or not receive needed medical care (17.2% vs. 13.2%).
- The uninsured are more likely than the insured to delay or not receive care (20.1% vs. 14.9%).

*Obesity and overweight and associated chronic conditions are significant health problems in Alameda County:*

- 53% of adults in Alameda County are overweight or obese; more than 29% of children are overweight, with rates that are particularly high in Emeryville (50.3%) and Oakland (36.4%).
- Heart disease mortality throughout the KFH-Oakland service area is significantly higher than the overall county rate; rates in four cities are five or six times higher than those for the county.
- Focus group participants indicated that health and nutrition resources are not always culturally appropriate and that exercise is difficult in neighborhoods where residents do not feel safe.

*Violence continues to affect the KFH-Oakland service area population; homicide rates are highest for young men and for African Americans:*

- The age-adjusted rate of homicide in Alameda County was 10.7 per 100,000 people. The African American homicide rate of 43.8 per 100,000 was significantly higher than any other racial/ethnic group—more than 17 times the rates of Asians and Whites, and about five times the rate of Latinos.
- Homicides are six times more likely to occur among males 15 to 34 than they are for the overall county population.
- The homicide rate in Oakland is about 2.5 times higher than the rate for Alameda County.
- Emergency department visits for assault are highest among African Americans and males 15 to 24.
- African Americans were three to 10 times more likely to visit the emergency department for an assault-related injury compared to other racial/ethnic groups in Alameda County.
- Rates of emergency room visits in Oakland are 70% higher than those 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 of the focus groups indicated that mental health issues and interracial tensions are interwoven with violence.

*Chronic conditions have a disproportional impact on African Americans and Pacific Islanders in the KFH-Oakland service area:*

- African American and Latino adults are overweight or obese at higher rates than other races and ethnicities.
- Mortality rates for diabetes and heart disease are highest among Pacific Islander and African American residents of the county.
- HIV/AIDS case rates in Oakland are twice the rate for the county; for African Americans, the diagnosis rate is more than three times the overall county rate.
- Asthma hospitalization rates for children 0 to 5 are 50% higher in Oakland compared to the county rate. Among African Americans, the rate of childhood (0 to 5) asthma hospitalization is more than twice the county rate.

*Prenatal care and prenatal outcomes have emerged as issues of concern for some populations in Alameda County:*

- Rates of first trimester prenatal care have dropped for all groups and for the county overall. Pacific Islanders, Latinos, and African Americans all had lower early prenatal care rates than the county average of 88.1.
- Low-birth-weight rates vary substantially by race and ethnicity. African Americans have rates 1.5 to 2.5 times higher than those for whites or Latinos.
- Emeryville has a particularly high rate of low-birth-weight compared to the county overall.
- The infant mortality rate among African Americans is 2.6 times higher than the county average and almost five times higher than the rate for APIs.
- Neither Oakland nor Berkeley has achieved the Healthy People 2010 objective for infant mortality.

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

1. Access to health insurance coverage and health care services
2. Obesity and overweight
3. Community violence
4. Childhood asthma
5. Prenatal 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 15% of county residents are uninsured. Oakland has particularly high rates of uninsured residents: 22% of adults and 12% of children are uninsured.

### 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 health care 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 the KFH-Oakland service area.

### COMMUNITY PARTNERS

Community partners include WORLD, Oakland Unified School District (OUSD) School-Based Health Centers, and HIV Education and Prevention Project of Alameda County (HEPPAC).

### 2011 YEAR-END RESULTS

- Then KFH-Oakland Community Benefit/Community Health Manager Angela Jenkins collaborated with Kaiser Permanente Northern California Region to provide oversight on a grant provided to OUSD to support the expansion of school-based health centers. Collaborative work included participating in grantee review meetings, receiving reports, and providing input on project implementation; and providing technical assistance (TA) on special projects focused on enhancing IT infrastructure at clinic sites, a districtwide vision screening program, and initial planning to support OUSD's school wellness policy.
- Kaiser Permanente Northern California Region provided a \$75,000<sup>1</sup> grant to 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 are utilized to reach high-risk individuals who have not been tested in the last six months or who do not know their HIV status. They provide HIV prevention information and referrals to HEPPAC's HIV testing and intensive case management components. Peer educators 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 preventing the acquisition and/or transmission of HIV. Finally, those who participate in community-level testing events receive messages aimed at

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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).

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.

- 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 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 that use 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 public programs, 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 grant-funded school-based clinics; 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 Alameda County, the rates of obesity and overweight are high for both adults and children. More than 53% of adults in Alameda County are obese or overweight, and more than 29% of children are overweight. Rates of obesity and overweight for adults are highest for African Americans and Latinos.

## 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 increase physical activity in school settings and faith communities.

2. Provide TA to OUSD's wellness committee to promote the district's wellness policy.

#### 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 OUSD, Health for Oakland's People and Environment (HOPE) Collaborative, Community Child Care Council (4Cs) of Alameda County, Oakland Based Urban Gardens (OBUGS), and other nonprofit organizations supporting the prevention of obesity and overweight.

#### 2011 YEAR-END RESULTS

- KFH-Oakland provided \$50,000 to OUSD's Complementary Learning Department to support a program manager to coordinate school health, with a focus on implementation of a wellness policy for OUSD. A school wellness council was formed to focus on developing a districtwide and school site-based implementation and monitoring plan for the school food, competitive food, physical education, physical activity, indoor air quality and asthma prevention, and staff wellness elements of the policy through the various community and district venues as well as through a school site-based approach. Through the wellness project, OUSD has improved the site wellness champion program (20 schools now have this program), created and distributed school wellness policy communications materials, doubled the number of school produce markets within OUSD schools (now at 24 schools), developed a water access and education initiative, and improved the school wellness council infrastructure. Specific activities have included increasing the number of salad bars at the schools, increasing the number of students eating breakfast at school (breakfast now available at 90 schools), increasing the number of healthy snacks available at schools, and implementing a physical education action plan. KFH-Oakland Health Education Manager Carol Azar, MPH, serves on the Oakland School Wellness Steering Committee, which oversees implementation of the wellness policy. Community partners include Alameda County Department of Public Health, Elev8 Initiative, Communities/Adolescents/Nutrition/Fitness (CANFIT), Bay Area Community Resources (BACR), and California School Health Centers Association.
- KFH-Oakland provided \$15,000 to Children's Hospital & Research Center Foundation to support its Healthy Hearts program, a childhood obesity clinic that provides intensive nutrition and exercise education in a clinical setting for obese patients and collaborates extensively with community partners to increase opportunities for patients to adopt healthy living habits. Healthy Hearts' multidisciplinary team of providers (nutritionist, exercise physiologist) sees patients for repeat visits and work with them to make plans for achieving health behavior goals. Healthy Hearts works with many community partners such as the YMCA and Phat Beets to increase opportunities for healthy living. The primary collaborative focus of this partnership has been to strengthen an existing relationship with Phat Beets, which runs a farmers' market at the hospital, providing access to fresh fruits and vegetables to the patients. As of the date this report was written, 99 patients 0 to 19 were seen through the program.
- KFH-Oakland provided \$15,000 to support 4Cs' Child Care Obesity Prevention Policies project, which works directly with child care programs to develop and implement nutrition and physical activity policies. The goals are to work with child care programs and providers that will adopt written policies and practices to support obesity prevention and to ensure that these programs provide consistent messaging related to nutrition and physical activity to staff and families. The focus is on increasing physical activity, increasing fresh fruit and vegetable consumption, decreasing consumption of sugar-sweetened beverages and sugary foods, and serving portion sizes that are age appropriate. Children and families benefit from a child care environment that intentionally supports each child's health using these mechanisms. Children receive healthy meals and snacks, developmentally appropriate nutrition education, ample opportunities for active play, and limited screen time. Families benefit from education regarding nutrition and physical activity and will be better able to reinforce healthy habits at home. The primary target is 30 child care programs located in low-income communities in Oakland, Alameda, and Berkeley and the families they serve.
- KFH-Oakland provided \$20,000 to Emery Education Foundation to support Smart Choices for Healthy Living, which helps fight obesity and overweight among Emeryville Unified School District students by leveraging existing programs and partnerships to engage students. Using a three-tiered strategy—educating students to make smarter choices in their

physical activity and food choices, providing better options for healthy eating on campus and beyond, and implementing a gardening and cooking component that will be student led at the high schools—the program aims to increase access to and consumption of fresh fruits and vegetables (from regional sustainable sources) in the Emeryville school community. It's also working to develop community capacity to utilize fresh foods, beginning with school food service staff and extending to cooking classes for students and their families. In addition, the program will implement a comprehensive schoolwide health science plan focusing on nutrition education, healthy eating habits, and increased physical activity. Finally, it aims to establish and maintain school gardening programs, including instruction and working in the garden. The project has reached 750 students, primarily high-need, resource-low students of color.

- KFH-Oakland provided \$20,000 to OBUGS to support its after-school and summer camp programs, which engage children and youth in physical activity, healthy cooking, and nutrition education year-round through hands-on garden activities. In OBUGS Afterschool, children help plant, harvest, and maintain the gardens. Each weekly session includes gardening, physical activities, a healthy cooking project, and an art project. The after-school program has been provided to 210 students from St. Martin de Porres Elementary School, St. Patrick's Middle School, West Oakland Music Academy, and West Oakland Middle School. OBUGS Summer Camp was held in June and July 2011; 60 children, including 8 middle school-age junior camp counselors, participated four days per week. Each week, the children spent three days in the garden and one day on a field trip to a local park, farm, or museum. The summer camp helps ensure that students will continue practicing healthy eating and being physically active year-round. Using a variety of strategies, the programs aim to increase consumption of fresh fruits and vegetables, increase physical activity, and decrease consumption of junk food (i.e., foods that contain high amounts of calories and/or fats and are low in nutritional value). OBUGS works to build the foundation for a healthier adulthood by introducing nutrition and health concepts early in life and by helping children develop a love of healthy foods and physical activity.
- Then KFH-Oakland Community Benefit/Community Health Manager Angela Jenkins, MPPA, represented the East Bay Area and Kaiser Permanente Northern California Region Community Benefit on the HOPE collaborative. Ms. Jenkins chaired the Steering Committee, which was responsible for providing governance support, including hiring a project director and program staff, establishing the Youth Advisory Board, and facilitating biweekly meetings. The W.K. Kellogg Foundation funded HOPE's community action plan to improve health and quality of life by transforming food and fitness environments in Oakland neighborhoods that suffer the most from health disparities. Community member action teams—food systems, built environment, community and civic engagement, and families and youth—are working to realize HOPE's mission to create fundamental, sustainable environmental changes to significantly improve the health and wellness of Oakland residents. In 2010, KFH-Oakland provided \$9,995 to support creation of a leadership program, implemented in Fall 2011 that focused on the food system, built environment, and resident engagement. Program participants developed the necessary skills to advocate for change, navigate the policy process, organize their community, and work toward systems change that will improve the health of their communities. Eleven residents have participated in this leadership program.

## 2012 GOALS UPDATE

Projects must focus 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 or healthier beverage choices.
2. Fund development/implementation of policies or systems changes to promote healthy eating and physical activity in institutional, community, and/or outdoor recreational settings (e.g., schools, faith-based organizations, work sites).
3. Fund programs/policies that encourage or increase support for breastfeeding, particularly among African American women.

## 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, number of people reached by the grant-funded programs, and monitoring and tracking TA provided to OUSD.

## **PRIORITIZED NEED III: COMMUNITY VIOLENCE**

Oakland has the county's highest rates of homicide and nonfatal assault hospitalizations. Approximately 75% of homicides involve firearms. Homicides are most likely to occur among males 15 to 34 and 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.

### **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. Participate in regional efforts to decrease violence in Oakland.
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 of, participate in, or have been exposed to community violence.

### **COMMUNITY PARTNERS**

Community partners include Family Violence Law Center (FVLC), Berkeley Organizing Congregations for Action (BOCA), SEEDS Community Resolutions Center (SEEDS), OK Program, and Youth Alive!

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

- BOCA received \$10,000 from KFH-Oakland and \$65,000 from Kaiser Permanente Northern California Region (totaling \$75,000) to support its Lifelines to Healing campaign, a movement of faith- and community-based organizations committed to addressing the systemic barriers and root causes that contribute to pervasive violence and crime in the community. BOCA's efforts to implement Lifelines to Healing in Berkeley arose in response to escalated violence between individuals in North Oakland and South/West Berkeley and growing numbers of violent incidents in Berkeley high schools. The position and credibility of BOCA leaders in the community provide a unique opportunity to influence the response of law enforcement and city government in managing these issues. BOCA is an affiliate of PICO (People Improving Communities through Organizing), a national network of faith-based organizations that use community organizing to address the problems and concerns of their communities. BOCA collaborates with PICO organizations in Oakland, San Francisco, Richmond, and Sacramento to provide opportunities for a regional leadership development and training strategy to influence violence prevention and intervention efforts. The goal is that collaboration will allow BOCA and its partners to leverage goodwill and collective resources from the private sector, regional municipalities, and faith congregations to create a vision and framework for violence prevention, economic development, and the creation of career pathways for hard-to-employ and underemployed individuals reentering the community after incarceration.
- KFH-Oakland provided \$15,000 to Chinatown Youth Center Initiative (fiscal agent, National Council on Crime and Delinquency) to support Warriors for Peace, which works with participants to tell a digital story and to provide context for their personal and community experiences through a violence prevention curriculum, and to provide support for emotional issues that may arise in the process of preparing and producing their story. The violence prevention curriculum, led by Asian Health Services, covers the roots of violence, cultural introductions, racism and stereotypes, sexism, economic class, interpersonal violence and conflict, self-directed violence, violent crimes and guns in the community, and becoming allies. Each mini-documentary is 3 to 5 minutes in length and utilizes the artful mediums of music, poetry, and dance to develop and/or support campaigns against the problems young people experience in their communities. Warriors for Peace is currently working with 15 young men of color, particularly API youth.

- KFH-Oakland provided \$20,000 to FVLC to support the HEAL Domestic Violence program, which helps children who have been victimized by domestic violence and their primary caregiver heal from the trauma they experienced. By providing intensive parent/child psychotherapy to young children who have been exposed to domestic violence, the program helps them overcome the trauma and begin to improve their social, emotional, and cognitive functioning, hopefully preventing them from growing up to become the next generation of victims and abusers. The program also focuses on teaching the children's mothers about healthy and supportive parenting techniques so they can learn to be more involved and nurturing with their children. At this time, the program has provided 120 hours of intensive parent/child psychotherapy for 16 clients (eight children and their primary caregivers) who live in Alameda County.
- KFH-Oakland provided \$15,000 to Alameda County Health Care Foundation for the Youth Violence Prevention program, a nationally recognized hospital-based violence intervention program that serves youth who are admitted to Alameda County Medical Center's Emergency Department or Trauma Center with an injury resulting from an intentional act of violence. Through outreach and intervention services, including mentoring and a customized case plan for every youth, the program is reducing the rate of hospital readmissions due to subsequent acts of violence and the rate of retaliation and associated injuries. Each year, approximately 100 Alameda County youth 12 to 24 participate in the program; and approximately half (49%) are 18 to 21. At this date, 50 youth have participated in the program.
- KFH-Oakland provided \$10,000 to SEEDS to support the Longfellow-South Berkeley Restorative Justice Initiative. SEEDS's Restorative Justice Schools and South West Berkeley Initiative implements Restorative Justice processes at Longfellow Middle School and Rosa Parks Elementary School, and in the surrounding South West Berkeley community. The program creates a more racially equitable school and community culture by establishing shared values, creating a culture of listening, and routinely using "the circle." Circle participants have equal opportunities to speak, to be heard, and to repair social fissures so they can connect deeply with themselves and others. In the schools, the program provides an alternative discipline model, which in the short term reduces suspension rates and in the long term reduces expulsion rates. This model addresses harm caused by a given conflict in a way that provides healing for the victim and accountability for the offender. In addition, restorative justice creates conflict transformation, which in turn starts to create empathy and community building. These services, including conducting harm circles, have greatly reduced suspensions at both schools and, according to the principal, suspensions are down by 70% at Rosa Parks. The program has served more than 500 students at both schools through circles, mediations, and restorative justice meetings.

## 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 impacts 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 provided and number of young men, children, and families reached through grant-funded mental health programs; monitoring community indicators of violence; and tracking participation in regional efforts to reduce violence in Oakland.

## PRIORITIZED NEED IV: CHILDHOOD ASTHMA

In Oakland, the rate of childhood asthma hospitalization is significantly higher than the overall county rate. Childhood asthma can be managed, and acute attacks requiring hospitalization can largely be avoided; however, the data indicate that this is not happening, particularly among African American children.

## 2011 GOAL

Improve asthma management in African American families.

## 2011 STRATEGIES

1. Work with schools to share Kaiser Permanente 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 the children have been diagnosed with or are at risk for asthma.

## COMMUNITY PARTNERS

Community partners include OUSD, Alameda County Asthma Coalition, American Lung Association, and Earth Team.

## 2011 YEAR-END RESULTS

- KFH-Oakland and KFH-Richmond 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 areas 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/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 and medications, community resources, and other self-management tools.
- Then KFH-Oakland Community Benefit/Community Health Manager Angela Jenkins initiated planning efforts to provide asthma management classes in community settings, including schools and faith institutions. Classes will be provided to African American and Latino families in Oakland and South West Berkeley. KFH-Oakland Health Educator Gina Gallitero is a key partner in this effort. Agency partners include OUSD and Berkeley Organizing Congregations for Action (BOCA).

## 2012 GOAL 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 that 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 2012 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 that are provided as a result of those contacts, and by monitoring opportunities and actions to advocate for reducing the environmental factors that contribute to asthma incidence and severity.

## PRIORITIZED NEED V: PRENATAL HEALTH

The rate of infant death among African Americans is 2.6 times the overall Alameda County rate. African Americans and residents of Emeryville also have the highest rates of low-birth-weight babies in the county.

### 2011 GOAL

Improve rates of fetal and infant survival among African Americans.

### 2011 STRATEGIES

1. Provide grant funds to local collaborative efforts, such as Building Blocks Collaborative, that focus on creating the conditions for healthy pregnancies and healthy infants.
2. Provide leadership and TA to community collaborative efforts that focus on improving health outcomes and infant survival (e.g., Fetal and Infant Mortality Review (FIMR) Board, Building Blocks Collaborative, Perinatal SART).

### TARGET POPULATION

Pregnant and likely-to-get-pregnant African Americans.

### COMMUNITY PARTNERS

Community partners include FIMR Board, Building Blocks Collaborative, Alameda County Community Health Forum, and Brighter Beginnings.

### 2011 YEAR-END RESULTS

- KFH-Oakland Community Benefit/Community Health Specialist Glenda Monterroza participated in a collaborative on perinatal health to discuss the state of perinatal health in Alameda County. Collaborative members worked on a number of educational resources such as *Alameda County Resource Guide* and Safe Surrender Awareness Campaign that are distributed to community agencies to educate community members on healthy practices and habits related to maternal health. Since the Safe Surrender Awareness Campaign began in 2010, there have not been any abandoned babies cases and six babies were safely surrendered to hospitals or fire stations. Ms. Monterroza has been exploring how KFH-Oakland can best partner with this group, which aims to share best practices, discuss pressing maternal health issues, and provide resources. Collaborative partners include Planned Parenthood Mar-Monte; Alameda County Women, Infants, and Children (WIC) program; Oakland Children's Hospital; Tiburcio Vasquez Community Clinic; First 5 Alameda County; and various departments within Alameda County Public Health Department.
- In 2009, Kaiser Permanente Northern California Region's Multimedia department, in partnership with the region's Community Benefit Communications Manager Denice Alexander, provided an in-kind communications donation to Alameda County Health Department to create a kick count video. The video was finalized in 2011 and is currently being distributed throughout the county. Kick counts are a way to monitor fetal movement during pregnancy. Kick counts can help mothers determine the baby's well-being. Healthy babies have active kick counts while a low kick count could signal a problem. The video is being distributed, along with health education materials, to pregnant women in Alameda County to make them aware of this important practice.
- KFH-Oakland physician Larry Newman, MD, participates on the FIMR Board, assessing cases of fetal and infant deaths. He provides clinical expertise and critical information on factors that lead to fetal and infant deaths. Dr. Newman's contributions support FIMR's efforts to influence policy and systems changes to reduce the number of high-risk pregnancies and fetal/infant deaths for high-risk populations in Alameda County. Through this work, FIMR assesses the causes of death and works on preventive strategies.

### 2012 GOAL 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 API 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.
4. Fund programs that work to reduce language access barriers for pregnant women accessing prenatal care.

## 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 monitoring implementation of collaborative program priorities.

**Table 1**

## **KAISER FOUNDATION HOSPITAL-OAKLAND**

### **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	3,191
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members	88
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	1,814
Medi-Cal Managed Care members	4,780
Healthy Families Program members	2,219
Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) <sup>1</sup> members	153
Operation Access – number of procedures (including urology, general surgery, otolaryngology, orthopedics)	59
Operation Access – number of medical volunteers	82
Operation Access – number of medical volunteer hours	440
Health Research projects (new, continuing, and completed)	37
Nursing Research projects (new, continuing, and completed)	10
Educational Theatre Programs – number of performances and workshops	139
Educational Theatre Programs – number of attendees (students and adults)	28,611
Graduate Medical Education – number of programs	11
Graduate Medical Education – number of affiliated and independent residents	142
Nurse practitioner and other nursing training and education beneficiaries	95
Deloras Jones nursing scholarship recipients	6
Other health professional training and education (non-MD) beneficiaries	23
Summer Youth and INROADS programs participants	48
Number of 2011 grants and donations made at the local and regional levels <sup>2</sup>	180

<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-OAKLAND

### COMMUNITY BENEFIT RESOURCES PROVIDED IN 2011

	Total 2011
<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$10,280,423
Healthy Families <sup>2</sup>	1,635,566
Charity care: Charitable Health Coverage programs <sup>3</sup>	1,856,418
Charity care: Medical Financial Assistance Program <sup>4</sup>	6,166,467
Grants and donations for medical services <sup>5</sup>	237,115
<b>Subtotal</b>	<b>\$20,175,988</b>
<b>Other Benefits for Vulnerable Populations</b>	
Summer Youth and Inroads programs <sup>6</sup>	\$135,365
Grants and donations for community-based programs <sup>7</sup>	586,570
Community Benefit administration and operations <sup>8</sup>	346,560
<b>Subtotal</b>	<b>\$1,068,494</b>
<b>Benefits for the Broader Community<sup>9</sup></b>	
Community health education and promotion programs	\$16,280
Educational Theatre Programs	385,590
Facility, supplies, and equipment (in-kind donations) <sup>10</sup>	85,841
Community Giving Campaign administrative expenses	16,538
Grants and donations for the broader community <sup>11</sup>	242,734
National board of directors fund	25,625
<b>Subtotal</b>	<b>\$772,609</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education	\$7,760,189
Non-MD provider education and training programs <sup>12</sup>	405,492
Grants and donations for the education of health care professionals <sup>13</sup>	12,643
Health research	5,480,557
<b>Subtotal</b>	<b>\$13,658,881</b>
<b>Total Community Benefits Provided</b>	<b>\$35,675,973</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.

