

**ValleyCare Health System
Community Health Needs Assessment
Implementation Strategy
2013**



A not-for-profit health system

**ValleyCare Health System
Community Health Needs Assessment (CHNA)
Implementation Strategy Report
2013**

General Information

Contact Person:	Denise Bouillerc ValleyCare Health System Director, Marketing & Public Relations
Date of Written Plan:	November 15, 2013
Date Written Plan Was Adopted by Authorized Governing Body:	November 15, 2013
Date Written Plan Was Required to Be Adopted:	November 15, 2013
Authorized Governing Body that Adopted the Written Plan:	ValleyCare Health System Board of Directors
Name and EIN of Hospital Organization Operating Hospital Facility:	Hospital Committee for the Livermore-Pleasanton Areas DBA: ValleyCare Health System 94-1429628
Address of Hospital Organization:	5555 W. Las Positas Blvd. Pleasanton, CA 94588

About ValleyCare Health System

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

Mission

The mission of ValleyCare Health System is to assume the leadership role for the health of the communities of the Tri-Valley.

Vision

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

Credo

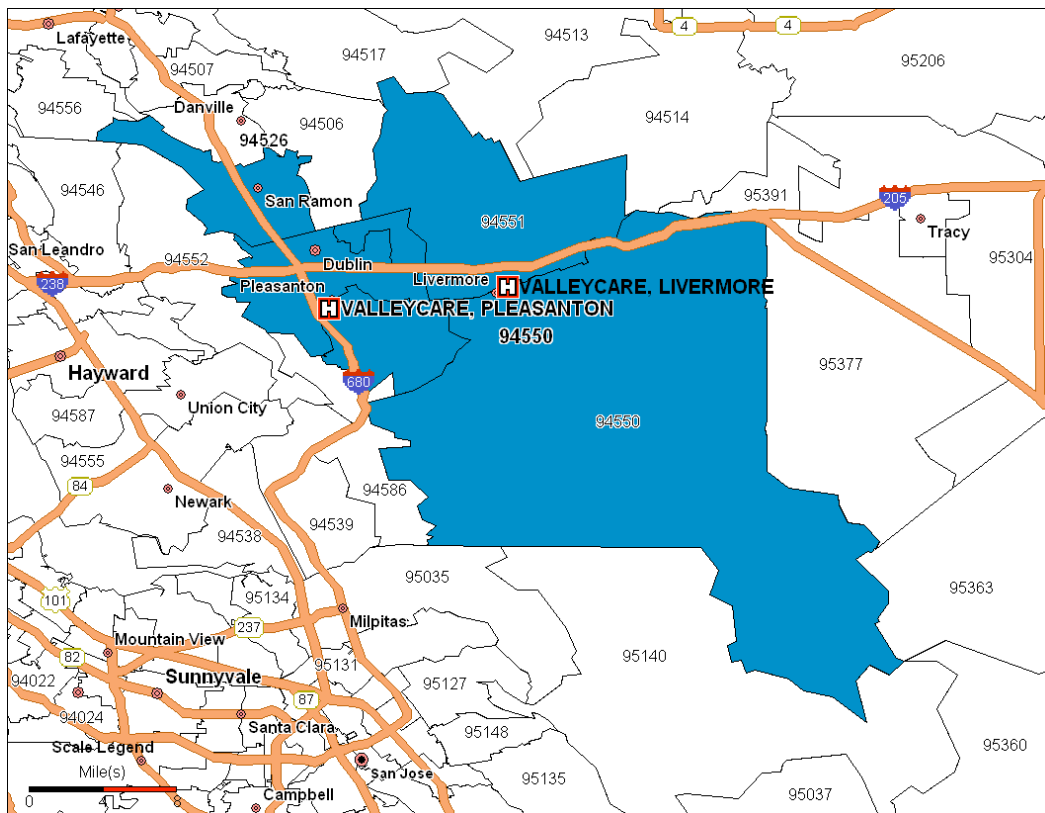
ValleyCare Health System is a place where the genuine care, comfort and dignity of our patients is our highest commitment. The ValleyCare experience promotes healing and well-being, and anticipates the wishes and needs of the community. Every employee commits to make a difference in every instance, every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

ValleyCare Health System Service Area

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

(CITIES OF DUBLIN, LIVERMORE AND PLEASANTON)

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



Purpose of the Implementation Strategy

This Implementation Strategy has been prepared in order to comply with federal tax law requirements set forth in Internal Revenue Code section 501(r) requiring hospital facilities owned and operated by an organization described in Code section 501(c)(3) to conduct a community health needs assessment at least once every three years and adopt an implementation strategy to meet the community health needs identified through the community health needs assessment. This Implementation Strategy is intended to satisfy each of the applicable requirements set forth in proposed regulations released April 2013.

This implementation strategy describes ValleyCare Health System's planned response to the needs identified through the 2013 Community Health Needs Assessment (CHNA) process. For information about ValleyCare's 2013 CHNA process and for a copy of the report please visit www.ValleyCare.com/CommunityBenefits.

List of Community Health Needs Identified in the CHNA Report

The list below summarizes the health needs identified for the ValleyCare Health System service area through the 2013 Community Health Needs Assessment process.

1. Primary care services and information (health literacy), including adequate Spanish capacity
2. Economic security
3. Affordable, local mental health services
4. Affordable, local substance abuse services
5. Asthma prevention
6. Healthy eating
7. Specialty care
8. Parenting skills and support

Who was Involved in the Implementation Strategy Development

The Community Benefits Advisory Group (ValleyCare Health System Senior Administration) served as the implementation strategy development team for the purposes of the design of this plan. The group at ValleyCare Health System included the following:

Marcy Feit, President and Chief Executive Officer
Ken Jensen, Chief Financial Officer
Cindy Noonan, Chief Operating Officer
Don Briones, Vice President, Finance
Vern Brown, Vice President, General Services
Jessica Jordan, Vice President, Nursing Services
Doreen Maples, Vice President, Corporate Compliance/Risk Management
Scott Gregerson, Vice President, Strategic Partnerships
Pamela M. Marini, CEO, ValleyCare Medical Foundation

The process was led by staff from ValleyCare Health System Community Benefit and facilitated by Denise Bouillerc, Director, Marketing/Public Relations.

Health Needs that ValleyCare Health System Plans to Address

a. Process and Criteria Used

In order to select the needs that ValleyCare Health System will address from the broader list of community health needs identified during the 2013 CHNA, the Implementation Strategy Development team applied a list of criteria. Each member of the team was asked to use the criteria below to determine which of the community health needs best matches each one, using three votes. The community health needs with the most votes were then identified as needs that ValleyCare Health System would address. The team limited the selected health needs, given the mix of resources and assets available and the health needs that rose to the top. The criteria used were:

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

b. Health Needs that ValleyCare Health System Plans to Address

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

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

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

2. Asthma Prevention

Asthma hospitalizations comprise 10.77% of total discharges, representing a drain on health and other resources. The largest contributor to preventable hospital admissions among children is usually asthma. In California, the asthma hospitalization rate is highest among African Americans; at least three times the White rate.

The asthma hospitalization rate among in Livermore is 9.6 per 10,000 compared to the state rate or 8.7 per 10,000. Generally data show that young children, particularly boys, and the elderly are

vulnerable to asthma attacks serious enough to warrant hospitalization. This points to the need for timely asthma prevention and management programs as well as appropriate access to health care.

3. Healthy Eating

Access to affordable healthy food is a selected health need because of its potential positive impact on multiple health outcomes. Some of the outcomes that have been linked to poor eating habits and nutrition include breast cancer, prostate cancer and colorectal cancer, which reveal higher rates in some parts of the service area than benchmarks. Poor nutrition is a driver to the epidemic of obesity in both children and adults.

The importance of addressing the environment that influences individual decision-making and promotes healthful behaviors is recognized as a significant obesity prevention strategy. Many related economic and social factors show that healthy food is less available to vulnerable populations. Livermore focus group participants commented that they feel there is a higher concentration of fast food establishments available in the area.

ValleyCare Health System Implementation Strategies

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

Long-term Goal

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

Intermediate Goals

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

Strategies

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

Expected Outcomes

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

2. Asthma Prevention

Long-term Goal

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

Intermediate Goals

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

Strategies

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

Expected Outcomes

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

3. Healthy Eating

Long-term Goal

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

Intermediate Goals

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

Strategies

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

Expected Outcomes

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

Evaluation Plans

ValleyCare Health System will monitor and evaluate the strategies listed above for the purpose of tracking the implementation of those strategies as well as to document the anticipated impact. Plans to monitor will be tailored to each strategy and will include the collection and documentation of tracking measures, such as the number of grants made, number of dollars spent, number of people reached/served, number and role of volunteers, and volunteer hours. In addition, ValleyCare Health System will require grantees to propose, track and report outcomes, including behavior and health outcomes as appropriate. For example, outcome measures for a strategy that addresses obesity/overweight by increasing access to healthy eating options might include access to fresh locally grown fruits and vegetables at schools.

Health Needs ValleyCare Health System Does Not Intend to Address

The remaining prioritized health needs for this service area will not be addressed by ValleyCare Health System because using the criteria described previously, they were not ranked as high as access to behavioral health care and services, access to affordable, healthy food, ensuring safe and healthy environments and access to preventive health care services. ValleyCare Health System has unique resources and capacity to dedicate to the chosen health needs. The group recognized that the needs not selected would be addressed in some of the strategies developed, as a number of them have multiple outcomes. In addition, there are a number of existing organizations spearheading community-based initiatives that are currently addressing the needs below. The needs that will not be addressed are:

1. Economic security
2. Affordable, local mental health services
3. Affordable, local substance abuse services
4. Specialty care
5. Parenting skills and support



If you have any questions regarding this plan, please contact marketing@valleycare.com

Serving the Tri-Valley with Medical Facilities in Livermore, Pleasanton and Dublin.

www.valleycare.com