2015 Community Benefits Report

2016 Community Benefits Plan

VALLEYCARE HEALTH SYSTEM
A not-for-profit health system
October 15, 2015

Mr. Michael Nelson
Office of Statewide Health Planning and Development
Healthcare Information Division
Accounting and Reporting Systems Section
400 R Street, Suite 250
Sacramento, CA 95811

Mr. Nelson:

We are pleased to submit the 2014-15 annual Community Benefits Report for ValleyCare Health System (VHS). Our fiscal year for 2014-2015 is for the period July 1, 2014-May 17, 2015. Along with the report for this period you will find a Community Benefits Plan for the period May 18, 2015-August 31, 2016.

In September of 2014, VHS entered into an affiliation agreement with Stanford Hospital and Clinics, dba Stanford Health Care. Under that agreement, approved by the State Attorney General, Stanford Health Care became the sole corporate member of ValleyCare, effective May 18, 2015.

Upon approval of the affiliation the decision was made to align ValleyCare’s fiscal year with Stanford Health Care’s. Stanford Health Care’s fiscal year runs from September 1-August 31st. That decision became effective September 1, 2015.

This report covers ValleyCare Health System Community Benefit activities from July 1, 2014 through May 17, 2015, the fiscal year period of time prior to the affiliation agreement with Stanford Health Care. The transition to a new fiscal year start date of September 1, 2015 leaves a gap in ValleyCare’s Community Benefits reporting for the period May 18, 2015-August 31, 2015. Our next Community Benefit report will be submitted as Stanford Health Care ValleyCare and will cover the period between May 18, 2015-August 31, 2016, both the gap period of May 18, 2015-August 31, 2015 and the full fiscal year of September 1-August 31, 2016.

The modification to the ValleyCare Health System Community Benefit reporting process outlined above is based on guidance we received from the OSHPD Director’s Office. If you have any questions, please contact Denise Bouillerce, Director of Marketing/Public Relations at 925.373.4020 or via email dbouille@valleycare.com.

Sincerely,

Scott Gregerson, Esq
President
Stanford Health Care - ValleyCare
Introduction

ValleyCare Health System (VHS) 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 reserved rights with respect to governance decisions.

Under state law SB 697, the state of California requires all non-profit hospitals in California to complete and submit an annual Community Benefit Report. Although hospitals bring numerous benefits to their local economies, these reports are intended to document the ways in which each hospital goes above and beyond the core functions of a hospital to support the health needs of its community. Every three years, non-profit hospitals in California must conduct a community health needs assessment (CHNA) to identify the greatest health needs affecting their respective communities. In addition to the state mandate, the federal Patient Protection and Affordable Care Act, enacted March 23, 2010, requires tax-exempt hospitals to conduct community health needs assessments (CHNA) and to adopt implementation strategies to meet the health needs identified through the assessments.

VHS collaborated with Kaiser Foundation Hospital-Walnut Creek in the 2013 CHNA process. The process included comprehensive review of secondary data on health outcomes, drivers, conditions and behaviors, as well as collection and analysis of primary data through community conversations with members of vulnerable populations in our service area. Input on the identified community health needs, and the relative priority among them, was gathered through a convening of public and community health leaders, advocates and experts. The resulting prioritized list represents a community understanding that is informed by both data and experience.

As a community-based organization, VHS understands the value of continuously evaluating the health needs of the community it serves. By doing so, we are able to establish a systematic process for identifying community health needs that will guide thoughtful and effective community investment for years to come.
About ValleyCare Health System

Mission
The mission of ValleyCare Health System is to assume the leadership role for the health of the communities of the Tri-Valley. For the last several years, ValleyCare has tracked public opinion relative to its performance.

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.

Community Served

ValleyCare defines the community served by a hospital as those individuals residing within its hospital service area. The hospital service area includes all residents in a defined geographic area surrounding the hospital, including low-income or underserved populations.

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 more than 80 percent of ValleyCare's inpatient discharges.
Map of the Community Served by ValleyCare Health System

ValleyCare Health System Services

<table>
<thead>
<tr>
<th>ValleyCare Medical Center</th>
<th>ValleyCare Medical Plaza</th>
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<tbody>
<tr>
<td>5555 W. Las Positas Blvd.</td>
<td>5725 W. Las Positas Blvd.</td>
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<tr>
<td>Pleasanton, CA 94588</td>
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- Breastfeeding Classes
- Emergency Services
- Gastroenterology Services
- Inpatient Acute Care
  - Medical/Surgical Services
  - Intensive/Critical Care Services
  - Maternity Services and Birthing Center
  - Nursery
  - Observation Services
  - Open Heart Surgery
- Medical Imaging
- Outpatient Surgery
- Lamaze Prepared Childbirth Classes
- Childbirth Preparation Classes
- Infant Care Classes
- Infant Massage Classes
- Infant CPR Classes

- ValleyCare Health Library and Ryan Comer Cancer Resource Center
- Tri-Valley Health Resource Directory
- Community Education Seminars
- Diabetes and Nutrition Education Center
- Surgical Weight Loss Classes
- ValleyCare Regional Cancer Institute
- ValleyCare Women’s Imaging Center
- ValleyCare Breast Cancer Patient Navigator
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<td>• Immunizations</td>
<td>• Skilled Nursing</td>
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<tr>
<td>• TB tests</td>
<td>• Sleep Lab</td>
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<td>• Health and wellness education</td>
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<td>• Free over-the-counter medications</td>
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<td>• HIV testing</td>
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<td>• Physician referrals</td>
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<td>Pleasanton, CA 94588</td>
<td>Livermore, CA 94550</td>
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<td>• Outpatient Laboratory</td>
<td>• ValleyCare Extended Campus of Chabot College</td>
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<td>• Physical and Sports Medicine</td>
<td>Nursing Program</td>
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<td>• Lactation Center</td>
<td>• Simulation Lab</td>
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<td>• Ambulatory Care Clinic</td>
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<td>o Anticoagulation</td>
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<td>• Medical Imaging</td>
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<td>• Gastroenterology Services</td>
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<td>• Outpatient Surgery</td>
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<td>• Patient Education Classes</td>
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<td>• Support Groups and Wellness Education</td>
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<td>• Arthritis Foundation Aquatic Program</td>
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<td>• Youth Sports Camp</td>
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<td>• Community Health Fairs</td>
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<td>• Immunizations</td>
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<td>• HIV testing</td>
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<td>• Physician referrals</td>
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COMMUNITY BENEFITS GOALS AND OBJECTIVES
For the 2014-2015 fiscal year, ValleyCare’s goals for its Community Benefit Plan are:

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

2. Asthma Prevention
   **Long-Term Goal:** Increase the number of individuals who receive appropriate asthma prevention services.
   **Intermediate Goal:** Increase the number of low-income, uninsured people who have access to appropriate asthma health care.

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

Summary of Community Benefit Investments
For the purposes of this report, the above VHS community benefit activities fall into three major categories:
1. Benefits for vulnerable populations
2. Benefits to the community at large
3. Health research, education and training programs


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<thead>
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<th>Category</th>
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<td>Benefits for Vulnerable Populations</td>
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<td>Medi-Cal Uncompensated Expense</td>
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<td>Medicare (Uncompensated Expense)</td>
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<td>Benefits for the Broader Community</td>
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<td>Health Research, Education and Training</td>
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Total Excluding Uncompensated Expense of Medicare $18,431,454
Total Including Uncompensated Expense of Medicare $46,742,285

Category 1: Benefits for Vulnerable Populations

Investments in Vulnerable Populations
In addition to the investments in charity care and uncompensated Medi-Cal, ValleyCare Health System’s contribution to other community benefit activities for vulnerable populations was $10,767 in fiscal year 2014-2015.

Activities for Vulnerable Populations
These activities provide essential services for those most in need in our communities. As part of ValleyCare Health System’s support for its community partners and other community-based agencies, VHS conducted a variety of activities for community members, ranging from education and support to persons with chronic conditions, meals to the disabled and seniors and reduced-cost wellness programs for economically disadvantaged members of the community.

Education and Support Programs
LifeStyleRx is a 70,000-square-foot wellness center providing comprehensive, medical-based, high-quality education and fitness services to our members. ValleyCare Health Systems’ LifeStyleRx Scholarship Program provides low-income members of the community with the opportunity to achieve their maximum health, fitness and well-being potential.

For low-income seniors who live alone and cannot shop and prepare meals for themselves, VHS offers the Meals on Wheels program in Livermore, Pleasanton, Dublin and Sunol.

Category 2: Benefits for the Broader Community

ValleyCare Health System supported a wide range of activities that benefit the broader community. In fiscal year 2014-2015, VHS contributed $153,246 to support these activities.

Through its Cancer Education and Awareness, Cancer Prevention, Smoking Cessation and Skin Cancer educational programs, VHS improves awareness of the symptoms of cancer for those most vulnerable to cancer. VHS also provides American Cancer Society (ACS) cancer screening for men and women, and provides library resources for the communities it serves. In addition, through its Cancer Support Group and Breast Cancer Support Group, VHS offers discussion and education for those who have been diagnosed with cancer.
LifeStyleRx’s Cancer Survivorship Wellness Program is a component of ValleyCare’s Cancer Rehabilitation STAR (Survivorship Training and Rehabilitation) Program®. The program is designed to help all those who are suffering from cancer become more independent, and help them find ways to manage the side effects and their recovery from cancer treatment.

Access to Information and Services

VHS provides a wide variety of information and services to the broader community. The VHS My Heart’s Content Program provides lectures to the community on cardiovascular health.

The Infant CPR Program provides CPR training to the community at large, and is also offered free to low-income parents of newborns. Childbirth Preparation classes, which prepare parents for childbirth, are offered to the community at large, and also are free to low-income parents. VHS also sponsors a Siblings Class for families with children, helping siblings adjust to a new baby.

The VHS E-Health Newsletter is an innovative, free service to the community, patients, employees and friends that allows them to receive personalized information on health issues that matter most to each one of them. The e-newsletter provides online access to valuable, individualized health information. E-newsletters and reminders are sent monthly to the subscribed database via email addresses.

The VHS American Heart Association Training Center conducts classes throughout the year, teaching community members CPR and providing them with American Heart Association cards as proof of class completion.

Finally, the ValleyCare Health Library and Ryan Comer Cancer Resource Center, established in 1991 and open to the public, offers free access to easy-to-understand, up-to-date health and medical information. Located in the same building as the Regional Cancer Center at ValleyCare, the ValleyCare Health Library offers everyone in the ValleyCare service area support and education in a comfortable and relaxed atmosphere. The Center has the largest collection of cancer-related education materials in Northern California. The library is staffed by trained volunteers and support staff who guide cancer patients and families through the treatment process. In addition, cancer patients receive a personalized handbook to help them keep track of information, medications, treatment records and appointments.

Healthy Eating and Physical Activity

As obesity is a major health issue in the Tri-Valley area, obesity education and prevention is a top focus for VHS. More than 31 percent of Latino children in the Dublin School District and more than 37 percent of both African American and Latino children in the Livermore School District are overweight. VHS conducted a wide variety of programs on healthy eating for the broader community over the past year, beginning with education of new mothers on the
benefits and importance of breastfeeding their infants. The New Moms Support Group supports new mothers with guest speakers who focus on breastfeeding as a healthy start to life.

VHS also provided training for youthful athletes and treated athletic injuries at youth sporting events. The Physical and Sports Medicine Program provides education about fitness, nutrition and safety, and promotes physical fitness and safe play for the individuals participating in organized sports. VHS also provides medical supplies for first aid to local community events.

In its Yoga for Cancer Program, VHS provides a community support group that teaches and practices yoga for those suffering from cancer and for the families of cancer sufferers.

The annual Diabetes Education Seminar educates Tri-Valley community members on healthy eating habits and prevention of pre-diabetes. For those who live with diabetes, VHS offers a monthly diabetes support group reviewing various clinical topics, with occasional guest speakers.

For the nutrition needs of senior members of the community, VHS made presentations in Livermore and Pleasanton on senior nutrition. These educational programs help seniors understand the connection between good nutrition and a long, healthy life.

The VHS New Mom Wellness Program offered by LifeStyleRx is an effective way for new mothers in the community to get back in shape and feel better. This comprehensive four-week program teaches methods of gaining energy, living a healthy lifestyle and becoming motivated to take care of new families.

Chronic Health Conditions

The VHS Healing Touch Program ensures that each person in the community receiving cancer treatment is offered supportive care implementing Healing Touch techniques to support the person as a whole and to manage symptoms of pain, malaise, nausea and/or stress.

The 2015 Breast Cancer Symposium hosted by VHS, “Advances in Breast Cancer, from DNA to Drugs,” ensured that community members are up-to-date on current screening and treatment recommendations.

The Look Good Feel Better Program provides a support group for women dealing with the side effects of cancer treatment. Specially trained volunteers teach self-care, beauty and psychological support, provide wigs and scarves, and conduct demonstrations for coping with hair loss.
Category 3: Health Research, Education and Training

ValleyCare Health System has invested $1,385,351.00 to support health research, education, and training in a wide variety of programs in fiscal year 2014-2015.

Specialized Health Care Workforce Training

In the Dietetics Internship Program, VHS staff supervises nutrition and dietetic graduates and/or students through clinical nutrition and/or food service rotations as they learn and perform professional and technical tasks according to national competency standards. Student interns rotate through various hospital units with staff and administrative/management dietitians so that they can experience all dimensions of the department operation. Each staff registered dietitian who is responsible for serving as a preceptor for the intern devotes an average of 25 percent of his/her time to the intern’s supervision.

VHS provides preceptors for graduate nursing students. Students receive exposure and experience to nurse practitioner, nursing administration and clinical nurse specialist positions. In connection with Chabot College, Samuel Merritt University School of Nursing, Cal State University East Bay, Ohlone and California State University Dominguez Hills, VHS registered nurses in multiple nursing units, including medical/surgical and Intensive Care Units, provide direct supervision to student nurses in a clinical environment. Each student has a rotation of 380 hours per semester. VHS also provides mentoring education for the UC San Diego Lactation Certification program.

Finally, VHS provides surgical technology training for surgical technology students in the operating room, supervised by a surgical technologist and registered nurses.

Throughout the year, VHS hosts college student interns in Physical and Sports Medicine in varying affiliation dates, ranging from six months of full-time internship to one day a week.

The VHS High School Students Preceptorship provides valuable nursing training to senior high school students, helping them to develop valuable patient assessment and assistance skills. Students are permitted to observe and shadow health care staff in various areas of the hospital during a typical work day and, when appropriate, assist with simple projects for a “hands-on” experience. In its School Outreach Program, VHS registered nurses conduct a seminar for high school students in the Tri-Valley region. Topics include general surgery information, a demonstration of laparoscopic instruments and operating room layout. In addition, the VHS Mentoring Program allows high school students interested in medical and nursing careers to shadow health care professionals on multiple units at ValleyCare. VHS also invites Advanced Placement students in Tri-Valley schools to come into VHS facilities and watch a bariatric surgery video, after which they go into a mock operating room for a simulation.
Research/Clinical Trials

The Regional Cancer Center at ValleyCare is affiliated with the University of California, San Francisco (UCSF). ValleyCare’s UCSF affiliation brings National Institutes for Health and National Cancer Institute clinical trials to ValleyCare. Tri-Valley cancer patients can access UCSF academic resources—without the necessity to travel—to discuss the best course of treatment, as well as provide care through clinical trials which include infusion and radiation therapy. These studies are designed to answer scientific questions and are performed in order to evaluate new treatments and find new and better ways to help people with cancer.
COMMUNITY BENEFIT PLAN FOR
FISCAL YEAR 2015-2016

Community Assessment Process and Prioritization of Community Needs

From data collection and analysis to the identification of prioritized needs and the development of an implementation strategy, the intent for the triennial Community Health Needs Assessment (CHNA) was to develop a rigorous process that would yield meaningful results. To collaborate effectively with other hospitals in the service area, ValleyCare cooperated via the Hospital Council of Northern California to jointly collect data and manage the priority setting process. The cooperative agreed on a list of roughly 100 indicators to be collected via the Center for Applied Research and Environmental Systems (CARES) (see Appendix A) data platform that, when looked at together, help illustrate the health of a community.

In addition to reviewing the secondary data available through the CHNA data platform, and in some cases other local sources along with partner hospitals, ValleyCare collected primary data through key informant interviews, focus groups and surveys. ValleyCare asked local public health experts, community leaders and residents to identify issues that have the biggest impact on the health of the community. Through this process, we also inventoried existing community assets and resources.

The steps in the process are shown below.

1. Review and analysis of secondary data on local demographic, social, behavioral, environmental and economic factors that have been shown through research to be related to health outcomes. The majority of these data were also contained in the CARES data platform which comprises data by county, city, metropolitan area and ZIP code.
2. Exploration of health-related issues arising from the secondary data through community conversations with members of vulnerable populations in our service area.
3. Articulation and refinement of a list of community health needs for the communities served by ValleyCare.
4. Engagement of public and community health experts in a structured process of refinement and prioritization among community health needs and identification of community assets related to the identified community health needs. Two sessions were held, one with representatives from Contra Costa County and one with representatives from the Tri-Valley area of Alameda County.
5. Documentation, review and approval of the CHNA.

Community Input

ValleyCare Health System (VHS), in collaboration with Kaiser Foundation Hospital-Walnut Creek, collected community input in two forms. First, the findings regarding community health
concerns were synthesized from the secondary data (as described above) and discussed with groups of people from medically underserved, minority and low-income populations in each county. The results of these community conversations were used along with the secondary data to identify a set of “community health needs” for the ValleyCare service area residents based on the following guidelines:

- The community health need arises from comprehensive review and interpretation of a robust set of data.
- More than one indicator and/or data source (i.e., the health need is suggested by more than one source of secondary and/or primary data) confirms the community health need.
- Indicator(s) related to the health need perform(s) poorly against a defined benchmark (e.g., state average or Healthy People 2020).
- A group of community members collectively agreed on the level of significance (and inclusion).

**Priority Setting Process**

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, VHS used the following criteria:

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

**ValleyCare Fiscal Year 2015-2016 Community Benefit Plan Goals and Strategies**

1. **Access to primary care and other health services and information (health literacy), including adequate Spanish capacity, is needed to improve primary care outcomes, including chronic conditions prevention and management.**

Even with the implementation of the Patient Protection and Affordable Care Act, lack of insurance continues to be a barrier to health care access in the ValleyCare service area. Many 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 continue to 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 are available only in English, thus creating barriers for non-English speakers.

Asthma hospitalizations comprise 10.77 percent of total discharges in Livermore. The largest contributor to preventable hospital admissions among children is usually asthma. The asthma hospitalization rate among children in Livermore is 9.6 per 10,000 compared to the state benchmark rate of 8.9 per 10,000. Timely asthma prevention and management programs save patients and resources.

Other chronic diseases, such as heart disease and diabetes, result in high usage of the medical system and are preventable. Reducing the incidence of preventable chronic diseases will result in a healthier population and lower overall medical costs.

**Long-Term Goals**
- Increase the number of individuals who have access to a skilled and competent health care workforce, as well as prevention services, and who receive appropriate health care services
- Increase the education, support and information to those individuals who are at risk for chronic conditions, including asthma

**Intermediate Goals**
- Increase the number of persons entering the health care workforce
- Increase the number of low-income, uninsured people who have access to information and education about chronic conditions, including asthma

**Strategies**
- Provide information and opportunities for students to learn more about health care professions and support those who are enrolled in an educational program
- Provide programs to the broader community on preventive measures respecting conditions and illnesses
- Partner with child care and school districts to provide health education, training or supplies and informational materials on chronic diseases prevention and management
- Provide training and educational materials about asthma triggers and health conditions that are strongly correlated with chronic diseases
Expected Outcomes

- Increased number of students pursuing a health career and who enroll in a health career program
- Increased access to care
- Increased number of child care providers and school staff who have information about chronic conditions, including asthma
- Increased public awareness of risk factors and appropriate preventive measures for conditions and illnesses
- Increased number of children and their parents who use an asthma management plan

II. Healthy Eating and Active Lifestyles

Information about healthy eating and active lifestyles, plus access to affordable healthy food and opportunities for exercise, has a 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 have 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, and obesity is strongly correlated with a higher incidence of heart disease, diabetes and kidney disease.

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.

Long-Term Goal: Improve health and reduce obesity through the consumption of healthful foods and increased levels of physical activity.

Intermediate Goals

- Increase healthy eating among low-income youth and adults
- Increase levels of physical exercise among low-income youth and adults

Strategies

- Provide support, such as education campaigns, to improve nutrition and health knowledge in children
- Provide training, education and support in the development of sustained healthy eating practices and physical activities in schools, workplaces, community settings and programs that serve low-income persons

Expected Outcomes

- Increased awareness about healthy food choices and the importance of physical activity in overall health
• Increased access to healthy, affordable food, healthy food choices, improved nutritional health, and increased opportunities for physical activities
• Increased consumption of water and healthy beverages and decreased consumption of sugar-sweetened beverages
• Increased consumption of fruits and vegetables

**Evaluation Plans**

ValleyCare 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 dollars spent along with the number of people reached/served, the number and role of volunteers and volunteer hours. In addition, ValleyCare will require projects to propose, track and report outcomes, including behavior and health outcomes as appropriate.
Appendix A

PROCESS AND METHODS USED TO CONDUCT THE CHNA

Methodology for Collection, Interpretation and Analysis of Secondary Data

The statisticians at the Center for Applied Research and Environmental Systems (CARES) used data from the sources listed in Appendix A to create the CHNA data platform. The platform analysis of data by geographic areas is limited by the geography for which the data were originally collected. Health outcomes data from the platform were downloaded for the ValleyCare Service Area and compared to benchmarks defined either by Healthy People 2020 or state-level rates.

After identifying those outcomes—indicators for which the population in the ValleyCare service area were seen to compare poorly to benchmarks—associated indicators of health (health behaviors, clinical care, physical environment and social and economic factors) were reviewed and analyzed to see where these indicators also showed poor performance relative to benchmarks. Based on the combined analysis described above, a set of community health concerns was identified.

Sources and Dates of Data and Other Information Used in the Assessment

The secondary data used in this CHNA are available through the data platform, powered by CARES and the Institute for People, Places and Possibility (iP3). These data are organized into six distinct categories:

Demographics. The source for demographic data is the U.S. Census Bureau, 2006-2010 American Community Survey 5-year estimates.

Social and Economic Factors. These data were from the following sources:
- U.S. Census Bureau, American Community Survey 2006-2010 5-year estimates and 2008-2010 3-year estimates
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010
- United States Department of Education, Student Testing Reports, 2011
- U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE), 2009
- U.S. Federal Bureau of Investigation, Uniform Crime Reports, 2010

Physical Environment, including data from the following sources:
- U.S. Census Bureau, ZIP Code Business Patterns, 2009, and County Business Patterns, 2010
• California Department of Alcoholic Beverage Control, Active License File, April 2012
• U.S. Census Bureau, 2010 Census of Populations and Housing, Summary File 1; Esri’s USA Parks layer (compilation of ESRI, National Park Services and TomTom source data) 2012
• Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network, 2008
• U.S. Department of Agriculture, Food Desert Locator, 2009
• Walkscore.com 2012
• U.S. Department of Agriculture, Food Environment Atlas, 2012

Clinical Care data from the following sources:
• California Health Interview Survey (CHIS) 2005, 2007 and 2009
• U.S. Health Resources and Services Administration Area Resource File 2009 (as reported in the 2012 County Health Rankings) and Health Professional Shortage Area File 2012
• Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010
• U.S. Health Resources and Services Administration, Centers for Medicare and Medicaid Services, Provider of Service File, 2011
• California Department of Public Health Birth Profiles by ZIP code, 2010
• California Office of Statewide Health Planning and Development (OSHPD), Patient Discharge Data, 2010

Health Behaviors data from the following sources:
• California Health Interview Survey (CHIS) 2009
• Nielsen Claritas Site Reports Consumer Buying Power, 2011
• California Department of Public Health, In-Hospital Breastfeeding Initiations Data, 2011
• Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010
• California Department of Education, Fitnessgram Physical Fitness Testing Results, 2011

Health Outcomes data, based on incidence and mortality:
• California Office of Statewide Health Planning and Development (OSHPD), Patient Discharge Data, 2010
• Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010
• Centers for Disease Control and Prevention and the National Cancer Institute: State Cancer Profiles, 2005-2009
• California Department of Public Health, Death Statistical Master File, 2008-2010
• Centers for Disease Control and Prevention and the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2009
• Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2009
• California Health Interview Survey (CHIS) 2009
• California Department of Education, Fitnessgram Physical Fitness Testing Results, 2011
- Centers for Disease Control and Prevention, National Vital Statistics System, 2008-2010 (As reported in the 2012 County Health Rankings)