



UCSF Benioff Children's Hospital
Oakland



Community Benefit Implementation Plan 2014-2016

UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND

A Community Health Needs Assessment (CHNA) for UCSF Benioff Children's Hospital Oakland was conducted from Feb. 2012-Feb. 2013, according to guidelines proposed in the Affordable Care Act. The community-based participatory research orientation was used to conduct the CHNA, which included primary qualitative data collection (expert interviews and focus groups) as well as quantitative secondary data collected from existing data sources. Results of the CHNA reveal high priority populations, geographic locations, diseases/conditions, and negative health drivers (i.e. risk factors). The methodology and results are described in detail in UCSF Benioff Oakland's 2013 CHNA Report. According to the Affordable Care Act, the CHNA is intended to guide the hospital's community benefit programs.

Since health needs of communities typically do not change dramatically within a few years, it is noteworthy that UCSF Benioff Oakland is already dedicating significant resources to many of the prioritized issues and populations identified in the CHNA. These issues include, for example, preventable injuries, obesity, asthma, diabetes, child abuse and domestic violence, and dental care. UCSF Benioff Oakland also has a substantial focus on specific subpopulations highlighted in the CHNA including youth, homeless children, foster children, the uninsured, and children living in poverty.

With limited and in some cases declining funding for these efforts, UCSF Benioff Oakland's Community Benefit Implementation Plan includes the goal of sustaining key programs that are successfully addressing one or more of the prioritized community needs. Additionally, the CHNA has identified several community needs that represent opportunities to better serve children and families in its community. This document outlines UCSF Benioff Oakland's plans to meet many of the "new" needs identified in the CHNA and does not attempt to simply itemize existing programs described in our annual UCSF Benioff Oakland Community Benefit Report.

Our plan is organized into 6 goals, each of which has one or more objectives. Goals and objectives meet all of the following criteria:

1. Address a community need as identified in the CHNA;
2. Meet the generally accepted definition of a community benefit, as described in the 2012 UCSF Benioff Oakland Community Benefit Report (page 3);
3. Already have some level of staff interest and/or administrative support;
4. Have realistic funding leads or opportunities, and/or not require substantial additional UCSF Benioff Oakland funding.

Each of the following objectives describes the activity, resources, collaborations, its anticipated impact, and how it will be evaluated.

Our report describes which priority needs identified on page 5 of the CHNA Executive Summary UCSF Benioff Oakland will not be addressing, and our rationale for this exclusion.

GOAL A: Expand access to health care

Access to quality primary health care services was the number one health need for the UCSF Benioff Oakland service area, as identified by the report's authors, and was the second most frequently cited driver of health issues among key informants and focus groups (CHNA Appendix I). Although MediCal provides health insurance to nearly all non-undocumented children in need, there are several barriers that reduce access to care for children.

OBJECTIVE (A.1): Increase the number of patients seen at UCSF Benioff Oakland's federally qualified health center (FQHC) primary care clinic at 5220 Claremont Avenue by 2016.

Description—Limitations in the number of exam rooms at the FQHC have resulted in long wait times and access for fewer patients. The number of children who need care at the FQHC has been increasing for several years as a result of the downturn in the economy. The implementation of the Affordable Care Act, and specifically the California Exchange, will lead to additional pressure on the clinic's capacity. UCSF Benioff Oakland obtained federal and state capital funding to renovate its clinic, which resulted in double the number of exam rooms. This expansion resulted in increased capacity to see more patients and will lead to an increase the number of children seen at the clinic. Our next step will be to increase the number of patients through targeted outreach to underserved families and providers in the general community, at UCSF Benioff Oakland, as well as in populations served together with UCSF.

Needed resources—Staff time

Key collaborators—Kerry's Kids, Alameda County Public Health Department, Contra Costa Public Health Department,

community physicians, Oakland Unified School District.

Anticipated impact—Number of patients seen annually will increase 30 percent by 2016.

Evaluation—Measured by newly installed electronic medical record system (EPIC).

OBJECTIVE (A.2): Increase the number of patients seen for specialty care at UCSF Benioff Oakland's federally qualified health center (FQHC) at 5220 Claremont Avenue by 75 percent by 2016.

Description—UCSF Benioff Oakland was able to receive approval from the federal government to begin to have specialists see patients covered by MediCal at its FQHC and bill at an FQHC rate. The following specialties were approved: endocrinology, neurology, and nephrology. As indicated above, UCSF Benioff Oakland obtained federal and state capital funding to renovate the clinic, which resulted in double the number of exam rooms. The next steps are to (a) add additional subspecialties within the clinic, expected to be gastroenterology, pulmonary, and ophthalmology, and (b) increase the number of patients through targeted outreach to underserved families and providers in the general community, at UCSF Benioff Oakland and UCSF.

Needed resources—Staff time

Key Collaborators—UCSF Benioff Oakland, UCSF, Kaiser Permanente

Anticipated impact—Number of patients seen for specialty care in the FQHC will increase 75 percent by 2016.

Evaluation—Measured by electronic medical record system.

OBJECTIVE (A.3): Train eligibility workers and other staff to become "assisters" for the California Health Benefit Exchange.

Description—The Affordable Care Act requires states to establish a health insurance marketplace portal where consumers may find and compare health plans. UCSF Benioff Oakland staff who normally interface with families on issues related to obtaining insurance will receive training on California's health insurance marketplace called the California Health Benefit Exchange. This objective will help families obtain the best insurance for their situation, and will also help increase payments to UCSF Benioff Oakland.

Needed resources—The appropriate staff will receive training on California Health Benefit Exchange and how it can benefit families. These staff will use this knowledge as part of their regular job. No additional resources are needed.

Key collaborators—Certified exchange navigators based at organizations throughout California.

Anticipated impact—The exchange will allow for "comparison

shopping” between health plans and easier enrollment, leading to better consumer choices based on quality of care, outcomes, and cost.

Evaluation—We will track number of referrals.

GOAL B: Address social determinants of health as part of routine medical care

Typically, families living on the margins, not unlike many of the families who visit UCSF Benioff Oakland, have difficulty addressing non-acute health issues because they are focused on basic needs. Indeed, 6 of the top 10 health needs, as identified by the CHNA's authors, are social and environmental, not medical or biological. The list includes access to healthy food, safe places to live and be active, poverty, pollution, and transportation.

Providers do not allocate time, are not trained, nor are they reimbursed to address social determinants during an office visit. Yet these determinants profoundly affect health outcomes. UCSF Benioff Oakland seeks to develop a system whereby determinants can begin to be addressed as part of a more comprehensive, family-centered, prevention-oriented model of health care. Such a system would also let the providers work more efficiently by providing a referral mechanism to address these types of complicated social issues, and serve to train the next generation of health care professionals about social determinants. Ultimately, addressing these social determinants will improve health and reduce costs.

OBJECTIVE (B.1): Establish a Family Information and Navigation Desk (FIND) at our FQHC.

Description—The FIND desk in the primary care clinic will follow-up step-wise process. During registration at a regular visit, patients will be self-screened for socially determined health issues (tobacco exposure, physical activity, food/nutrition, asthma, child care, housing, utilities, behavior and development, insurance, and special needs) using a validated tool embedded in a mobile device that they can complete in the waiting area. Issues identified will be passed along to the provider. The provider can “prescribe” a visit to the desk to families with an identified need. A FIND “navigator” located at a designated area (the “desk”) will assist the family in identifying resources by using a customized, comprehensive web-based database. The navigator can be a dedicated staff person, case worker, resident, volunteer, or student. The database will be updated continuously to reflect real time resources. The navigators will follow the family over time to make sure the identified need has been successfully addressed. (e.g. residents staff FIND as part of their Community-Advocacy-Policy [CAP] rotation).

Needed resources—Pritzker Foundation has verbally committed to support FIND at the FQHC. On 11/7/13, FQHC submitted a grant application to Pritzker in the amount of almost \$190,000. The funding will be used to develop a resources database, develop screening application for mobile device, support staff time for program development and management,

and support navigator stipends. This effort will not require additional funding from UCSF Benioff Oakland. The project has already been approved by UCSF Benioff Oakland's IRB.

Key collaborators—Mills College, UCSF Department of Family and Community Medicine, Health Leads Inc., Salesforce, Regional Asthma Management and Prevention Initiative, East Bay Regional Parks, YMCA. Mills College and UCSF Benioff Oakland have discussed the possibility of creating a formal relationship that allows current Mills students to work at FIND as part of a larger program at the college focused on social justice and medicine.

Anticipated impact—Improved quality of life for patients and families, improved flow and efficiency of patient encounters, improved customer satisfaction, and improved health outcomes.

Evaluation—Evaluation will occur through multiple strategies, some of which are in development. We will use validated instruments to measure patient/family quality of life, satisfaction, empowerment at baseline, 3 and 9 months. We will measure provider time/patient, patient load, and satisfaction at baseline, 3 and 9 months. Health outcomes will be determined via EMR. The evaluation will be set up as a randomized controlled study, with some patients receiving FND and the control group receiving standard of care.

OBJECTIVE (B.2): Establish a Family Information and Navigation Desk (FIND) at the UCSF Benioff Oakland Emergency Department (ED).

Description—The FIND desk in the ED will follow a similar trajectory as the one in primary care. ED patients will be screened at registration for social determinants of health using a mobile device. Patients who need support will be referred by the physician to an ED-based navigator.

Needed resources—A \$90,000 grant award has been secured recently from the Pritzker Foundation to support this effort, and ED staff are currently working with UCSF and the Pritzker Foundation to secure additional funding, has Pritzker has committed verbally. The funding will be used to develop a resources database, develop screening application for mobile device, support staff time for program development and management, and support navigator stipends. This effort will not require additional funding from UCSF Benioff Oakland. The project has already been approved by UCSF Benioff Oakland's IRB.

Key collaborators—UCSF Department of Family and Community Medicine, Health Leads Inc., Salesforce, Regional Asthma Management and Prevention Initiative, East Bay Regional Parks, YMCA.

Anticipated impact—Improved quality of life for patients and families, improved flow and efficiency of patient encounters, improved customer satisfaction, and improved health outcomes.

Evaluation—Evaluation will occur through multiple strategies, some of which are in development. We will use validated instruments to measure patient/family quality of life, satisfaction,

empowerment at baseline, 3 and 9 months. We will measure provider time/patient, patient load, and satisfaction at baseline, 3 and 9 months. Health outcomes can be determined via EMR. We have recently installed EPIC as our EMR and will build a unit in our FQHC to assist this project. The evaluation will be set up as a randomized controlled study, with some patients receiving FND and the control group receiving standard of care. IRB has already approved the study.

GOAL C: Expand access to proven mental health services for children

The second highest community health need, as identified by the authors, is “access to mental health services.” A word count analysis (see CHNA Appendix I) revealed that mental health was the most consistently mentioned concern among all key informant and focus group interviews. Experts who were interviewed for the CHNA and community members who partook in the focus groups consistently reported the struggle in general, and young people in particular, have in maintaining positive mental health and accessing treatment for mental illness. Such struggles ranged from daily coping in the midst of personal and financial pressures to the management of severe mental illness requiring inpatient care. All 23 ZIP codes in UCSF Benioff Oakland’s service area that were identified as “areas of concern” had rates of ED visits for mental health issues that were above the state benchmark; the rate for ZIP 94612 (downtown Oakland) is five times the state benchmark.

OBJECTIVE (C.1): Provide capital funding to expand mental health services by 50 percent at the Castlemont High School Based Clinic.

Description—UCSF Benioff Oakland manages medical and mental health services at the Castlemont-Youth Uprising School Based Clinic. Part of UCSF Benioff Oakland’s FQHC, the Castlemont Clinic serves children ages 13-21 at Castlemont High School, as well as young persons 11-24 from the surrounding community. Castlemont Clinic has been recognized throughout California as a model for the integration of primary care and mental/behavioral health services in a school setting. Since the clinic opened in 2005 it has grown to become the largest school-linked health center in Alameda County, and the only one located in East Oakland. In East Oakland, half of households have an income of less than \$30,000, 43 percent of adults do not have a high school diploma, unemployment is at 27 percent, and the dropout rate is 42 percent. Violence is among the highest in the country, and many young people suffer from traumatic stress. The size of the clinic has limited the number of children from outside the school who can access the services. UCSF Benioff Oakland will dedicate funding for capital expansion and renovation of the clinic so that more individuals can utilize the clinic. Six new mental health rooms and a mental health group therapy room will be built. In addition, a corridor will be built to connect the clinic with the neighboring Youth Uprising youth center, which further increases visibility and access to care. The location of this clinic in the epicenter of the East Oakland community also addresses transportation barriers identified in the CHNA.

Needed resources—Approximately \$800,000 is required and \$600,000 has been pledged by the Alameda County Health Care Services Agency. UCSF Benioff Oakland will contribute the difference, which is estimated at approximately \$200,000.

Key collaborators—Alameda County Health Care Services Agency, Youth Uprising.

Anticipated impact—Increase in mental health service encounters by 50 percent by 2018.

Evaluation—Encounters are tracked via EMR.

OBJECTIVE (C.2): Expand infrastructure at Early Intervention Services to enable evaluation at UCSF Benioff Oakland’s Early Intervention Services program (EIS).

Description—EIS, part of the Division of Mental Health and Child Development at UCSF Benioff Oakland, provides a range of services for infants and young children with or risk for developmental, social-emotional, and medically related vulnerabilities or disabilities. Services include assessments, therapy, various family-based interventions, and training and consultation to other providers. Many of the interventions, while anecdotally successful, lack a true evidence base. This lack of evidence is due in part to a dearth of studies nationally, but also lack of an infrastructure at EIS to evaluate its programs. UCSF Benioff Oakland has dedicated resources to establish data collection and management systems at EIS, evaluate key interventions on actual health and educational outcomes, and disseminate findings.

Needed resources—UCSF Benioff Oakland has provided funding to EIS to appoint an EIS Research Coordinator.

Key collaborators—UCSF Department of Psychiatry.

Anticipated impact— By 2016, EIS will have an infrastructure to conduct research and at least one research grant.

Evaluation—NA

GOAL D: Improve access and education about nutrition

Qualitative data analysis (see word count analysis in CHNA Appendix I) showed that key informants and community members considered eating habits a major contributor to negative health outcomes for the community. The main concerns regarding healthy eating for the HAS focused on issues of food security and access to affordable, quality healthy foods in their community.

The CHNA analysis of the retail food environment indicated that the food environment within UCSF Benioff Oakland’s communities of concern varies greatly, with some areas having access to food classified as “good,” such as Berkeley, parts of Oakland, and west Hayward, but with other areas having “poor” to “no” healthy retail outlets, such as North Richmond, West

Oakland, parts of East Oakland such as Highland Park, Highland Terrace, South Berkeley, Emeryville, and the Ashland areas.

Obesity, type II diabetes, heart disease, and hypertension are outcomes that are highly impacted by nutrition. All of these are especially prevalent in minorities. Obesity and type II diabetes are now common among children and risk factors and the behaviors that shape these risk factors for cardiovascular disease begin in childhood. Prevention must begin early.

OBJECTIVE (D.1): Develop a Family Heart and Nutrition Center (FHNC).

Description—The Family Heart & Nutrition Center (FHNC) at UCSF Benioff Oakland is a National Center of Excellence for cardiovascular health. This unique program brings clinicians, clinical research centers, health experts and advocates together in a unified program to directly address CVD risk now and for the future. The FHNC is unique in that it actively engages families who are most at-risk, offers innovative integrated treatment plans that include mindfulness counseling, meditation, and personalized nutrition based on genetic analysis, and continuously develops new approaches to battle CVD by bringing clinical research to the forefront of these efforts. We believe this methodology is the best way to offer immediate health benefits to individuals and the community while providing a distinct and important infrastructure for conducting leading research

Needed resources—FHNC leverages the existing clinical and research infrastructure at UCSF Benioff Oakland to provide an important service to the community.

Key collaborators—By developing partnerships with existing community providers and creating new evidence-based programs to develop a comprehensive, community-based network of services, the FHNC can become the coordinating body and outreach program for the region.

Anticipated impact—Reduced risk of obesity, coronary heart disease and type II diabetes in children and adults.

Evaluation—Evaluation will take place in a clinical trial framework, and will look at proximal (diet and behavioral modification) and distal effects of the intervention (knowledge and skills acquisition, self-reported wellness, body fat composition, blood lipid profiles, and other biological indicators).

OBJECTIVE (E.1): Increase HIV testing to 100 percent at seven UCSF Benioff Oakland locations that see a high volume of adolescents.

Description—Specific activities to increase HIV testing includes purchasing a 4th generation antigen-antibody blood sample analyzer, identifying a program coordinator, identifying “champions” at each of the seven locations, developing testing protocol, conducting appropriate training to front-line staff, and integrating testing procedures and scripts into our electronic medical record. The project will be led by the UCSF Benioff Oakland Division of Infectious Diseases.

Needed resources—A “generation 4” HIV blood analyzer for the lab that measures antibody and antigen; staff time for a project coordinator; staff time for champions at each location.

Key collaborators—Downtown Youth Clinic, Gilead Inc.

Anticipated impact—We expect the number of HIV tests conducted at to approach 100 percent at six UCSF Benioff Oakland locations.

Evaluation—Data for the evaluation will be captured in the new EMR (EPIC). The particular analyses are TBD but will likely be of a pre/post design.

GOAL E: Increase HIV Screening

Despite declining incidence and relative absence from the media spotlight in recent years, HIV/AIDS is still a major public health issue in terms of its prevalence, impact on quality of life, cost, and potential for death. Most transmission is by individuals who do not yet know that they have HIV. The Centers for Disease Control recommends universal screening for all persons ages 12 and above even if the individual claims not to be sexually active. UCSF Benioff Oakland currently does HIV testing at six locations, but testing is not offered to everybody, is inconsistent across sites, and has been declining over time.

Identified community priorities for which UCSF Benioff Oakland will not be significantly expanding efforts

Several of the priority community needs identified on page 5 of the CHNA Executive Report either will not be addressed directly by UCSF Benioff Oakland or expanded in the next three year cycle. These needs and the reason UCSF Benioff Oakland will not be addressing them are listed below:

1. Lack of access to safe, reliable transportation

UCSF Benioff Oakland does provide free shuttle service to/from local transportation hubs and between the main hospital and select clinic sites. Some clinical trials compensate participants for their transportation costs. Overall, however, hospitals have relatively little potential to positively impact regional transportation issues described in the needs assessment.

2. Pollution as a health issue

UCSF Benioff Oakland has little control over outdoor air pollution, and there are numerous organizations in the area with the competency to affect policy change related to ambient pollution. UCSF Benioff Oakland does have an institution-wide no smoking policy (both indoor and outdoor) as well as a smoking cessation program for parents who smoke. The needs assessment however focuses on outdoor air pollution.

3. Poverty as a health issue

UCSF Benioff Oakland has many patients who live in poverty, and there are several efforts that attempt to address this reality. The CAP program (Community-Advocacy-Policy) is a special rotations for residents in which the residents are introduced to issues of poverty, how they affect the patients' health, and how they can begin to advocate for their patients. In the big picture, however, UCSF Benioff Oakland has limited ability to affect "poverty"—a larger societal issue with many causes well beyond matters related to health. There are many local organizations that directly or indirectly address the alleviation of poverty.

4. Lack of affordable substance abuse treatment and prevention programs

UCSF Benioff Oakland will not address the problem of the lack of affordable substance abuse treatment and prevention programs. UCSF Benioff Oakland lacks expertise on this public health issue and in addition, there are many local organizations and government agencies whose missions are more closely tied to substance abuse.

5. Lack of access to affordable, healthy food; abundance of fast food; food insecurity

UCSF Benioff Oakland will not significantly address the problem of food security—a larger societal issue with many causes well beyond matters related to health. There are many local organizations and government agencies whose missions are more closely tied to food security. UCSF Benioff Oakland does maintain a small, onsite farmers' market in collaboration with community partner Phat Beats, which provides healthy produce at affordable prices. UCSF Benioff Oakland also invests in nutrition education. Also, a public health researcher at UCSF Benioff Oakland studies the impact of access to healthy food and ways to improve access to healthy foods.

Identified Community Priorities Currently Addressed by UCSF Benioff Oakland

UCSF Benioff Oakland is already addressing many of the community needs identified on page 5 of the CHNA Executive Report and will continue to do so. However, we have decided not to include and describe many these programs in the implementation strategy because the document would be excessively long. Instead, we have focused the implementation strategy on activities in which we wish to create a new program or expand an existing activity. Programs and activities that maintain their status quo are not included.

1. Safety as a health issue

UCSF Benioff Oakland invests in child safety through its Injury Prevention Program (IPP). The IPP, administered by Trauma Services, aims to reduce the number of unintentional injuries and fatalities in children under age 14, primarily through education and by providing equipment to promote safety. Specific activities and programs include: The Home Safety Improvement Program, the Prevention of Shaken Baby Syndrome Program, the Safe Sleep Environment Program, distribution of free car seats and helmets to families with limited means, and a social marketing campaign which promotes child safety.

2. Lack of access to dental care services

La Clinica de la Raza runs a dental clinic onsite at UCSF Benioff Oakland. UCSF Benioff Oakland's Center for the Vulnerable Child (CVC) provides comprehensive care to homeless and foster children. The CVC has a grant to provide oral health education to low income children and families and do outreach in the community to make people aware of the importance of oral health and their options for obtaining affordable dental care. Uninsured and underinsured patients at CVC and UCSF Benioff Oakland's primary care clinic are routinely referred to the onsite La Clinica de la Raza dental clinic. Also, UCSF Benioff Oakland's clinic at the Alameda County Juvenile Justice Center provides free dental care for detainees, including screening, complete check-ups, and selected procedures. For some of these children, it is their first visit to the dentist.