

2023-2025
Implementation Strategy
September 2022

St. Rose
HOSPITAL



General Information

Contact Person:	Michael Cobb, Foundation Executive Director
Date Written Plan Was Adopted by Authorized Governing Body:	October 12, 2022
Date Written Plan was Required to be Adopted:	February 15, 2023
Authorized Governing Body that Adopted the Written Plan:	St. Rose Hospital Board of Directors
Name and EIN of Hospital Organization Operating Hospital Facility:	St. Rose Hospital EIN 94-2428886
Address of Hospital Organization:	27200 Calaroga Ave. Hayward, CA 94545
Was the written plan adopted by the authorized governing body on or before the 15th day of the fifth month after the end of the taxable year the CHNA was completed?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Acknowledgments

St Rose Hospital would like to recognize the following for their contributions to the 2022 Community Health Needs Assessment:

St. Rose Hospital Leadership

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SUMMARY

St. Rose Hospital, an independent community hospital located in Hayward, uses innovation and strategic partnerships to create a healthier community. The hospital, accredited by the Joint Commission,¹ has built a strong reputation for outstanding cardiology, emergency, diagnostics, and women's services. As one of Hayward's largest employers, St. Rose Hospital plays a vital economic role in their service area, providing almost 900 jobs and an outstanding quality of life for its employees. More than 300 highly skilled physicians practice at St. Rose Hospital; in collaboration with an experienced staff, they deliver high-quality yet cost-effective health care to community members regardless of income or insurance status.

More information is available on our website: <https://www.strosehospital.org/about>.

Every three years St. Rose Hospital conducts a community health needs assessment (CHNA) and identifies significant health needs. To address those needs, St. Rose Hospital has developed an implementation strategy (IS) for the priority needs it will address, considering both organizational and community assets and resources. The CHNA-IS process is driven by a commitment to improve health equity and is intended to be transparent, rigorous, and collaborative.

For the 2023-2025 IS, St. Rose Hospital has identified the following significant health needs to address, in priority order:

1. Healthcare access and delivery
2. Economic security
3. Behavioral health

St. Rose Health's 2022 CHNA report and three-year 2023-2025 IS are publicly available at https://www.strosehospital.org/about_community_benefit.

¹ The Joint Commission is an independent nonprofit organization that accredits and certifies nearly 21,000 health care organizations and programs in the United States. <https://www.qualitycheck.org/quality-report/?keyword=94545&bsnid=9862>

I. Introduction/Background

A. About St. Rose Hospital

St. Rose Hospital, an independent community hospital located in Hayward, has been an integral part of the local community for nearly 60 years. The hospital, accredited by the Joint Commission,² has built a strong reputation for outstanding cardiology, emergency, diagnostics, and women's services. Through innovation and strategic partnerships, St. Rose Hospital has helped create a healthier community.

As one of Hayward's largest employers, St. Rose Hospital also plays a vital economic role in the community, providing almost 900 jobs and an outstanding quality of life for its employees. More than 300 highly skilled physicians practice at St. Rose Hospital. Along with an experienced staff, they deliver high-quality yet cost-effective health care to community members regardless of income or insurance status.

Mission: St. Rose Hospital offers quality health care to the community with respect, compassion, and professionalism. The hospital works hard, in partnership with its highly valued physicians and employees, to heal and comfort all those it serves.

Vision: St. Rose Hospital will be the health care provider of choice in central and southern Alameda County. The hospital actively seeks partnerships with all groups and individuals dedicated to improving the overall health of the diverse community served.

B. About St. Rose Hospital Community Benefit

Each year, St. Rose Hospital provides a host of innovative and impactful community benefit programs and services to underserved and underinsured residents. The hospital's community benefit programs and activities are designed to:

- Meet the specific health care needs of targeted populations;
- Expand availability of health care to those who need it most;
- Provide health information and education resources; and
- Teach participants about healthier lifestyles and the importance of staying healthy.
- These programs were developed to meet the needs of the community.

C. Purpose of the Community Health Needs Assessment Report

Conducting a triennial CHNA has been a California requirement for nonprofit hospitals for more than 20 years (Senate bill 697). The Patient Protection and Affordable Care Act (ACA) adopted a federal model similar to regulations already in place in California, making the CHNA a national mandate for hospitals to maintain their tax-exempt status. The provision was the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code. Included in the regulations is a requirement that all nonprofit hospitals must conduct a

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CHNA and develop an IS every three years (<http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf>).

The 2022 St. Rose Hospital CHNA was designed to reflect federal requirements. From data collection and analysis to the identification of prioritized needs, the development of the 2022 CHNA report was a comprehensive process guided by representatives from the Alameda and Contra Costa Counties Hospital CHNA Group. Voices from communities throughout the St. Rose Hospital service area were captured through key informant interviews and focus groups. Opinions were sought from key informants serving communities experiencing health inequities and disparities; focus groups gave voice to community members who are low income and/or from communities of color and historically marginalized communities.

D. Description of the CHNA process

The 2022 CHNA was a collaborative effort shared by a number of nonprofit hospitals serving Contra Costa and Alameda Counties. In addition, Alameda County Public Health was an essential partner in collecting primary and secondary data and prioritizing health needs. The CHNA process applied a social determinants of health framework and examined social, environmental, and economic conditions that impact health in addition to exploring factors related to diseases, clinical care, and physical health. Analysis of this broad range of contributing factors resulted in identification of the priority health needs for St. Rose Hospital's service area. The CHNA explored inequities and disparities and placed particular emphasis on the health issues and contributing factors that impact historically underserved populations that disproportionately have poorer health outcomes across multiple health needs. These analyses inform intervention strategies to promote health equity.

Primary data (community input) was obtained during the summer and fall of 2021 through:

- Key informant interviews with local health experts, community leaders and community organizations
- Focus groups with community residents

Secondary data were obtained from a variety of sources (described in the CHNA report Appendix D) and were collected for Alameda County with a focus on St. Rose Hospital's service area in central Alameda County (Figure 1).

Through a comprehensive process combining findings from primary and secondary data, health needs were scored to identify a list of the top eight health needs for the St. Rose Hospital service area. In December 2021, St. Rose Hospital participated in a meeting with key leaders in Alameda County where meeting participants individually ranked the health needs according to a set of criteria and rankings were then averaged across all participants to obtain a final rank order for the health needs.

II. Community Served

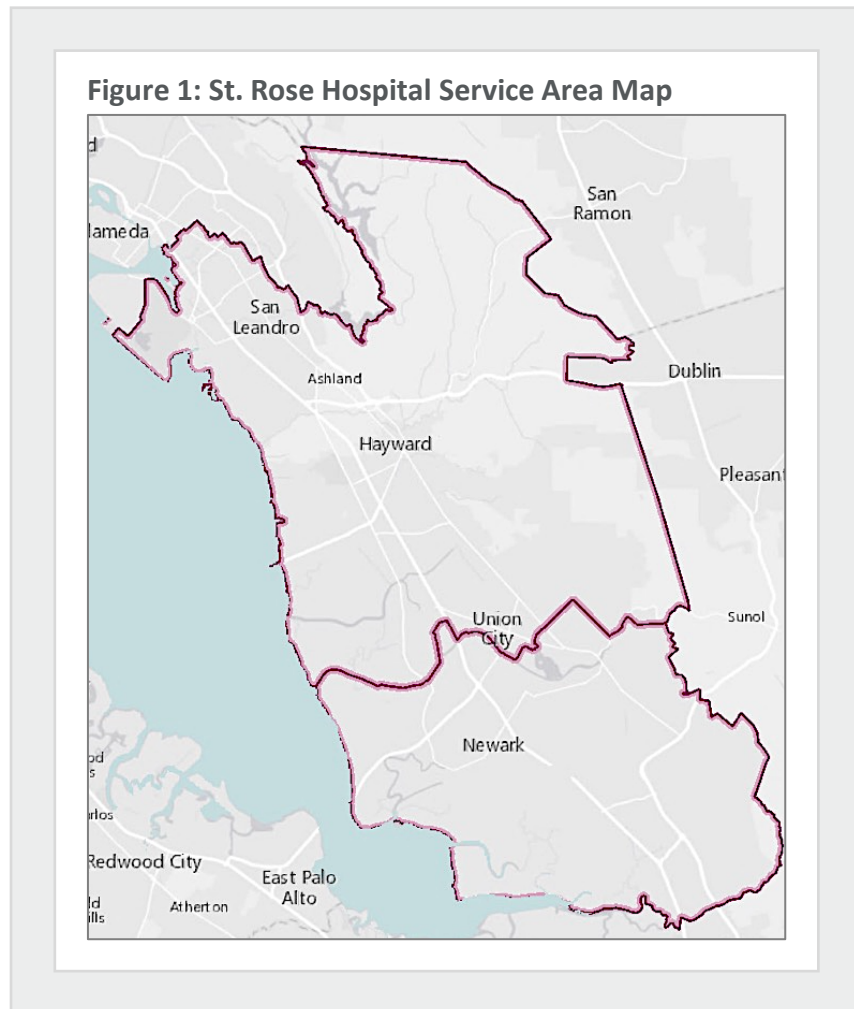
A. Definition of community served

The Internal Revenue Service defines the community served as individuals who live within the hospital's service area. This includes all residents in a defined geographic area and does not exclude low-income or underserved populations.

St. Rose Hospital collaborated on the 2022 CHNA with other hospitals in Contra Costa and Alameda counties. Each hospital participating in the Alameda and Contra Costa Counties Hospital CHNA Group defines its service area to include all individuals residing within a defined geographic area surrounding the hospital. For this collaborative CHNA, Alameda County is the overall service area, with each hospital adding additional focus on their specific service area.

Although St. Rose Hospital patients come from all over Alameda County, the majority of them reside in the Central Alameda cities/communities surrounding the St. Rose hospital campus in Hayward, and Central Alameda County receives special focus in this CHNA. The map below (Figure 1) shows the alignment of the Central Alameda County region with St. Rose Hospital's service area, which includes Fremont, Hayward, Newark, San Leandro, San Lorenzo, and Union City, as well as other cities and unincorporated territory. See Table 1 for a demographic profile of Alameda County residents.

B. Map and Description of Community Served



i. Demographic Profile and Other Characteristics of Community Served

Table 1: Demographic Profile - Alameda County

Race/ethnicity	Alameda
Total Population	
% age 65+	14%
% under age 19	23%
Race	
White	39%
Black/African American	11%
Asian	31%
Other	11%
Multiracial	6%
American Indian/Alaskan Native	<1%
Native Hawaiian/Other Pacific Islander	<1%
Ethnicity	
Hispanic	22%
Non-Hispanic	78%

Socioeconomic Data	Alameda
Living in poverty (<100% federal poverty level)	9%
Children in poverty	10%
Senior (>65) in poverty	10%
Unemployment	4%
Uninsured population	5%
Adults with no high school diploma	12%

For more in depth information describing demographics and other characteristics of the St. Rose Hospital service area, please see the 2022 CHNA report, Section V Priority Communities and Appendix F Priority Community Profiles.

III. Community Health Needs

A. Significant Health Needs Identified in the St. Rose Hospital 2022 CHNA report

Analysis and interpretation of primary and secondary data determined what constitutes a health need in the community. Once all the community health needs were identified they were prioritized using the process described in Section I.D of this report, resulting in a prioritized list of eight significant community health needs for the St. Rose Hospital service area.

St. Rose 2022 CHNA Health Needs in Priority Order:

- Behavioral health (first place)
- Housing and homelessness (second place)
- Education (third place)
- Community and family safety (fourth place)
- Food security (tied for fifth place)
- Economic security (tied for fifth place)
- Structural racism (tied for fifth place)
- Healthcare access and delivery (sixth place)

IV. St. Rose Hospital Implementation Strategy Approach and Process

A. St. Rose Hospital's Approach to Implementation Strategies

With a limited budget for community benefit efforts, St. Rose Hospital's Implementation Strategy is designed to sustain existing programs that address one or more of the selected community health needs.

St. Rose Hospital implementation strategies seek to improve health and well-being in our service area communities, where long standing inequities exist for communities of color around health care and the social and economic factors that contribute to poor health. Over the last two years, the COVID-19 pandemic exacerbated historical disparities.

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 CHNA. This Implementation Strategy is intended to satisfy each of the applicable requirements set forth in Code section 501(r).

The Implementation Strategy guides St. Rose Hospital to align limited resources with significant community health needs in a meaningful way. An update of the actions and resources outlined in

the plan is filed with California's Office of Statewide Health Planning and Development (OSHPD) in an annual Community Benefit Report.

B. Criteria to Select IS Health Needs to Address

Identifying the highest priority needs with an equity lens informs our community benefit activities and helps maintain relationships with other organizations working to improve health and wellbeing for the communities in our service area.

To identify the significant health needs that St. Rose Hospital will address in the 2023-2025 three-year Implementation Strategy, the following criteria were employed:

Table 2: Criteria used to select health needs to address

Criteria	Definition
Leverage organizational assets to address inequities	Opportunity to deploy St. Rose Hospital resources, current programs and assets to promote equity
Leverage community assets	Opportunity to collaborate through existing community partnerships, or to build on current programs, emerging opportunities, or other community assets
Successful solution solves multiple problems	One intervention effectively addresses multiple needs/facets of a need
Aligns with previous Implementation Strategy	Builds on St. Rose Hospital’s work to implement the previous IS
Addresses COVID impact	Addresses issues created/exacerbated by the COVID-19 pandemic

C. IS Health Need Selection Process

On May 5, 2022 senior leaders from St. Rose Hospital met to review the list of community health needs identified and prioritized during the CHNA and to select the community health needs to address using the criteria in Table 2, providing strategic direction for St. Rose Hospital Community Benefit activities from 2023 through 2025.

Leaders participating in the St. Rose health need selection process included:

- Michael Cobb, Foundation Executive Director
- Elisabeth Reid-Gonzalez, MPA, CPMSM, Director of Medical Staff, Quality Improvement & Risk Services
- Rozanne, O’Keefe, RN, BSN, CNOR, CAPA, Director of Nursing

D. Health Needs St. Rose Hospital Plans to Address

The health needs St. Rose Hospital will address during 2023-2025 are:

Healthcare Access and Delivery: Access to comprehensive, quality healthcare has a profound impact on health and quality of life. Components of access to and delivery of care include insurance coverage; adequate numbers of primary and specialty care providers; health care timeliness, quality and transparency; and cultural competence/cultural humility. Limited access to healthcare and compromised healthcare delivery negatively affects health outcomes and quality of life. The COVID-19 pandemic exacerbated existing racial and health inequities, with people of color accounting for a disproportionate share of COVID-19 cases, hospitalizations, and deaths. The majority of key informants and nearly half of focus groups identified healthcare access and delivery as a top priority health need for Alameda County. Key informants and focus group participants discussed how a lack of healthcare providers with specialized training for working with specific populations serves as a barrier to care, particularly for LGBTQIA+ residents, people with certain disabilities, non-English speakers, and undocumented residents. Additionally, the shift to telehealth during the pandemic, though helpful for many, presented barriers to low-income families with little or no internet access and seniors, some of whom struggle to use technology. Medicaid/public insurance enrollment is a big need in Alameda County with enrollment 21% below the state average (30% vs 38%). Within Central Alameda County, residents from some underserved racial and ethnic groups are even less likely to be insured; some ZIP code areas that have higher Asian populations than the county average, have lower enrollment in Medicaid/public insurance programs than the CA average. Key informants stated that many residents in this region forego any health insurance because of high costs. The downstream effects of this can be seen in higher rates of premature births in Central Alameda County (7.6%) than the county average (6.9%), and a higher infant mortality rate for Black/African American babies than the Central Alameda average (8.1 versus 7.6 per 1,000 live births). Those who live and work in Central Alameda County described shortfalls and biases in healthcare services and delivery for both prevention and treatment, which often disproportionately affect the region's most vulnerable residents.

Economic Security: People with steady employment are less likely to have an income below poverty level and more likely to be healthy. Strong economic environments are supported by the presence of high-quality schools and an adequate concentration of well-paying jobs. Childhood poverty has long-term effects. Even when economic conditions improve, childhood poverty still results in poorer long-term health outcomes. The establishment of policies that positively influence economic conditions can improve health for a large number of people in a sustainable fashion over time. The majority of key informants and focus groups listed economic security as a top priority health need. Key informants reported that Alameda County residents struggle to find living wage jobs given the County's extremely high cost of living. Key informants and focus group participants reported extensive job loss because of the pandemic, noting that despite a strong job market, many residents are still not working. There are substantial disparities in economic security faced by Black/African American, Latinx, and other vulnerable groups within Alameda County. White residents of Central Alameda County have the highest average incomes of all

racial/ethnic groups, almost twice as much as Latinx residents (\$73,358 for White men compared to \$41,245 for Latinx men). Income growth in Castro Valley, San Lorenzo and Ashland stagnates for those at the median income mark (50th percentile) and drops for those making less than the median income in the 20th percentile and 10th percentiles. Key informants serving Central Alameda County perceived that residents need more potential career pathways that can provide adequate income to live in the area and afford healthy foods. Hayward's least healthy Census Tract (according to the Healthy Places Index) performs worse than 84% of CA communities on measures of income and employment.

Behavioral Health: Behavioral health, which includes mental health, encompasses emotional and psychological well-being, along with the ability to cope with normal, daily life and affects a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities. Behavioral health also encompasses substance abuse, which impacts many aspects of health. Behavioral health and the maintenance of good physical health are closely related; common mental health disorders such as depression and anxiety can affect one's ability for self-care while chronic diseases can lead to negative impacts on mental health. Behavioral health issues affect a large number of Americans; anxiety, depression, and suicidal ideation are on the rise due to the COVID-19 pandemic, particularly among Black/African American and Latinx community members. Almost all key informants serving Alameda County identified behavioral health as a top priority health need, with some stating that the situation is at crises level. A quarter of focus groups identified behavioral health as a top priority need. Key informants described behavioral health concerns as a number one issue for communities they serve, reporting intense distress about the level of behavioral health needs going untreated. Focus group participants reported that there are long waitlists and inadequate mental health services for non-English speakers, children/teens, and LGBTQIA+ residents. Focus group participants described language and other cultural barriers that prevent immigrant residents from understanding behavioral health terminology or usefulness. Within Central Alameda County, residents experience substantially higher rate of deaths of despair compared to the Alameda County average (31 versus 28 per 100,000 population), with Black/African American residents having the highest rate (54 per 100,000 population). Key informants serving Central Alameda County noted the continuing stigma surrounding mental health issues in their communities, and the need to overcome it. They also reported that bullying and harassment are severe issues, and students there would benefit greatly from an increased presence of school-based counselors. Central Alameda County focus group participants listed specific barriers to receiving mental healthcare services, including lack of financial resources, cultural differences in understanding mental health and misinformation about how to manage trauma.

V. St. Rose Hospital Implementation Strategies

St. Rose Hospital has identified goals, strategies, and anticipated impacts for each priority health need, as described in the matrices below. Strategy implementation will draw on St. Rose Hospital's organizational resources and partnerships with community organizations.

A. HEALTH CARE ACCESS AND DELIVERY

GOAL	STRATEGIES	ANTICIPATED IMPACT
<p>A1: Improve low-income community members' access to health care</p>	<p>Allocate resources for:</p> <ul style="list-style-type: none"> • Quality health care services to Medi-Cal participants who would otherwise struggle to access care. • Charity care: access to health care services for low-income individuals who do not have access to public or private health coverage. • Financial Counselor to determine if underserved patients qualify for health insurance or other financial aid. 	<ul style="list-style-type: none"> • Increased access to health care services for community members in the St. Rose service area
<p>A2: Improve community members' access to preventive medicine and specialized care</p>	<p>Allocate resources for:</p> <ul style="list-style-type: none"> • Free flu vaccines, health screenings and health education at community events. • Calls to discharged in-patients and out-patients to maximize medication and follow up appointment compliance. • Case Management/Social Services for referrals and follow-up on patients transferred to Skilled Nursing Facilities. • Annual Community Health Fair to provide community members with flu shots, blood pressure, glucose and cholesterol screenings. • Community classes/support groups on the following topics: Lamaze, breastfeeding, parenting, myasthenia gravis, cancer, asthma/respiratory conditions, nutrition/diet. 	<ul style="list-style-type: none"> • Increased access to vaccinations for community members in the St. Rose service area • Lower hospital readmission rates for community members in the St. Rose service area • Increased access to health screenings and health education on selected topics for community members in the St. Rose service area

B. ECONOMIC SECURITY

GOAL	STRATEGIES	ANTICIPATED IMPACT
<p>B1: Build community members' employable skills</p>	<p>Allocate resources for:</p> <ul style="list-style-type: none"> • FACES for the Future healthcare internships and academic support for at-risk high school students. • Youth Volunteer Program to provide exposure to the healthcare setting and community service credit for community youth. • Students Helping In the Needs of Everyone (SHINE) Program to engage high school and college student volunteers to experience healthcare hospitality activities and receive community service credit. • Auxiliary Program to provide job experience in the healthcare setting for older adults seeking resume-building opportunities. 	<ul style="list-style-type: none"> • Increased healthcare work experience among community members, including enhanced professional skills

C. BEHAVIORAL HEALTH

GOAL	STRATEGIES	ANTICIPATED IMPACT
<p>C1: Improve behavioral health for at-risk youth and their families</p>	<p>Provide resources to support FACES for the Future in partnership with La Familia Counseling Services:</p> <ul style="list-style-type: none"> • Provide psychosocial support to at-risk student interns and their families. • Provide group mental health and wellness workshops for student interns. 	<ul style="list-style-type: none"> • Improved behavioral health among at-risk student interns and their families
<p>C2: Increase community members' access to behavioral health care through care coordination</p>	<p>Allocate resources to:</p> <ul style="list-style-type: none"> • Case Management/Social Services evaluation and referrals for: <ul style="list-style-type: none"> ○ Mental health services for hospital in-patients ○ Drug and alcohol treatment programs for in-patients and Emergency Department patients • Real-time, telehealth mental health services provided by a licensed health care professional to Emergency Department patients. • Emotional support groups for community members in the St. Rose service areas covering the following topics: Pre- and ante-natal support; alcohol abuse; cancer and other chronic disease survival; eating disorders. 	<ul style="list-style-type: none"> • Increased evaluation and referral rates for behavioral health care services for community members in the St. Rose service area • Improved emotional response to challenging life situations for support group participants

St. Rose Hospital will monitor and evaluate the strategies described above to track implementation and document impact. Tracking metrics for each prioritized health need may include the number of people reached/served, dollars spent, or staff hours committed.

VI. Health Needs St. Rose Hospital Does Not Plan to Address

The significant health needs identified in the 2022 CHNA that St. Rose Hospital does not plan to address are shown in the table below, along with the reasons for not addressing those needs.

Reason	Housing & Homelessness	Education	Community & Family Safety	Food Security	Structural Racism
Less ability for St. Rose Hospital to leverage organizational resources to address this need	X		X	X	X
Less ability for St. Rose Hospital to leverage community assets to address this need				X	
Does not build on previous Implementation Strategy		X			
Aspects of this need will be addressed in strategies for other needs		X			X