



2026-28

Implementation Strategy Report and Plan





1346 The Alameda, Ste. 7-507
San Jose, CA 95126
www.ActionableLLC.com
(408) 384-4955 | (408) 384-4956



**St. Rose
Hospital**

An ALAMEDA HEALTH SYSTEM *Affiliate*

GENERAL INFORMATION

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| Contact Person: | Michael Cobb, Assistant to the CAO/Philanthropy |
| Years the Plan Refers to: | Fiscal Years 2026–2028 |
| Date Written Plan Was Adopted by Authorized Governing Body: | December 16, 2025 |
| Authorized Governing Body that Adopted the Written Plan: | St. Rose Hospital’s Board of Directors |
| Name and EIN of Hospital Organization Operating Hospital Facility: | Hayward Sisters Hospital dba St. Rose Hospital 94-1668344 |
| Address of Hospital Organization: | 27200 Calaroga Avenue Hayward, CA 94545 |

ACKNOWLEDGMENTS

St. Rose Hospital would like to recognize the following individuals and organizations for their contributions to the 2026-2028 Implementation Strategy process:

St. Rose Hospital

Michael Cobb, Assistant to the CAO/Philanthropy

Shirley Joseph, RN, Chief Nursing Officer

Kimothy Sparks, JD, RN, Interim Quality Improvement Manager

Nicola Davis, MPH, Quality Coordinator

Consulting Firm Contributing to this Report:

Actionable Insights, LLC

Jennifer van Stelle Brozzo, Ph.D., Co-Founder & Principal

Melanie Espino, Co-Founder & Principal



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I. ABOUT ST. ROSE HOSPITAL

St. Rose Hospital, a nonprofit community hospital located in Hayward, has been an integral part of the local community for nearly 60 years. On November 1, 2024 the hospital became an affiliate of Alameda Health System, the public safety-net health system in Alameda County. St. Rose Hospital, accredited by the Joint Commission, 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 over 800 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.

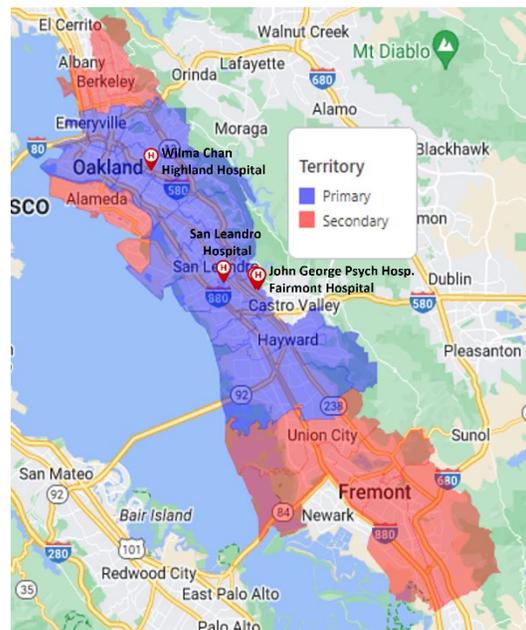
Vision: St. Rose Hospital will be the health care provider of choice in central and southern Alameda County. The hospital actively seeks partnerships with all groups and individuals dedicated to improving the overall health of the diverse community served.

About St. Rose Hospital Community Health

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 developed and 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.

St. Rose Hospital’s primary service area is in central Alameda County.

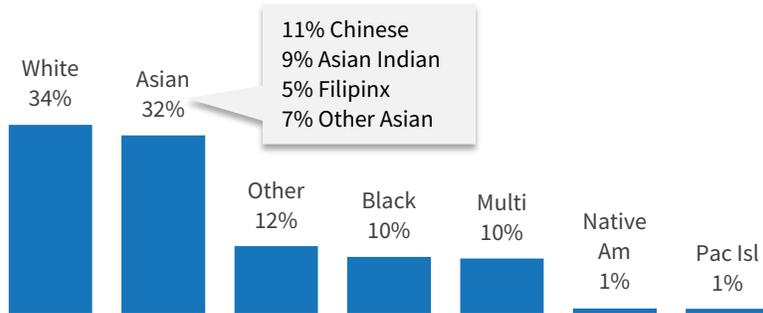


II. ST. ROSE HOSPITAL’S SERVICE AREA

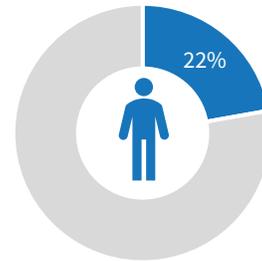
The IRS defines the “community served” by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area and does not exclude low-income or underserved populations. Although St. Rose Hospital’s primary service area is in the central part of Alameda County (see map, right), data for the CHNA include all of Alameda County. According to the U.S. Census Bureau, the county’s estimated population for the period 2019–2023 was approximately 1.65 million.

Demographics, Alameda County

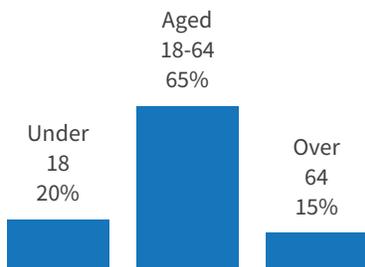
A majority of residents are non-White.



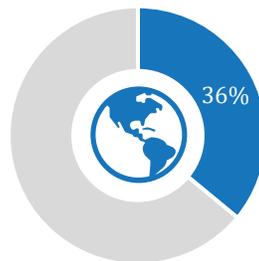
Over one in five are Latine.



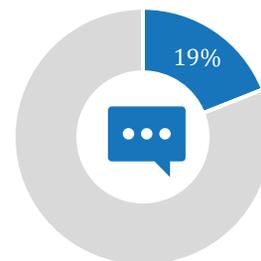
One in five residents are children.



Over one-third of residents are foreign-born.



About one in five over age 5 speak limited English.



\$121,703

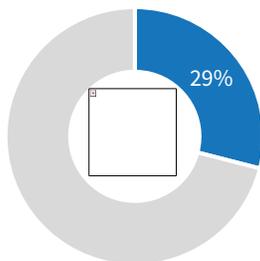
Real Cost Measure (RCM) for 4-person household



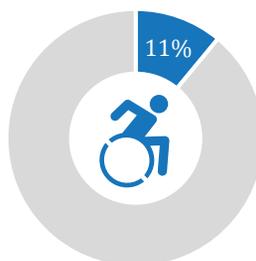
\$1.0M

median home sale price

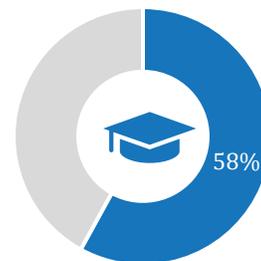
On average, close to one in three households lives below the Real Cost Measure.



Over one in ten residents lives with a disability.



Nearly three in five residents aged 25+ have earned at least a Bachelor's degree.



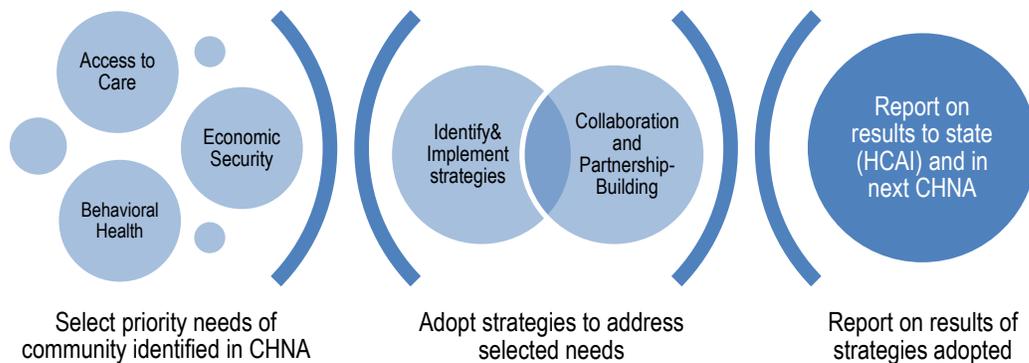
Sources: United Way: Real Cost Measure (factors in the costs of housing, food, health care, child care and other basic needs), 2021. Redfin.com: Median home sale price, 2024. U.S. Census Bureau: demographics, 2019-2023.

III. PURPOSE OF THE IMPLEMENTATION STRATEGY

This Implementation Strategy Report (IS Report) describes St. Rose Hospital’s planned response to the needs identified through the 2025 Community Health Needs Assessment (CHNA) process. It fulfills Section 1.501(r)(3) of the IRS regulations governing nonprofit hospitals. Subsection (c) pertains to implementation strategy specifically and its requirements include a description of the health needs that the hospital will and will not address. This Community Health Implementation Strategy is intended to satisfy each of the applicable requirements set forth IRS Code section 501(r) and related implementing regulations promulgated thereunder for St. Rose Hospital. Per these requirements, the following descriptions of the actions (strategies) St. Rose Hospital intends to take include the anticipated impact of the strategies, the resources the hospital facility plans to commit to address the health needs, and any planned collaboration between the hospital facility and other facilities or organizations in addressing the health needs.

The Community Health Implementation Strategy serves as the foundation for all Community Benefit planning to align resources with significant community health needs in a meaningful and transparent way. An update of the actions and resources outlined in the plan is filed with California’s Department of Health Care Access and Information (HCAI), formerly the Office of Statewide Health Planning and Development (OSHPD), in an annual Community Benefit Report.

Overall, the Implementation Strategy is intended to address priority needs within the community.



For information about St. Rose Hospital’s 2025 CHNA process and for a copy of the 2025 CHNA report, please visit the Community Benefit webpage at <https://strosehospital.org/community-benefit/>.

IV. LIST OF COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2025 CHNA

The 2025 CHNA assessed community health needs by gathering input from persons representing the broad interests of the community. The CHNA study team^a used this primary qualitative input to determine the community's priorities. In addition, quantitative (statistical) data were analyzed to identify poor health outcomes, differences in health outcomes, and health trends. The study team compiled statistical data and provided comparisons against statewide averages and rates.

To be considered a health need for the 2025 CHNA, an issue had to fit the definition of a health need,^b and either be prioritized in multiple focus groups and/or interviews or rise to the list based on statistical data, with at least two direct indicators exhibiting documented differences between groups, failing the benchmark by five percent or more, or showing worsening trends and few supporting resources. The 2025 CHNA identified a total of eight health needs. The health need prioritization and selection process is described in Section VI of this report.

2025 Ordered Health Needs List

1. Economic Security
2. Behavioral Health
3. Housing and Homelessness
4. Racism/Discrimination
5. Health Care Access and Delivery
6. Community and Family Safety
7. Climate/Natural Environment
8. Health Issues:
 - Cancer
 - Heart Disease/Stroke
 - Maternal/Infant Health
 - Sexual Health
 - Unintended Injuries

^a The study team was composed of John Muir Health, St. Rose Hospital, Stanford Health Care Tri-Valley, UCSF Benioff Children's Hospital Oakland, Washington Health, and Actionable Insights, LLC. For more details, see 2025 CHNA report.

^b A health need was defined in the CHNA report as a poor health outcome and its associated risk(s), or a risk that may lead to a poor health outcome. For further information, see Section 5 of the CHNA report.

V. THOSE INVOLVED IN THE IMPLEMENTATION STRATEGY (IS) DEVELOPMENT

St. Rose Hospital selected the health needs to address. Actionable Insights, LLC, provided guidance and expertise for this process and conducted research on evidence-based and promising practices for each selected health strategy. Actionable Insights is a consulting firm whose principals have experience conducting CHNAs and providing expertise on implementation strategy development and IRS reporting for hospitals.

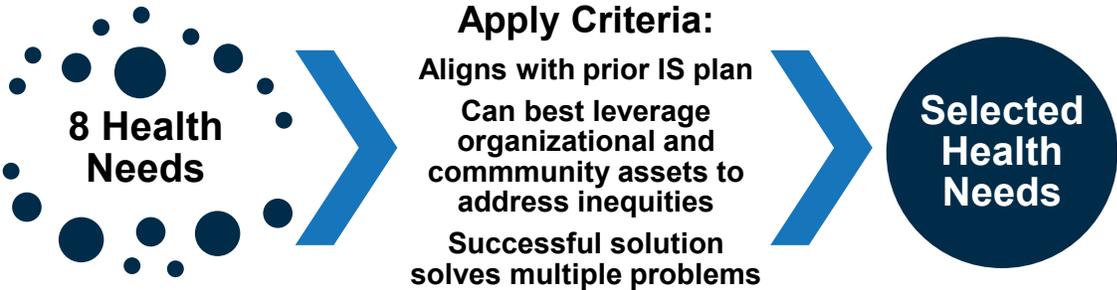
VI. HEALTH NEEDS THAT ST. ROSE HOSPITAL PLANS TO ADDRESS

A. Process and Criteria Used to Select Health Needs

St. Rose Hospital’s Community Health team met with Actionable Insights on June 26, 2025 to discuss the health needs identified through the community assessment and prioritized by the community. St. Rose Hospital’s team, by consensus, selected the three health needs that members determined best met the selection criteria. The selected needs are listed below in alphabetical order.

- Behavioral Health
- Economic Stability
- Health Care Access and Delivery

The selection process involved applying certain criteria to the eight identified health needs to support St. Rose Hospital’s selection decision.



B. Description of Health Needs That St. Rose Hospital Plans to Address

Behavioral Health

What is the issue?

Behavioral health refers to both mental health and substance use. Mental health—defined as social, emotional, and psychological well-being—plays a key role in a person’s overall wellness, ability to have healthy and maintain healthy relationships, and function in society.^o The use of substances such as alcohol, marijuana, and other legal or illegal drugs affects not only the individuals who use them, but also their families and communities.

Why is it a health need?

Behavioral health, including mental health and substance use, was the highest priority need across key informant interviews and focus groups. Most CHNA participants identified mental health as a top concern, highlighting issues such as anxiety, depression, trauma, and severe mental illnesses like schizophrenia and bipolar disorder. Many articulated that there is a significant mental health crisis among youth, exacerbated by COVID-19, social media, and other stressors. Issues such as anxiety, depression, and loneliness were also frequently mentioned. A greater proportion of children in Alameda County are hospitalized for mental diseases and disorders than children in California overall (see chart, next page).

“I’m mostly alone, I don’t really have anyone to talk to. It’s hard to find friends or ...anyone to discuss anything with outside school.” – Youth Participant, Eastern Alameda County Needs Assessment

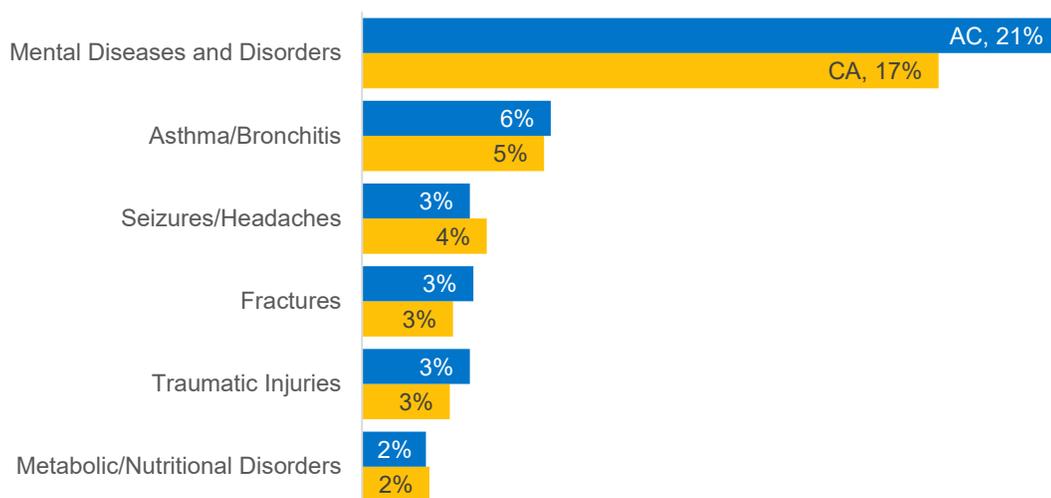
Participants highlighted the links among food insecurity, housing instability, violence, and mental health issues such as hopelessness. Several participants noted that trauma, including generational trauma and structural racism, can be a significant factor in worsening mental health issues.

The limited availability of mental health practitioners and related services was frequently discussed, as were other barriers such as long wait times for appointments and inadequate insurance coverage. Some participants expressed particular concern with regard to mental health care access for young children.

“There is not much access to mental health, appointments take very, very long [to get] and an appointment cannot be arranged when a person is already in crisis.” – Spanish-Speaking Community Focus Group Participant

^o Substance Abuse and Mental Health Services Administration. (2023). *What is Mental Health?*

The top reason for child hospitalizations is mental diseases and disorders.



Source: California Dept. of Health Care Access and Information custom tabulation, 2020. As cited by KidsData.org.

Substance use, particularly among youth, was a major concern among participants. Experts who participated in the CHNA emphasized fentanyl and synthetic drugs as especially dangerous and noted an increase in substance use disorders overall.

“I work a lot with youth... I have personally a really high concern for the lack of awareness and education surrounding substance use, but with, in particular, the fentanyl issue that we see out there.” – Expert, Focus Group Participant

Substance use and mental health were seen as being interconnected by CHNA participants, with many stating that substance use often serves as a coping mechanism for untreated mental health issues. Stigma tied to both was noted as a commonplace barrier to seeking help, with other cultural factors contributing as well.

Concern related to both mental health and substance use was specifically expressed for youth, particularly high school and college students, as well as low-income families, who experience high levels of economic stress. Unhoused individuals were also recognized in these discussions, as they often are susceptible to a combination of mental illness, substance use disorders, and other vulnerabilities that can have negative effects on mental well-being.

“A lot of our youth and a lot of underserved folks, mostly Black and brown communities, got hit very hard with COVID, not just getting COVID but a lot of death. That adds to the mental crisis that our youth are experiencing.” – Community Leader Interviewee

See more related to health care access and delivery and economic stability in their respective descriptions.

Economic Stability^d

What is the issue?

Economic stability has been defined as the ability of people to cover their basic needs sustainably, in a manner that allows them dignity and self-respect.^e Higher income and social status, often achieved through attainment of higher education, have each been linked to greater health. Poor health can lead to homelessness, and vice versa. People experiencing homelessness suffer from preventable illnesses at a greater rate, require longer hospital stays, and have a greater risk of premature death than their peers with housing security.^f Research shows that access to economic stability programs such as SNAP (formerly called food stamps) results in better long-term health outcomes.^g

Why is it a health need?

Economic stability, including housing, education, and food security, was the highest-priority health need in interviews and focus group discussions. The high cost of living was a key theme among CHNA participants in all areas. Participants stated that wages from full-time employment were often insufficient to meet the costs of basic needs like rent and living expenses. They indicated that this led to economic strain and forced people to work multiple jobs or cut back on essentials like healthy food. Many also pointed out the correlation between economic and food insecurity, with some noting a substantial increase in food insecurity since the 2020 pandemic.

“Parents that I’ve worked with have been able to find employment, but the amount of money they make doesn’t meet all of their basic needs.” – Community Leader Interviewee

The populations of highest concern included individuals on fixed incomes, BIPOC individuals, young adults, and families with children. Some participants were especially concerned with the impact of food insecurity on children, including poor physical and mental health.

CHNA participants emphasized the lack of housing affordability, noting that it has been a persistent issue for decades. Participants spoke to rising rent costs and lack of affordable housing options as major issues for many residents. Several participants described poor living conditions, including people living in vehicles or overcrowded housing situations.

“The cost is incredibly high... people have to deal with it. So, the way they do it is they’re overcrowded. They rent rooms.” – Expert Interviewee

Barriers to housing were widely discussed, including how economic factors, such as wages not keeping up with housing costs and the difficulty of securing financing for affordable housing projects, exacerbate the housing crisis.

^d For the purposes of this IS, St. Rose Hospital’s Community Health Improvement team merged Housing into Economic Stability.

^e International Committee of the Red Cross. (2020). *Economic Security Strategy 2020-2023*.

^f O’Connell, J.J. (2005). *Premature Mortality in Homeless Populations: A Review of the Literature*. Nashville, TN: National Health Care for the Homeless Council.

^g Center on Budget and Policy Priorities. (2018). *Economic Security, Health Programs Reduce Poverty and Hardship, With Long-Term Benefits*.

Many participants pointed out the increasing homeless population, which is particularly acute in urban areas like Oakland and Hayward. While the total number of individuals experiencing homelessness in Alameda County decreased between 2022 and 2024, in Hayward the count rose by 34% during that same time period.

“It’s gotten a lot worse and what we’re seeing is a lot of people. Half of our homeless population live in vehicles.” – Community Service Provider Interviewee

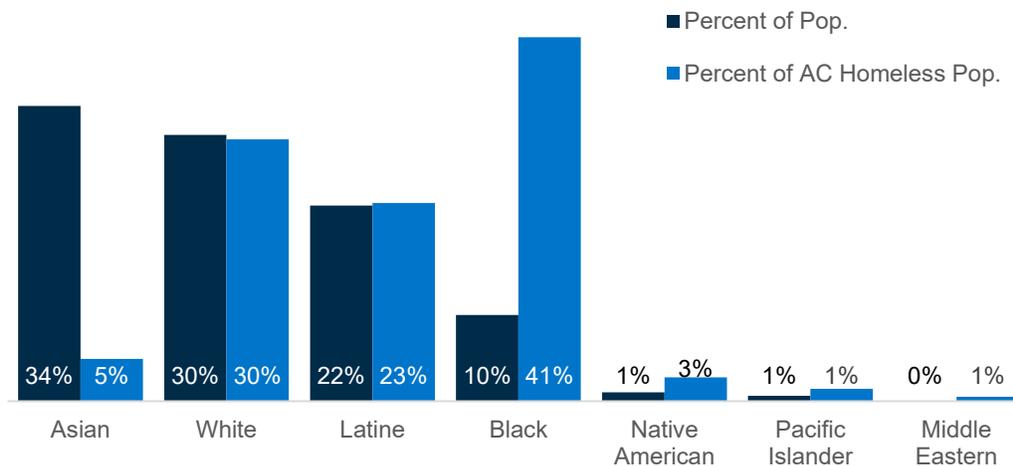
The number of individuals experiencing homelessness in Hayward rose between 2022 and 2024.



Source: Applied Survey Research. Alameda County Point-in-Time Count. 2022 and 2024.

It was regularly underscored by focus groups and key informants that housing instability and homelessness are significant determinants of health, affecting both mental and physical well-being. Stable housing is seen as a foundation for addressing other health needs. Participants mentioned that systemic issues, including structural racism and economic inequities, contribute to the housing and homelessness crisis.

BIPOC communities are overrepresented in Alameda County’s homeless population.



Source: Applied Survey Research. Alameda County Point-in-Time Count. 2024.

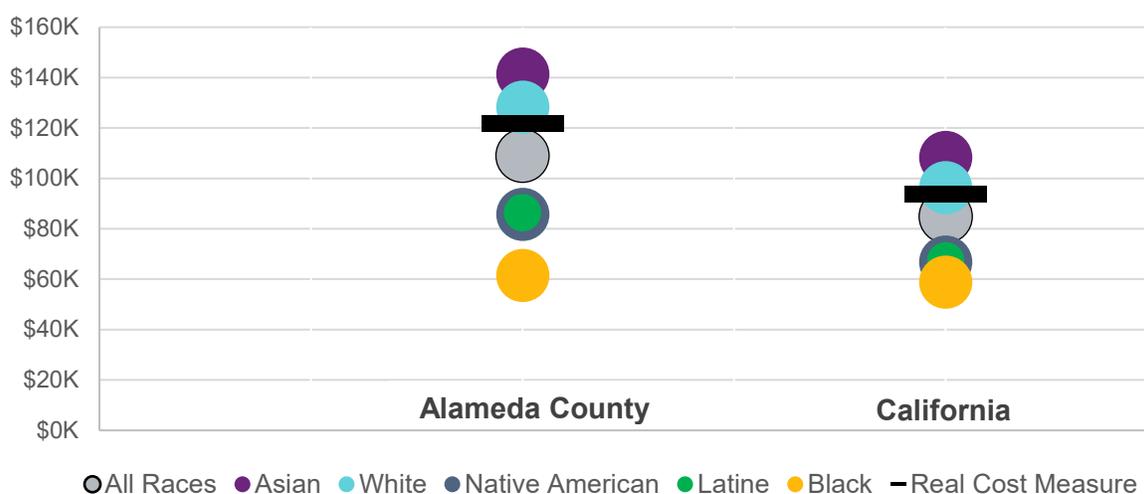
Regarding other specific populations, it was mentioned that immigrants can face additional challenges due to documentation issues, which can consequently limit their employment opportunities. Some explained that other common economic challenges, such as families needing to work multiple jobs, hinder students’

ability to focus on education, effectively deterring or diminishing their long-term economic prospects. A number also felt economic instability is linked to broader systemic issues, such as hiring discrimination and inadequate local resources.

“If your economic situation is poor, then the thought about even going to free community college is difficult because it’s time away from working.” – Community Leader Interviewee

Data show that there are substantial disparities in median income by race/ethnicity; for example, an Alameda County Latine household earns a median of \$86,447, about one-third less than the Real Cost Measure, which assesses the funds needed for a household to afford the cost of living based on the cost of housing, childcare, food, health care, transportation, taxes and other miscellaneous things. Alameda County women also face a slightly greater gender pay gap (\$0.84 to the dollar) compared to California overall (\$0.86).

Median household income varies substantially by race/ethnicity.

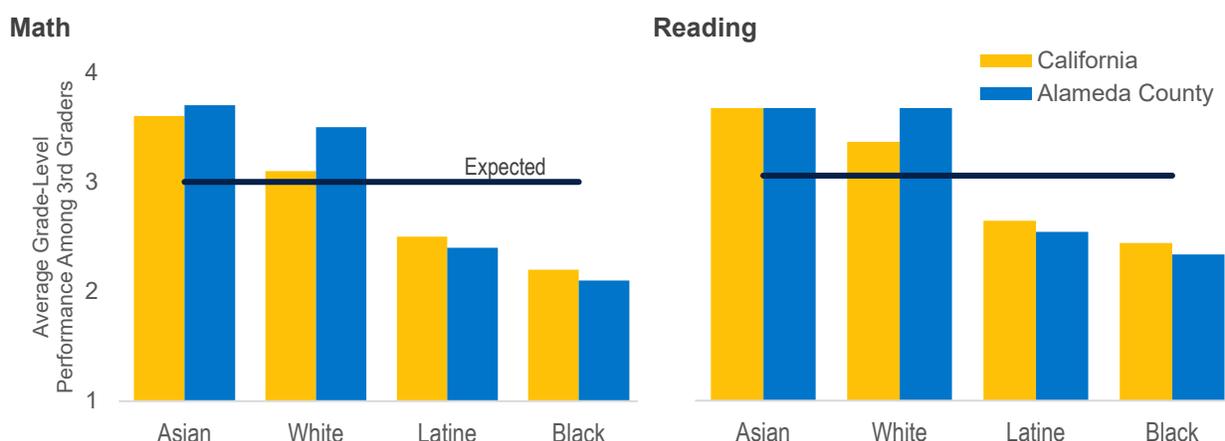


Notes: Dot size varies to show overlap. Source: U.S. Census Bureau Small Area Income and Poverty Estimates, 2021. Retrieved from County Health Rankings, June 2024.

High dropout rates and lower academic performance were highlighted by some CHNA participants. Several described barriers to education for youth in the county, including overcrowded or underfunded schools and teacher/staff shortages.

In Alameda County, Latine students were more likely than students of other ethnic groups to drop out before graduation. Elementary school math and reading performance are also worse among the county’s Black and Latine children (see charts on following page). Educational statistics and disparities that differ by race/ethnicity are particularly concerning to CHNA participants; as some mentioned, education is linked to future income prospects.

Math and reading performance are both notably worse among Black and Latine students.



Source: California Dept. of Education, Test Results for California's Assessments. As cited on KidsData.org.

Health Care Access and Delivery

What is the issue?

Access to affordable, comprehensive, quality health care is important for improving health and increasing quality of life.^h For most people, access to care means having insurance coverage, being able to find an available primary or specialty care provider nearby and receiving timely delivery of care. Delivery of care involves the quality, transparency, and cultural competence/humility with which services are rendered. Limited access to care and compromised delivery affect people's ability to reach their full potential, diminishing their quality of life.

Why is it a health need?

Health care access and delivery was prioritized in more than one-third of all interviews and focus groups. CHNA participants focused on the ever-present barriers to health care access, including economic obstacles and shortages of providers.

"The whole system of health insurance doesn't meet the needs of low-income people. ...Even when somebody has full insurance, because of the cost of copays and deductibles." –Expert Interviewee

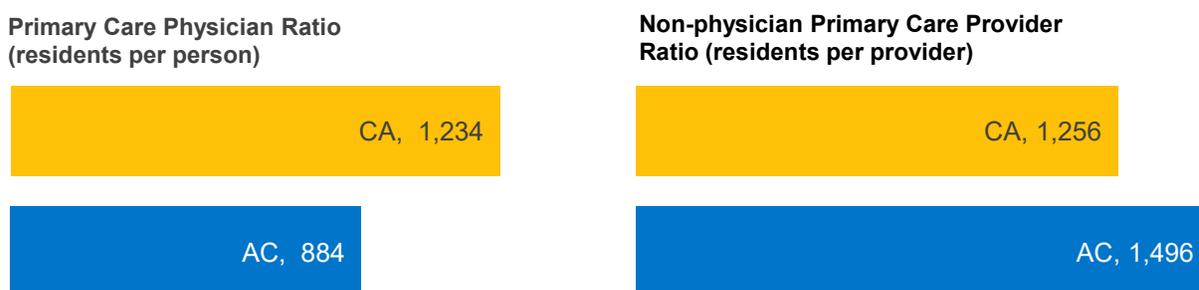
Some participants also mentioned bureaucratic hurdles that persist in navigating the health care system in general. Several described how existing staff is overburdened, naming this as another access issue. In addition, it was noted that undocumented immigrants face unique challenges in accessing health care due to legal and bureaucratic barriers.

^h County Health Rankings & Roadmaps. (2024). Access to Care.

Difficulties in accessing specialty care, including mental health services, were highlighted by the community as well. Experts who participated in the CHNA often highlighted the importance of integrating medical, dental, and behavioral health services in a single location to improve access.

Statistics show that in Alameda County, the ratio of community members to primary care providers is better (lower) than the ratio among Californians overall. However, the ratio of community members to other primary care professionals (e.g., physician assistants) is worse (higher) compared to the state (see charts on following page). Access among public school students to school nurses is also worse in Alameda County (3,385 students to each nurse) compared to such access statewide (2,410:1).

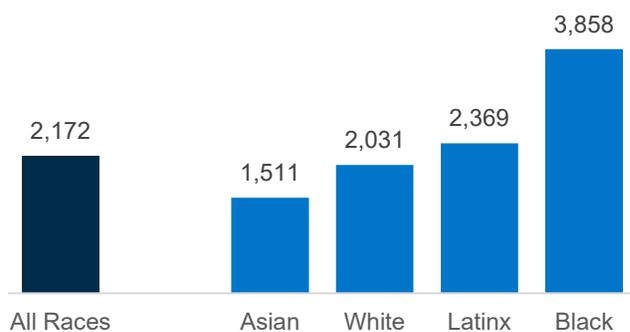
The ratio of community members to non-physician primary care providers is higher (worse) in Alameda County compared to California overall.



Source: Centers for Medicare and Medicaid, National Provider Identification, 2020.

The rates of preventable hospitalizations are highest for BIPOC populations (especially Black and Latine). A higher rate of preventable hospital stays may be an indicator of inequitable access to high-quality care.

In Alameda County, Latine and Black older adults are hospitalized for preventable causes notably more often compared to older adults of all races/ethnicities.



“Language is sometimes a barrier... when we are lucky enough to understand each other, that’s good, isn’t it? But when we are not—I have seen people who want to communicate with the doctors, the nurses, but they [the providers] just don’t.” –Community Member Focus Group Participant

Definition: Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. Source: Centers for Medicare & Medicaid, Mapping Medicare Disparities Tool, 2020.

With regard to health care delivery, some CHNA participants asserted the need for health care services to be more culturally sensitive, alleging that some current practices often disregard cultural differences. There were also concerns expressed about the quality of care, citing issues such as long wait times, poor communication, and perceived indifference or blatant disrespect by health care providers.

VII. ST. ROSE HOSPITAL'S IMPLEMENTATION STRATEGY

Our Strategic Approach

As an anchor institution in central Alameda County (see below), St. Rose Hospital's annual community health efforts focus on improving the health of the community's most vulnerable populations, including the medically underserved, low-income, and populations affected by health disparities. In response to the 2025 Community Health Needs Assessment, we developed this Implementation Strategy to guide our community benefit efforts, institutional practices, and community engagement over the next three years (FY26–FY28). Our anchor-inspired plan represents a continuation of a multi-year strategy to address access to and delivery of healthcare, behavioral health and mental health support, and economic stability through food, housing, and workforce development initiatives in order to improve community health.

What Is an Anchor-Inspired Approach?

The anchor approach is centered on leveraging the economic, social, and human capital of “anchors”—large, place-based institutions such as universities, hospitals, and government agencies—to create lasting, positive outcomes in their local communities.

In practice, anchor-inspired strategies align institutional resources—such as hiring, purchasing, investing, and engaging in community partnerships—to support local needs.

Guided by anchor principles and frameworks, our strategies were selected based on a combination of community input, data from the CHNA, existing hospital capabilities, research on evidence-based and promising practices, and opportunities to make a meaningful and lasting impact. Across all priority areas—Behavioral Health, Economic Stability, and Health Care Access and Delivery—we focus on:

- Investing in upstream solutions that address the conditions influencing community health
- Listening to community voice and building collaborative relationships
- Enhancing the quality and reach of programs and services for the community
- Leveraging hospital resources and partnerships to strengthen systems of care

We recognize that health is shaped by a broad range of social and environmental factors. Our approach blends direct service, internal system improvements, and community partnerships. Through this strategy, we aim to strengthen positive outcomes across our service area and support a healthier future for the community we serve.

BEHAVIORAL HEALTH

Why This Matters

Behavioral health is a pressing concern in Alameda County. Key challenges include a shortage of mental health providers and rising rates of psychological distress. These challenges were amplified by the COVID-19 pandemic, which increased economic stressors, isolation, and substance use.

Key Data Highlights

- Mental diseases and disorders accounted for the highest proportion of hospital discharges among youth in Alameda County, more than double the next-highest primary diagnosis and higher than the statewide proportion
- Suicide and suicidal ideation rising in Alameda County

Community Voice

CHNA participants highlighted the following:

- Growing loneliness, stress, and isolation, exacerbated by economic insecurity and experiences of discrimination
- Concerns about lack of awareness and education of the harms of substance use, especially regarding potent substances like fentanyl
- The need for more integrated mental health and substance use services across systems
- Common populations of concern included LGBTQ+, Black and Latine communities, youth, unhoused individuals, and justice-involved individuals

At a Glance: What Else We Heard



Long wait times



Language barriers



Culture/service match lacking



Earlier prevention efforts needed

LONG-TERM GOAL

Improve factors that contribute to community members' behavioral health and wellness.

Our Approach

A. Community Investments

- Support programs that increase the supply of mental/behavioral health providers to community members (e.g., student interns)
- Advance community-based efforts aimed at expanding access to care for mental health and substance use issues

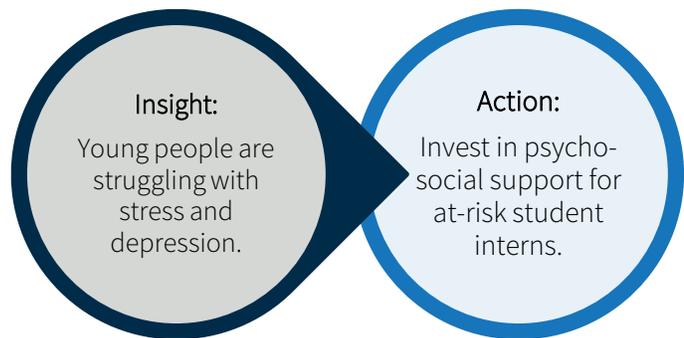
B. Institutional Systems & Practices

- Enhance screening and referral for mental/behavioral health issues in inpatient and emergency care settings
- Expand access via digital health initiatives (e.g., real-time telehealth mental health services in Emergency Department)
- Support better integration of mental health and substance use services/treatment (including alcohol treatment) for co-occurring mental illness and addiction
- Increase internal capacity by adding psychiatric treatment beds
- Support case management/social services' follow-up

C. Advocacy & Community Engagement

- Advocate for mental health parity and policy solutions at the local and state levels

From Insight to Action



How Our Strategies Reflect an Anchor-Inspired Approach

- Recognize that many people face significant barriers to accessing mental/behavioral health care.
- Align institutional resources with community needs to remove barriers and promote equity.
- Help create environments where mental/behavioral health services are more accessible, culturally relevant, and integrated with other forms of support.

What We Aim To Achieve

- Improved access to culturally competent mental/behavioral health services, programs, and providers
- Greater emotional coping and resilience among people served
- Enhanced coordination across the continuum of care

ECONOMIC STABILITY

Why This Matters

Financial stability plays a key role in the health and well-being of community members. In Alameda County, more than one in four households do not have enough income to make ends meet. The high costs of housing, food, health care, and education makes it difficult for many people to cover their basic needs.

Key Data Highlights

- Large differences in educational outcomes and income by race and ethnicity
- Greater gender pay gap vs. California
- Rising homelessness in Hayward
- BIPOC populations more likely to be housing insecure

Community Voice

CHNA participants highlighted the following:

- Wages have not kept pace with rising costs, leading to economic strain
- People feel forced to work multiple jobs or cut back on essentials
- Food insecurity seems to have stayed high since the COVID-19 pandemic
- People experiencing greater instability due to unaffordable housing
- Concern for individuals on fixed incomes
- People desire more equitable opportunities in education, jobs, and housing

At a Glance:

Barriers to Economic Stability



High housing costs



Limited access to financial aid, job training



Many needing food support



Overcrowded living conditions

LONG-TERM GOAL

Improve factors that contribute to community members' economic stability.

Our Approach

A. Community Investments

- Support programs that build community members' employable skills
- Support healthy food access programs (e.g., food rescue)

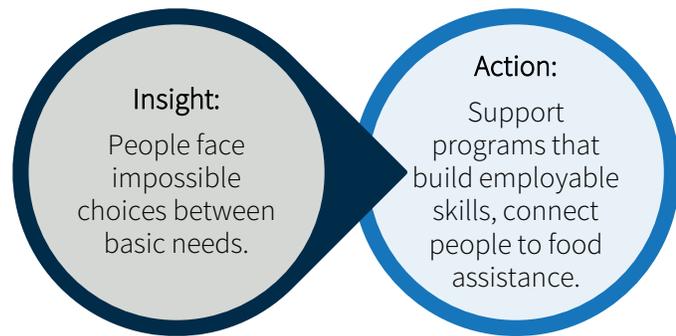
B. Institutional Systems & Practices

- Promote CalFresh and WIC enrollment
- Improve hospital screening and referral for health care-related social needs
- Support case management and care coordination that connects people to housing and other basic needs
- Foster workforce development and job training initiatives
- Support implementation of policies that prioritize hiring locally
- Support implementation of policies that prioritize purchasing locally and from small businesses

C. Advocacy & Community Engagement

- Participate in local housing and homelessness collaboratives

From Insight to Action



How Our Strategies Reflect an Anchor-Inspired Approach

- Align institutional resources to support community needs, removing barriers and promoting equity.
- Shift everyday business practices to foster communities' economic vitality.
- Take an integrated approach to address the root causes of health disparities in community.

What We Aim To Achieve

- Improved food security for vulnerable people
- Increased use of available services and benefits
- Increased employability of local community members
- Greater financial stability for community members
- Reduced economic disparities and poverty rates

HEALTH CARE ACCESS AND DELIVERY

Why This Matters

Access to health care remains uneven across communities. Health care workforce shortages, high costs, and linguistic and cultural barriers limit care for vulnerable community members. Structural inequities further complicate access for low-income and other historically marginalized groups.

Key Data Highlights

- Shortage of non-physician providers (e.g., NPs, PAs) in Alameda County compared to the state overall
- The county’s chronic and infectious disease rates suggest poor access to care
- Dental Health Professional Shortage Area in Ashland/Castro Valley
- Rates of preventable hospitalizations among older adults in Alameda County are highest for the Black population, followed by the Latine population
- Premature death (years of potential life lost) is higher for the county than it is statewide

At a Glance: Barriers to Care



Long wait times



Language & literacy challenges



High cost even with insurance

Community Voice

Community members and stakeholders shared:

- Concerns about affordability and long wait times
- Need for better integration of primary and specialty care (including behavioral health care and dental care) to improve access
- Less-populated areas may lack nearby hospitals, clinics, and specialty services
- People expressed a desire for providers who are respectful, inclusive, and speak their language



Transportation gaps

LONG-TERM GOAL

Improve health care access for low-income community members.

Our Approach

A. Community Investments

- Continue to participate in community events to provide access to vaccinations and health screenings
- Improve access to prevention resources
- Support programs that build community members' employable skills in the health care workforce

B. Institutional Systems & Practices

- Expand access via digital health initiatives (e.g., real-time, 24-hour telehealth mental health services in Emergency Department)
- Continue to offer financial assistance, including charity care and uncompensated care
- Support enrollment in health insurance
- Encourage care coordination efforts
- Support initiatives that address culturally competent and compassionate/respectful care, including language access and workforce investments
- Advance health-related social needs screening and linkage to resources

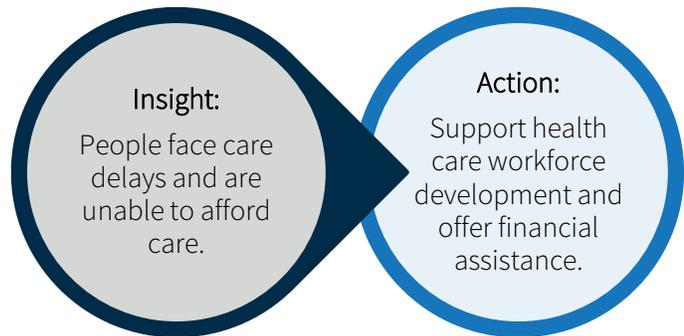
C. Advocacy & Community Engagement

- Advocate for access-focused policies at all government levels

VIII. EVALUATION PLANS

As part of St. Rose Hospital's ongoing community health improvement efforts, St.

From Insight to Action



How Our Strategies Reflect an Anchor-Inspired Approach

- Recognize that access to care is inseparable from the social, economic, and structural determinants of health that shape community well-being.
- Acknowledge that many people experience major barriers in accessing quality care.
- Align institutional resources with community needs to remove barriers and promote equity.
- Help create environments where health services are more accessible, culturally relevant, and better integrated with other forms of support.

What We Aim To Achieve

- Greater access to culturally sensitive care
- Higher preventive care and vaccination rates
- Reduced ED use and preventable hospitalizations
- Improved outcomes and reduced disparities for community members

Rose Hospital partners with local services providers and community-based nonprofit organizations to support programs and projects that address health needs identified through its triennial CHNA. St. Rose Hospital will monitor and evaluate the strategies described above for the purpose of tracking the implementation of those strategies as well as to document the anticipated impact. Plans to monitor activities will be tailored to each strategy and will include the collection and documentation of tracking measures, such as the number of dollars spent and number of people reached/served. In addition, St. Rose Hospital will track and report outcomes/impact, including behavioral and physical health outcomes as appropriate.

IX. HEALTH NEEDS THAT ST. ROSE HOSPITAL DOES NOT PLAN TO ADDRESS

As described in Section VI(A) of this report, the hospital was careful to select a set of health needs to address that could make an impact in the community. The remaining health needs did not meet the criteria to the same extent as the chosen needs; therefore, St. Rose Hospital does not plan to address them at this time.

Climate and Natural Environment: This topic is outside of St. Rose Hospital's core competencies (i.e., St. Rose Hospital has little expertise in this area), and the hospital feels it cannot make a significant impact on this need through community benefit investment. Also, this need was of lower priority to the community than the needs that St. Rose Hospital selected.

Community & Family Safety: This need was of lower priority to the community than the needs selected to be addressed by St. Rose Hospital. Behavioral health issues such as stress, anxiety, hopelessness, and substance use have been shown to be drivers of family and community violence. Thus, St. Rose Hospital believes that strategies intended to address the community's behavioral health need have the potential to address community safety as well.

Health Issues: St. Rose Hospital is better positioned to address drivers of this need via strategies related to economic stability (including food security), and education about this need via health care access and delivery strategies. Additionally, health issues were of lower priority to the community than the needs selected to be addressed by St. Rose Hospital.

Structural Racism/Discrimination: St. Rose Hospital uses this need as a lens through which it addresses the selected needs of behavioral health, economic stability, and health care access and delivery. In addition, this need was of lower priority to the community than behavioral health or economic stability, which St. Rose Hospital selected.

APPENDIX A: DETAILED IMPLEMENTATION STRATEGY PLAN

Behavioral Health

Key Data Underlying Strategies to Address Behavioral Health

- The limited availability of mental health practitioners and behavioral health treatment was frequently discussed, as were other barriers such as long wait times for appointments and inadequate insurance coverage.
- The top reason for hospitalizations among people under the age of 18 is mental diseases and disorders.
- Substance use, particularly among youth, was a major concern among participants. Experts who participated in the CHNA emphasized fentanyl and synthetic drugs as especially dangerous and noted an increase in substance use disorders overall.
- Participants highlighted the links among food insecurity, housing instability, violence, and mental health issues such as hopelessness.

Goal A: Improve factors that contribute to community members' behavioral health and wellness.

1: Improve behavioral health for at-risk youth and their families.

Provide resources to support FACES for the Future in partnership with a local counseling services organization:

- Provide psychosocial support to at-risk student interns and their families.¹
- Provide group mental health and wellness workshops for student interns.¹
- Education for at-risk student interns and their families about the potency of drugs like fentanyl and accidental consumption/overdose.²

2: Increase community members' access to behavioral health care.

Allocate resources for efforts such as:

- Clinical and case management/social services evaluation and referrals for:
 - Mental health services for hospital in-patients.^{1, 3, 4}
 - Drug and alcohol treatment programs for in-patients and Emergency Department patients.⁵
- Real-time, 24-hour telehealth mental health services provided by a licensed health care professional to Emergency Department patients.⁶
- Care coordination, e.g.:⁷
 - Supporting multi-disciplinary discharge planning and communications⁸ (e.g., ensuring neuropsychiatric symptoms are included in geriatric discharge communications⁹).
- Better integrating treatment (including alcohol treatment) for individuals with co-occurring substance use and mental health disorders.¹⁰

Goal A Anticipated Impacts:

- ◆ Improved behavioral health among at-risk student interns and their families
- ◆ Increased evaluation and referral rates for behavioral health care services for community members
- ◆ Improved emotional response to challenging life situations people receiving behavioral health services

Economic Stability

Key Data Underlying Strategies to Address Economic Stability

- The high cost of living was a key theme among CHNA participants in all areas. Participants stated that wages from full-time employment were often insufficient to meet the costs of basic needs like rent and living expenses.
- Many also pointed out the correlation between economic and food insecurity, with some noting a substantial increase in food insecurity since the 2020 pandemic.
- Median household income varies substantially by race/ethnicity.
- Math and reading performance are both notably worse among Black and Latine students.
- The number of individuals experiencing homelessness in Hayward rose substantially between 2022 and 2024, and BIPOC communities are overrepresented in Alameda County's homeless population.

Goal B: Improve factors that contribute to community members' economic stability.

1: Build community members' employable skills.

Allocate resources for efforts such as:

- FACES for the Future health care internships and academic support for at-risk high school students.^{11, 12}

2: Connect community members with assistance for health-related social needs.

Support efforts such as:

- Partnering with community-based organizations that address food insecurity through, e.g., food rescue and redistribution.^{13, 14, 15}
- Supporting CalFresh and WIC enrollment.¹⁶
- Promoting case management and care coordination that connects people to housing and other support.^{17, 18, 19}
- Advancing hospital screening and referral for health care-related social needs.^{20, 21, 22}

3: Promote institutional policies that can contribute to greater economic stability in the community.

Advocacy for institutional policies that promote: ^{23, 24, 25}

- Local hiring.^{25, 26}
- Procurement from/contracting with local vendors and small businesses.²⁵

Goal B Anticipated Impacts:

- ◆ Increased health care work experience among community members
- ◆ Greater awareness among community members of assistance available for health-related social needs
- ◆ Greater potential for economic stability among community members in St. Rose's service area

Health Care Access and Delivery

Key Data Underlying Strategies to Address Health Care Access and Delivery

- CHNA participants focused on the ever-present barriers to health care access, including economic obstacles and shortages of providers.
- The ratio of community members to primary care providers in Alameda County is better (lower) than the ratio among Californians overall, but the ratio of community members to non-physician primary care providers is higher (worse) compared to the state.
- Experts who participated in the CHNA often highlighted the importance of integrating medical, dental, and behavioral health services in a single location to improve access.
- Latine and Black older adults are hospitalized for preventable causes notably more often compared to older adults of all races/ethnicities in Alameda County.

Goal C: Improve health care access for low-income community members.

1: Improve low-income community members' access to quality health care.

Allocate resources for:

- Quality health care services to Medi-Cal participants who would otherwise struggle to access care. These include:
 - a. Continue to provide uncompensated care to Medi-Cal patients.
 - b. Continue/expand hospital language-access policies.
 - c. Efforts shown to increase the pipeline of health practitioners.²⁷
 - d. Initiatives that address care quality (compassionate/respectful care).²⁸
 - e. Systems approaches to increased equitable access to care, including 24-hour telehealth.²⁹
- Charity care: continue to provide access to health care services for low-income individuals who do not have access to public or private health coverage.³⁰
- Financial Counselor to determine if underserved patients qualify for health insurance or other financial aid.³¹
- Provision of coping-skills training and mental health services to trainees & health care providers to improve/maintain care quality.^{32, 33}

2: Improve care coordination and case management efforts.

- Support care coordination efforts³⁴ such as:
 - a. Calls to discharged in-patients and out-patients to maximize medication and follow-up appointment compliance.
 - b. Case Management/Social Services for referrals for patients transferred to Skilled Nursing Facilities.
 - c. Supporting multi-disciplinary discharge planning and communications³⁵ (e.g., ensuring neuropsychiatric symptoms are included in geriatric discharge communications³⁶).

- d. Routinizing the use of social determinants of health (SDOH) screenings³⁷ during in-patient care.^{38, 39}
- e. Integrating SDOH protocols into health care risk stratification and care coordination activities.⁴⁰

3: Improve community members' access to prevention efforts.

Allocate resources for efforts such as wellness strategies that increase equitable health outcomes (e.g., free flu vaccines,⁴¹ health screenings,⁴² and health education at community events).

Goal C Anticipated Impacts:

- ◆ Increased access to health care services for community members in the St. Rose service area
- ◆ Increased proportion of community members served with quality health services
- ◆ Improved coordination of health care services
- ◆ Increased access to vaccinations for community members
- ◆ Lower hospital readmission rates for community members
- ◆ Increased access to health screenings for community members
- ◆ Increased knowledge about health among participating community members
- ◆ Improved health outcomes for participating community members

APPENDIX B: IMPLEMENTATION STRATEGY REPORT IRS CHECKLIST

Section §1.501(r)(3)(c) of the Internal Revenue Service code describes the requirements of the Implementation Strategy Report.

| Federal Requirements Checklist | Regulation Subsection Number | Report Section |
|--------------------------------|------------------------------|----------------|
|--------------------------------|------------------------------|----------------|

The Implementation Strategy is a written plan which includes:

| | | |
|---|-------------|-----|
| (1) Description of how the hospital facility plans to address the health needs selected, including: | (c)(2) | VII |
| Actions the hospital facility intends to take and the anticipated impact of these actions | (c)(2)(i) | VII |
| Resources the hospital facility plans to commit | (c)(2)(ii) | VII |
| Any planned collaboration between the hospital facility and other facilities or organizations in addressing the health need | (c)(2)(iii) | VII |
| (2) Description of why a hospital facility is not addressing a significant health need identified in the CHNA. Note: A “brief explanation” is sufficient. Such reasons may include resource constraints, other organizations are addressing the need, or a relative lack of expertise to effectively address the need. | (c)(3) | IX |
| (3) For those hospital facilities that adopted a joint CHNA report, a joint implementation strategy may be adopted which meets the requirements above. In addition, the joint implementation strategy must: | (c)(4) | N/A |
| Be clearly identified as applying to the hospital facility; | (c)(4)(i) | N/A |
| Clearly identify the hospital facility’s particular role and responsibilities in taking the actions described in the implementation strategy and the resources the hospital facility plans to commit to such actions; and | (c)(4)(ii) | N/A |

| Federal Requirements Checklist | Regulation Subsection Number | Report Section |
|--|------------------------------|---------------------|
| Include a summary or other tool that helps the reader easily locate those portions of the strategy that relate to the hospital facility. | (c)(4)(iii) | N/A |
| (4) An authorized body adopts the implementation strategy on or before February 15 th , 2026, which is the 15 th day of the fifth month after the end of the taxable year in which the CHNA was conducted and completed, regardless of whether the hospital facility began working on the CHNA in a prior taxable year. | (c)(5) | General Information |
| Exceptions: Our hospital does not qualify for any exception described in Section (D) for acquired, new, transferred, and terminated facilities. | (d) | N/A |

APPENDIX C: END NOTES

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