



2022 Community Benefit Report

This report highlights the 2022-2024 Community Health Needs Assessment Implementation Strategy for UCSF Benioff Children's Hospital Oakland

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I. UCSF Benioff Children's Hospital

OUR MISSION

Through Caring, Healing, Teaching and Discovering, we strive to provide the highest-quality health care to all children in our communities, regardless of any identified status, including race, religion or financial status.

OUR VISION

To be the best provider of health care, the best place to work, and the best environment for teaching and research.

GOVERNANCE

UCSF Benioff Children's Hospital Oakland is a private, not-for-profit 501(c)(3) organization. In 2014, UCSF affiliated with Children's Hospital Oakland, bringing together two respected health care organizations with a common mission and over a century of excellence in pediatric care.

SERVICE AREA AND SCOPE OF SERVICES

UCSF Benioff Children's Hospital Oakland offers a broad range of inpatient and outpatient services as well as community programs. Although we serve patients throughout northern California and other states and counties, the majority of our patients reside in Alameda County. Our Federally Qualified Health Center is the largest pediatric primary care clinic in the Bay Area and includes two comprehensive school-based clinics and one clinic at the Juvenile Justice Center in San Leandro.



II. Community Benefit Overview

The Affordable Care Act requires non-profit hospitals to submit an annual Community Benefit Report. Beyond core hospital functions, this reporting requirement is intended to document how the hospital supports community health needs. Our annual Community Benefit Report describes activities over the previous fiscal year. BCH Oakland has one of the largest community benefits programs among all children's hospitals in California.

Although the State of California (via SB 697) provides some general guidance, there is no official definition of "community benefit." UCSF Benioff Children's Hospital Oakland employs the definition provided below.

A community benefit is a planned, managed, organized, and measured approach to meet documentable community needs intended to improve access to care, health status, and quality of life. A community benefit should meet one or more of these criteria:

- Responds to public health needs or the needs of a vulnerable or at-risk population
- Generates no (or negative) profit margin
- Would likely be discontinued if the decision were made on a purely financial basis
- Is not considered standard of care for a children's hospital

The following are not considered community benefits:

- Activities designed for marketing or fundraising
- Services that are considered "the cost of doing business"
- Education for hospital staff
- Volunteering by employees on their own time
- Capital improvements

Community Benefit Report Preparation

In partnership with BCH Oakland, members from the UCSF Center for Community Engagement, Office of Community Government Relations, provided oversight for this report.

III. Community Health Needs Assessment

Nonprofit hospitals are required by federal and state laws to conduct a community health needs assessment (CHNA) every three years and use the results to develop a community health implementation plan.

The objectives of the CHNA are to identify the following:

- The greatest health needs and risk factors in the hospital's primary catchment area
- Specific populations and regions experiencing health disparities
- Barriers against and opportunities to address health disparities

UCSF Benioff Children's Hospital Oakland published its most recent CHNA in 2022. The CHNA was a collaborative examination of health in Alameda County, updating and building on work done in prior years, including many of the themes identified in previous CHNA cycles. The 2022 CHNA process applied the social determinants of health framework. It examined Alameda County's social, environmental, and economic conditions that impact health and other factors related to diseases, clinical care, and physical health. Analysis of this broad range of contributing factors resulted in the identification of the top health needs for the county.

Through these analyses and input from Alameda and Contra Costa Counties Hospital CHNA Group, community partners, and consultants, we identified the top priorities for the 2022-2024 community benefit cycle:

- Behavioral Health
- Housing and Homelessness*
- Healthcare Access and Delivery
- Community and Family Safety
- Economic Security
- Structural Racism
- Food Security*
- Transportation*

*Reorganized the priorities by naming structural racism as an overarching framework and grouped housing, food security, transportation, and income/employment under "economic security."

The full 2022 CHNA and 2022-2024 CHNA Implementation Strategy can be found on BCH Oakland's website:

<https://www.ucsfbenioffchildrens.org/about/cch>



CHNA Prioritized Health Needs

Structural racism as an overarching framework

1

Behavioral
Health

2

Healthcare
Access and
Delivery

3

Community and Family Safety

4

Economic Security

- Income & Employment
- Housing
- Food Insecurity
- Transportation

IV. Undercompensated and Charity Care

Undercompensated Government-Sponsored Health Care

The cost of providing care may exceed what children's hospitals receive to provide it. This is frequently true for children with government-sponsored health insurance such as Medicaid and other means-tested programs. 71 percent of UCSF Benioff Children's Hospital Oakland visits in 2022 were by patients enrolled in government-sponsored health insurance. In each case, the hospital covers any unpaid costs of providing care.

Charity Care

As a part of our commitment to serve the community regardless of ability to pay or insurance status, UCSF Benioff Children's Hospital Oakland provides free or discounted care, also known as charity care, to families who do not qualify for government-sponsored health insurance and meet certain eligibility requirements. The charity care program requires that patients complete an application and provide supporting documentation to verify income level. Self-pay patients who come to the Emergency Department are provided a brochure describing the charity care program. Patients who may be eligible for financial assistance are also notified by a statement on their bill.

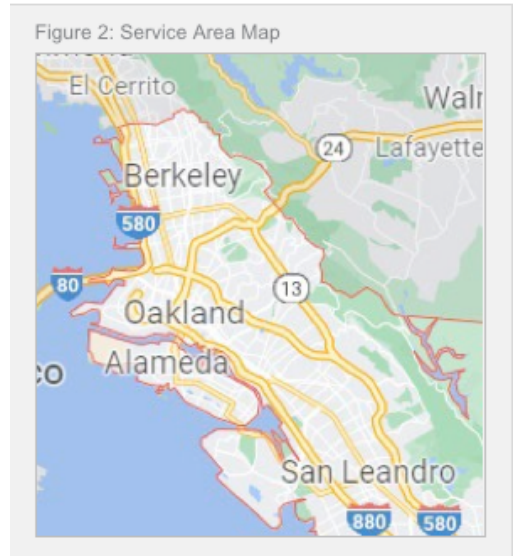


V. Communities Served

A. Definition of Community Served

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 BCH Oakland's collaborative 2022 CHNA, Alameda County was the overall service area, with each hospital adding additional focus for its specific service area.

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 geographical area and does not exclude low-income or underserved populations.



B. Geographic Description of the Community Served

BCH Oakland serves patients from across Northern California and beyond, but because the hospital and the two school-based health centers it operates are located in Oakland, a majority of patients come from Alameda County, and a large number live in Northern Alameda County. Northern Alameda County includes the major cities of Alameda, Albany, Berkeley, Emeryville, and Oakland, and unincorporated areas covered by the map above.



C. Demographic Profile of the Community Served

Table 1: Demographic Profile - Alameda County and Oakland, CA

Race/Ethnicity	Alameda County	Oakland, CA
Total Population	1,648,556	433,797
% age 65+	15%	15%
% under age 18	20%	19%
Race		
White	31%	30%
Black	10%	21%
Asian	33%	16%
Other	13%	19%
Multiracial	12%	12%
American Indian/Alaska Native	1%	2%
Native Hawaiian/Pacific Islander	<1%	<1%
Ethnicity		
Hispanic	22%	27%
Non-Hispanic	78%	73%

Socioeconomic Data	Alameda County	Oakland, CA
Living in poverty (<100% federal poverty level)	9%	14%
Children (0-18) in poverty*	10%	21%
Seniors (>65) in poverty	11%	16%
Unemployment rate	7%	8%
Uninsured population	4%	6%
Adults with no high school diploma	11%	15%

*Percent of children aged 0 to 18 years that live in households with incomes below the Federal Poverty Level (FPL)

Source: U.S. Census Bureau, 2021 American Community Survey 1-Year Estimates

VI. 2022-2024 Implementation Strategy

The Implementation Strategy describes how UCSF Benioff Children’s Hospital Oakland plans to address community health needs identified in the 2022 Community Health Needs Assessment (CHNA).

The 2022 CHNA and Implementation Strategy were undertaken as required by federal law. The Patient Protection and Affordable Care Act and IRS Section 501(r)(3) direct tax-exempt hospitals to conduct a CHNA and develop an Implementation Strategy every three years. The Implementation Strategy identifies the significant community health needs from the CHNA that UCSF Benioff Children’s Hospital Oakland plans to address over the next 3 years.

UCSF Benioff Children’s Hospital Oakland may amend this Implementation Strategy, if needed, due to changes in the community landscape. For example, some needs may become more pronounced and require alternative strategies.

We have highlighted the work that best aligns with the needs articulated by the community in the 2022 CHNA. Each strategy collaborates with numerous partners. The collaborators listed are not exhaustive and are meant to illustrate the types of partnerships.

We also reorganized the priorities by naming structural racism as an overarching framework and consolidating housing, food security, transportation, and income/employment under the broad topic of “economic security.”



Structural Racism

Structural racism refers to social, economic, and political systems and institutions that have resulted in health inequities through policies, practices and norms.

STRUCTURAL RACISM AS OVERARCHING FRAMEWORK

The BCH Oakland Diversity Equity Inclusion/Anti-Racism (DEI/AR) Council and senior leadership developed a mission statement to build an institution that is rooted in justice and equity to nurture an inclusive culture and to cultivate and implement effective strategies for the just and equitable provision of education, discovery, and patient care.

The 2023 DEI/AR action plan will focus on 5 areas:

- Education
- Patient experience
- Quality & safety
- Workforce equity
- Create DEI/AR synergy across enterprise



1

Behavioral Health

Behavioral health refers to both mental health and substance use. Anxiety, depression, and suicidal ideation are on the rise particularly among Black/African American and Latinx community members.

STRATEGY

BCH Oakland has developed a Behavioral/Mental Health Strategic Plan in the following key areas of work: 1) acute and sub-acute, 2) outpatient, 3) integrated care, 4) school and community, and 5) condition-specific needs.

Specific activities include:

- Expand Teleconsultation and other school-based health services to School Districts
- Increase availability of short-term therapy availability at the Primary Care/TEEN Clinic
- Increase the availability of mental health therapy/assessment for people who are homeless or in transitional housing at the Encore Medical Clinic in Claremont Primary Care.

Community Collaborators

- Center for the Vulnerable Child, Oakland Unified School District and selected schools, Claremont Primary Care Clinic, Oakland Thrives, homeless shelters and housing service organizations, to name a few of the key collaborators.



2

Access to Care

Access to comprehensive, quality healthcare, including insurance coverage, number of primary and specialty care providers, timeliness of care, quality of care and cultural humility. Populations highly impacted include LGBTQIA+, people with disabilities, non-English speakers, and undocumented residents.

STRATEGY

- FQHC to provide a medical home and access to health care for 80-100 newcomer children entering the Oakland Unified School District
- FQHC to implement a mobile medical and mental health unit equipped with two exam rooms and laboratory facilities to take to homeless shelters, schools, and neighborhoods in need
- Collaborate with relevant stakeholders to increase enrollment and accessibility of MyChart, enhance self-scheduling functionality and increase enrollment of MyChart across all race, ethnicity and language groups to ensure equitable and timely access to care

Community Collaborators

- Oakland Unified School District, UCSF Benioff Center for Child and Community Health, language translation services
- Collaborators including homeless shelters, schools, community-based organizations will be identified
- BCH Oakland Diversity Equity Inclusion/Anti-Racism Council, Patient & Family Advisory Groups, and referral resources



3

Community Safety

Safe communities promote community cohesion, economic development, and opportunities to be active while reducing untimely death and serious injuries. The CHNA identified two key measures of community and family safety that were higher in our communities: violent crime and injury deaths.

STRATEGY

- Trauma Service/ED: Provide specialized treatment quickly for children who have acute physical trauma
- Center for Child Protection: Safety net for children impacted by abuse and violence. Provide specialized medical and behavioral care for child victims of abuse and exploitation
- Pediatric ACEs and Related Life Events Screener (PEARLS): A tool adopted by the California Legislature to screen children for trauma, starting with provider education and training on the PEARLS tool

Community Collaborators

- As the largest ACS certified Pediatric Level 1 Trauma center in Northern California, the ED has referral partners from Oakland, Alameda County and across the Bay Area.
- This is the only program in Alameda County with capacity to provide state-mandated services for child sexual abuse victims, the Center gets referrals from education institutions, clinics and other health systems.
- Center for Child and Community Health, community clinics, and community referral sources



4

Economic Security

People with steady employment are less likely to have an income below poverty level and more likely to be healthy. The CHNA reported residents struggle to find living wage jobs given the county's extremely high cost of living. Latinx and Black/African American residents in Oakland face significant income and employment disparities. This section includes additional priority health needs that are related to the social determinants of health: income & employment, housing, food security and transportation

STRATEGY

- Income & Employment: BCH Oakland Anchor Institution Assessment & Strategic Planning
- Housing
 - Holistic screening & referral at FQHC including housing
 - FINDConnect, an online platform to address the social and environmental factors that impact health, connects patients to community resources based on their needs

Community Collaborators

- Over 20 stakeholders representing community clinics, workforce development agencies, community development institutions, public sector, and community-based organizations were appointed to serve on the Steering Committee to guide the assessment and planning. The 6-month assessment will result in a plan for BCH Oakland leadership to consider and implement.
- Oakland Housing Authority, rental assistance and referrals to affordable housing, public housing and Section 8 housing vouchers, and Community Homeless Services to name a few.



4

Economic Security

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STRATEGY

- Food Security
 - Patients in need of food assistance are referred to the Alameda County Food Bank
 - Rooftop Garden partnership with Whole Foods
- Transportation
 - Continue transportation support services across BCH Oakland at no cost to patients, including bus and train tickets for patients and families to attend medical appointments.

Community Collaborators

- Alameda County Food Bank and its various locations, Whole Foods
- Various transportation services, including AC Transit, Taxi Services, BART, etc.



VII. Economic Impact

UCSF Benioff Children's Hospital Oakland's methodology for determining the economic value of the benefit to the community incorporates reporting requirements for the IRS and the California Hospital Association's community benefit valuation standards. The community benefit valuation is the total net cost of charity care, undercompensated government-sponsored medical care, professional education, and subsidized community programs, services, and research above and beyond reimbursement, philanthropic support, grants, and supplemental funding.

ECONOMIC VALUE	FY 2022
Charity Care Free care to uninsured and underinsured people	\$2,605,942
Government-Sponsored Health Care Unpaid cost of public coverage programs, net of all government funding	\$209,431,205
Health Professions Education Graduate medical education, Fellows, Nurses	\$12,028,438
Subsidized Health Programs Clinical services provided despite a financial loss to the organization	\$6,800,528
Community Health Services Activities or programs, subsidized by the hospital, carried out and supported for the express purpose of improving community health	\$16,665,620
Research (includes research costs not covered by external sponsors)	\$5,566,039
Advocacy for Children's Health Issues	<i>included in operations</i>
Subtotal	\$253,097,773
Supplemental Revenue Less DSH/Supplemental Funding (SB855/SB1255), including Measure A Less Net Hospital Provider Fee	\$107,596,608 \$83,152,616
Total Charity Care and Community Benefit	\$62,348,648

Note: HCAI filing date of 1/26/2023 is before the finalization of the FY2022 IRS filing, and the University of California Office of the President's (UCOP) Community Benefit FY22 reports. The amounts noted for the HCAI report may change to the extent the IRS filing and/or the UCOP reports require changes.



We thank you for your
continued support in
our programs.


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