

FRESNO

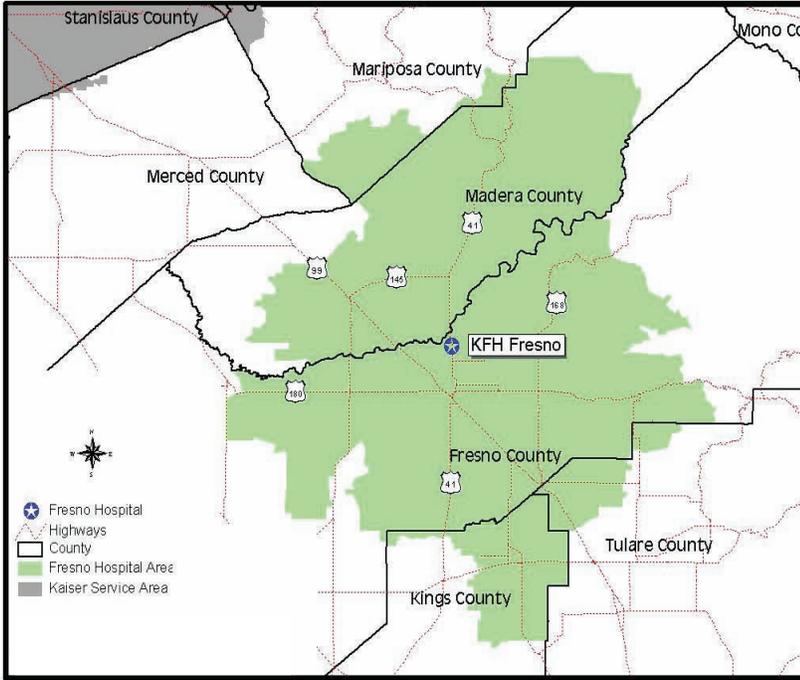
FRESNO

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# KAISER FOUNDATION HOSPITAL (KFH)-FRESNO

7300 North Fresno Street  
 Fresno, CA 93720  
 (559)448-4500



The KFH-Fresno service area includes eastern Fresno County, most of Madera County, northeast Kings County, and northwest Tulare County, and the cities and towns of Ahwahnee, Bass Lake, Big Creek, Biola, Burrel, Cantua Creek, Caruthers, Coarsegold, Del Rey, Dinuba, Five Points, Fowler, Friant, Hanford, Helm, Kerman, Kings Canyon N.P., Kingsburg, Laton, Lemon Cove, Lemoore, Lindsay, Madera, North Fork, Oakhurst, O’Neals, Orange Cove, Parlier, Piedra, Prather, Raisin City, Raymond, Reedley, Riverdale, San Joaquin, Sanger, Selma, Sequoia N.P., Squaw Valley, Sultana, Tollhouse, Tranquility, and Traver.

## COMMUNITY SNAPSHOT (\*county-level data)

Total population:	1,110,194	White:	35.80%
Median age:*	30.3	Latino:	49.01%
Average household income:*	\$43,534	African American:	4.35%
Percentage living in poverty:	29.9%	Asian and Pacific Islander:	7.22%
Percentage unemployed:	17.5%	Native American:	0.80%
Percentage uninsured:	17.43%	Other:	2.81%

## KEY STATISTICS

Year opened:	1995	Total licensed beds:	169
KFH full-time equivalent personnel:	873.9	Inpatient days:	30,162
KFHP members in KFH service area:	105,908	Emergency room visits:	28,123

## KEY LEADERSHIP AT KFH-FRESNO

Jeffrey A. Collins	Senior Vice President and Area Manager
Richard R. Alves	Area Finance Officer
Varoujan Altebarmakian, MD	Physician in Chief
Jose DeAnda	Medical Group Administrator
Rob S. Veneski	Public Affairs Director
Ivonne Der Torosian	Community Benefit/Community Health Manager

# THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

## 2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

KFH-Fresno contracted with Central Valley Health Policy Institute (CVHPI) at California State University, Fresno, to conduct a CHNA of its service area. The CVHPI Data Warehouse provided an analysis of birth, death, and hospitalization data for the service area. Population-adjusted rates for receipt of appropriate prenatal care, low birth weight, preterm births, hospitalizations for selected acute and chronic conditions, a composite measure of primary care sensitive/avoidable hospitalizations, premature deaths overall, and premature deaths for specific conditions were described for each zip code in the service area and overall. Using available CHS data, school fitness testing, reportable health events, and other data sources, the CVHPI Data Warehouse provided estimates of chronic disease and high-risk health behaviors for the service area or the most accurate available geographic areas within the service area. The Data Warehouse also provided the most recent available estimates of demographic, educational attainment, and economic opportunity information for the service area.

Public health and health care leaders representing school districts, hospitals, clinics, county public health, nonprofit organizations, and funders participated in focus groups for Fresno and Madera counties. Five areas relevant to community health and well-being, including primary care, access to care, uninsured and indigent care, new national policy implementation, and undocumented, hospital, and emergency services; chronic disease management; prevention (services, policies, environments); clean air and water; public safety; behavioral health; housing, transportation, community development, economic, schools, social services for children, youth, and families; and safe places to play and access to healthy food were used to identify conditions and opportunities in each area that support community health and well-being and respective policies needed to sustain these efforts; to identify conditions and opportunities that inhibit community health and well-being and what policies or practices are needed to change these; and to rank priorities for action. In addition, in an attempt to identify gaps in current efforts, summaries of key ongoing community health improvement initiatives were developed.

## KEY FINDINGS FROM THE 2010 CHNA

Based on a careful review of the primary and secondary data collected for the 2010 CHNA, the key findings are as follows:

### *Economy and Education:*

- According to the California Employment Development Department, Labor Market Information Division, 2009, the annual unemployment rate in Fresno, Madera, and Kings counties was, on average, 4% above the statewide average. In 2011, the unemployment rate was an average of 7% above the statewide average.
- The percent of the total population living below 100% of the federal poverty level (FPL) was higher in Fresno, Madera, and Kings counties than the statewide average.
- The percent of young adults without a high school diploma was higher than the statewide average in all three counties, with Madera showing the highest percentage at 31%.

### *Uninsured and Access to Health Care:*

- According to 2009 estimates, the number of residents in Tulare, Fresno, Kings, and Madera counties without health insurance was above the statewide average of 24.3%. As in 2007, Madera County had the largest total number of uninsured residents, with 32% of nonelderly adults and children uninsured all or part of the year. The rate of job-based coverage in Madera County was relatively low, at 34.4%.
- Focus group input suggests that there is a need to increase awareness of children's needs for medical services at the school level. Support of school-based health centers and staffing continues to be a challenge.
- The ratio of physicians and allied health care professionals to population shows a lower health care workforce rate for Fresno County than the state average.

### *Chronic Disease:*

- While there has been success in educating people about diabetes, asthma, obesity, and chronic disease, there continue to be challenges with management and maintenance. There is a lack of access to culturally and linguistically appropriate services due to lack of funding and support to sustain and manage adults and children with chronic conditions.
- The proportion of adults reporting diabetes in Tulare, Fresno, Kings, and Madera counties is higher than that in California. Fresno, Madera, and Tulare counties report higher proportions of blood pressure than the state, and Madera County has a higher percentage of heart disease than the state. Fresno, Kings, and Madera counties have notably higher percentages for asthma than the state.
- Latinos were at higher risk for hospitalizations of children for asthma and diabetes as well as for higher rates for bronchitis and appendicitis. African Americans have hospitalization rates that are double or more than those for whites for hypertension, asthma, diabetes, and mental health-related conditions.

### *Obesity:*

- Obesity remains a challenge underlying many prevalent chronic diseases. Risk behavior data for adults and seniors in the service area show higher rates of overweight or obesity and sedentary lifestyle for adults and seniors than the state.
- Students from Fresno and Tulare counties have Healthy Fitness Zone (HFZ) rates similar to California students on six out of six fitness standards. However, the percentage of students from Kings County (especially 5th graders) who did not achieve the HFZ in six out of six fitness standards was an average of 6% higher than students from California. The percentage of Madera County 5th graders who did not achieve the HFZ was 5% higher than the state on one out of the six standards and an average of 5% higher than the state on two out of the six fitness standards for 9th graders.

### *Mental Health:*

- Focus group input suggests there is a tremendous need to address mental health issues at the school and family level. Children and their families impacted by mental health problems have multiple risk factors, including family violence, substance abuse, health issues, and poverty, which contribute to family dysfunction.
- Lack of system capacity to meet these needs continues to be a huge challenge. Data on the serious emotional disturbance (SED) and serious mental illness (SMI) population groups and psychiatric caseloads suggest that potential numbers of additional psychiatrists may be needed to meet the needs of unserved SED/SMI population groups.
- Approximately 13,702 persons in Fresno, Madera, Kings, and Tulare counties are homeless; 20.8%, or 2,850, are seriously mentally ill. There are approximately 7,494 homeless people in Fresno. It is estimated that approximately 1,559 suffer from serious mental illness.

### *Culturally and Linguistically Appropriate Services:*

- Access to culturally and linguistically appropriate services continues to be a challenge for people residing in the KFH-Fresno service area. Cultural and language limitation negatively impacts an individual's ability to comfortably access health care and properly take medication or manage a chronic illness. In the Central Valley, nearly 40% of the population is Latino and the 50,000 Hmong represent one-half of the total Hmong population in the United States. A survey designed to understand the health and prenatal care beliefs, practices, and needs of Hmong women 18 to 35 and men 18 to 45 in Central California revealed the persistence of linguistic barriers for 91.2% of participants.

## **PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-FRESNO SERVICE AREA**

1. Access to health insurance coverage and health care services
2. Obesity rates
3. Chronic disease prevention and management
4. Workforce development

# 2011 YEAR-END RESULTS

## PRIORITIZED NEED I: ACCESS TO HEALTH INSURANCE COVERAGE AND HEALTH CARE SERVICES

Linguistic and cultural diversity, the rural environment, and the public health infrastructure continue to impact access to health care, preventive health care, mental health, and dental health for low-income families and children in the KFH-Fresno service area. The 2010 CHNA further indicates challenges in preparing the health system infrastructure for significant growth in the number of insured as a result of the new health care law and for continued insurance coverage and health care access challenges for the undocumented. KFH-Fresno is experienced in serving the greater population, which is in need of appropriate health care, through community partnerships. KFH-Fresno continues to participate in several government-subsidized health coverage programs that benefit adults and children in its service area.

### 2011 GOALS

1. Increase the number of low-income people who enroll in or maintain health care coverage.
2. Increase access to health care services for low-income and uninsured individuals.

### 2011 STRATEGIES

1. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and Child Health Plan); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.
2. Provide charity care through the Medical Financial Assistance (MFA) policy and maximize efficiencies.
3. Support outreach, enrollment, retention, and utilization efforts.
4. Support early screening, referral assessment, and intervention services for uninsured and underinsured children with developmental, social, and emotional behavioral needs.
5. Support health screenings and health services to students in low-income schools.
6. Support community outreach efforts to increase knowledge and utilization of preventive health and wellness programs.
7. Continue Kaiser Permanente representation on the Children and Families Health Initiative committee.
8. Provide basic technical assistance (TA) and training support (i.e., conference speakers and presenters).
9. Work with safety net partners and school health partners to identify future TA needs.
10. Finalize and implement a planned charity care program in partnership with local area clinics.

### TARGET POPULATION

Immigrants, refugees, and residents of low-income neighborhoods in the KFH-Fresno service area; underserved rural residents; and children and youth at risk for poor health outcomes.

### COMMUNITY PARTNERS

Community partners include Central Valley Health Network (CVHN); Centro Binacional para el Desarrollo Indígena Oaxaqueño, Inc. (CBDIO); Clinica Sierra Vista; Comprehensive Youth Services; Darin M. Camarena Health Centers, Inc. (DMC); Exceptional Parents Unlimited; Fresno County Children's Health Initiative; Fresno County Department of Public Health; Fresno County Office of Education (FCOE); Fresno First Steps Home; Fresno Healthy Communities Access Partners; Fresno Rescue Mission; Fresno Unified School District (FUSD); Marjaree Mason Center; Mental Health Systems, Inc.; Buddhist Tzu Chi Medical Foundation (Tzu Chi) USA; United Health Services of the San Joaquin; and Valley Health Team.

## 2011 YEAR-END RESULTS

- Established in 1980, DMC is a federally funded community/migrant health center originally designed to be a comprehensive, licensed primary care clinic serving low-income, medically underserved, and uninsured populations, including farmworkers and their families living in Madera County. KFH-Fresno provided DMC \$30,000 to improve health care coverage for DMC patients. Intended outcomes include patient financial assistance screening and enrollment into federal and state health coverage programs, or enrollment into DMC's Sliding Fee Scale Program. As a result of this grant, DMC is streamlining its patient financial assistance program, tracking progress, evaluating the efficiency, and modifying its coverage enrollment program. During the first half of its grant period, DMC provided 1,372 enrollment encounters, including completion of 514 new applications, and assistance to 118 patients in maintaining coverage. Patty Thompson, Senior Compliance consultant, and Monica Ansejo-Wilhite, RN, Intensive Care, are DMC board members.
- California's fourth-largest school district, FUSD provides education to 79,383 students. In 2011, KFH-Fresno provided \$14,969 to support three free student health clinics. Funds covered the costs associated with personnel to process 927 students to receive Tdap boosters and the cost of Tdap vaccines for students who did not qualify for the Vaccines for Children Program. KFH-Fresno leveraged the grant with support from physician and nonclinical volunteers who helped administer sports exams to 500 students. Volunteers included Aimee Simbre, MD, Yvonne Juarez, MD, Sheena Gordon, MD, Evelyn Maddela, MD, Jill Carson, MD, Lorraine Lopez, MD, Karen F. Lauterbach, MD, Jose Rendon, MD, and Katrina Maynez, Pediatrics; Linda Pauls, MD, Nelson Rodriguez, MD, Jesus Rodriguez, MD, Leng Thao, MD, Valerie Tavares, MD, Karuna Kem, MD, Angela Kuo, MD, and Margaret Melena, RN, Adult Medicine; Ken Ellzey, MD, Assistant PIC and Daniel Crogan, MD, Dermatology; Donald Myers, MD, NeuroSurgery; Firoz Munshi, MD, Mental Health; Michael Bennington, Orthopedics; Joanne Jimenez, Physical Therapy; and Eric Dyck and Saul Aguirre, Information Technology.
- Tzu Chi is an organization of volunteers that cares for uninsured and underserved populations, offering free monthly health clinics, health education, distribution of goods, emergency relief, care for the elderly, assistance to the homeless, and distribution of books and school supplies to schoolchildren. KFH-Fresno provided a \$70,000 grant to support 17 free health clinics within its service area, as well as a weekly mobile medical clinic and a weekly mobile dental clinic to rural areas. As a result, Tzu Chi proposes to serve 5,000 patients. KFH-Fresno providers (Shaikh Matin, MD, and Siew Lin Wong, NP, Adult Medicine; Thomas Lam, MD, Hospital Medicine; Dana Determen, NP, Dermatology; Minerva Mangulabnan RN, Yolly Moran, RN, and Miye Arikawa, Pharmacy) volunteer at the free health clinics. KFH-Fresno also donates surplus equipment and medical supplies.
- CBDIO, established in 1993 as a nonprofit organization, implements programs that drive economic, social, and cultural development in indigenous communities. CBDIO programs focus on health education for the prevention and treatment of chronic conditions. It also helps indigenous families advocate for and access health and social services. A \$35,000 grant will support 15 promotores each in the cities of Fresno and Madera who will receive "Health Promotores Network" core training. Once trained, they will implement an outreach action plan to improve access to health services in their community.
- In the City of Fresno, 3,579 unsheltered homeless persons are on the streets and approximately 10,500 sheltered homeless persons are doubled up or sleeping in cars, garages, or other unsuitable places. KFH-Fresno partnered with Fresno First Steps Home, Hospital Council of Northern California, and Fresno Rescue Mission to establish a community-wide infrastructure to support a model designed to connect participants with an umbrella of services, including substance abuse and mental-health programs, health care, benefits acquisition, and medical treatment.
  - The City of Fresno and Fresno County adopted a 10-year plan to end homelessness in Fresno. Fresno First Steps Home, a city-sponsored effort, was created to provide programming and support for the homeless using a "housing first" model that has proved successful in reducing the use of public services. KFH-Fresno awarded United Way of Fresno County \$53,000 on behalf of Fresno First Steps Home to continue to provide up to 18 months of assistance to individuals and/or families who are homeless or may be facing homelessness. The goal is to provide housing and health support services (including mental health) for 100 individuals. KFH-Fresno Senior Vice President and Area Manager Jeff Collins is on the Fresno First Steps Home board, and Organizational Development Practice Leader Heidi Crane is on the United Way board.

- KFH-Fresno employees contributed time to the Homeless Respite Initiative planning committee, convened by the Hospital Council of Northern and Central California. Coordinator of Care Service Director Kimberly Horn, Social Services Manager Michelle Wilkins, Health Care Ombudsman Michelle Richmond, and Community Benefit/Community Health Manager Ivonne Der Torosian, all from KFH-Fresno, worked with the planning committee in 2011. The initiative was funded in 2009 and admitted its first patient in August 2011.
- Fresno Rescue Mission offers ongoing services, including practical tools to stay healthy, to hundreds of homeless and at-risk people each day. The mission received \$28,082 from KFH-Fresno to provide respite care and support services to 3,028 homeless persons.
- California Primary Care Association (CPCA) received a \$300,000 core operating support joint grant over one year (\$150,000 from Kaiser Permanente Northern California Region and \$150,000 from Kaiser Permanente Southern California Region). The grant positions community health centers to succeed in the new health care delivery system with the Affordable Care Act and Medicaid 1115 Waiver by helping organizations navigate new reimbursement and billing mechanisms and enrollment processes.
- On behalf of Regional Association of California, California Family Health Council received a \$130,000 core operating support joint grant over one year (\$65,000 from Kaiser Permanente Northern California Region and \$65,000 from Kaiser Permanente Southern California Region) to continue the collaboration of the executive directors of local consortia, CPCA, and California Family Health Council.

#### 2012 GOALS UPDATE

The goals will remain unchanged for 2012.

#### 2012 STRATEGIES UPDATE

1. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and Child Health Plan); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.
2. Provide charity care through MFA and maximize efficiencies.
3. Support outreach, enrollment, retention, and utilization efforts with the provision of grant funding and/or TA.
4. Support early screening, referral assessment, and intervention services for uninsured and underinsured adults and children.
5. Participate in collaborative efforts to maximize services for low-income adults and children.
6. Leverage KP resources to provide basic TA and training support (i.e., conference speakers, presenters, and health education material).
7. Work with safety net and school health partners to identify future TA needs.
8. Leverage Kaiser Permanente resources to support access to health care and social services through the KFH-Fresno Free Surgery Program and the use of an in-house application and enrollment process.

#### MONITORING PROGRESS OF 2012 STRATEGIES

To evaluate the progress and success in achieving the stated goals, KFH-Fresno will use the following metrics: number of individuals enrolled in KFHP/H Charitable Coverage Programs, number of people applying for and receiving MFA, number of newly enrolled people receiving health insurance and resource assistance, number of grants funded, total dollars provided in grants, grantee evaluations measuring impact of grants, and type of KP resources used to leverage KP grants.

#### PRIORITIZED NEED II: OBESITY RATES

Obesity remains a challenge that underlies many prevalent chronic diseases. Data for risk behaviors for adults and seniors in the service area show higher proportions of overweight or obesity and sedentary lifestyle for adults and seniors than the

state. Participants in the 2010 CHNA forums indicated that families continue to face challenges in accessing safe places to play and be active, healthy and affordable food, and in some areas, clean, safe drinking water. KFH-Fresno continues to be a collaborative partner with community and regional programs working on policy, environmental, and organizational changes to accomplish the following 2011 goals.

### 2011 GOALS

1. Decrease calorie consumption (e.g., soda/sugar-sweetened beverages, portion size, snacking).
2. Increase consumption of fresh fruits and vegetables.
3. Increase physical activity in community settings (e.g., safe walking and biking routes, parks and hiking trails, joint use agreements).
4. Increase physical activity in institutional settings (e.g., schools, after-school programs, work sites).

### 2011 STRATEGIES

1. Support greater access to water and nutrient-rich beverages in schools.
2. Support greater access to fresh fruits, vegetables, and healthy food choices (e.g., school farm stands, farmers' markets, corner stores, and healthier school breakfasts and lunches).
3. Support health education, nutrition, and wellness programs in schools, after-school programs, and community and institutional settings targeting decreased sugar-sweetened beverage consumption and increased knowledge regarding obesity risk.
4. Support after-school physical activity programs in low-income neighborhoods.
5. Promote safe bicycling and walking routes, and encourage non-motorized transportation to schools and work.
6. Support links between health care providers and to community programs to reduce obesity.
7. Support increased school joint-use agreements and other efforts to provide safe places for children and families to be physically active.
8. Partner with faith-based or senior program providers to promote physical activities for all adults, including seniors.
9. Support programs aimed at increasing safety for seniors.
10. Explore the opportunity to provide guidance to Fresno area school districts in providing fresh, healthy lunch and breakfast choices to students, using Kaiser Permanente's best practices.
11. Identify an internal obesity prevention champion as a resource to the community.
12. Promote kp.org resources available to community agencies.
13. Use kpcare.org to recruit volunteers to partner with senior, adult, and youth programs, including after-school programs.
14. Explore opportunities to collaborate with Kaiser Permanente Health Education and Physical Therapy to design and promote a KP Kids Fitness and/or Family Fitness program as a community resource.

### TARGET POPULATION

School-age children and youth, residents living in areas with high incidence of obesity as indicated in the 2010 CHNA, underserved rural residents, children and youth at risk for poor health outcomes, and seniors.

### COMMUNITY PARTNERS

Community partners include Boys & Girls Club; Boys2Men Foundation; California Teaching Fellows Foundation; Center for Multicultural Cooperation; CVHN; Central Valley Health and Nutrition Collaborative; Children's Hospital Central California; City of Fresno Parks, After-School, Recreation, and Community Services (PARCS); Community Food Bank; FCOE; Fresno County Department of Health; Fresno Fire Chiefs; Fresno Metro Ministry; Fresno Street Saints; Fresno and Madera unified school

districts; Girl Scouts of Central California South; iCan Junior Triathlon; Childhood Obesity Prevention Task Force; Off the Front (OTF); The California Endowment; UC Cooperative Extension; and area schools.

## 2011 YEAR-END RESULTS

- KFH-Fresno supports programs aimed at fostering health and wellness in schools and out of school.
  - OTF strives to help students improve academics and character and encourage community service while promoting healthy habits like physical activity and nutrition. OTF volunteers work in schools with high rates of free- or reduced-price lunch program participation, coaching and helping students develop goals to improve language arts, math, and community service during the school year. Students who achieve their goals earn a bicycle, and all students are encouraged to ride or walk to school to earn extra incentives. A \$35,000 KFH-Fresno grant supports OTF expansion into five schools with the potential to reach 2,078 students. Funding will allow OTF to provide 2,000 bikes, safety workshops, student physical assessments, and nutrition education workshops for parents and youth. Initial results show a significant improvement in language arts and math scores and FitnessZone test scores in schools served by OTF.
  - iCAN Junior Triathlon Club encourages young people 7 to 19 to participate in a variety of activities and programs that foster academic growth, increase leadership skills, and promote healthy lifestyles. KFH-Fresno provided iCAN \$7,500 to raise physical activity levels among at-risk, underserved youth at Mary Ella Brown Community Center in southwest Fresno by introducing them to triathlons (swim, bike, and run) in a fun, friendly, motivational environment.
  - California Teaching Fellows Foundation's (CTFF) main purpose is to improve the quality and diversity of education and human services professionals. It provides meaningful experiences that complement and support degree and credential programs course work for community college students and university undergraduates. Using problem-based academic enrichment, literacy, mentoring, and tutoring activities, CTFF improves academic success and personal development for underrepresented youth. More than 500 California State University, Fresno undergrads participate in CTFF, which serves 16 Fresno area school districts, and Fresno County Office of Education's Migrant Program and Department of Safe & Healthy Kids. CTFF works with 14,000 Fresno County schoolchildren on a daily basis. KFH-Fresno awarded CTFF \$35,000 to implement Salud es Vida (health is life), an obesity reduction program serving more than 1,160 low-income minority students at 29 Fresno schools. Objectives include training 58 college students to implement programs that increase the physical activity of elementary school students by two hours per day. Funding also supports Family Wellness workshops on nutrition and wellness for up to 500 parents.
- KFH-Fresno supports community agencies that provide a healthy support system and a healthy environment for youth and adults living in low-income neighborhoods:
  - In 2011, Reedley Boys & Girls Club created a joint use agreement with the City of Reedley to open its newest club in the Reedley Community Center located next to low-income public housing where youth are at risk of influence from local gang activity. KFH-Fresno provided a \$34,500 grant to Boys & Girls Clubs of Fresno County to add a Kids Connection to Community Health program to incorporate intergenerational structured activities such as nutrition and healthy cooking classes with youth involvement. Boys & Girls Club plans to recruit 85 youth who live in public housing and attend schools in Kings Canyon Unified School District to connect with 35 elderly adults from Reedley Senior Program.
  - PARCS aims to enrich the lives of Fresno citizens by investing in park and open space development for recreation opportunities, and by providing diverse opportunities for human development and social interaction. Fiscal challenges threatened to eliminate and/or reduce programs for children and adults and close community centers. A \$7,500 grant to the City of Fresno supports PARCS' new Thriving Seniors Program that emphasizes wellness, fitness, nutrition, and safety.
  - A separate \$3,000 grant to the City of Fresno focuses on enhancing the overall well-being of youth living near Quigley Park. Primary objectives include providing a structured, organized after-school program for youth 6 to 17 and healthy snack options at the community center.
- Kaiser Permanente Northern California Region's HEAL (Healthy Eating, Active Living) Zones Initiative aims to improve healthy eating and enable active living in small geographic areas. The objective is to concentrate strategies within each

HEAL Zone so that residents are exposed to multiple opportunities and messages that support healthy eating and active living on a daily basis. The City of Madera was selected as one of seven HEAL Zone areas. CVHN was granted \$1,000,000<sup>1</sup> (over three years) to partner with community agencies to undertake strategies appropriate to the Madera community that address the four common behavior change goals: decrease calorie consumption, increase fruit and vegetable consumption, increase physical activity in community settings, and increase physical activity in institutional settings. Up to 20,000 residents are projected to benefit from the initiative.

- KFH-Fresno continues to provide resources to support health initiatives within its service area.
  - In September 2011, the Rethink Your Drink initiative launched throughout Fresno County. KFH-Fresno helped increase campaign awareness by providing water stations during the following events: Kaiser Permanente Live Well Be Well, Boys & Girls Club Kids Connection kickoff, Susan B. Anthony Walk and Ride to School lunchtime activities, and Malaga Elementary Health Fair. Former KFH-Fresno Community Benefit Specialist Shari Gunter participated on Rethink Your Drink's monthly task force.
  - Childhood Obesity Prevention Task Force continues to combat obesity with provider and community support. KFH-Fresno identified Karen Lauterbach, MD, Pediatrics, as the obesity champion to work on the Provider Action Network subcommittee to identify best practices for working with parents to reduce childhood obesity. KFH-Fresno Community Benefit/Community Health Manager Ivonne Der Torosian also participates in the task force and provider action network.
  - FUSD's Breakfast Task Force works to identify opportunities to improve school breakfast. Representatives from the County of Fresno, FUSD, Dairy Council, KFH-Fresno, and community-based organizations, and physicians participate on the task force. The focus has expanded to include all meals served within FUSD, including after-school snacks.

## 2012 GOALS UPDATE

The goals will remain unchanged for 2012.

## 2012 STRATEGIES UPDATE

1. Support greater access to water and nutrient-rich beverages in schools.
2. Support improved access to fresh fruits, vegetables, and healthy food in institutional and community settings.
3. Support health education, nutrition, wellness, and physical activity programs in schools and during out-of-school time.
4. Support efforts to provide safe places for children, families, and seniors to be physically active (joint use between schools and communities, safe routes to school, etc.).
5. Continue to participate with Fresno area school districts to develop strategies to increase fresh, healthy breakfast, lunch, and vending machine choices for students.
6. Support programs that engage residents in improving community health habits.
7. Promote KFH-Fresno resources available to community agencies.
8. Use kpcare.org to recruit volunteers to partner with community programs.

## MONITORING PROGRESS OF 2012 STRATEGIES

To evaluate progress and success in achieving the stated goals, KFH-Fresno will use the following metrics: number of children benefiting from wellness programs; number of strategies developed and implemented to increase healthy food, drink, and physical activity options for community residents; number of grants funded; total dollars provided in grants; grantee evaluations measuring impact of grants; and type of KP resources used to leverage KP grants.

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<sup>1</sup>This grant was distributed from the Kaiser Permanente Fund for Community Benefit, a donor-advised fund established in late 2004 and administered by the East Bay Community Foundation. Accordingly, the grant amount was not included in the community benefit totals for 2011 (Tables A, B, and 2).

## PRIORITIZED NEED III: CHRONIC DISEASE PREVENTION AND MANAGEMENT

Despite success in increasing awareness of chronic conditions, including diabetes, asthma, and cardiovascular disease, the lack of access to culturally and linguistically appropriate services continues to be a challenge in supporting adults in managing their chronic conditions. Data from the 2010 CHNA indicate that Latinos and African Americans experience higher hospitalization rates due to unmanaged chronic conditions. Plus, cultural and language limitations in the Hmong community negatively impact their ability to comfortably access health care, properly take medication, or manage a chronic illness.

### 2011 GOAL

Improve the management of diabetes, asthma, and cardiovascular diseases with an emphasis on serving adults and children living in rural communities and areas with high rates of chronic disease.

### 2011 STRATEGIES

1. Support health education, nutrition, and wellness programs that are culturally and linguistically appropriate, and/or link health care providers to community programs and services.
2. Support comprehensive school health programs that are designed to reinforce health-promoting behaviors in students and to provide the skills students need to avoid negative health practices.
3. Leverage KP resources to promote physical activity and decreased calorie consumption among youth, adults, and seniors.

### TARGET POPULATION

Immigrants, refugees, schoolchildren and youth; residents living in areas with high incidence of asthma, cardiovascular disease, and diabetes; underserved rural residents; children and youth at risk for poor health outcomes; and seniors.

### COMMUNITY PARTNERS

Community partners include American Lung Association, Central California Chronic Disease Prevention Partners, Fresno and Central unified school districts, CVHN, DMC, FCOE, Madera County Public Health Department (MCPHD), United Health Centers of the San Joaquin Valley (UHC), and Valley Health Team (VHT).

### 2011 YEAR-END RESULTS

- KFH-Fresno is committed to building its partnership with safety net clinics and providing support to strengthen the system of community clinics, school-based health programs and health departments.
  - A \$150,000 Kaiser Permanente Northern California Region Quality Improvement Initiative grant<sup>1</sup> (over 24 months) will allow DMC to improve diabetes management for 1,418 patients through intensive patient management and process improvements in provider scheduling, patient follow-up, best-practice training, and resources.
  - UHC is a private nonprofit organization, incorporated in January 1971, serving the medically underserved in central San Joaquin Valley. UHC currently has six clinic sites in Fresno County and one in Tulare County. A \$147,910.30 Kaiser Permanente Northern California Region Quality Improvement Initiative grant<sup>1</sup> (over 24 months) will support UHC's efforts to decrease the percentage of asthma-related patient hospitalizations and asthma-related emergency room visits. Strategies that UHC developed include increasing staff training on asthma standards of care guidelines, defining patient self-management goals, increasing electronic tracking of related clinic data and using data in clinical decision making, increasing collection and use of clinician progress notes, and including health education referral as part of clinical protocol.
  - In addition, UHC received \$48,200 to sustain and enhance comprehensive group health education using a culturally appropriate, American Diabetes Association–approved curriculum. The objectives are to offer regularly

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<sup>1</sup> This grant was distributed from the Kaiser Permanente Fund for Community Benefit, a donor-advised fund established in late 2004 and administered by the East Bay Community Foundation. Accordingly, the grant amount was not included in the community benefit totals for 2011 (Table A, B, and 2).

scheduled diabetes group education classes that develop the knowledge, skills, and motivation needed to achieve the healthy lifestyle practices that control or prevent diabetes. Funding supported two additional health educators to implement the classes. UHC plans to reach an estimated 960 diabetic patients who are noncompliant in their treatment and/or chronic care plans, and to assure that participants are up to date on their diabetes care guidelines (i.e., annual foot/retinal/depression screenings, current HbA1c, etc.). The program will increase access to nutrition and health education services for the target population.

- VHT serves the medical, dental, and optometry needs of indigent, medically uninsured, and underserved populations, including farmworkers, persons of limited access (individuals at or below 200% FPL), and special needs patients residing in seven of the poorest rural communities in Fresno County. VHT operates three free-standing health facilities in the cities of Kerman and San Joaquin, rural areas that are federally designated as medically underserved areas (MUAs) and health professional shortage areas (HPSAs). VHT received \$40,000 to improve health outcomes for cardiovascular disease (CVD) patients. By 2012, the desired clinical outcome is that 65% of patients diagnosed with hypertension will have their blood pressure under control (a 12.14% increase over the 2009 baseline of 52.86%). By project end, VHT will unlock the full potential of i2iTracks, its electronic population records, to partition all CVD patients by factors such as prescribed medication, compliance with taking medication, referral to health education, class attendance, etc. A panel management assistant and the medical team will collaborate to ensure that CVD patients requiring secondary prevention measures are regularly managed by their physician and/or midlevel provider. In addition, VHT requested and received a copy of Kaiser Permanente's Panel Management Tool-kit to use as a guide for enhancing its panel management processes.
- MCPHD's mission is to protect the health of Madera County residents by preventing disease and promoting health equity. The health care and health education services MCPHD offers are available to all Madera County residents. Annually, more than 66,000 youth, low-income, and underinsured residents access health promotion, prevention, and intervention care services. The County of Madera received \$35,000 from KFH-Fresno for its Managing Asthma Triggers at Home (MATH) program, a collaborative referral system for home assessments and case management services for asthmatic youth. MCPHD is working with Child Health and Disability Prevention (CHDP) in Madera County to document asthma diagnoses and creating a database of youth with asthma diagnoses that can be used for follow-up. By the end of the grant period, the integrated process for serving youth with asthma is expected to be operational. It is expected that 100 participating youth will be able to better manage their asthma and triggers, and will know how to mitigate triggers especially at home.
- FCOE, serving 34 school districts and more than 190,000 students, is a safety net for special needs students and offers direct services to migrant, special education, and court and community school students. Its health services aim to provide health care, health education, and advocacy services to students in Fresno County schools to promote lifelong wellness for families, schools, and communities. A \$24,999 KFH-Fresno grant supported FCOE's chronic disease screening, referral, and follow-up program. Using FCOE's Mobile Unit, school nurses will outreach to 1,280 students who are overweight and obese, screen for elevated blood pressure and cholesterol, enroll students in health coverage (Medical Indigent Service Program, Kaiser Permanente Child Health Plan, and Healthy Families), and refer students back to a new or existing provider for case management. FCOE plans to supplement screening with nutrition and physical activities for students and chronic disease information sessions for parents.

## 2012 GOALS UPDATE

The goals will remain unchanged for 2012.

## 2012 STRATEGIES UPDATE

1. Support programs that enhance and improve health service experience through improved health literacy, communications, and interactions.
2. Support strategies that facilitate education and self-management in patients' own community settings (health care, home, work, and community-based organizations).
3. Continue to work with community stakeholders to identify, develop, and test strategies that promote effective care coordination for individuals' chronic conditions.

4. Use KP resources to recruit volunteers, supplement health education information, and promote physical activity and decreased calorie consumption to youth, adults, and seniors.

#### **MONITORING PROGRESS OF 2012 STRATEGIES**

To evaluate the progress and success in achieving the stated goals, KFH-Fresno will use the following metrics: patient feedback on health service experience, number of patients accessing health education, improved self-management of chronic conditions, improved individual health indicators, number of grants funded, total dollars provided in grants, grantee evaluations measuring impact of grants, and type of KP resources used to leverage KP grants.

#### **PRIORITIZED NEED IV: WORKFORCE DEVELOPMENT**

Despite regional efforts to improve economic development, many jobs continue to go unfilled because the pool of unemployed persons lacks the necessary skills. Low-income neighborhoods provide few, if any, resources for employment or opportunities for new Americans to develop skills that fit with job opportunities. The percentage of youth and young adults in the KFH-Fresno service area without a high school diploma remains higher than the statewide average, with Madera showing the highest percentage. KFH-Fresno continues to partner to impact the high school career pipelines and increase opportunities for unemployed and underemployed adults.

#### **2011 GOALS**

1. Increase academic and job-skill readiness with an emphasis on serving at-risk youth.
2. Develop workforce capacity, job skills, and employment opportunities for adults.

#### **2011 STRATEGIES**

1. Support academic services to improve high-school completion rates and college-readiness for youth.
2. Support educational and training programs for low-income, low-skilled adults for careers in high-demand industries with an emphasis on health care careers.
3. Support workforce capacity improvement programs.
4. Link clinical and nonclinical staff to students interested in job shadowing, mentoring, and unpaid internship opportunities.
5. Continue to participate in the Summer Youth Employment Program.

#### **TARGET POPULATION**

Unemployed and underemployed adults, at-risk youth in lower-performing schools, and residents of impoverished and low-income neighborhoods.

#### **COMMUNITY PARTNERS**

Community partners include Central California Children's Institute-California State University, County of Tulare, Court Appointed Special Advocates of Fresno and Madera Counties, DMC, Fresno Barrios Unidos, FCOE, Fresno County Probation Department, FUSD, University of California, San Francisco's (UCSF) Fresno Latino Center for Medical Education and Research/Doctors Academy programs, Reading and Beyond (R&B), San Joaquin Valley Workforce Funders Collaborative, and State Center Community College District.

#### **2011 YEAR-END RESULTS**

- The core work of FUSD is to prepare career-ready graduates by giving its more than 73,000 students the greatest number of opportunities from the widest array of options upon graduation. KFH-Fresno supported FUSD's strategy with a \$50,000 grant to the Men's Alliance, a program that targets male students who demonstrate at-risk behaviors that leave them feeling disconnected from school and whose suspension/expulsion incidents are much higher than other

FUSD students. Funding supported the Men's Alliance at Edison, Hoover, Sunnyside, Roosevelt, and Fresno high schools. Program goals include improved academic performance, graduation rates, school attendance, and participation and reduced behaviors that lead to suspension and expulsion. Men's Alliance participants benefit from real-world work experience in community and business settings, and they receive firsthand knowledge of workplace practices and expectations.

- R&B serves low-income to poverty-level communities and provides programming for children 0 to 18, parents, and entire families. A grassroots community-based organization, R&B has developed strategies and best practices to successfully reach even the most difficult-to-reach families in rural and urban areas. Recognizing that these families need additional support and training, R&B requested and received \$50,000 to support its Workforce Development Wrap-Around Program, which will serve 150 job-seeking parents. Program goals include assisting adults and families in navigating resources and services through case management and small group sessions and workshops, tracking family processes, identifying challenges, and providing resource information. Program participants will develop short-term and long-term outcomes for their families and themselves and will receive neighborhood-based services to support those goals. The intended impact of the program is a reduction of unemployment among participating families.
- UCSF's Fresno Latino Center for Medical Education and Research founded and operates a unique K-16 program that addresses county, state, and national shortages of underrepresented health professionals by providing an educational pipeline program for minority and disadvantaged students interested in pursuing a health professional career. KFH-Fresno provided continued support to the program's Doctors Academy with a \$35,000 grant to the Regents of the University of California for the Health Careers Opportunity Program (HCOP) that supports rural students entering college through the Fresno State Health Scholars Program or through the Alumni Support Program (for students attending a college or university other than California State University, Fresno). The grant allows freshmen to form networks within and outside their cohort to enhance critical social support from their premed and prehealth peers. Sophomores receive continued support in math and science course selection and enrollment, and participate in a volunteer experience that allows them to become more engaged with their community. HCOP is designed to strengthen the skills of premed and allied health majors need to perform well during the critical first two years of college.
- KFH-Fresno physicians and staff (including Sidney Carpenter, MD, Pathology; Amanda Reeve, MD, and Jacqueline S. Marquez-Ponce, MD, OB/GYN; Lorraine Lopez, MD, Aimee Simbre, MD, and Yvonne Juarez, MD, Pediatrics; Brandy Box-Noriega, MD, Oncology; Dana Determan, NP, Dermatology; Leng Thao, DO, Adult Medicine; Linda Mroz, RN, Surgery, Dawn Silva, RN, and Elizabeth Jimenez, RN, Chronic Care Management; and Clinical Dietitian Julie Fraser) donated 156 mentoring hours for Doctors Academy students who participated in unpaid internships and job shadowing.

## 2012 GOALS UPDATE

The goals will remain unchanged for 2012.

## 2012 STRATEGIES UPDATE

1. Support academic services to improve high-school completion rates and career readiness for youth.
2. Support educational and training programs for low-income, low-skilled adults for careers in high-demand industries with an emphasis on health care careers.
3. Support workforce capacity improvement programs.
4. Support the health care workforce to promote cultural and linguistic competency training that is sensitive to the cultural and language variations of diverse communities.
5. Find opportunities to link clinical and nonclinical staff to students interested in health care careers.

## MONITORING PROGRESS OF 2012 STRATEGIES

To evaluate the progress and success in achieving the stated goals, KFH-Fresno will use the following metrics: number of students enrolled in career readiness programs either in school or out of school, increase school attendance of target student population, number of adults enrolled in and completing educational training programs, number of adults able to

enter the workforce as a result of training programs, quality of workforce improvement processes (measured by number of strategies that become operational, long-term practices), number of grants awarded, total dollars provided in grants, grantee evaluations measuring impact of grants, and type of KP resources used to leverage KP grants.

**Table 1**

## **KAISER FOUNDATION HOSPITAL-FRESNO**

### **2011 Key Community Benefit Program Metrics**

*(For more information about these and other CB programs and services, please see pages 10–20 in the Introductory Chapters Section.)*

Charity Care: Medical Financial Assistance Program recipients	4,332
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members	57
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	3,903
Medi-Cal Managed Care members	6
Healthy Families Program members	4,606
Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) <sup>1</sup> members	102
Health Research projects (new, continuing, and completed)	0
Nursing Research projects (new, continuing, and completed)	4
Educational Theatre Programs – number of performances and workshops	50
Educational Theatre Programs – number of attendees (students and adults)	9,546
Graduate Medical Education – number of programs	3
Graduate Medical Education – number of affiliated and independent residents	29
Nurse practitioner and other nursing training and education beneficiaries	30
Deloras Jones nursing scholarship recipients	8
Other health professional training and education (non-MD) beneficiaries	5
Summer Youth and INROADS programs participants	11
Number of 2011 grants and donations made at the local and regional levels <sup>2</sup>	108

<sup>1</sup>AIM: Access for Infants and Mothers, MRMIP: Major Risk Medical Insurance Program, MRMIP Grad: Major Risk Medical Insurance Program graduate, and IV-D Kids: Four D Kids, insurance provided by either Blue Shield Insurance or Kaiser Permanente under a special agreement with the Sacramento County Child Support Services Department.

<sup>2</sup>The vast majority of regional grants impact three or more local hospitals. As such, a single regional grant may be included in the "Number of 2011 grants and donations" count for multiple hospitals.

Table 2

**KAISER FOUNDATION HOSPITAL-FRESNO**  
**COMMUNITY BENEFIT RESOURCES PROVIDED IN 2011**

	2011 Total
<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$510,279
Healthy Families <sup>2</sup>	1,347,732
Charity care: Charitable Health Coverage programs <sup>3</sup>	3,204,981
Charity care: Medical Financial Assistance Program <sup>4</sup>	3,159,514
Grants and donations for medical services <sup>5</sup>	778,851
<b>Subtotal</b>	<b>\$9,001,357</b>
<b>Other Benefits for Vulnerable Populations</b>	
Summer Youth and Inroads programs <sup>6</sup>	\$61,914
Grants and donations for community-based programs <sup>7</sup>	308,501
Community Benefit administration and operations <sup>8</sup>	194,222
<b>Subtotal</b>	<b>\$564,637</b>
<b>Benefits for the Broader Community<sup>9</sup></b>	
Community health education and promotion programs	\$9,127
Educational Theatre Programs	138,701
Facility, supplies, and equipment (in-kind donations) <sup>10</sup>	0
Community Giving Campaign administrative expenses	9,271
Grants and donations for the broader community <sup>11</sup>	26,197
National board of directors fund	14,365
<b>Subtotal</b>	<b>\$197,661</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education	\$120,506
Non-MD provider education and training programs <sup>12</sup>	332,380
Grants and donations for the education of health care professionals <sup>13</sup>	174,956
Health research	2,985,789
<b>Subtotal</b>	<b>\$3,613,631</b>
<b>Total Community Benefits Provided</b>	<b>\$13,377,286</b>

## ENDNOTES

- 1 Amount includes unreimbursed inpatient expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries.
- 2 Amount includes unreimbursed inpatient expenditures for Healthy Families members.
- 3 Amount includes unreimbursed inpatient expenditures for Steps Plan members and unreimbursed inpatient expenditures for Kaiser Permanente Child Health Plan subsidy.
- 4 Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance and Indigent Care programs.
- 5 Figures reported in this section for grants and donations for medical services consist of charitable contributions to community clinics and other safety net providers; community health partnerships and collaboratives; community health care coverage enrollment efforts; and special Request for Proposals to support specific health issues such as HIV/AIDS, childhood obesity, asthma, etc. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 6 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Summer Youth students hired.
- 7 Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonhealth needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 8 The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- 9 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a number of related denominators such as the number of Educational Theatre Programs performances or health education programs.
- 10 Amount represents the estimated value of donated surplus office and medical supplies, equipment and furniture, promotional items and giveaways, in-kind services such as printing, mailings, multimedia production, etc., and conference and meeting room usage, as recorded in the MicroEdge GIFTS database.
- 11 Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 12 Amount reflects the net expenditures after tuition reimbursement for health professional education and training programs.
- 13 Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, etc. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

