

SAN RAFAEL

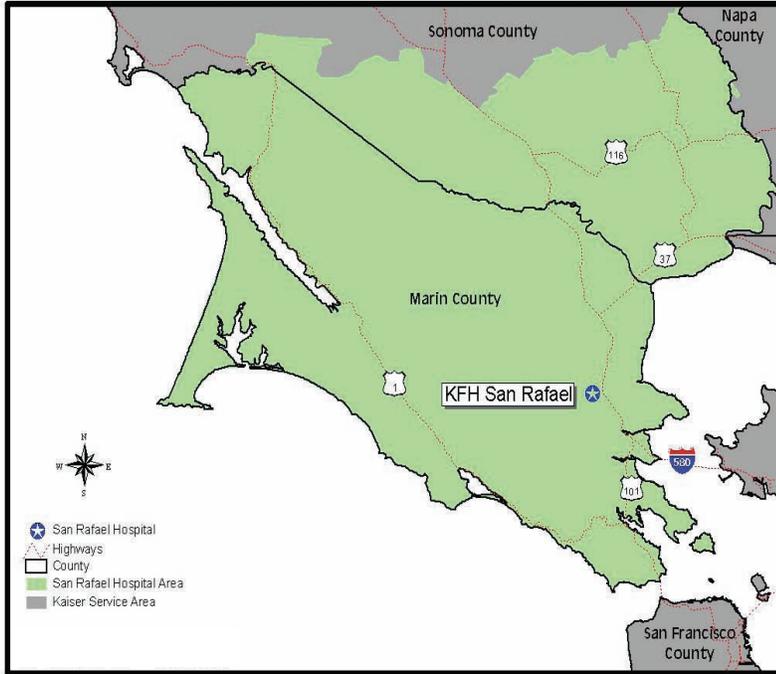
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# KAISER FOUNDATION HOSPITAL (KFH)-SAN RAFAEL

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The KFH-San Rafael service area comprises Marin County and the southern portion of Sonoma County, including the cities of Petaluma and Sonoma. Cities in Marin County include Belvedere, Corte Madera, Fairfax, Larkspur, Mill Valley, Novato, Ross, San Anselmo, San Rafael, Sausalito, and Tiburon and the coastal towns of Stinson Beach, Bolinas, Point Reyes, Inverness, Marshall, and Tomales.

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

Total population:	355,366	White:	72.67%
Median age:*	43.7	Latino:	16.66%
Average household income:*	\$89,909	African American:	2.25%
Percentage living in poverty:	7.36%	Asian and Pacific Islander:	4.95%
Percentage unemployed:	7.03%	Native American:	0.29%
Percentage uninsured:	10.04%	Other:	3.19%

## KEY STATISTICS

Year opened:	1966	Total licensed beds:	116
KFH full-time equivalent personnel:	672.9	Inpatient days:	21,530
KFHP members in KFH service area:	117,606	Emergency room visits:	25,185

## KEY LEADERSHIP AT KFH-SAN RAFAEL

Judy Coffey	Senior Vice President and Area Manager
Tony Fiorello	Chief Operating Officer
John Groesbeck	Area Finance Officer
Gary Mizono, MD	Physician in Chief
Patricia Kendall	Medical Group Administrator
Carl Campbell	Public Affairs Director
Andrea Michelsen	Community Benefit/Community Health Manager

# THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

## 2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

The 2010 CHNA for KFH-San Rafael was based primarily on data collected and reported by Healthy Marin Partnership (HMP). It is supplemented by data from CHIS (California Health Interview Survey) 2007, the Marin County Maternal Child and Adolescent Health Program (MCAH) Needs Assessment completed in 2009, research on older adults completed by Harder+Company and funded by the Marin Community Foundation, and UCLA Center for Health Policy Research. HMP is sponsored by Marin County Department of Health and Human Services, Marin Community Foundation, KFH-San Rafael, and Sutter Health Santa Rosa. Areté Consulting was engaged to review and synthesize available data and to facilitate the CHNA and planning process for KFH-San Rafael.

### 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 were as follows:

*Although Marin County has a relatively affluent population overall, a significant proportion of county residents are uninsured:*

- An estimated 16.3% of Marin County residents were uninsured for all or part of the year in 2009.
- 8.6% of county residents were insured through Medi-Cal or Healthy Families.

*Overweight and obesity are important factors in the health of Marin County residents:*

- Almost 44% of adults over 18 are overweight or obese.
- 23% of 9th graders and 20% of 11th graders are overweight or at risk of being overweight.
- Only 57% of youth report eating five or more servings of fruits and vegetables per day.
- Physical activity among youth declines with age; 81% of 7th graders, 79% of 9th graders, and 76% of 11th graders report more than 20 minutes of physical activity on at least three of the last seven days.

*Alcohol and tobacco use are widespread and create significant risks for Marin County residents:*

- 52% of 11th graders and 27% of 9th graders report using alcohol in 2007.
- 38% of 11th graders and 14% of 9th graders report binge-drinking in 2007.
- 8% of 9th graders, 18% of 11th graders, and 12% of adults reported smoking tobacco in 2007.
- Tobacco use is most prevalent in the northeastern area of the county.

*Marin County has disproportionately high rates of breast cancer:*

- Breast cancer rates in Marin are 15% to 20% higher than for the greater Bay Area.

*Low-income residents rely on a safety net that lacks stability at a time when demand for safety net services is increasing.*

### PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-SAN RAFAEL SERVICE AREA

1. Access to health insurance coverage and health care services
2. Overweight and obesity
3. Alcohol, tobacco, and drug use
4. Sustainable safety net
5. Disproportionately high rates of breast cancer

# 2011 YEAR-END RESULTS

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

The most recent available estimates show that more than 16% of all county residents lack health coverage. Without health coverage, those lacking financial resources face significant barriers to care. KFH-San Rafael has been engaged in numerous efforts to increase access to care and coverage for Marin County residents and will continue to have this as a priority.

### 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 Kaiser Permanente 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) program and maximize efficiencies.
3. Participate in the county-convened planning phase of Managed Medi-Cal implementation in Marin County.
4. Continue to provide care to uninsured community clinic patients through the established medical services agreements (MSAs) with Marin Community Clinic; collaborate with other providers in the community to offer free health care services (e.g., breast cancer screening and treatment); and continue nonmember access to open appointments.

### TARGET POPULATION

Low-income individuals who lack health insurance.

### COMMUNITY PARTNERS

Community partners include Marin Community Clinic, Operation Access (OA), Marin Community Foundation, and Marin County Department of Health and Human Services.

### 2011 YEAR-END RESULTS

- Coastal Health Alliance (CHA) was awarded a \$20,000 grant to support a Certified Application Assistor (CAA) responsible for facilitating enrollment in health coverage programs, including Medi-Cal, Healthy Families, Kaiser Permanente Child Health Plan, CMSP (county indigent program), and pharmacy patient assistance, among others. CHA anticipates seeing 2,224 uninsured or underinsured clients in the 12-month grant period. From July through December 2011, CHA implemented new policies and procedures for screening and establishing sliding-scale fees for uninsured clients. A new CAA was hired, certified, and trained. The new screening processes and data tracking were implemented in December 2011. Following implementation of new standard screening practices, CAAs will focus on identifying and enrolling what appears to be a significant population of potentially eligible patients in CMSP and pharmacy assistance programs. Although grant activities were slowed somewhat by staff transitions, CHA is pleased with the newly hired CAAs' competence and the changes in the screening workflow. CHA will track numbers of clients who receive screening for health coverage.
- Petaluma Health Center (PHC) received the first \$50,000<sup>1</sup> of a two-year \$100,000 grant from Kaiser Permanente Northern California Region and \$50,000 from Marin/Sonoma Area to support its expansion and renovation. Funding received thus far has allowed PHC to build 43,000 square feet of a new 53,000-square-foot facility, increasing the

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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 East Bay Community Foundation. Accordingly, the grant amount was not included in the Community Benefit totals for 2011 (Tables A, B, and 2).

number of exam rooms from 31 to 44 and increasing dental operatories from 3 to 9. Completion of phase one means PHC can now treat 21,000 patients, 4,000 more than previously. Additional funding will allow build-out of more primary care medical pods, including 15 vitally needed medical exam rooms and other patient care, equipment, and medical staff team rooms that, in turn, will allow PHC to hire nine more primary care providers and other medical staff to serve up to 14,000 more patients. Upon completion of phase two, PHC will be able to serve 35,000 patients, helping it to meet increasing demand over the next few years and to grow capacity to improve the health of the southern Sonoma County community. This \$3 million campaign includes approximately \$2.5 million for completing and equipping the two medical pods that will further increase the number of exam rooms. Other features include an instructional kitchen for nutrition education and diabetes prevention and equipment for patient education and staff education and training.

- On behalf of RotaCare Free Clinic of San Rafael, RotaCare Bay Area, Inc. received an \$8,000 grant to support general operating costs of its free clinic, which operates two nights per week, providing primary medical care to uninsured or underinsured adults in Marin County. Services are provided at KFH-San Rafael's downtown outpatient medical building. From July through December, in 1,114 visits, the clinic served 743 patients; 81% were non-English speaking (the majority are Latino), 100% lived in poverty (67 with incomes between 100% and 200% of the federal poverty level), and the majority were 20 to 65 years of age.
- 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 the county-convened Children's Health Insurance planning group.
2. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and Kaiser Permanente Child Health Plan); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.
3. Continue to provide care to uninsured community clinic patients through the MSAs with Marin Community Clinic; collaborate with other providers in the community to offer free health care services (e.g., breast cancer screening and treatment); and continue nonmember access to open appointments.
4. Provide charity care through MFA program and maximize efficiencies.

## MONITORING PROGRESS OF 2012 STRATEGIES

KFH-San Rafael will assess the impact of these strategies by monitoring enrollment of children in public or private low-cost health insurance programs, including Kaiser Permanente Child Health Plan and STEPS; cost (in dollars) of charity care services provided; number of patients receiving care through OA; and MFA metrics (i.e., number of individuals receiving MFA, number of signed agreements, time needed to approve MFA awards, and number of MFA applications screened).

## PRIORITIZED NEED II: OBESITY AND OVERWEIGHT

Almost 44% of adults and more than 20% of youth in Marin County are overweight or obese. Being overweight or obese increases an individual's risk for developing heart disease, stroke, diabetes, and cancer. Data on known lifestyle factors

contributing to rates of overweight and obesity show that there is significant opportunity to improve healthy eating and increase physical activity among county residents, both children and adults.

### 2011 GOALS

1. Increase consumption of fresh fruits and vegetables.
2. Increase physical activity in community settings (e.g., safe walking and biking routes, parks and hiking trails, joint use agreements).
3. Increase physical activity in institutional settings (e.g., schools, after-school programs, work sites).

### 2011 STRATEGIES

1. Grant making to support development of sustained healthy eating practices, including increasing/enhancing access points in low-income neighborhoods and working with organizations to increase use of EBT (food stamps) at farmers' markets.
2. Participate in HMP's effort to increase access to and affordability of healthy food choices through policy and organizational practices.
3. Grant making to encourage physical activity and to promote safe places to walk, bike, and play.
4. Participate in HMP's effort to increase physical activity in community settings through public policy and work with school districts.
5. Grant making for development and implementation of institutional policies and programs promoting physical activities.
6. Participate in HMP and other efforts, such as Marin Wellness Collaborative, to increase physical activity in institutional settings through policy, organizational practices, and work with school districts.

### TARGET POPULATION

Low-income residents who are overweight or obese or at risk for becoming overweight or obese.

### COMMUNITY PARTNERS

Community partners include HMP, farmers' markets and sponsoring agencies, and Marin Wellness Collaborative.

### 2011 YEAR-END RESULTS

- LIFT-Levántate's physical activity/nutrition program received \$10,000 to support its comprehensive physical activity, nutrition, gardening, cooking, life-skills after-school program serving low-income children K–8 and their families in Marin City. LIFT provides a positive, supportive, and fun way to develop physically, socially, behaviorally, and emotionally, serving 125 children, who participate in a variety of physical activities, including zumba, hip hop dance, yoga, basketball, soccer, kickball, and games. Participants are also active in the garden. In spring 2012, parent nights and Family Wellness events will be scheduled, and a new track and field program will be added. Early survey results show that since participating in LIFT, 80% of the children report that they like to be active more often; 60% are active for 30 minutes or more most days; 27% play video games less often; 20% watch less TV; and 73% say that physical activity is their favorite part of LIFT. The program also focuses on increasing student consumption of fruits and vegetables through nutrition education and food sampling; the planting, maintenance, and harvesting of an on-site community garden; tours to the local farmers' market and grocery stores; and hosted farm tours. Efforts include education about the unhealthy effects of sugared drinks, resulting in 27% of students reporting they drink soda less often and 73% reporting they drink more water. Survey results indicate that 60% of the children and their families cook at home more often since participation in LIFT. The program has successfully engaged staff from Community Action Marin (CAM) and Marin City Community Services in modeling healthy behaviors and actively participating in LIFT activities. The program has recruited, trained, and employed three community members as Physical Activity coaches who continue activities with the children on days when LIFT is not on-site. The program has done a very good job of recruiting partners from the community to offer physical activities and organic food and food education opportunities.

- Petaluma Bounty, a small local organic farm, received \$9,974 for Partnership for Healthy Food, its collaboration with Petaluma Health Center serving low-income families facing nutrition-related conditions such as obesity and diabetes. The program is serving 24 families who will receive fresh produce for 12 weeks, as well as participate in six sessions of nutrition and physical education classes at the health center and six sessions on farming, growing, and harvesting food; nutrition; and wellness at the farm. Outcomes will include pre- and postdata on all participants to show improvements in BMI (body mass index), blood pressure, liver function, and cholesterol and vitamin D levels.
- Agricultural Institute of Marin (AIM) received \$5,000 to help food stamp customers stretch their SNAP/EBT (Electronic Benefit Transfer) dollars even further by offering additional value when food stamps are used at one of AIM's farmers' markets. AIM began accepting CalFresh (food stamp) benefits in 2008. In September 2011, it launched a new program, Market Match, which provides matching funds of up to \$20 a day for shoppers who use EBT food cards. So a shopper in the program who uses \$20 in EBT funds will receive \$40 worth of goods. Since the program's launch, the amount of EBT plus Market Match dollar amounts have more than doubled compared to the same time period last year. Market managers are reporting an increase in the number of customers using EBT dollars, and they receive significant positive feedback from food stamp customers. AIM is also working with partner organizations to advocate for increased support for using Supplemental Nutrition funds for incentive programs that encourage using SNAP/EBT at farmers' markets. AIM partners with Roots of Change, Wholesome Wave Foundation, and Marin Community Foundation.

### 2012 GOALS UPDATE

The goals will remain unchanged for 2012.

### 2012 STRATEGIES UPDATE

1. Grant making to support development of sustained healthy eating practices, including increasing/enhancing access points in low-income neighborhoods and working with organizations to increase use of EBT (food stamps) at farmers' markets.
2. Participate in HMP's effort to increase access to and affordability of healthy food choices through policy and organizational practices.
3. Grant making to encourage physical activity and to promote safe places to walk, bike, and play.
4. Participate in HMP's effort to increase physical activity in community settings through public policy and work with school districts.
5. Participate in HMP and other efforts to increase physical activity in institutional settings through policy, organizational practices, and work with school districts.

### MONITORING PROGRESS OF 2012 STRATEGIES

KFH-San Rafael will assess the impact of our 2011 strategies by tracking dollars provided in grants and number of families and individuals reached through grant-funded efforts to expand access points in low-income neighborhoods and to increase EBT use at farmers' markets; monitoring implementation of HMP initiatives and progress against HMP goals; tracking dollars provided through grants and number of people reached through grant-funded efforts to improve safety and promote physical activity in low-income communities; and collecting data on number and type of institutional policies and practices that are adopted in work sites and in schools.

### PRIORITIZED NEED III: ALCOHOL, TOBACCO, AND DRUG USE

Marin County residents have rates of alcohol and tobacco use that present significant health risks and costs. More than 75% of adults in Marin County report drinking alcohol and more than 50% of 11th graders report the same. The rate of alcohol use among youth almost doubles between 9th and 10th grades, which coincides with when youth begin driving. Even more troubling, 38% of 11th graders report binge-drinking in the past month. The rate of tobacco use is highest among 11th graders in Marin (18% in 2005 and 2007) but has dropped since 2001.

## 2011 GOALS

1. Decrease high-risk drug and alcohol use.
2. Decrease tobacco use.

## 2011 STRATEGIES

1. Implement grant making to address social factors contributing to alcohol and drug use.
2. Participate in community advocacy efforts (through community partners) for public policies focused on decreasing teen drinking and enforcing underage drinking laws.
3. Implement grant making to prevent and decrease tobacco use and its impact on nonsmokers.
4. Participate in community advocacy efforts for public policies focused on creating a tobacco-free Marin.

## TARGET POPULATION

Individuals engaging in or at risk of engaging in high-risk alcohol use or tobacco use.

## COMMUNITY PARTNERS

Community partners include HMP, Marin County Health and Human Services, Marin Community Foundation, and Bay Area Community Resources (BACR).

## 2011 YEAR-END RESULTS

- BACR received a \$10,000 grant to support the Marin Smoke-Free Cities Project, which aims to protect the health of renters in multiunit housing from the dangers of secondhand smoke and to reduce the sale of tobacco to minors in San Rafael and unincorporated areas of Marin County by facilitating and implementing campaigns to raise the American Lung Association Report Card grades in these jurisdictions from "D" to "A." The project has successfully lobbied the Marin Board of Supervisors, which has endorsed an ordinance outlawing smoking in unincorporated area apartments and requiring retail vendors to get a special county license and pay a fee. In 2012, the project will continue to advocate for smoke-free policies in the city of San Rafael.
- Novato Youth Center received \$15,000 for the Healthy Novato Promotores program, which will recruit and train six to eight promotores from the local Latino community and engage them as community leaders working on reducing health disparities and AOD (alcohol and other drug) use among Latino youth, using environmental prevention strategies and neighborhood-based initiatives. The program builds on the Novato Blue Ribbon Coalition, which identified alcohol abuse, especially binge drinking, as a prevalent public health problem among youth. Eight promotores have attended coalition meetings, received training on AOD prevention, and attended the Statewide Promotora Conference in Los Angeles in December. They developed outreach materials on AOD prevention in Spanish and presented information to 100 Latino community residents during Bi-national Health Week in November, and will develop a policy agenda and work plan to be incorporated into the broader coalition plan. In summer 2012, they will participate in Novato's Multicultural Festival and engage 50 local residents in activities to address AOD use. This grant leverages two larger grants, one federal and one from the private Peter Haas Family Foundation.
- Alcohol Justice Institute is a leader in the field of alcohol abuse and addiction. A \$500 sponsorship from KFH-San Rafael to the Marin Institute supported Alcohol Justice Institute's Free the Bowl contest, which, four years ago, created a national video contest to encourage youth 10 to 20 to make original 60-second "counter-beer ads" to speak out against exploitative alcohol advertising shown during TV sporting events like the Super Bowl. This successful venture continues to operate and grows every year.

## 2012 GOALS UPDATE

The goals will remain unchanged for 2012.

## 2012 STRATEGIES UPDATE

1. Grant making to address social factors contributing to alcohol and drug use.
2. Participate in community advocacy efforts (through community partners) for public policies focused on decreasing teen drinking and enforcing underage drinking laws.
3. Grant making to prevent and decrease tobacco use and its impact on nonsmokers.
4. Participate in community advocacy efforts for public policies focused on creating a tobacco-free Marin.

## MONITORING PROGRESS OF 2012 STRATEGIES

KFH-San Rafael will assess our progress by tracking amount of funding provided through grants and number of people reached through grant-funded programs, and monitoring success of community advocacy efforts for policy changes related to high-risk drug and alcohol use and smoking.

## PRIORITIZED NEED IV: SUSTAINABLE SAFETY NET

Safety net providers in Marin County are critical contributors to the health of the community and are struggling to maintain services. Participants in the HMP focus groups indicated that there is a need for sustainable health services in smaller communities and rural areas.

### 2011 GOAL

Improve the financial health and sustainability of safety net providers in Marin County and southern Sonoma County.

### 2011 STRATEGIES

1. Provide financial or clinical technical assistance (TA) to at least one safety net clinic or other provider of care.
2. Work with community partners to convene and/or fund safety net agencies to build collaboration, develop, and adopt effective clinical practices for addressing ATOD (alcohol, tobacco, and other drugs) and obesity/overweight, and to increase efficiency in the safety net.

### TARGET POPULATION

Safety net providers.

### COMMUNITY PARTNERS

Community partners include HMP, Redwood Community Health Coalition, and Marin Community Foundation.

### 2011 YEAR-END RESULTS

- West Marin Senior Services (WMSS) received a \$10,000 grant to support case management for rural seniors, to enable them to live long, well, and at home. From July to December, care managers completed 124 client assessments and care plans. Three KFHSan Rafael physicians who provide services at Coastal Health Alliance work closely with care managers on patient follow-up. Surveys on client satisfaction will be completed in 2012. From July to December 2011, 1,238 meals were delivered at community centers in all four parts of west Marin and 614 seniors attended a total of 14 separate events, including workshops, teas, health fairs, and food distribution. WMSS collaborates with a number of local agencies to provide resources to seniors in the west Marin area.
- Center for Domestic Peace (C4DP) received \$10,000 to support domestic violence safety net services. C4DP anticipates being able to provide telephone support and service referrals for 2,300 callers to its 24/7 hotlines over a 12-month period. Of these, a minimum of 65 women and 80 children will gain entrance to C4DP's emergency shelter. An expected outcome is that at least 50% of the shelter residents will secure affordable permanent housing within three

months of entering the shelter and that at least 70% of the residents will increase their income by the time they exit the shelter. C4DP is also funded by California Emergency Management Agency, Department of Housing and Urban Development, and Blue Shield of California. C4DP's sustainability plan includes leading a new collaborative initiative, bringing together the 19 Bay Area domestic violence shelters into a unified fund development effort, and extensively engaging volunteers as an essential component of its direct service model to reduce staffing costs.

- Jewish Family and Children's Services (JFCS) received \$10,000 for its Care Management for Medically Ill/Disabled program. JFCS clinical social workers assist medically ill and disabled low-income Marin County adults in accessing supportive services that enable them to live independently and safely. They have already exceeded their outreach objective of 10 new referrals and are serving 15 new case management program referrals since July 2011. The Seniors-at-Home (SAH) program has a current caseload of 56 low-income clients receiving care management services. End-of-year outcomes expect to show that 80% of clients will have made progress toward two or more of their care management goals, and that 90% will be able to remain living safely in their own homes. The SAH care management department works collaboratively with Kaiser Permanente's Chronic Conditions Management staff to provide coordinated care to clients with multiple needs. SAH staff also collaborate with KFH-San Rafael physicians, reporting medical concerns identified through care management activities. Care management clients who are utilizing JFCS's Rides program are transported to KFH-San Rafael facilities. To ensure that clients' needs are met, the program works collaboratively with many other community organizations, including County of Marin Aging and Adult Services, Marin Center for Independent Living, Novato Independent Elders Project, the County of Marin HOPE program, Whistlestop Wheels, Hospice by the Bay, Visiting Nurses Association, and Marin Adult Day Health Center.

#### **2012 GOAL UPDATE**

The goal will remain unchanged for 2012.

#### **2012 STRATEGIES UPDATE**

1. Provide financial or clinical TA to at least one safety net clinic or other provider of care.
2. Work with community partners to convene and/or fund safety net agencies to build collaboration, develop, and adopt effective clinical practices for addressing ATOD (alcohol, tobacco, and other drugs) and obesity/overweight, and to increase efficiency in the safety net.

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

KFH-San Rafael will assess our progress by tracking amount of TA provided and number of agencies receiving TA, monitoring outcomes of the safety net convening or funding with agreements and clear action steps taken, and tracking adoption of new clinical practices in the safety net, as a result of the convening.

#### **PRIORITIZED NEED V: DISPROPORTIONATELY HIGH RATES OF BREAST CANCER**

Marin County women have rates of breast cancer that are 15% to 20% higher than rates for women in the Greater Bay Area.

#### **2011 GOALS**

1. Decrease breast cancer rates to be more in line with overall Bay Area rates.
2. Increase access to and use of regular breast cancer screening and treatment.

#### **2011 STRATEGIES**

1. Participate in clinical research studies regarding breast cancer prevalence, risk factors, and prevention.
2. Grant making to reduce structural barriers (i.e., transportation, cultural competence, hours of service, and administrative procedures) to breast cancer screening and treatment.

## TARGET POPULATION

Women facing barriers to cancer screening and treatment.

## COMMUNITY PARTNERS

Community partners include Zero Breast Cancer, Marin County Department of Health and Human Services Breast Cancer Program, and To Celebrate Life.

## 2011 YEAR-END RESULTS

- Marin Breast Cancer Watch (aka Zero Breast Cancer [ZBC]) received a \$2,500 sponsorship for its 2011 Honor Thy Healer Awards Ceremony and Dinner, a special annual program that recognizes individuals and businesses throughout the Bay Area who have advanced the understanding of breast cancer and are invested in improving the health of the community. Over the past 11 years, the event has paid tribute to a number of extraordinary people and organizations who have made a difference in the lives of so many. In October 2010, during breast cancer awareness month, ZBC launched an innovative education campaign that provided prevention steps to reduce the risk of breast cancer. ZBC also developed a public health message, featuring a group of adolescent soccer players, about the benefits of exercise and breast cancer prevention and promoted it throughout Marin County on bus shelters. The campaign includes a portable poster that has been displayed at a number of businesses and health fairs throughout Marin County and San Francisco.
- Marin Center for Independent Living received a \$5,000 grant for the Breast Cancer Benefits and Advocacy program, which provides advocacy, insurance, and financial assistance to uninsured/underinsured individuals diagnosed with breast cancer to maintain housing and/or health insurance and successfully undergo treatment. From July to December, the program provided 25 consumers with benefits counseling, enrollment assistance, and financial assistance. Two KFH-San Rafael physicians are actively involved and refer clients to the program.
- To Celebrate Life Breast Cancer Foundation received a \$10,000 sponsorship to support its annual fundraising event. Of this amount, \$5,000 was from KFH-San Rafael and the other \$5,000 from TPMG San Rafael. Net proceeds from the event support the foundation's grant program, which has awarded \$3.3 million since 1996 to dozens of nonprofit organizations throughout the Bay Area, providing a wide array of services to thousands of people living with breast cancer. They estimate that 1,700 individuals were assisted in 2010 as a result of these grants.

## 2012 GOALS UPDATE

The goals will remain unchanged for 2012.

## 2012 STRATEGIES UPDATE

1. Participate in clinical research studies regarding breast cancer prevalence, risk factors, and prevention.
2. Grant making to reduce structural barriers (i.e., transportation, cultural competence, hours of service, and administrative procedures) to breast cancer screening and treatment.

## MONITORING PROGRESS OF 2012 STRATEGIES

KFH-San Rafael will assess our progress by tracking documentation and dissemination of research results, dollars provided through grant funding, specific barriers addressed through grant-funded efforts, and number of people affected.

Table 1

## KAISER FOUNDATION HOSPITAL-SAN RAFAEL

### 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	1,686
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members	100
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	1,965
Medi-Cal Managed Care members	1,971
Healthy Families Program members	2,199
Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) <sup>1</sup> members	151
Operation Access – number of procedures (including ophthalmology, general surgery, otolaryngology, dermatology)	93
Operation Access – number of medical volunteers	43
Operation Access – number of medical volunteer hours	264
Health Research projects (new, continuing, and completed)	2
Nursing Research projects (new, continuing, and completed)	9
Educational Theatre Programs – number of performances and workshops	32
Educational Theatre Programs – number of attendees (students and adults)	5,693
Graduate Medical Education – number of programs	1
Graduate Medical Education – number of affiliated and independent residents	9
Nurse practitioner and other nursing training and education beneficiaries	13
Deloras Jones nursing scholarship recipients	7
Other health professional training and education (non-MD) beneficiaries	31
Summer Youth and INROADS programs participants	10
Number of 2011 grants and donations made at the local and regional levels <sup>2</sup>	119

<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-SAN RAFAEL

### COMMUNITY BENEFIT RESOURCES PROVIDED IN 2011

	2011 Total
<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$3,742,541
Healthy Families <sup>2</sup>	938,791
Charity care: Charitable Health Coverage programs <sup>3</sup>	1,752,882
Charity care: Medical Financial Assistance Program <sup>4</sup>	1,945,282
Grants and donations for medical services <sup>5</sup>	246,859
<b><i>Subtotal</i></b>	<b><i>\$8,626,354</i></b>
<b>Other Benefits for Vulnerable Populations</b>	
Summer Youth and Inroads programs <sup>6</sup>	\$58,173
Grants and donations for community-based programs <sup>7</sup>	151,599
Community Benefit administration and operations <sup>8</sup>	215,675
<b><i>Subtotal</i></b>	<b><i>\$425,448</i></b>
<b>Benefits for the Broader Community<sup>9</sup></b>	
Community health education and promotion programs	\$10,135
Educational Theatre Programs	88,769
Facility, supplies, and equipment (in-kind donations) <sup>10</sup>	0
Community Giving Campaign administrative expenses	10,295
Grants and donations for the broader community <sup>11</sup>	64,197
National board of directors fund	15,952
<b><i>Subtotal</i></b>	<b><i>\$189,348</i></b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education	\$40,267
Non-MD provider education and training programs <sup>12</sup>	662,036
Grants and donations for the education of health care professionals <sup>13</sup>	14,643
Health research	3,311,791
<b><i>Subtotal</i></b>	<b><i>\$4,028,737</i></b>
<b>Total Community Benefits Provided</b>	<b>\$13,269,887</b>

## ENDNOTES

- <sup>1</sup> Amount includes unreimbursed inpatient expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries.
- <sup>2</sup> Amount includes unreimbursed inpatient expenditures for Healthy Families members.
- <sup>3</sup> Amount includes unreimbursed inpatient expenditures for Steps Plan members and unreimbursed inpatient expenditures for Kaiser Permanente Child Health Plan subsidy.
- <sup>4</sup> Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance and Indigent Care programs.
- <sup>5</sup> 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.
- <sup>6</sup> 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.
- <sup>7</sup> 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.
- <sup>8</sup> The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- <sup>9</sup> 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.
- <sup>10</sup> 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.
- <sup>11</sup> 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.
- <sup>12</sup> Amount reflects the net expenditures after tuition reimbursement for health professional education and training programs.
- <sup>13</sup> 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.

