

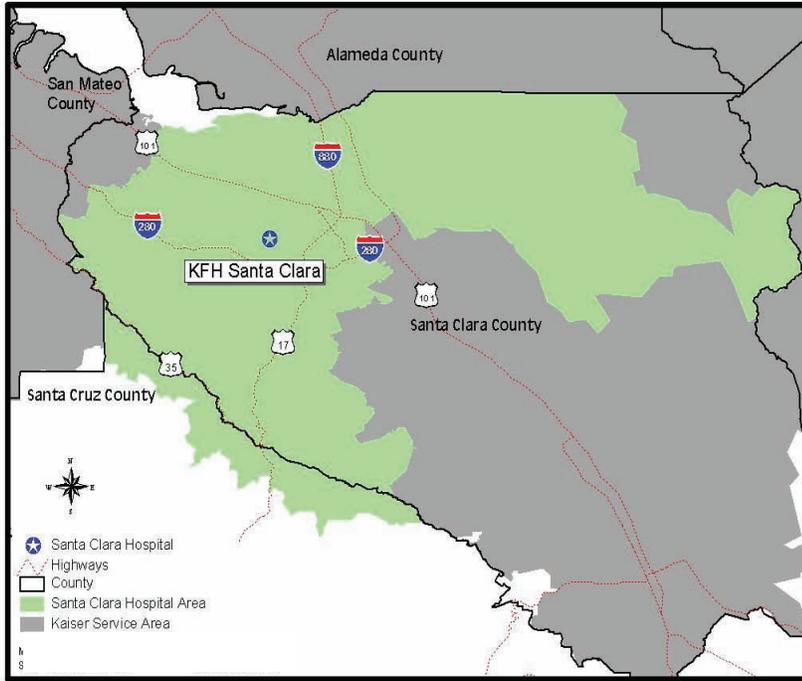
SANTA CLARA

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KAISER FOUNDATION HOSPITAL (KFH)-SANTA CLARA

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The KFH-Santa Clara service area comprises roughly the northwest half of Santa Clara County. Cities in this area include Campbell, Cupertino, Los Altos, Los Gatos, Milpitas, Mountain View, San Jose, Santa Clara, Saratoga, and Sunnyvale.

COMMUNITY SNAPSHOT (*county-level data)

Total population:	1,133,657	White:	38.49%
Median age:*	35.5	Latino:	21.85%
Average household income:*	\$88,525	African American:	2.27%
Percentage living in poverty:	8.33%	Asian and Pacific Islander:	33.71%
Percentage unemployed:	8.21%	Native American:	0.22%
Percentage uninsured:	10.88%	Other:	3.46%

KEY STATISTICS

Year opened:	1964	Total licensed beds:	327
KFH full-time equivalent personnel:	2,250.1	Inpatient days:	97,831
KFHP members in KFH service area:	297,461	Emergency room visits:	60,369

KEY LEADERSHIP AT KFH-SANTA CLARA

Chris L. Boyd	Senior Vice President and Area Manager
Sue G. Murphy, MHSA	Chief Operating Officer
Jerry L. Yu	Area Finance Officer
Susan C. Smarr, MD	Physician in Chief
Valerie McCarthy	Medical Group Administrator
Kimberly E. Ellis	Public Affairs Director
Elizabeth Sills	Community Benefit/Community Health Manager

THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

Working within Kaiser Permanente Northern California's regional needs assessment and planning framework, KFH-Santa Clara identified its priority areas of need, its goals within each, supporting strategies, and indicators or metrics to measure success. To arrive at these priorities, KFH-Santa Clara engaged in a carefully sequenced, multifaceted participatory process in which input was gathered and triangulated across a variety of key sources: 2010 CHNA data, internal Kaiser Permanente stakeholders, and key community partners.

KFH-Santa Clara and KFH-San Jose are members of the Santa Clara County Community Benefits Coalition (SCCCBC), along with Daughters of Charity's O'Connor and St. Louise Regional Hospitals, El Camino Hospital, Stanford Hospital & Clinics, Hospital Council of Northern and Central California, Lucile Packard Children's Hospital, Community Health Partnership of Santa Clara County (CHP), Council on Aging Silicon Valley, FIRST 5 Santa Clara County, Kids In Common, Project Cornerstone, Public Health Department and Social Service Agency of Santa Clara County, Santa Clara County Office of Education, Santa Clara Family Health Plan, The Health Trust, and United Way of Santa Clara County. KFH-Santa Clara served on the SCCCBC Executive Committee and contributed funding to support the overall report and development of a city-level profile for Gilroy.

The Santa Clara County Public Health Department (DPH) and the SCCCBC released the *Santa Clara County Health Profile Report* on July 20, 2010. A public-private collaborative, SCCCBC oversees primary quantitative data collection and analysis to ensure that the necessary facts and figures are collected. By drawing upon Behavioral Risk Factor Survey data and secondary epidemiological data, the report provides a comprehensive profile of the health of Santa Clara County's residents and looks at health data in 10 key areas: social determinants of health; mortality rates; health care access; maternal, infant, and child health; oral health; lifestyle and behavioral risk factors; chronic diseases; communicable diseases; injury and violence; and healthy environments. Each area includes a number of health indicators, which are examined by gender, age, race/ethnicity, income, and education where possible.

The resulting *Santa Clara County 2010 Health Profile Report* contains detailed information that serves as a foundation for further inquiry into the CHNA by each hospital. A rigorous and systematic planning process was critical to having a community benefit strategy that builds on community assets, promotes collaboration, and improves community health. KFH-Santa Clara retained the services of CHNA consultant Nancy Shemick to convene three external meetings and a series of internal meetings to identify prioritized needs, subgroups or populations particularly in need, and to compile suggested strategies and metrics of "success" from the selected communities. These stakeholders, partners, and community experts shared their perceptions and experiences, identified the priority areas they considered to be the most pressing for KFH-Santa Clara to address in the triennial CHNA process, and provided the groundwork for setting priorities and allocating resources.

To better serve Santa Clara County, KFH-Santa Clara and KFH-San Jose reviewed the findings for both service areas and developed a countywide strategy to inform the community benefit plan for the South Bay. In April 2011, a South Bay strategy was released with shared priority areas including: Access to Health Care and Health Insurance Coverage, Obesity Prevention, and Violence and Substance Abuse Prevention.

KEY FINDINGS FROM THE 2010 CHNA

To summarize, the county overall is generally healthy, yet the report's data revealed an increase in obesity rates for both children and adults, and a continued decrease in health coverage. In addition, some health factors that increase the risk for chronic diseases like heart disease, cancer, stroke, and diabetes are on the rise. According to the report, these chronic diseases are a major cause of death and disability in Santa Clara County, with heart disease and cancer accounting for more than half of all deaths. However, specific findings for Santa Clara County revealed some disparities that show certain populations are more at risk for poor health and disease than overall results would indicate:

Access to Health Care:

- The percentage of adults who could not see a doctor due to the cost or lack of insurance more than doubled from 5% in 2000 to 13% in 2009.
- The percentage of uninsured adults in Santa Clara County increased from 8% in 2000 to 18% in 2009.
- More Latinos and African Americans are uninsured compared to overall county rates. While approximately 2 in 10 adults under 65 did not have health insurance in 2009, more than 4 in 10 Latinos and 3 in 10 African Americans were uninsured. In addition, one-third of all adults and approximately half of Latinos did not have dental insurance.

Obesity Prevention:

- The percentage of adults in Santa Clara County who are overweight or obese increased from 2000 (52%) to 2009 (56%).
- Overweight and obesity rates are higher among adults with low incomes; 68% of adults with annual household incomes less than \$20,000 are overweight or obese compared to 49% of those with annual household incomes of \$70,000 or higher.
- Latino adults have the highest rate of overweight and obesity; 68% were overweight or obese compared to 55% of county residents overall in 2009. Among middle and high school students, 37% of African Americans and 36% of Latinos were overweight or obese in 2007–2008 compared to 25% of middle and high school students overall.
- The percentage of adults with high blood pressure increased from 20% in 1997 to 26% in 2009.
- The percentage of adults who were told by a health professional that they have diabetes increased from 5% in 2000 to 8% in 2009.
- A higher proportion of Latino adults have been diagnosed with diabetes. In 2009, 11% of Latinos were diagnosed with diabetes compared to 7% of Whites and 5% of Asians. The overall county rate was 8%.

Tobacco Use:

- Smoking rates are still high among some adults (10.7%) and teens (10.5%).
- Smoking prevalence is higher among adults with low incomes; 19% of adults with annual household incomes less than \$20,000 are current smokers compared to 9% of adults with annual household incomes of \$75,000 or higher. Low-income adults smoke at twice the rate of adults with above-median incomes.
- 32% of Vietnamese American men and 53% of recent Latino immigrants smoke.
- For teens, smoking rates are higher among Latinos and African Americans (12% of middle and high school students) and Cambodians/Laoitians (17% of high school students).
- The average age of youth who start smoking is 13. Nearly two-thirds of high school students report that it is easy to get cigarettes.

Substance Abuse:

- About one in eight (12%) Santa Clara County middle and high school students reported binge-drinking in the past 30 days.
- In 2007–2008, 12% of middle and high school students reported using marijuana at least once in the past 30 days.

Intentional Self-Inflicted Injury and Suicide:

- In 2007–2008, 16% of middle and high school students had seriously considered attempting suicide in the past 12 months.
- In 2006, Santa Clara County had 567 nonfatal hospitalized self-inflicted injuries; those 15 to 24 had the highest rate.

Violence:

- In 2005–2006, 7% of adults reported that an intimate partner had ever physically abused them. A higher percentage of women (11%) reported physical abuse than men (2%).
- In 2006, Santa Clara County had 389 nonfatal hospitalized injuries due to assaults; those 15 to 24 had the highest rate (69 per 100,000 people), followed by adults 25 to 34.
- In 2007–2008, 20% of middle and high school students had been in a physical fight at school at least once in the past 12 months.
- From 2000 to 2007, the age-adjusted homicide rate in Santa Clara County increased from 2 per 100,000 people to 3/100,000. Among Latinos, the rate increased from 5/100,000 to 8/100,000.

Chronic Disease:

- In Santa Clara County, 26% of adults had high blood pressure; the Healthy People 2010 target is 16%.
- 29% of adults had high cholesterol levels; the Healthy People 2010 target is 17%.
- Diabetes is among the five leading causes of death for all major racial/ethnic groups except Whites.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-SANTA CLARA SERVICE AREA

1. Access to health insurance coverage and health care services
2. Obesity rates
3. Violence and substance abuse

2011 YEAR-END RESULTS

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

The Santa Clara County PHD reports that the percent of adults in the county who were without health insurance reached 18% in 2009, a rate that has risen steadily since 2000 (8%). In terms of health coverage, the percentage of adults who could not see a doctor due to the cost or lack of insurance more than doubled from 2000 (5%) to 2009 (13%). With regard to disparities in coverage, Latinos and African Americans experienced lower rates of health insurance, at 60.3% and 68.2%, respectively, compared to the county average of 79.2% in 2009.

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.
3. Increase access to health care services for low-income/uninsured patients who are at risk for chronic conditions or for complications related to chronic conditions (diabetes, cardiovascular conditions).

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. Provide grants to community-based organizations and agencies to provide outreach for, enrollment and retention in, and utilization of available public/private health coverage programs targeting uninsured children.
4. Share lessons from the Medi-Cal case management project.
5. Execute medical service agreements (MSAs) to provide primary or specialty care for uninsured populations.
6. Provide grants to community organizations and safety net providers to increase access to health care services for low-income and uninsured individuals to better manage chronic conditions.
7. Leverage Kaiser Permanente's chronic care management expertise (PHASE [Prevent Heart Attacks and Strokes Everyday], Health Education, etc.) to support safety net partners.

TARGET POPULATION

Those at risk for experiencing disparities specific to rates of uninsurance and chronic conditions, including cancer.

COMMUNITY PARTNERS

Community partners include Alzheimer's Disease and Related Disorders Association (dba Alzheimer's Association); Breast Cancer Connections (BCC); Community Health Partnerships (CHP) of Santa Clara County, Inc.; InnVision the Way Home; Santa Clara Family Health Foundation; School Health Clinics of Santa Clara County; Second Harvest Food Bank of Santa Clara and San Mateo Counties (SHFB); and Valley Medical Center (VMC) Foundation.

2011 YEAR-END RESULTS

- KFH-Santa Clara and KFH-San Jose awarded \$25,000 to BCC for the Gabriella Patser Program, which provides free screening and diagnostics for uninsured women and men under age 40 and the full continuum of care for up to 650 clients who otherwise would not have access to quality health care. The program's personal navigation services address the personal and institutional barriers that may prevent clients from accessing care and make the critical difference in young women's and men's chances for early detection, treatment, and survival. The program partners with community

clinics to identify those at risk and contracts with providers that offer high-quality medical services to those who could not otherwise afford them.

- KFH-Santa Clara and KFH-San Jose awarded \$42,000 to CHP for the Medicaid Coverage Expansion (MCE) campaign. CHP is coordinating community stakeholders to guide development of MCE outreach and education for eligible MCE populations within the Community Health Centers in Santa Clara County. An informational and enrollment toolkit for Valley Care, Santa Clara's Low-Income Health Program (LIHP), is being developed, and community health workers from CHP are supporting Community Health Centers with LIHP information, soft screening, and group application support. CHP is working in partnership with Santa Clara County, Santa Clara Valley Health & Hospital System (SCVHHS)-Patient Access Department for coordinated LIHP training and liaison support with 10 Community Health Center organizations, and is providing support for SCVHHS's financial assistance application for LIHP. An estimated 20,000 people will be reached by the campaign.
- KFH-Santa Clara and KFH-San Jose awarded \$25,000 to InnVision the Way Home for its Healthcare for the Homeless Program, which provides direct medical care, prescriptions, mental health resources, health education, and nutritious food/groceries to homeless and very low-income families and individuals. These services take place on-site at InnVision's multiservice day centers and housing programs throughout Santa Clara County. By offering health services at locations where clients are already addressing other barriers to self-sufficiency, the program increases the likelihood that homeless and at-risk clients will receive the medical services they need and will make their health a priority. More than 8,500 people are served each year through InnVision's Healthcare for the Homeless program.
- KFH-Santa Clara and KFH-San Jose awarded \$45,000 to the Santa Clara Family Health Foundation's Community Outreach Program to identify uninsured children and assist their parents in applying for subsidized health coverage for them. The program aims to (1) establish and sustain relationships with community-based organizations that serve low-income families; (2) conduct training for partner agency staff on subsidized health coverage programs; (3) implement effective, customized referral systems that support agencies in their efforts to identify uninsured children and refer their parents to outreach specialists to assist them with applying for health coverage; and (4) staff community events to identify uninsured children. Partnerships have been developed with 23 community-based organizations throughout Santa Clara County. More than 600 uninsured children have been identified through outreach efforts, and their parents have applied for health coverage. KFH-San Jose and KFH-Santa Clara also awarded \$2,500 to Santa Clara Family Health Foundation for the Status on Children's Health Conference.
- KFH-Santa Clara and KFH-San Jose awarded \$20,000 to School Health Clinics of Santa Clara County for the Patient Navigator program. Through telephone consultations, home visits, and in-person consultations, a bilingual patient navigator educates and assists patients in overcoming barriers to medical care (e.g., lack of transportation, language, intimidation, and navigating the health system). Annually, the patient navigator works with 3,000 patients who learn about their health issues, the importance of preventive care, and following through with appointments. They are encouraged to discuss health problems with their medical provider, leading to more informed decision making.
- KFH-Santa Clara and KFH-San Jose awarded \$25,000 to SHFB to reduce hunger and improve access to unutilized CalFresh benefits. SHFB provides outreach, agency trainings, and direct application assistance to low-income populations. More than 2,300 clients benefit from interaction with SHFB staff who are trained in CalFresh policies and eligibility standards, prescreening, and application assistance in person at food distribution sites and over the phone through the Food Connection Hotline. Outreach specialists submit CalFresh applications, provide follow-up assistance to address any concerns with the process, and provide referrals to additional emergency food resources available to clients as they navigate the public benefits system. It is estimated that the total benefits approved by applications SHFB has assisted with is \$2,716,974, which translates to an economic benefit to the community of \$4,863,384.
- KFH-Santa Clara and KFH-San Jose awarded \$35,000 to VMC Foundation for the Medical Respite Program (MRP), a collaborative effort by nine Santa Clara County hospitals, a local shelter provider, and Valley Homeless Healthcare Program (VHHP). Fifteen beds in the shelter are dedicated to MRP and provide a place for homeless patients who are discharged from the hospital so that they have a clean, safe place to recuperate and continue with self-care 24 hours a day. MRP is staffed by a medical director, registered nurse, social worker, and psychologist. While patients recuperate, intensive case management is provided to link patients to other services, including mental health and substance abuse services, MediCal, and permanent housing. Approximately 140 patients are served annually.

- KFH-Santa Clara and KFH-San Jose awarded \$20,000 to VMC Foundation for the Accelerating Hepatitis B Elimination in the Vietnamese Population Project. The Hepatitis B Free Santa Clara County (HBFSCC) coalition will use the project to promote health care provider and community awareness about the importance of testing and vaccinating Asians and Pacific Islanders for hepatitis B; promote routine hepatitis B testing and vaccination within the primary care setting; and provide access to medical management for chronically infected individuals. HBFSCC recruits health care providers serving Santa Clara County's Vietnamese population to participate in the campaign by improving coordination of communication to providers via key community partners and establishes reliable communication about HBFSCC educational programs and other activities. The campaign expects to reach more than 125,695 people.
- KFH-Santa Clara and KFH-San Jose awarded \$5,000 to Santa Clara County DPH to support Binational Health Week, which provides health resources to and promotes awareness in the Latino community on health care access, chronic and communicable diseases, women's health, and mental health issues. In Santa Clara County, there were more than 20 different activities, including free health fairs, screenings, flu shots, workshops, a conference, and a youth summit. Diabetes, obesity, nutrition, violence, and prevention of sexually transmitted infections (STIs) were some of the health topics covered.
- AACI received a \$75,000¹ HIV/AIDS Initiative grant from Kaiser Permanente Northern California Region to (1) partner with local community colleges, including Evergreen Valley College and San Jose City College, to provide testing and education services to young adults of color; (2) through its Alcohol & Other Drug (AOD) Adolescent Substance Abuse Minor Consent Program, continue vital education and testing sessions for youth with addiction problems whose risky behaviors put them at high risk for contracting HIV; (3) add new forms of social media to grow its online presence, leveraging peer health educators to publicize AACI's rapid testing program and other HIV services through social media such as Facebook, Twitter, MySpace, Google+, and Downelink.com; and (4) recruit two peer health educators from the local community and train them to disseminate HIV education/prevention knowledge and safe sex kits, conduct an initial assessment of venues and areas where they may outreach to high-risk and at-risk youth of color, and assist with community events in collaboration with partner organizations.
- AACI also received \$75,000¹ of a two-year \$150,000 Quality Improvement (QI) Initiative grant from Kaiser Permanente Northern California Region to build on its previous QI work to improve and expand its chronic care model for diabetics while maintaining current key status indicator tracking and clinical results. By the end of the project period, AACI will initiate a depression PHQ2 screening for 30% of its clinic's adult diabetic patients, initiate tobacco use screening for 80% of these patients with reduction/cessation intervention, conduct medication reconciliation in 60% of these patients, and maintain its diabetic registry measurement rate and results for LDL and HbA1c for these patients. This effort will impact approximately 400 patients.
- Kaiser Permanente Northern California Region awarded Mayview Community Health Center \$75,000¹ of a two-year \$150,000 QI Initiative grant to replicate the panel management (PM) project implemented in its Palo Alto clinic in 2009 with funds from a previous QI grant. Mayview will implement the new PM project in its largest clinic in Mountain View, providing and supporting improved care for 200 diabetes patients. Measured health outcomes will include percentage of patients with HgA1c <7 and <9, percentage with an LDL cholesterol level <100 and <130, percentage with blood pressure <140/90, percentage with a nephropathy screen, percentage with a retinal eye exam, and percentage 55 to 80 using aspirin on a regular basis.
- CHP also received \$200,000¹ of a two-year \$400,000 Specialty Care Initiative grant from Kaiser Permanente Northern California Region to focus on expanding the integration of care between community clinics and public hospitals by advancing technology infrastructure and coordination between providers.
- Kaiser Permanente Northern California Region awarded CHP \$100,000¹ of a two-year \$200,000 PHASE Initiative grant to help meet three primary objectives: (1) promote PHASE as the standard of care for diabetic patients at participating Community Health Centers, (2) refine the systems infrastructure required to implement and spread PHASE, and (3) track cardiac events (heart attacks and strokes) of participating clinic patients admitted to the county hospital system. This effort will affect approximately 1,800 patients.

¹ 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).

- School Health Clinics of Santa Clara County received \$75,000¹ of a two-year \$150,000 QI Initiative grant that continues the work of its previous QI grant. Specific objectives include:
 - Conduct yearly assessment of weight status, and place patients into appropriate diagnostic categories based on body mass index (BMI) percentile.
 - Educate patients and their families to recognize obesity risk behaviors and behaviors that prevent excessive weight gain, and to understand the potential health consequences of overweight/obesity.
 - Educate patients and their families about healthy foods (including breastfeeding of infants), healthy activities, and community resources and motivate them to make healthy lifestyle choices.
 - Identify and manage children with obesity-related medical risk factors (i.e., high blood pressure, high cholesterol,) and conditions (type 2 diabetes) through physical exams and/or laboratory screenings.
 - Expand school-based program of nutrition and fitness education from four to eight classrooms in low-income schools in the service area.
- Kaiser Permanente Northern California Region awarded VMC Foundation \$100,000¹ of a two-year \$200,000 PHASE Initiative grant for SCVHHS to broaden its PHASE program to reach a total of approximately 12,000 patients over the next two years. It will accomplish this by implementing PHASE at four additional clinics (Moorpark, Gilroy, Tully, and East Valley) and maintaining and improving PHASE through continuous quality improvement. SCVHHS proposes to do this by continually assessing PHASE interventions to identify areas for improvement; promoting and testing best practices at current PHASE sites, and providing coaching and mentoring to both PHASE care teams and PHASE patients.
- 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

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.

2012 STRATEGIES UPDATE

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. Raise awareness about KFHP/H Charitable Health Coverage Programs by highlighting Kaiser Permanente Child Health Plan in materials for Community Benefit-sponsored events. Provide sponsorships for community outreach events that assist families with insurance enrollment. Engage employee and physician volunteers in the distribution of teddy bears with insurance enrollment information through KFHP-San Jose's TBC program.
3. Provide charity care through the MFA program and maximize efficiencies.
4. Provide grants and technical assistance (TA) as appropriate for enhancing access to health care services by addressing barriers to care that disproportionately impact underserved populations.

¹ 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).

5. Provide grants and TA as appropriate for implementing systems improvements rooted in evidence-based practice to increase the efficiency and impact of safety net clinics.
6. Provide grants as appropriate to establish systems that support enrollment and re-enrollment opportunities for hard-to-reach families and families in crisis.

MONITORING PROGRESS OF 2012 STRATEGIES

KFH-Santa Clara will track information to monitor implementation of strategies and to demonstrate impact on the priority need, including number of individuals receiving MFA. KFH-Santa Clara will also catalog materials used and developed for programs under this priority need and will track KFH-Santa Clara provider and staff participation and contributions. Grantees will be required to submit midyear and year-end reports and to track number of people served by this effort.

PRIORITIZED NEED II: OBESITY RATES

Despite recent Santa Clara countywide efforts to reduce obesity, the proportion of middle and high school students who are obese is 10% while the Healthy People 2010 goal is 5%. Those at highest risk are children in lower-income groups, African Americans, and Latinos. Overweight and obesity have been recognized in recent years as a national epidemic with severe health consequences for adults and children. Overweight or obese adults are more likely to be depressed and have chronic diseases such as arthritis, breathing problems, diabetes, certain types of cancer, heart disease, and stroke. It is estimated that one-half of overweight schoolchildren will remain overweight as adults. Being overweight in childhood has been linked to several health problems that can last into adulthood, including poor heart health, type 2 diabetes, and impaired mental health. Focus group participants are concerned about the growing number of children and adults who will require additional health care services if appropriate early-stage interventions are not instituted.

2011 GOALS

1. Decrease calorie consumption (e.g., soda/sugar-sweetened beverages, portion size, snacking).
2. Increase consumption of healthy foods.
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. Provide grants to support increased accessibility via policies or community-based approaches—using the Spectrum of Prevention as a foundation—for healthier food and beverage choices in schools, early child care and education settings, out-of-school-time programs, community settings, juvenile halls, etc.
2. Provide TA to community-based organizations, schools, and other institutions by sharing expertise on organizational wellness (i.e., selection of healthy choices in vending machines and healthy food procurement in institutional settings).
3. Ensure that Kaiser Permanente Educational Theatre Programs (ETP) makes presentations to target populations.
4. Support coalitions addressing several levels on the Spectrum of Prevention, such as local policy to ensure that healthy foods are more accessible.
5. Provide funding to support multilevel interventions (e.g., Safe Routes to School programs) and to support coalitions that promote changes in the built environment and other policies.

TARGET POPULATION

KFH-Santa Clara service area youth, families, and community.

COMMUNITY PARTNERS

Community partners include American Heart Association, Inc. (AHA), Bay Area Women's Sports Initiative (BAWSI), Breathe California of the Bay Area, Children's Discovery Museum of San Jose (CDM), Child Development Inc./Choices For Children, Generations Community Wellness, The Health Trust (THT), Mountain View-Whisman School District, Playworks Silicon Valley, Santa Clara County Office of Education, Sustainable Community Gardens/Full Circle Farm, Tower Foundation of San Jose State University, Veggielution, and YMCA of Silicon Valley.

2011 YEAR-END RESULTS

- KFH-Santa Clara and KFH-San Jose awarded \$25,000 to AHA for Healthy Students, Healthy Futures, a program that will educate students in the Oak Grove, Andrew P. Hill, and Piedmont Hills high schools about what causes obesity, how food is digested and metabolized, and what healthy and unhealthy foods do to the body. Healthy Students, Healthy Futures is an expansion of the blood pressure program, which already exists in the schools' physiology classes and culminates in a blood pressure screening day. The nutrition component expands upon the relationships within the schools and benefits approximately 400 physiology students. In addition to the curriculum, school assemblies are planned to share healthy eating messages and will reach 7,000 students and teachers.
- KFH-Santa Clara and KFH-San Jose awarded \$40,000 to BAWSI for its BAWSI Girls and Salud por Vida programs, which serve a total of five underserved school sites in Gilroy, East San Jose, and the City of Santa Clara. For eight weeks, 357 BAWSI girls play, sweat, and laugh while engaging in fitness and team-based games with volunteer student athlete coaches from Gavilan College, San Jose City College, Santa Clara University, and Christopher High School. In addition to the weekly sessions, student athlete coaches host a total of more than 90 BAWSI girls at one BAWSI Game Day event at Gavilan College and another at Santa Clara University. A complement to BAWSI Girls, Salud por Vida serves 76 women, including school staff members and mothers of students, at four of the BAWSI Girls school sites. The women receive weekly exercise and nutrition education for the duration of eight weeks.
- KFH-Santa Clara and KFH-San Jose awarded \$15,000 to Breathe California of the Bay Area for Let's Get Moving to School, a program that partners with three underserved schools to increase the number of children who walk and bike to school, and to create school policies that sustain active transportation. The program involves developing walking/bicycling campaigns at each school, reaching 3,000 children; establishing baseline and postcampaign counts of children who walk and bike to school; and adopting school policies that lead to increased walking and biking. KFH-Santa Clara physicians Sulochina Lulla, MD, and Tom Dailey, MD, are Breathe California board members.
- KFH-Santa Clara and KFH-San Jose awarded \$50,000 to CDM to support Kick Start Eat Smart, its obesity prevention program/initiative that advances health education, nutrition, and wellness among 300,000+ CDM visitors using strategies that support parents and teachers reach child development goals related to nutrition; reinforce the connection between food and food sources; and expand/deepen the reach of health promotion to families from diverse backgrounds.
- KFH-Santa Clara and KFH-San Jose awarded \$35,000 to Choices for Children (dba Continuing Development, Inc.) for Five Keys to Raising a Healthy Happy Eater, a program that provides 30 learner-centered parent classes countywide using the best practice Division of Responsibility parenting/feeding messages. Classes, which impacted 300 parents and caregivers, are available in English, Spanish, and Vietnamese, and child care is provided. The parenting class is an essential component of the Santa Clara County Childhood Feeding Collaborative, a prevention-focused project that addresses the problem of obesity among young children by using a systems approach to collaborate with multiple partners that provide services to children and their families. Participants complete pre-, post-, and follow-up surveys that identify knowledge and behavior change. The full collaborative is woven through the County System of Care model. Referrals to the class come from area physicians, child care providers, WIC (Women, Infants and Children), and VMC's Pediatric Healthy Lifestyle Center, which serves children at-risk for overweight or obesity.
- KFH-Santa Clara and KFH-San Jose awarded \$40,000 to Generations Community Wellness Centers for the Santa Clara County Movetrition Project. Generations partners with three elementary schools in high-need neighborhoods across Santa Clara County to create and implement healthy food, beverage, and physical activity policies and practices. School employee wellness policies are developed for teachers and staff on campus, school wellness committees are established, and programs are added to create healthier school environments through promotion of nutrition and physical activity.

Other Community Benefit assets, including ETP and TBCs, are also leveraged for greater impact. The project reaches more than 1,800 students, teachers, and parents.

- KFH-Santa Clara and KFH-San Jose awarded \$42,000 to THT for the Early Childhood Obesity Prevention Project, which provides coordination and TA to FIRST 5 Santa Clara County Family Resource Centers (FRCs) with gardens for garden maintenance and offers expanded garden-based education to FRC families. At child development centers and FRCs looking to build or renovate gardens, THT provides assistance and coordination, as well as educational workshops. Nine gardens are slated to be maintained, renovated, or built, and 50 families attended garden workshops. In addition, the project has provided increased access to fresh produce for families through the Second Harvest Produce Van and is set to provide a Training-of-Trainers for FRC and child development center staff on the Division of Responsibility feeding practices model.
- KFH-Santa Clara awarded \$8,000 to Mountain View-Whisman School District to support Garden Clubs at Castro and Monta Loma elementary schools in Mountain View. The Garden Clubs are led by Silicon Valley Healthcorps members (an Americorps program) who are trained in garden education. Two sessions per week are offered at each school, for eight weeks. Garden Club activities focus on organic gardening, healthy foods taste tests, and nutrition-related games. At Monta Loma, groups of 3rd graders meet at recess and lunchtime, and at Castro, kindergartners through 5th graders meet after school. One hundred and twenty children are impacted by the program.
- KFH-Santa Clara and KFH-San Jose awarded \$51,000 to Playworks Education Energized (dba Playworks Silicon Valley) to provide full-day programming, including structured recess, class game time, junior coaches leadership program, after-school program, and developmental sports leagues to more than 4,000 students at eight low-income elementary schools in East San Jose. In addition, nutrition education is implemented through the after-school program. Since 2006, KFH-Santa Clara has provided funding and technical support to Playworks to improve school climate, offer opportunities for physical activity, provide students with life skills, and improve their self-confidence.
- KFH-Santa Clara and KFH-San Jose awarded \$27,500 to Santa Clara County Office of Education for Fit For Learning (FFL), a program that engages teachers and school communities to provide children with important health and wellness information that builds healthy habits. FFL champions attend orientation, receive training and materials to implement FFL, and go to quarterly meetings to engage in discussions and education sessions that promote physical activity, healthy food habits and impact environmental change with students and school communities. Champions are trained on an evaluation process that will demonstrate a positive change in the health behaviors and physical abilities of students. KFH-Santa Clara staff provide TA to FFL champions and leverage additional Kaiser Permanente assets such as ETP.
- KFH-Santa Clara awarded \$20,000 to Sustainable Community Gardens for Full Circle Farm-Healthy People, Healthy Gardens & Farms, a program designed to increase engagement with low-income youth, their families, and the medically obese to increase participants' consumption of fresh produce and their level of physical activity. Program participants receive life-changing experiences, education, food access, and affordable produce. Multipronged strategies to support and accomplish this goal in farm- and garden-based settings include (1) scholarships to low-income youth for after-school Urban Farmer programs; (2) parent and child garden/farm year-round opportunities to garden and harvest produce; (3) implementation of acceptance of CalFresh as payment for produce; (4) discounted CSA shares for low-income consumers; (5) converting low-income consumers to producers; (6) farm and garden prescriptions for the medically obese; and (7) establishing partnerships with organizations focused on the underserved and the medically obese. KFH-Santa Clara pediatrician Keith Fabisiak, MD, is a Full Circle Farms board member.
- KFH-Santa Clara awarded \$49,500 to Tower Foundation of San Jose State University for McKinley Moves!, a school-community-university partnership that infuses physical activity into every aspect of McKinley Elementary School. A School Wellness Committee was established that meets monthly, and regular physical activity was integrated into after-school health clubs for 1st and 2nd graders as well as 4th and 5th graders. An after-school drumming club was established as well as a twice-a-week zumba class for mothers. For 4th graders, enhanced physical activity sessions are being added to the preestablished PE period participation, and a field day at San Jose State University will provide additional opportunities for being physically active. Family health events have been offered that featured a wide range of fitness activities, including line dancing, soccer, perimeter walks, agility maze, and impromptu lessons in Filipino and Polynesian folk dancing. A Saturday program for boys and dads emphasizing physical activity is being piloted, as well

as a relaxation/wellness event for mothers. These programs will impact a total of 1,260 children and families who are members of the school community.

- KFH-Santa Clara and KFH-San Jose awarded \$20,000 to Veggielution for the Healthy Food Access project, which aims to increase consumption of fresh fruits and vegetables and increase physical activity to foster healthy living habits for San Jose residents. Veggielution engages the community in the production of fruits and vegetables to foster a land-food connection, build community connections, and increase access to and consumption of healthy foods. The program provides cooking classes to 60 participants; engages 250 children and parents in physical activity and education during Family Days; empowers 30 youth through summer Dig Crew; distributes 16,250 pounds of fresh produce to individuals and families through workdays and Community Supported Agriculture Program (food boxes) and farm stand sales; accepts EBT at the farm stand and for the farm boxes; and engages 2,000 volunteers in physical activity through weekly workday opportunities.
- KFH-Santa Clara and KFH-San Jose awarded \$25,000 to YMCA of Silicon Valley for the Vida Saludable Healthy Living Project, which combines evidence-based Healthy Living education classes with community health fairs to reach more than 900 low-income Latino families in three after-school program locations to decrease calorie consumption and increase consumption of fresh fruits and vegetables. In addition to this family-focused effort, after-school students at additional YMCA locations will increase consumption of fresh fruits and vegetables through systemic change in snack menus. Through collaboration and education, more produce will be made available to communities where after-school programs are located, and families in Vida Saludable classes will learn how to create backyard gardens.
- KFH-Santa Clara and KFH-San Jose hosted a series of TBCs, distributing 5,000 bears and providing health messages to children and families. TBCs are modeled after traditional clinic visits, including a reception area and a visit with a health care professional. Nonclinical volunteers greet families and engage children in a handwashing activity while they wait to see the health care professional. When children meet the provider they receive a teddy bear. With the child's help, the provider gives the bear a wellness check and discusses the best way to keep the bear healthy. TBCs are intended to introduce families and children to health care professionals, basic wellness messages, and resources about children's health insurance enrollment. Since the launch of TBCs in April 2007, 20,000 children and their families have visited with a health care professional in a community setting. TBCs have been supported by more than 250 employees and physicians, who donate an average of three to five hours each per event.
- On behalf of BANPAC, VMC Foundation received \$50,000 for the 2011 ReThink Your Drink campaign, which continues to build upon past successes and lessons learned. Starting from a single summer campaign initiated by the Alameda County Department of Public Health and funding from Kaiser Permanente, one of the featured components of ReThink Your Drink is the promotion of Soda Free Summer.
- Alum Rock Union Elementary School District received \$75,000¹ of a two year \$150,000 Healthy Eating, Active Living (HEAL) Local Partnership Grant (LPG) to improve healthy eating and active living opportunities within the district. The objective of LPGs is to support communities in implementing evidence-based or evidence-informed strategies that can transform local physical activity and food environments by implementing sustainable policy, environmental, and organizational practice changes. Community-specific strategies will address at least one of these four behavior change HEAL goals: decrease calorie consumption, increase fruit and vegetable consumption, increase physical activity in community settings, and increase physical activity in institutional settings. The target community is Alum Rock Union Elementary School District students, parents, staff, and administrators. Through this program, the school community will become educated about choices and activities that will inspire behavioral changes leading to healthier lives. The district will partner with Santa Clara DPH for training, TA, research, policy development, presentations, and education and will continue to partner with a local food distribution consortium to supply locally grown fruits and vegetables to students on campus during break and lunch. In addition, Alum Rock will join "Let's Move" to increase support for the program.

2012 GOALS UPDATE

1. Decrease calorie consumption (e.g., soda/sugar-sweetened beverages, portion size, snacking).

¹ 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).

2. Increase access to and 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).

2012 STRATEGIES UPDATE

1. Provide TA to community coalitions, community-based organizations, schools, and other institutions by sharing expertise on organizational wellness or environmental improvements (such as signage promoting healthy choices in eating areas and healthy food procurement in institutional settings).
2. Ensure that ETP makes presentations to target populations.
3. Provide funding to support access to healthy foods and physical activity opportunities in organizational settings.
4. Increase public awareness of the importance of healthy eating and active living by supporting public education campaigns. Encourage grantees to adopt policies that promote healthy organizational practices.
5. Identify KFH-Santa Clara providers and staff who have the interest and the expertise, and engage them in the work of community partners as trainers, educators, and peer mentors. Engage employee and physician volunteers in the distribution of teddy bears and healthy lifestyle pledges through the TBC program.
6. Support implementation of Kaiser Permanente Northern California Region's HEAL grants and continue to participate in or support local collaboratives that align with these efforts.

MONITORING PROGRESS OF 2012 STRATEGIES

KFH-Santa Clara will track information to monitor implementation of strategies and to demonstrate impact on the priority need, including interactions with children and their families through public education campaigns. KFH-Santa Clara will catalog materials used and developed for programs under this priority need and track KFH-Santa Clara provider and staff participation and contributions. Grantees will be required to submit midyear and year-end reports and to track number of people served by this effort.

PRIORITIZED NEED III: VIOLENCE AND SUBSTANCE ABUSE

In recognition of the comorbidity between violence and substance abuse, these priority needs were combined to maximize the impact of KFH-Santa Clara and KFH-San Jose strategies. From 2000 to 2007, the age-adjusted homicide rate in Santa Clara County increased from 2 per 100,000 people to 3/100,000. Among Latinos, the rate increased from 5/100,000 to 8/100,000. Assault is intentionally inflicted injury to another person that may or may not involve intent to kill. In 2005–2006, 7% of adults reported that an intimate partner in Santa Clara County had ever physically abused them. In 2007–2008, 20% of middle and high school students had been in a physical fight at school at least once in the past 12 months. About 1 in 8 Santa Clara County middle and high school students (12%) reported binge-drinking in the past 30 days. In 2007–2008, 12% of middle and high school students in Santa Clara County reported using marijuana at least once in the past 30 days. In Santa Clara County, smoking rates are still high among some adults (10.7%) and teens (10.5%). The average age of youth who start smoking is 13. Teen smoking rates are higher among Latinos and African Americans (12% of middle and high school students) and Cambodians/Laoitians (17% of high school students). Among adults, 32% of Vietnamese American men and 53% of recent Latino immigrants smoke. Low-income adults smoke at twice the rate of adults with above-median incomes.

2011 GOALS

1. Decrease risk factors and increase protective factors among youth and young adults to decrease aggressive behavior, inappropriate coping behaviors, poor social relationships, and violence.
2. Decrease risk factors and increase protective factors that decrease youth and young adult substance abuse.

2011 STRATEGIES

1. Provide grant support to increase outreach to and behavioral health education for teens, based on the core principles of positive youth/young adult development: resiliency, connectedness, and engagement (holistic/multimodal approaches).
2. Leverage KFH-Santa Clara's behavioral health resources related to teen skill-building (setting goals, making decisions, reducing anger, solving problems, and abstaining from alcohol and other drugs).
3. Implement systems-level change and integrate tobacco cessation protocols, services, and policies among safety net clinics, hospitals, and health plans.

TARGET POPULATION

KFH-Santa Clara service area youth, families, and community.

COMMUNITY PARTNERS

Community partners include Alum Rock Counseling Center; Asian Americans for Community Involvement (AACI); Breathe California; CHP; Gardner Family Care Corporation; Girl Scouts of Northern California; Pacific Free Clinic; RotaCare Bay Area, Inc.; Rebekah's Children Services; Next Door Solutions to Domestic Violence; People Acting in Community Together, Inc. (PACT); San Jose State University (SJSU); SCVHHS; Santa Clara Family Health Plan Foundation; School Health Clinics of Santa Clara County; Stanford University School of Medicine; United Way of Silicon Valley; and YMCA Silicon Valley–Project Cornerstone.

2011 YEAR-END RESULTS

- KFH-Santa Clara awarded \$30,000 to AACI for Project PLUS (Peer Leadership Uniting Students), a 14-week on-site life skills program at Sheppard Middle School (SMS), Independence High School (IHS), and Yerba Buena High School (YBHS). Project PLUS consists of group sessions, one-on-one mentoring sessions, a field trip, and a self-improvement project that impacts 100 students. Latino and Asian students participate in weekly discussion groups that cover such topics as making decisions, substance abuse, race relations, gang awareness, communication, and conflict resolution. The self-improvement projects range from raising grades to quitting smoking and leaving gang life. Projects improve decision making and planning skills, thereby increasing self-esteem. KFH-Santa Clara Pediatrician and Chief of Patient Education and Health Promotion, Dao Nguyen, MD, is an AACI board member.
- KFH-Santa Clara and KFH-Santa Jose awarded \$25,000 to Gardner Family Care Corporation to provide comprehensive, culturally competent outpatient substance abuse treatment for 150 youth and wraparound support for their families. Peer support groups are offered to high-risk youth with corresponding weekly case management. Families are provided with parent education workshops focusing on building protective factors to support their children. Health education that focuses on contemporary issues such as substance abuse, cyber bullying, social skills, and self-esteem is also offered to high school students.
- KFH-Santa Clara and KFH-Santa Jose awarded \$25,000 to Girl Scouts of Northern California for Got Choices, a program that impacts more than 500 high-risk and adjudicated girls at seven Santa Clara County sites, including Murial Wright Ranch and Juvenile Hall. Participants are exposed to life-skills curriculum-based health education, community service projects, leadership opportunities, special events, and guest speakers who address special topics. They also receive pertinent information on a variety of topics, including gang and violence prevention, body image, choosing responsibility, dating violence, women in the media, finding passions/sparks in life, and underage drinking. In addition, personnel are involved in relevant staff development sessions on transgendered youth, eating disorders, and the juvenile justice system to build their capacity to work with youth.
- KFH-Santa Clara awarded \$30,000 to Mayview Community Health Center for a smoking and tobacco cessation project that effectively tracks the number of patients who are current smokers or who are exposed to secondhand smoke; effectively tracks and seeks to increase the number of current smokers who are advised to quit at office visits; aims to increase the number of smokers attending behavioral interventions for smoking cessation; and aims to increase the number of smokers receiving prescriptions for smoking-cessation aids. Clinicians use the Ask, Advise, Refer strategy with patients to end tobacco use and play a key role in identifying, assessing and treating smokers. They also track and

educate patients who are exposed to secondhand smoke. Medical assistants are trained to provide educational materials on NRT (nicotine replacement therapy) and to alert physicians if a patient is interested in using it.

- KFH-Santa Clara and KFH-San Jose awarded \$30,000 to Next Door Solutions to Domestic Violence for Kids Club and Youth Leadership Forum (YLF). Kids Club is a recreational, psycho-educational program for children who have experienced domestic violence. It engages more than 300 children in art curriculum, games, and activities to help them develop healthy communication and conflict resolution skills, and develops their ability to understand that the violence they have experienced is not their fault. YLF is a youth-led, multiyear program that seeks to change the perception of teen dating violence (TDV) from acceptable and unavoidable to unacceptable and preventable using teen-led outreach and education prevention campaigns. Eight YLF youth leaders conducted a youth survey with 100 peers and developed a TDV prevention campaign targeted to middle schoolers who participated in sport teams.
- KFH-Santa Clara and KFH-San Jose awarded \$25,000 to PACT, a grassroots, multicultural, interfaith organization that engages people from all walks of life in community organizing to create solutions to pervasive social problems. PACT volunteers lead an antibullying campaign to raise awareness about school bullying in the community and among education leaders and other public officials. PACT is working to create new school policies and practices to prevent and reduce bullying so that schools provide safe, supportive environments for all students. More than 25 community members are now trained PACT leaders and have educated 200 other community members, including youth, about school bullying and potential solutions.
- KFH-Santa Clara and KFH-San Jose awarded \$20,000 to RotaCare Bay Area, Inc. for Rotacare Coastside Clinic's smoking cessation initiative. RotaCare clinicians now include smoking as a vital sign during all their patient appointments at the Mountain View, San Jose, and Gilroy clinics. With this integration, more than 3,800 patients will be asked if they smoke and referred to resources if they are identified as smokers. Thus far, approximately 20% of patients have been identified as smokers and referred to or enrolled in smoking cessation classes. KFH/TMPG volunteer health care providers at all three clinics are also engaged in this smoking-as-a-vital-sign protocol.
- KFH-Santa Clara and KFH-San Jose awarded \$30,000 to Tower Foundation of SJSU to implement its Violence Prevention Education Project through the Student Health Center. A coalition of 40 campus and community stakeholders has been developed to identify available violence prevention resources, and an interactive website is being developed that will be accessible to students, faculty, and staff. The website and coordinated violence prevention messaging campaign will be promoted among SJSU's 21,000 students who are at risk for interpersonal violence.
- KFH-Santa Clara and KFH-San Jose awarded \$25,000 to YMCA Silicon Valley–Project Cornerstone, which builds developmental assets in youth at 10 high-need elementary and middle schools through bullying prevention efforts, including half-day bullying and peer-abuse prevention workshops that reach 200 students. More than 70 parent volunteers were also trained in linguistically and culturally appropriate engagement programs that focus on helping students understand how to develop friendships, stop bullying, and create a common language to discuss behaviors at their school. Parent volunteers provided 504 lessons, impacting 2,100 students.

2012 GOALS UPDATE

Provide tools and support for children, youth, and families to decrease aggressive behavior, inappropriate coping behaviors, poor social relationships, and violence.

2012 STRATEGIES UPDATE

1. Provide grants as appropriate to implement interventions that increase safety by supporting highest-risk youth with tools to make positive choices.
2. Provide grants as appropriate to support children, youth, and families in strengthening their social, emotional, and coping skills.
3. Provide grants as appropriate to create a caring climate in institutional and organizational settings that fosters positive adult role models and creates opportunities for youth to feel connected and engaged.

MONITORING PROGRESS OF 2012 STRATEGIES

KFH-Santa Clara will track information to monitor implementation of strategies and to demonstrate impact on the priority need, including interactions with children and their families through public education campaigns. KFH-Santa Clara will catalog materials used and developed for programs under this priority need and track KFH-Santa Clara provider and staff participation and contributions. Grantees will be required to submit midyear and year-end reports and to track number of people served by this effort.

Table 1

KAISER FOUNDATION HOSPITAL-SANTA CLARA

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	2,952
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members	128
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	2,396
Medi-Cal Managed Care members	4,533
Healthy Families Program members	5,463
Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) ¹ members	210
Health Research projects (new, continuing, and completed)	5
Nursing Research projects (new, continuing, and completed)	14
Educational Theatre Programs – number of performances and workshops	112
Educational Theatre Programs – number of attendees (students and adults)	26,589
Graduate Medical Education – number of programs	16
Graduate Medical Education – number of affiliated and independent residents	268
Nurse practitioner and other nursing training and education beneficiaries	62
Deloras Jones nursing scholarship recipients	9
Other health professional training and education (non-MD) beneficiaries	17
Summer Youth and INROADS programs participants	10
Number of 2011 grants and donations made at the local and regional levels ²	138

¹AIM: 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.

²The 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-SANTA CLARA

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2011

	2011 Total
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$6,827,629
Healthy Families ²	3,192,041
Charity care: Charitable Health Coverage programs ³	2,155,681
Charity care: Medical Financial Assistance Program ⁴	3,680,600
Grants and donations for medical services ⁵	177,038
Subtotal	\$16,032,989
Other Benefits for Vulnerable Populations	
Summer Youth and Inroads programs ⁶	\$74,098
Grants and donations for community-based programs ⁷	541,359
Community Benefit administration and operations ⁸	545,506
Subtotal	\$1,160,963
Benefits for the Broader Community⁹	
Community health education and promotion programs	\$25,634
Educational Theatre Programs	310,691
Facility, supplies, and equipment (in-kind donations) ¹⁰	39,985
Community Giving Campaign administrative expenses	26,040
Grants and donations for the broader community ¹¹	48,499
National board of directors fund	40,347
Subtotal	\$491,196
Health Research, Education, and Training	
Graduate Medical Education	\$7,420,390
Non-MD provider education and training programs ¹²	675,658
Grants and donations for the education of health care professionals ¹³	31,893
Health research	8,363,231
Subtotal	\$16,491,172
Total Community Benefits Provided	\$34,176,320

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.

