

SOUTH SACRAMENTO

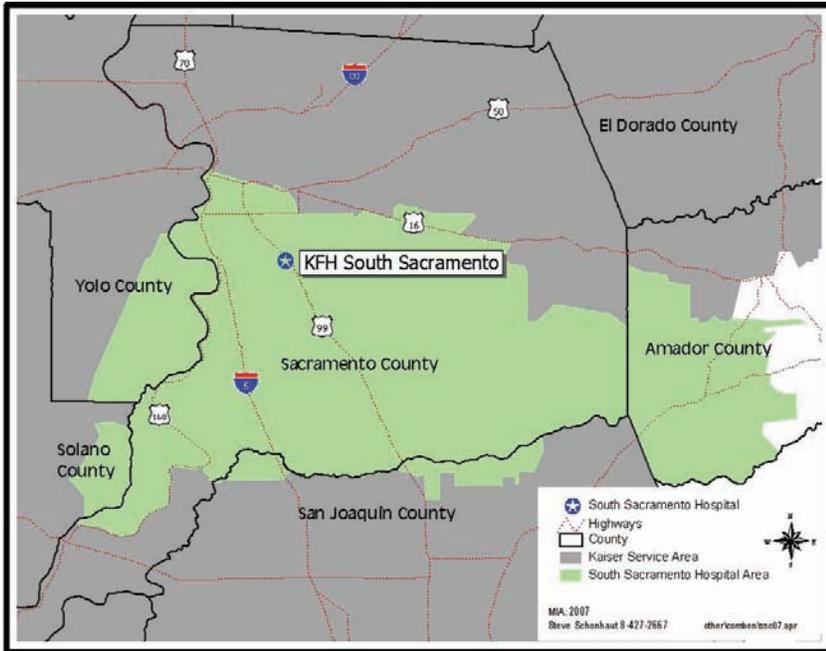
SOUTH SACRAMENTO

SOUTH SACRAMENTO



# KAISER FOUNDATION HOSPITAL (KFH)-SOUTH SACRAMENTO

6600 Bruceville Road  
 Sacramento, CA 95823  
 (916) 688-2000



The KFH-South Sacramento service area comprises a large part of Sacramento County, including the cities of Sacramento, Elk Grove, and Galt, and also a portion of Amador County.

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

Total population:	576,764	White:	35.02%
Median age:*	34.4	Latino:	25.45%
Average household income:*	\$56,882	African American:	12.74%
Percentage living in poverty:	15.19%	Asian and Pacific Islander:	20.67%
Percentage unemployed:	10.56%	Native American:	0.62%
Percentage uninsured:	13.75%	Other:	5.50%

## KEY STATISTICS

Year opened:	1985	Total licensed beds:	217
KFH full-time equivalent personnel:	1,250.6	Inpatient days:	46,131
KFHP members in KFH service area:	196,476	Emergency room visits:	78,196

## KEY LEADERSHIP AT KFH-SOUTH SACRAMENTO

Patricia M. Rodriguez	Senior Vice President and Area Manager
N/A	Chief Operating Officer
Kevin Leroy Smith	Area Finance Director
Richard Isaacs, MD, FACS	Physician in Chief
Debbie Royalty	Medical Group Administrator
Michelle Odell	Public Affairs Director
Ellen Brown	Community Benefit/Community Health Manager

# THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

## 2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

The 2010 CHNA, conducted by Valley Vision, was a collaborative effort of Kaiser Permanente, Catholic Healthcare West member-hospitals (including Mercy), Sutter Health Sacramento Sierra Region, and the University of California Davis Health System. The CHNA objectives were to (1) identify the unmet health needs of underserved residents in the Greater Sacramento region, (2) understand the challenges these populations face when trying to maintain and/or improve their health, (3) understand where underserved populations turn for services needed to maintain and/or improve their health, and (4) understand what is needed to help these populations maintain and/or improve their health.

To reach the study objectives, both primary and secondary data were collected. Primary data included qualitative information from interviews and focus groups conducted with the target population. The key informant sample consisted of both community members and health/public health service providers. Over the course of 2009, 15 focus groups with 134 community members were conducted in various settings throughout the region. Another 12 community members were interviewed via one-on-one interviews. All community member focus groups were recorded and transcribed. Those conducted in languages other than English were translated. All transcriptions were analyzed for common themes and results that addressed the study objectives. A total of 20 service providers were interviewed. These included public health experts, county public health officers, health care and social service practitioners, physicians serving the poor and uninsured, and other members of community-based organizations assisting the underserved.

Secondary data were collected at the zip code level (and county level when appropriate) for the years 2006, 2007, and 2008. Three main data sources were used: (1) ER visits and hospitalization data from the California Office of Statewide Health Planning and Development (OSHPD), (2) birth and mortality data from the Birth and Death profiles published by the California Department of Public Health (CDPH), and (3) demographic data from *Thomson Reuters, Census 2000, American Community Survey 2008*, and *GeoLytics*. For benchmarking, rates at the zip code level were compared to California state rates, regional rates, and county rates where applicable. Geographic locations that consistently ranked in the top percentages for various conditions were identified and reported.

## KEY FINDINGS FROM THE 2010 CHNA

An in-depth examination of health outcomes showed that the KFH-South Sacramento service area has high unmet health issues, including some of the highest rates in the region for hospitalizations, ER visits, and deaths due to asthma, diabetes, hypertension, heart disease, mental health issues, and injuries, both unintentional and homicidal in nature. Based on a careful review of the primary and secondary data collected for the 2010 CHNA, the key findings are as follows:

### *Asthma:*

- Many service area zip codes had high rates for hospitalizations and ER visits due to asthma. Nine of the 21 zip codes for hospitalization due to asthma and eight out of the 21 for ER visits due to asthma were among the top 20% worst rates for the region.
- Eleven service area zip codes had rates of ER visits due to asthma that exceeded both the state and Sacramento county rates. Zip codes 95823 and 95817 had rates more than twice that of the California state rate.

### *Diabetes:*

- Some of the highest regionwide rates of hospitalizations, ER visits, and deaths due to diabetes were in the KFH-South Sacramento service area.
- Eight service area zip codes were in the top 20% regionwide for both hospitalizations and ER visits.
- Seven service area zip codes had rates of deaths due to diabetes that were above the state rate of 2/10,000. The zip codes with the highest rates were 95832 at 2.68/10,000 and 95822 at 2.47/10,000.

*Hypertension:*

- Seven service area zip codes for hospitalizations and five service area zip codes for ER visits due to hypertension ranked in the top 20% of the worst zip codes regionwide.
- The highest rate of ER visits due to hypertension in the region was zip code 95817, an indication that this is a large unmet health issue in the area.
- Seven service area zip codes were above the state rate (.93/10,000) and county rate (.81/10,000) for deaths due to hypertension. Service area zip code 95831 had the highest death rate in the region at 1.74/10,000.

*Mental Health:*

- Mental health issues include hospitalizations and/or ER visits for a number of causes: dementia, psychoses, neuroses, anxiety, reactions to stress, depression disorder, drug dependence, and psychotic conditions.
- Examination of service area rates for hospitalization and ER visits due to mental health issues showed that three zip codes (95814, 95817, and 95820) far exceeded state rates. At more than three times the state rate, zip code 95814 had the highest rate for hospitalization due to mental health issues in the region. ER visits due to mental health-related conditions were also high in these three zip codes.

*Injury-Unintentional:*

- The state rate for hospitalizations due to unintentional injuries was 137.17/10,000. The following four service area zip codes had rates higher than both the state and county rates: 95638, 95817, 95830, and 95693.
- Zip 95817 had the highest rates of both hospitalizations and ER visits due to unintentional injuries in the service area. In addition, death rates due to unintentional injuries revealed that 13 service area zip codes were above the state rate of 2.9/10,000.

*Injury-Homicide:*

- Eighteen service area zip codes had death rates due to homicide that far exceeded the Healthy People 2010 goal of 0.3/10,000.
- Four service area zip codes had high rates of ER visits due to homicide: 95817 at 82.9/10,000, 95823 at 56.38/10,000, 95824 at 56.1/10,000, and 95832 at 53.48/10,000.
- The rate of ER visits due to homicide for zip code 95817 was more than twice both the state and county rates.

**PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-SOUTH SACRAMENTO SERVICE AREA**

1. Access to health insurance coverage and health care services
2. Obesity rates—healthy eating and active living
3. Community and family violence prevention

# 2011 YEAR-END RESULTS

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

Affordability of health care was identified as the single largest obstacle to accessing care for under- and uninsured populations. Singled out among the many costs within the broader field of health care was the high cost of health coverage. Focus group participants spoke of their inability to afford public or private health care coverage. Secondary data showed that within the four-county region, more than 350,000 of the 2 million residents live without health insurance. This is approximately 17% of the total population, a rate slightly better than the state rate of 18.5%. In South Sacramento specifically, eight of 21 zip codes were above the state rate; 95817 at 40.5% and 95824 at 38% were more than twice the state rate. Other challenges, obstacles, and barriers for this population in maintaining and/or improving their health included problems locating physicians, specialists, dentists, mental/behavioral health, and other providers who accept Medi-Cal and/or work at reduced rates; difficulty navigating a complex and inefficient safety net; cultural barriers; and the stress of being poor.

### 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. Provide grant funding to organizations to support outreach, enrollment, and retention in subsidized health insurance programs for children and adults where possible.
4. Share lessons from the Medi-Cal case management project.
5. Participate in collaborative efforts to maximize coordination of services for low-income people, including coordination of referrals from the KFH-South Sacramento emergency department to community clinics.

### TARGET POPULATION

Vulnerable populations who are uninsured or underinsured or those who are in need of support services to access coverage and/or health care services to establish a “medical home.”

### COMMUNITY PARTNERS

Community partners include American Heart Association; Asian Pacific Community Counseling (APCC); Asian Resources; Breaking Barriers; Center for AIDS Research, Education and Services (CARES); Community Against Sexual Harm (CASH); Community Service, Education and Research Fund (CSERF); Cover the Kids; Elk Grove Unified School District (EGUSD); Harm Reduction Services; Health Education Council; Sacramento County Department of Health and Human Services; Sacramento Native American Health Center, Inc.; Sacramento City Unified School District (SCUSD); Serotonin Surge Charities; Southeast Asian Assistance Center (SAAC); St. John’s Shelter; The Effort, Inc.; and Valley High School.

### 2011 YEAR-END RESULTS

- KFH-South Sacramento provided \$80,000 to APCC and SAAC for outreach, education, and engagement to Asian Pacific Islander (API) individuals and community providers on topics related to mental health. Outreach and engagement activities included media announcements (language-appropriate TV and radio), printed program materials, booths at community events, and health fairs for more than 300 API individuals. As of December 1, after meetings with eight federally qualified health center (FQHC) community clinic leaders, emergency departments, and community-based

organizations, eight formal and 40 informal assessments of API individuals were conducted, using culturally/linguistically competent mental health knowledge. In addition, 80 individuals participated in APCC- and SAAC-facilitated psycho-education and support groups at community locations convenient to referred members. Through this grant, APCC aimed to increase timely and appropriate mental health services to API communities in Sacramento County, primarily South Sacramento. This ultimately will decrease the number of individuals utilizing social services, acute care, and public safety providers as a component of untreated mental illness.

- Kaiser Permanente Northern California Region supported The Effort, Inc. with a two-year \$700,000 grant<sup>1</sup> to provide a medical home to 3,000 patients, including 12,000 medical visits and 1,000 behavioral health visits annually at its South Valley Center and North Highlands clinics. Targeted individuals include those with incomes below 200% of the federal poverty level (FPL). Funding allowed The Effort to redesign its operational systems and workflow to include a more robust and disciplined strategy for quality assurance, improvement, and compliance. One example is the implementation electronic medical records at one of its health centers. A second site will implement the change in March 2012, and all health center sites are expected to do the same by October 2012. Funds have also allowed for the restructuring of executive leadership roles and responsibilities to encompass the immediate needs of operations, clinical practices, and financial sustainability. KFHSouth Sacramento also supported The Effort's South Valley Center in this capacity with a \$50,000 grant.
- KFHSouth Sacramento contributed \$50,000 to SCUSD's Central Youth and Family Resource Center (YFRC). Funding allowed YFRC to increase student and family access to critical health and human services by creating a gateway for more than 65 SCUSD schools that do not have site-based resources. During the first six months of the grant, Connect Center trained 130 staff members on student health and wellness and held two health fairs for parents of SCUSD students. In that same time period, Connect Center received 288 referrals, of which 175 were for health insurance enrollment. Referrals came from a variety of sources, including principals, school nurses, school social workers, school psychologists, teachers, parents, and students themselves.
- KFHSouth Sacramento and KFHSacramento provided \$30,000 to Gifts to Share, Inc. for Cover the Kids to support outreach, enrollment, retention, and utilization efforts in Sacramento County. Cover the Kids aims to increase the number of children enrolled in and maintaining health coverage and supports families in establishing a medical home for their children. In 2011, families representing 4,073 children were directly assisted with enrollment and follow-up services to decrease barriers associated with accessing medical, dental, vision, and mental health services. Among the children receiving assistance, approximately 25% (1,069) were enrolled in Kaiser Permanente Child Health Plan, which provides care and coverage to those not eligible for publicly funded programs such as Healthy Families and Medi-Cal.
- 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

The strategies will remain unchanged for 2012.

---

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

## MONITORING PROGRESS OF 2012 STRATEGIES

Impact will be assessed by an increase in number of children and adults enrolled in coverage and number of children retaining coverage; number of outreach partners receiving staff training; an increase in Kaiser Permanente Child Health Plan and STEPS membership numbers; number of referrals made for community clinics and number of new patients visits at designated community clinics; number of patients receiving care; number of signed medical service agreements (MSAs) and number of visits for medical services; number of individuals receiving MFA assistance; number of signed agreements; time to approve MFA awards; and number of applications screened.

## PRIORITIZED NEED II: OBESITY RATES—HEALTHY EATING AND ACTIVE LIVING

The Centers for Disease Control and Prevention (CDC) report that about one in four Californians is obese, and more than half of all California adults are obese or overweight. Obesity increases the risk of chronic disease, including type 2 diabetes, hypertension, asthma, cardiovascular disease, and orthopedic complications. A contributor to this growing epidemic is diet, and research also shows a link between access to healthy foods and the socioeconomic status of communities and neighborhoods. The KFH-South Sacramento service area is seen as a “food desert” by some individuals because of limited accessibility to healthy foods at grocery stores, farmers’ markets, and farm stands, and the ready availability of less expensive, unhealthy food at convenience and liquor stores and fast-food establishments. This difficulty in accessing healthier foods was a recurring theme with focus group participants.

### 2011 GOALS

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

### 2011 STRATEGIES

1. Provide funding support to organizations that directly increase the availability of fresh fruits and vegetables in the most vulnerable zip codes in the service area.
2. Participate in local policy initiatives aimed at increasing the availability and quality of fresh fruits and vegetables in vulnerable communities.
3. Participate in the design, implementation, and support of the HEAL (Healthy Eating, Active Living) initiative in South Sacramento.
4. Consider the provision of funding to community organizations that are working to increase physical activity in vulnerable communities.
5. Participate in community advocacy efforts to bring about policy or systems changes that support increased opportunities for physical activity in vulnerable communities.
6. Provide clinical expertise to community coalitions working to increase physical activity (e.g., sports physicals, BMI tests, health education presentations).
7. Arrange for an Educational Theatre Programs (ETP) Community Troupe presence at community health events and targeted schools in the KFH-South Sacramento service area.
8. Consider the provision of funding to organizations or schools that are working to increase physical activity in institutional settings among children and youth.
9. Provide Kaiser Permanente–branded walking club guidebooks to low-income elementary schools in the KFH-South Sacramento service area.

## TARGET POPULATION

KFH-South Sacramento service area youth, families, and community.

## COMMUNITY PARTNERS

Community partners include Asian Resources; City of Sacramento; Elk Grove Food Bank; EGUSD; HEAL Collaborative; Health Education Council; NeighborWorks Sacramento; People Reaching Out (PRO); SCUSD; Sacramento County; Sacramento Region Food System Collaborative; Valley Vision; Walk Sacramento; and The California Endowment (TCE) through its Building Healthy Communities funding initiative. Other funding partnerships may include United Way, Sierra Health Foundation, and First 5 California.

## 2011 YEAR-END RESULTS

- Health Education Council received a three-year \$1 million Kaiser Permanente Northern California Region HEAL Zone grant.<sup>1</sup> The overarching goal of the HEAL Zone initiative is to encourage people to eat better and be more active. And the vision is that by the end of the three-year initiative, HEAL Zones will be visibly transformed and opportunities for engaging in healthy behaviors, such as bike lanes, farmers' markets, clean and safe parks, and active after-school programs, will be an intrinsic part of community life. Equally important is that residents will have the knowledge and skills to make healthy choices and that social norms within HEAL Zones will support and encourage those choices. The target population for this grant is the 13,394 residents living within a defined area of South Sacramento's Valley Hi neighborhood. Highlights of the proposed strategies in this HEAL Zone Community Action Plan include:
  - In partnership with the California Center for Public Health Advocacy, pass a City of Sacramento soda tax.
  - Expand and improve the school district's healthy food policy to include after-school snacks.
  - Implement healthy food guidelines for faith-based institutions.
  - Assess and reduce barriers to physical activity for those living in affordable housing complexes.
  - Implement California's physical education requirements in schools.
- KFH-South Sacramento awarded \$24,877 to Sacramento Neighborhood Housing Services, Inc. for NeighborWorks HomeOwnership Center Sacramento Region to provide a weekly farmers' market for residents of the underserved Oak Park neighborhood. Healthy, locally grown produce from 22 vendors was provided to an average of 500 attendees every week for 23 weeks. In 2011, the market saw a dramatic increase in Electronic Benefit Transfer (EBT) customers and EBT sales, with vendors averaging more than \$900 in EBT token payments each week. Through a partnership with Sacramento Hunger Coalition, Oak Park Farmers' Market was able to provide a dollar-for-dollar match for these EBT sales.
- KFH-South Sacramento provided \$25,000 to PRO to support Youth in Action, a summer program that encourages healthy living among Valley Hi youth. PRO collaborated with Health Education Council to implement a healthy eating curriculum and physical fitness activities for 87 youth. The grant also supported Students Reaching Out (SRO), an after-school program for approximately 55 youth that coordinated HEAL Zone-focused activities, including student preparation of a Photo Voice Prezie presentation on sugar-sweetened beverages and accompanying social marketing advertisements. KFH-South Sacramento supported PRO's Valley Hi Community Garden project in 2010, which helped leverage learning opportunities supported by the 2011 grant. PRO organized walking field trips to the garden and provided additional education to youth about gardening and nutrition.

## 2012 GOALS UPDATE

The goals will remain unchanged for 2012.

---

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

## 2012 STRATEGY UPDATE

Strategies for this priority area will be similar to those established in 2011. The one exception is removal of the Kaiser Permanente–branded walking club. Efforts will be redirected to align with the work of the HEAL Zone initiative around physical fitness promotion.

## MONITORING PROGRESS OF 2012 STRATEGIES

Impact will be assessed by an increase in total number of grants, amount of grants, and people reached through these grants who benefit from new outlets to fresh produce; number of people reached with shared assets and number of KFHSouth Sacramento representatives participating in policy efforts; number of people reached with in-kind services; and number of ETP performances, including *The Best Me*, at schools.

## PRIORITIZED NEED III: COMMUNITY AND FAMILY VIOLENCE PREVENTION

The City of Sacramento has one of the highest rates of violent crime per capita in California. Similar to other large major metropolitan areas, Sacramento has seen a major growth in youth gang validation and youth gang membership, contributing greatly to youth violence. As the first Kaiser Permanente Level II Trauma Center in the system, KFHSouth Sacramento has experienced a growing number of violence-related admissions and has partnered with local organizations to create a series of programs to provide social assistance and gang violence prevention efforts. Other funding efforts have included programs aimed at domestic violence intervention and prevention led by community organizations specializing in the field.

## 2011 GOALS

1. Decrease community violence in targeted hot spots in the KFHSouth Sacramento service area, specifically the Oak Park, Valley Hi/North Laguna, and Parkway/South Sacramento neighborhoods.
2. Continue to support domestic violence prevention resources in the service area.

## 2011 STRATEGIES

1. Provide grant funding to organizations focused on the prevention of violence, including domestic violence and youth and gang violence in the 95817, 95823, 94824, and 95832 zip codes.
2. Provide funding support focused on violence intervention in the 95817, 95823, 94824, and 95832 zip codes.
3. Partner with local governments, schools, and community organizations to support evidence-based programs focused on reducing youth and gang violence and increasing positive options for youth. Participate in advocacy efforts designed to increase community safety in targeted areas and explore connections between violence prevention and HEAL.
4. Continue the partnership with The Effort to implement and strengthen the Sacramento Violence Intervention Program (SVIP) to provide intervention services to violently injured youth and young adults in Sacramento. KFHSouth Sacramento will explore partnership opportunities that increase employment opportunities for SVIP graduates and will assess feasibility of tattoo removal (in-kind at KFHS facilities) for SVIP graduates.
5. Explore the development of a youth violence prevention partnership with PRO or another youth development organization focused on schools in the targeted zip codes.

## TARGET POPULATION

Children, youth, adults, and families living in designated KFHSouth Sacramento service area hot spots who may have experienced or are at risk of being affected by domestic and/or community violence.

## COMMUNITY PARTNERS

Community partners include Always Knocking; Boys & Girls Clubs of Greater Sacramento (BGCGS); Child Abuse Prevention Council of Sacramento (CAPC); My Sister's House; PRO; Sacramento Area Congregations Together (ACT);

SCUSD; Sacramento Employment and Training Agency (SETA); Sacramento Police Department; St. John's Center for Women and Children; The Effort, Inc.; Wellspring Women's Center; and Women Escaping a Violent Environment (WEAVE).

## 2011 YEAR-END RESULTS

- KFH-South Sacramento and KFH-Sacramento awarded BGCGS a \$49,599 grant to engage 75 at-risk and high-risk youth through G.R.E.A.T. Kids, a 10-week summer camp project at each BGCGS site and to provide scholarships for 41 youth identified as high risk for gang involvement to attend a BGCGS camp. An outreach coordinator at each site provided one-on-one case management and ongoing support in the neighborhood, in the home, at school, and at the clubs. G.R.E.A.T. Kids includes referrals from schools; intakes and ongoing case management, behavioral and gang risk assessments, academic assessments and support, daily transportation to the club from school, collaboration with schools and police department, youth participation in Street SMART and Draw The Line/Respect The Line curriculum, pre- and posttesting and surveys, youth participation in BGCA Outcomes Measurement Tool Kit, and parent involvement, incentives, rewards, and recognition.
- KFH-South Sacramento and KFH-Sacramento supported Lao Family Community Development, Inc. with a \$40,000 grant for domestic violence prevention efforts in Sacramento's Mien/Lao and Hmong communities. The Joy of Living Program aims to reduce incidences of domestic violence and abuse among monolingual and limited-English-speaking API refugee communities in Sacramento County using education, prevention, and intervention, and by improving the Coordinated Response System. Traditionally, Hmong- and Mien-Lao-speaking women have not received language-appropriate outreach materials or education from existing mainstream domestic violence service providers, nor have refugees sought access to services given the fact that domestic violence is considered a highly taboo topic for conversation. To create positive changes at the community level, it is important to bring awareness to the topic by discussing it openly and letting people know the magnitude of the problem. The grant provided thematic outreach and educational events, relationship conflict-resolution workshops, and one-on-one case management to 41 API clients, and cultural competency training to 57 service providers, thereby enhancing services for the targeted population during the first six months of the grant.
- KFH-South Sacramento is a member of the Safe Community Partnership, which uses the Ceasefire Model, an evidence-based strategy to decrease gang-related gun violence along the Mack Road corridor. KFH-South Sacramento grants to SETA and Sacramento ACT (\$35,000 and \$25,000) supported compelling efforts, using the Ceasefire Model, to reduce gun violence, strengthen the employment and education prospects of young people at highest risk of violence, and help these young people avoid further involvement in the criminal justice system. Sacramento has been identified as having the second worst violent crime rate per capita among California's top 10 cities. Since 2003, Sacramento has seen an alarming 400% increase in gang membership. Currently, there are more than 4,500 identified gang members in the city. To combat these statistics, SETA and Sacramento ACT, along with the Sacramento Police Department, collaborate to:
  - Collect and analyze the "who, what, where, when" of gun-related violence and determine the areas of the city most impacted by gun violence (hot spots) and identify individuals who are "drivers of violence."
  - Invite the identified drivers of violence to call-in meetings where they are told that while the community wants them to succeed, the violence must end.
  - Offer employment, educational and training opportunities, and other social services to help transform the lives of those who attend the call-in meetings.
  - Engage community-based organizations, including street outreach and faith-based outreach teams, to be involved in, support, and sustain the effort. Currently, night walks in the South Sacramento area occur four times per week with clergy from four local churches.
  - Coordinate local, state, and federal law enforcement resources to focus enforcement efforts only on those groups and individuals who attended the call-in meetings, were offered services but chose not to participate, and disregarded the "stop the violence" message.

To date, eight call-in meetings have been held with 92 attendees. The effect of the strategy on the target population and in the project area has been extremely positive. Overall, firearms assaults in the City of Sacramento are trending downward, but they are significantly lower in the target area.

- Kaiser Permanente Northern California Region granted \$450,000<sup>1</sup> to The Effort, Inc. to administer the Sacramento Violence Intervention Program (SVIP). Based on the Caught in the Crossfire evidence-based model, SVIP was launched in June 2010 and engages youth 15 to 24 who are admitted to the KFH-South Sacramento Trauma Center with severe injuries related to violence (gunshots, stabbings, and/or other assault). Intervening with youth at this vulnerable time aims to reduce re-injury, retaliation, and arrest by promoting positive life choices and alternatives to violence.

Once Trauma Unit staff obtain HIPAA (Health Insurance Portability and Accountability Act of 1996 Privacy and Security Rules) consent, youth are engaged by an intervention specialist from The Effort who works with the youth and their family, starting at the hospital bedside and continuing for up to six months postrecovery. The intervention specialist develops a case plan that identifies specific needs and helps connect the client to resources that maintain their safety, reduce risk for retaliation, and build resiliency to prevent future risk, including reenrolling in school, finding employment, etc. The case plan becomes a key component of this life-changing intervention, with measurable objectives and goals for the youth, and a way for the intervention specialists to document success along the way. The intervention specialist is the client's primary contact and role model during the months after discharge, often speaking to them daily, as well as often transporting clients to appointments and providing "whatever-it-takes" to help them access primary health, behavioral health, vocational, educational, faith, cultural, and other needed services.

Because SVIP planning originally began in January 2010, all tasks associated with its design and implementation have been completed. Staff have been hired and trained, policies and procedures are in place, and the program has been integrated into The Efforts' formal management structure. The grant enables the 2012 SVIP program to implement immediately and serve approximately 70 youth annually (two cohorts of 35 youth for approximately six months). Since the program's inception, 69 youth have received program referrals.

## 2012 GOALS UPDATE

The goals will remain unchanged for 2012.

## 2012 STRATEGY UPDATE

The strategies will remain unchanged for 2012.

## MONITORING PROGRESS OF 2012 STRATEGIES

Impact will be assessed by tracking homicide rates in targeted zip codes over three years, and reviewing and comparing them to number of grants provided, total grant dollars, and number of people reached; tracking number of KFH-South Sacramento physicians and staff participating in community prevention efforts; tracking number of SVIP clients, and number of referrals from hospitals, schools and CBOs; tracking rates of successful "graduation" from SVIP and how many graduates are then employed or are in school and not reentered into the criminal justice system; and community partners will assess the feasibility of a youth violence prevention partnership with a youth development organization.

---

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

**Table 1**

**KAISER FOUNDATION HOSPITAL-SOUTH SACRAMENTO**

**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	2,901
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members	71
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	3,450
Medi-Cal Managed Care members	12,935
Healthy Families Program members	6,436
Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) <sup>1</sup> members	122
Health Research projects (new, continuing, and completed)	0
Nursing Research projects (new, continuing, and completed)	9
Educational Theatre Programs – number of performances and workshops	82
Educational Theatre Programs – number of attendees (students and adults)	18,709
Graduate Medical Education – number of programs	8
Graduate Medical Education – number of affiliated and independent residents	186
Nurse practitioner and other nursing training and education beneficiaries	34
Deloras Jones nursing scholarship recipients	0
Other health professional training and education (non-MD) beneficiaries	19
Summer Youth and INROADS programs participants	11
Number of 2011 grants and donations made at the local and regional levels <sup>2</sup>	126

<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-SOUTH SACRAMENTO

### COMMUNITY BENEFIT RESOURCES PROVIDED IN 2011

	2011 Total
<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$21,949,455
Healthy Families <sup>2</sup>	2,735,487
Charity care: Charitable Health Coverage programs <sup>3</sup>	2,535,967
Charity care: Medical Financial Assistance Program <sup>4</sup>	11,106,008
Grants and donations for medical services <sup>5</sup>	422,828
<b>Subtotal</b>	<b>\$38,749,745</b>
<b>Other Benefits for Vulnerable Populations</b>	
Summer Youth and Inroads programs <sup>6</sup>	\$69,933
Grants and donations for community-based programs <sup>7</sup>	462,304
Community Benefit administration and operations <sup>8</sup>	360,312
<b>Subtotal</b>	<b>\$892,549</b>
<b>Benefits for the Broader Community<sup>9</sup></b>	
Community health education and promotion programs	\$16,931
Educational Theatre Programs	227,470
Facility, supplies, and equipment (in-kind donations) <sup>10</sup>	2,242
Community Giving Campaign administrative expenses	17,200
Grants and donations for the broader community <sup>11</sup>	37,957
National board of directors fund	26,650
<b>Subtotal</b>	<b>\$328,451</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education	\$1,737,022
Non-MD provider education and training programs <sup>12</sup>	368,691
Grants and donations for the education of health care professionals <sup>13</sup>	48,347
Health research	5,528,462
<b>Subtotal</b>	<b>\$7,682,522</b>
<b>Total Community Benefits Provided</b>	<b>\$47,653,266</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.

