

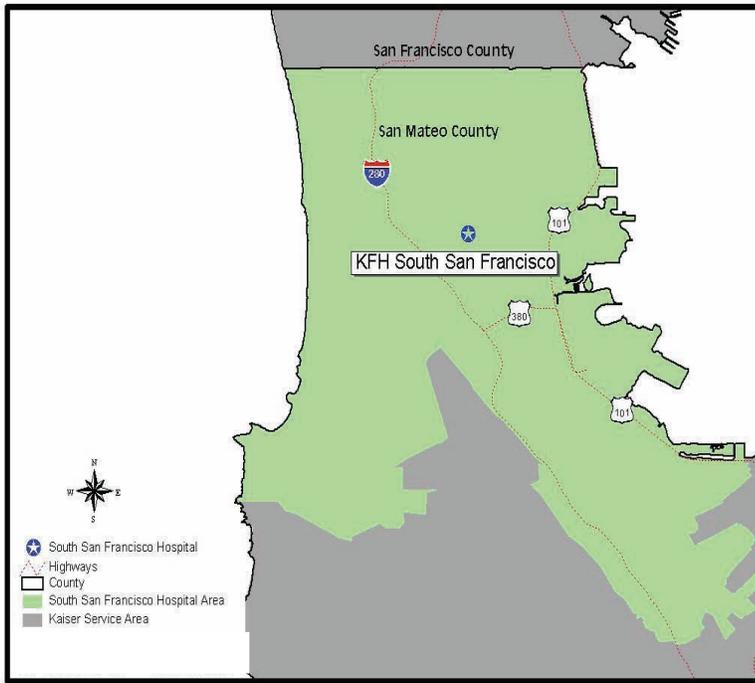
SOUTH SAN FRANCISCO

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KAISER FOUNDATION HOSPITAL (KFH)-SOUTH SAN FRANCISCO

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 South San Francisco, CA 94080
 (650) 742-2000



The KFH-South San Francisco service area covers portions of northern San Mateo County. Those cities include but are not limited to Brisbane, Daly City, Pacifica, San Bruno, and South San Francisco.

COMMUNITY SNAPSHOT (*county-level data)

Total population:	320,390	White:	33.49%
Median age:*	38.8	Latino:	21.09%
Average household income:*	\$84,879	African American:	2.13%
Percentage living in poverty:	6.48%	Asian and Pacific Islander:	37.81%
Percentage unemployed :	6.75%	Native American:	0.21%
Percentage uninsured:	11.55%	Other:	5.28%

KEY STATISTICS

Year opened:	1954	Total licensed beds:	120
KFH full-time equivalent personnel:	700.7	Inpatient days:	22,329
KFHP members in KFH service area:	100,220	Emergency room visits:	34,332

KEY LEADERSHIP AT KFH-SOUTH SAN FRANCISCO

Frank T. Beirne, FACHE	Senior Vice President and Area Manager
Sheila Gilson, RN, MSM	Chief Operating Officer/Chief Nursing Officer
Mark A. Okashima	Area Finance Director
John Skerry, MD	Physician in Chief
Martha Gilmore	Medical Group Administrator
Stacey K. Wagner	Public Affairs Director
Stephan H. Wahl	Community Benefit/Community Health Manager

THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

To support the 2011–2013 Community Benefit Plan, KFH-Redwood City and KFH-San Mateo collected information about current community needs. Part of this CHNA process included collection of primary data through telephone interviews with community health providers and focus groups with teens and seniors. Senior focus groups (12 participants per group) were conducted in two specific communities, Daly City and North Fair Oaks, which were chosen for geographic and ethnic diversity. Teen focus groups were conducted in Pacifica and Redwood City, also chosen for their geographic uniqueness and ethnic composition. Twelve students participated from two different high schools in Pacifica, and 11 students participated from a Redwood City High School. Shemick Healthcare Consulting was contracted to facilitate the focus groups and to conduct provider interviews. Providers who participated in the CHNA interview process are with organizations that are current community partners of KFH-Redwood City and KFH-San Mateo, have a long track record in the community, and are trusted by the patients they serve:

- Coastside Adult Day Health Center (Half Moon Bay)
- County of San Mateo, Behavioral Health & Recovery Services
- Daly City Senior Services
- Daly City Youth Health Center
- Doelger Senior Center (Daly City)
- El Centro de Libertad (Redwood City and Half Moon Bay)
- Fair Oaks Intergenerational Center (North Fair Oaks)
- Legal Aid Society of San Mateo County
- Oceana and Terra Nova high schools (Pacifica)
- Peninsula Family Service Agency (North Fair Oaks)
- Peninsula Jewish Community Center (Foster City)
- Pyramid Alternatives (Pacifica, Daly City, South San Francisco, San Bruno)
- San Mateo County Senior Adult Services
- Sequoia High School (Redwood City)
- StarVista [formerly Youth and Family Enrichment Services] (San Mateo County)

To support the CHNA and the selection of priority needs, Shemick Healthcare Consulting also collected secondary data from a variety of federal, state, and local San Mateo County sources that track the most current health trends:

- *Healthy San Mateo 2010*, Disease Control and Prevention Epidemiology Program, San Mateo County Health Services Agency
- *Healthy People 2010*, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000
- *County Health Status Profiles, 2006*. Department of Health Services and California Conference of Local Health Officers
- *2010 California County Scorecard of Children's Well-Being*. Children Now
- California Department of Health Services, Center for Health Statistics, Birth Records 1990–2004
- Census 2000, U.S. Census Bureau
- UCLA Center for Health Policy Research 2009 Insurance Rates
- *San Mateo County Adolescent Report 2001*. San Mateo County Board of Supervisors, May 2001

- *San Mateo County Adolescent Report 2007*
- California Department of Education, Safe & Healthy Kids Program Office.
<http://hk.duerrevaluation.com/ar07repcounty.htm>
- San Mateo County Human Services Agency, 2007
- *Morbidity and Mortality Weekly Report (MMWR)*. Surveillance Summaries. Centers for Disease Control and Prevention (CDC)
- *Children in Our Community: A Report on Their Health and Well-Being*. San Mateo County Children's Report 2007. Lucile Packard Foundation for Children's Health
- *No Time for Complacency: Teen Births in California*. Public Health Institute, Center for Research on Adolescent Health and Development, March 2003
- *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report*. National Institutes of Health, National Heart, Lung, and Blood Institute in Cooperation with The National Institute of Diabetes and Digestive and Kidney Diseases, September 1998
- *Fact Sheet—Cancer; Healthy San Mateo 2010: Health Status Indicators for San Mateo County, California*
- 2006–2009 Master Birth Files. San Mateo County Health Department
- Half Moon Bay, Health Needs Assessment Report, November 2009

KEY FINDINGS FROM THE 2010 CHNA

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

- San Mateo County is among the most culturally and ethnically diverse counties. Asian and Hispanic residents, along with seniors, are expected to continue to become increasingly greater proportions of the population. The area is not adequately prepared for this enormous demographic shift.
- There are two San Mateo counties—one for the economic “haves” and one for the economic “have-nots”—and this gap is widening.
- The actual causes of premature death are rooted in behavior, and it is estimated that as many as 50% of premature deaths are due to health risk behaviors such as tobacco use, poor diet, a lack of exercise, alcohol use, etc.
- Individual health behaviors are deeply influenced by public policy and place (i.e., neighborhood conditions) to a far greater degree than is generally acknowledged.
- Access and affordability to health care services is a significant problem. The lack of a comprehensive health care system is a failing, unsustainable model.
- More than one out of four San Mateo County adults believe access to mental health, substance abuse, and dental services in the county are “fair” to “poor.”
- In the near future, the Internet is likely to replace physicians as the place where most people get most of their health care information.
- The rise in C-section rates is a disturbing trend.
- Children are not doing much better than adults in exhibiting healthy behaviors.
- Adolescents engage in a variety of risky behaviors such as alcohol, tobacco, and other drug (ATOD) use; violence; and sexual behavior that will impact their future health.
- The proportion of adults 60 and older is expected to roughly double over the next four decades. This growing population requires increased attention for their health and social needs.
- Falls are the key issue leading to hospitalization, loss of independence, and death among seniors.

- Incidences of cancers (lung, breast, prostate, and colon) are decreasing.
- Gonorrhea and chlamydia rates are increasing.
- Homicide rates are increasing.
- Binge drinking among young adults has increased significantly over the last several years.
- Substance (ATOD) abuse is one of the most serious threats to community health. Substance abuse contributes to homelessness, violence, poverty, and disease. Youth substance abuse is a particular concern.
- Depression, isolation, and loneliness are prevalent in San Mateo County.
- Obesity, along with high blood pressure, type 2 diabetes, and high cholesterol continue to be major health concerns.
- Ninety percent of the county's population over age 19 has risk factors associated with cardiovascular disease.
- Access to health care is a persistent issue for the underserved and underinsured.
- Obesity rates continue to be an issue for children and adults alike. Poor food choices and lack of physical activity are main drivers of this epidemic.
- At-risk youth behavior is leading to substance abuse, depression, teen pregnancy, and mental health issues.
- By 2030, nearly one out of four San Mateo County's residents will be over age 65. Nationally, 60% of baby boomers will have more than one chronic disease, nearly one-third will be obese, and 25% will have diabetes.
- Domestic and family violence is increasing at alarming levels.

The Community Benefit Advisory Board approves the selection of priority needs for KFH-South San Francisco and consists of the following San Mateo Area physicians and staff:

Debbie Cotton, Director, Star Leadership Programs - KFH
Betty Gonzalez, Member Outreach & Interpreter Services Manager – TPMG
Martha Gilmore, Medical Group Administrator – TPMG
Janice Parker, Director, Health Education – TPMG
Barbara Rigdon, Public Affairs Representative - KFHP
Charito Sico, MD, Pediatrics - TPMG
Lynne Siracusa, Social Services Manager - KFH
Irene Takahashi, MD, Pediatrics - TPMG
Scott Tsunehara, MD, Assistant Physician-in-Chief, Internal Medicine - TPMG
Stacey K. Wagner, Public Affairs Director – KFHP
Stephan H. Wahl, Community Health & Benefit Manager - KFH

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-SOUTH SAN FRANCISCO SERVICE AREA

1. Access to health insurance coverage and health care services
2. Obesity rates
3. At-risk youth behavior
4. Poor health in the aging population
5. Domestic/family violence

2011 YEAR-END RESULTS

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

The San Mateo County Health System and Health Plan for San Mateo analyzed the most recent census data. This analysis revealed that an estimated 77,000 San Mateo County residents are uninsured. The vast majority are adults and about 40% have incomes that are less than or equal to 200% of the federal poverty level (FPL) or about \$22,000 per individual. San Mateo County has successfully reached and enrolled many of the county's low-income and uninsured adults into its indigent care program, ACE (Access to Care for Everyone). The loss of jobs and accompanying loss of employer-sponsored health insurance have led to a significant growth in the number of people seeking health coverage. ACE currently has more than 28,000 enrollees, compared to 15,000 in January 2009. Accessing primary care and specialty care appointments in a timely manner continues to be a challenge for Health Plan of San Mateo County. Demand remains high while provider resources are limited.

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 at risk for chronic conditions or complications related to chronic conditions such as diabetes.
4. Increase access to health care by providing transportation for high-need seniors and disabled adults to medical appointments and other health-related needs.

2011 STRATEGIES

1. Provide charity care through the Medical Financial Assistance (MFA) program and maximize efficiencies.
2. Support Certified Application Assistants (CAAs) in clinics and core agencies for insurance enrollment and retention.
3. 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.
4. Provide grants to community organizations and safety net providers to increase access to health care services for low-income, vulnerable, and uninsured individuals to better manage and prevent chronic conditions, with a focus on diabetes.

TARGET POPULATION

Low-income households, minority populations, immigrants, farm laborers, families living below the federal poverty level, and those lacking transportation to medical care in San Mateo County.

COMMUNITY PARTNERS

Community partners include Health Plan of San Mateo County, San Mateo County Medical Center, Daly City Youth Health Center, Peninsula Jewish Community Center, Operation Access (OA), RotaCare Clinics of the Bay Area, San Mateo County Behavioral Health and Recovery Services, Ravenswood Family Health Center (RFHC), Samaritan House, San Mateo County Children's Health Initiative, San Mateo County Health Service Agency, SamTrans (San Mateo County Transit), Daly City Access, and other agencies serving southern San Mateo County.

2011 YEAR-END RESULTS

- Peninsula Jewish Community Center received a \$20,000 grant from KFHP-South San Francisco and KFHP-Redwood City to support Get Up & Go, an escorted transportation program for nondriving seniors. The major emphasis is on demand-responsive transportation to medical, dental, and allied health appointments (physical therapy, mental health,

medication pickup). Get Up & Go expanded its operation in July 2010 after receiving a three-year New Freedom Grant, which required substantial local matches. The program provided 100 medical rides per month, and 97% of surveyed riders reported increased access to medical care. Eleven of the monthly riders required the assistance of an escort. The program also addresses those with disabilities, high levels of personal assistance/escort, and those needing short-notice and urgent service appointments. The countywide program is in response to a growing transportation demand among seniors in San Mateo County.

- RotaCare Bay Area received an \$8,000 grant to support urgent care services at Seton Medical Center in Daly City. RotaCare provides free urgent medical care, immunizations for children, x-rays, lab tests, EKGs, and medications for approximately 10 to 15 patients per week (625 annually). Patients are underserved, underemployed, and predominately Filipino and Latino, and most are immigrants. All patients are screened for insurance options at the site. KFH-South San Francisco physician James Gibboney, MD, volunteers at the clinic. Collaborating partners are KFH-Daly City, Seton Medical Center, OA, and Daly City ophthalmologist Paul R. Holland, MD.
- RotaCare's Coastside Clinic received a \$15,000 grant from KFH-South San Francisco and KFH-Redwood City to provide medical treatment to uninsured populations in San Mateo County's coastal communities—Half Moon Bay and rural farming communities on the south coast. The clinic has augmented the health care needs of the coastal community for more than 18 years, targeting individuals without health insurance. Many have incomes below the poverty level and lack transportation to other county clinics and services. In addition, the wait time for a primary care appointment with the county health system can be five or six months or longer. RotaCare also sees many patients with chronic illnesses who have nowhere else to go. Volunteer providers ensure that patients with critical needs access the necessary care required to prevent life-threatening situations. Additional patient education is provided. Funds will help RotoCare acquire additional equipment and supplies and support the efforts of the site administrator/nurse and a nurse practitioner who track and follow up on patient referrals. The clinic will serve approximately 1,400 patients this funding cycle. The free clinic is open one evening per week. KFH-South San Francisco Physician-in-Chief Michelle Caughey, MD is a volunteer medical provider at RotaCare.
- San Mateo Community Health Authority (Health Plan of San Mateo) received a \$20,000 grant from KFH-South San Francisco and KFH-Redwood City to support San Mateo County Children's Health Initiative/Health Coverage Unit, which aims to increase enrollment of uninsured and underinsured adults and children into health care coverage programs, including Medi-Cal, Healthy Families, Healthy Kids, Kaiser Permanente Child Health Plan, and ACE. Increased renewal rates for Medi-Cal, Healthy Families, Healthy Kids, and ACE was also addressed. Membership levels of children's health coverage programs, as of December 15, 2011: Healthy Families, 10,683, an increase of 3% since July 2011; Medi-Cal, 18,816, an increase of 3% since July 2011; and Healthy Kids, 4,983, a decrease of 3% since July 2011. For San Mateo County's adult indigent care programs, ACE and MCE (Medicaid Expansion Program), there were 28,224 participants, an increase of 4% since July 2011. ACE had a renewal rate from 45% to 73%. Healthy Kids experienced a decrease in renewal rates by 8%. Outreach efforts included the distribution of more than 5,000 flyers, referrals by community agencies and county departments, and emergency room referrals. More than 10,000 families were assisted from July 2011 through November 2011.
- Samaritan House received a \$30,000 grant to support Safe Harbor for Health at South San Francisco's Safe Harbor Homeless Shelter, San Mateo County's only wet shelter, where homeless people can access shelter and support services without a sobriety requirement. Many clients have active substance or alcohol addiction. Many clients are dually diagnosed with addiction and/or substance abuse and a serious mental health disorder, and often require intensive support services to meet their often complex needs. There has been an increase in senior clients with multiple, complicated health conditions who are unaware of the available benefits, and health case management has shifted to include advocacy and insurance enrollment navigation. Decreased funding in San Mateo County has affected program availability. More than 300 clients are impacted by Safe Harbor's health directed programming. All clients receive a health assessment at intake; 75% of those with identified health barriers increased their access to health services and 70% of those participating in Health Awareness Programming report an increased knowledge of healthy behaviors. Key community collaborators include San Mateo County Behavioral Health and Recovery Services, Legal Aid of San Mateo County, Mills Peninsula Hospital, and Onsite Dental. KFH-Daly City's Scott Tsunehara, MD, and Clinical Health Educator Dea Ciofflica provided presentations on prediabetes, diabetes, and heart health at the shelter. Health education

information, including brochures and DVDs, was provided. KFH-South San Francisco also organized Give Back Day, where daily essentials were collected and provided for clients' use.

- California Primary Care Association (CPCA) received a \$300,000 core operating support joint grant over one year (\$150,000 from Kaiser Permanente Northern California Region and \$150,000 from Kaiser Permanente Southern California Region). The grant positions community health centers to succeed in the new health care delivery system with the Affordable Care Act and Medicaid 1115 Waiver by helping organizations navigate new reimbursement and billing mechanisms and enrollment processes.
- On behalf of Regional Association of California, California Family Health Council received a \$130,000 core operating support joint grant over one year (\$65,000 from Kaiser Permanente Northern California Region and \$65,000 from Kaiser Permanente Southern California Region) to continue the collaboration of the executive directors of local consortia, CPCA, and California Family Health Council.

2012 GOALS UPDATE

The goals will remain unchanged for 2012.

2012 STRATEGIES UPDATE

1. Support CAAs in clinics and core agencies for insurance enrollment and retention.
2. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and Kaiser Permanente Child Health Plan); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.
3. Provide charity care through MFA and maximize efficiencies.
4. Provide grants to community organizations and safety net providers to increase access to health care services for vulnerable, low-income, and uninsured individuals to better manage and prevent chronic conditions, with a focus on diabetes.

MONITORING PROGRESS OF 2012 STRATEGIES

Track number of children and families enrolled in Kaiser Permanente coverage programs; track number of individuals screened for MFA and time needed to approve applications; track number of OA procedures performed at KFH-South San Francisco; track progress of other agencies' successes in increasing access to health care for vulnerable populations; require partner agencies to track number of children and families enrolled in public insurance programs and number of high-need seniors and adults with disabilities receiving transportation assistance to medical/health-related appointments; and require six-month and year-end reports from all grantees.

PRIORITIZED NEED II: OBESITY RATES

Obesity prevalence in the U.S. has increased dramatically over the past 30 years. During that time, the prevalence of diabetes has more than doubled. According to a UCLA Center for Health Policy and Research *Health Policy and Research Brief* (August 2010), San Mateo County's obesity prevalence remains consistent with the rest of the nation; approximately 194,000 residents (34.8 %) are considered overweight and 17.9% (roughly 100,000) of those are considered obese. Obesity is a significant risk factor for diabetes, and both conditions are serious risk factors for heart disease and other serious medical conditions. American Indians, African Americans, and Latinos have the highest prevalence of obesity and diabetes in California, and those statistics are directly relevant to San Mateo County's population. Eighty-three percent of Pacific Islanders, 74% of Latinos, 69% of African Americans, 62% of Filipinos, 54% of American Indians, 52% of Whites, and 45% of Asians did not pass California State fitness standards in 5th, 7th, and 9th grades (2008–2009). Obesity and diabetes prevalence is highest among those populations with lower incomes and the least education. Although there are a number of factors associated with obesity—ranging from genetics to individual behaviors—the composition and structure of neighborhoods and social environments have also been increasingly implicated as impediments to maintaining a healthy lifestyle. Both physical activity and healthy eating are important for reducing and preventing obesity and diabetes.

2011 GOALS

1. Increase consumption of fresh fruits and vegetables.
2. Increase physical activity in institutional settings (e.g., schools, after-school programs, work sites).

2011 STRATEGIES

1. Provide grants to support programs that promote active living and physical activity in after-school programs, child care facilities, and recreation centers, increasing access to physical fitness classes, supervised play, and youth athletics.
2. Provide grants that support community-based efforts to increase the availability of healthier, more nutritious and affordable food items through community gardens, school gardens, community-supported agriculture, mobile produce markets, and in early child care settings and schools.
3. In addition to grant funding, identify and employ Kaiser Permanente assets and resources on behalf of strategic partner community organizations to support mutual goal(s). Resources may include health education materials; health care providers and staff engagement; clinical and best-practice lessons and guidelines; communication and multimedia support; and Educational Theatre Program (ETP) presentations.
4. Participate in countywide obesity efforts through the Get Healthy San Mateo County task force on childhood obesity and act as an advisor and expert for countywide strategies.

TARGET POPULATION

Overweight or obese children and their families, including underserved community members in northern San Mateo County.

COMMUNITY PARTNERS

Community partners include Boys & Girl Clubs of North San Mateo County, Mid-Peninsula Boys and Girls Club, Child Care Coordinating Council (4Cs), Coastside Health Committee, Healthy Community Collaborative of San Mateo County, Daly City Peninsula Partnership Collaborative, Peninsula Family Service Agency, Pacifica Collaborative, Pacifica Parks and Recreation Department, Daly City Parks and Recreation Department, South San Francisco Library, Project Read, South San Francisco Parks and Recreation Department, Jefferson Union High School, San Mateo County Health Department, Get Healthy San Mateo County, StarVista, and other agencies serving northern San Mateo County.

2011 YEAR-END RESULTS

- Boys & Girls Club of the Coastside received a \$9,500 grant from KFH-South San Francisco and KFH-Redwood City for Healthy Eating Active Training (H.E.A.T.), a program with two main objectives: to increase daily physical activity and the consumption of fresh fruits and vegetables. The club is a main link between home and other resources and services for youth. With ongoing budget adjustments, fewer programs are available for middle school students. In fact, the club is the only program available to these students on the coast. H.E.A.T. utilizes the Cunha Skate Park adjacent to the club, which is located at Cunha Elementary School. One hundred twenty-seven youth participate in H.E.A.T., averaging 60 participants daily. Special events were presented, and KFH-Redwood City is regularly acknowledged for its support. Key community collaboration has been established with the local HEAL (Healthy Eating, Active Living) program, a former Kaiser Permanente Northern California Region HEAL grantee. This partnership utilizes HEAL staff to provide nutrition education and to implement other activities supporting healthy lifestyles.
- 4Cs, a KFH-Redwood City partner since 1998, received a \$15,000 grant from KFH-South San Francisco and KFH-Redwood City to implement its Healthy Habits program. By leveraging its enthusiastic and capable AmeriCorps volunteer workforce, 4Cs has achieved great results. Healthy Habits lessons are provided to children 2 to 5 in two different settings. Playgroups are implemented at Ravenswood Child Development Center in East Palo Alto and include 60 minutes of activity per week on healthy eating and one 20-minute activity per week on healthy activities. The preschool classrooms also have periodic family events. More than 100 children have participated in this program.
- Boys & Girls Club of North San Mateo County received a \$30,000 grant to support the Healthy Habits/Triple Play program at three northern San Mateo County sites—Paradise Valley Clubhouse, Sunshine Gardens, and Pacifica Boys

& Girls Club—attracting approximately 200 youth, 80% of whom improved their nutrition knowledge by increasing their consumption of healthier foods, reducing consumption of sugary drinks, and eating more fruits and vegetables. They also increased physical fitness levels by participating in the Triple Play sports activities program. KFH-South San Francisco has been a partner with the club since 2008, and KFH-South San Francisco Medical Group Administrator Martha Gilmore has been a board member since 2009.

- Mid-Peninsula Boys & Girls Club received a \$20,000 grant to support a Nutrition and Physical Fitness Program at its Daly City Bayshore District DeLue Clubhouse, which serves primarily underserved, low-income youth. Sixty-two percent of families live at or below federal poverty level, and 72% of the members live in single-parent households. The area has some of the county's highest obesity rates, one of the highest rates of gang activity, and poor access to fresh fruits and vegetables, and fast-food restaurants dominate. Initial KFH funding in 2008 helped purchase Microsoft Healthwizard, a software program that assists in the evaluation process by tracking and analyzing health outcomes and provides recommendations for improvement. On a daily basis, 70 to 100 youth participate in a variety of physical fitness challenges and health and nutrition education classes. Pre- and postfitness evaluations showed that 82% to 88% of youth improved cardiorespiratory endurance by 65%, 91% showed an increased knowledge of healthy habits, 85% demonstrated increased muscle strength, and 70% demonstrated lower BMIs (body mass indexes). Additional funding partners include Packard Foundation, Olympic Club Foundation, Mills Peninsula Hospital, Peninsula Health Care District, and Second Harvest Food Bank.
- Pacifica Gardens, now in its fifth year, received a \$5,000 grant to support an Educational/Community Service Program. Pacifica Gardens offers spring and fall garden-based education field trips and community service opportunities and hosts classes on composting, vermiculture, seed germination, planting vegetables, ecology, and the importance of eating fresh organic fruits and vegetables. More than 180 students from Jefferson Union and Pacifica school districts participated in a garden-based education program. In addition, a community service program was piloted with El Camino and South San Francisco high schools, which continue to show interest in participating in the program. Key community collaborators include San Mateo County Master Gardeners, HEAL Project-Half Moon Bay, San Mateo County Food System Alliance, Pacifica Resource Center, and Pacifica School District.
- Project Read received a \$20,000 grant to support Learning Wheels, a van that serves underserved areas of South San Francisco, San Bruno, Daly City, and Brisbane. Literacy services are provided directly to communities in need and Project Read, in conjunction with University of California Extension Programs, has developed its own nutritional and physical activity program, Literacy, Food & Fitness (LFF). Most LFF materials and lessons are able to reach both English- and Spanish-speaking participants, and LFF story times (highlighting stories, poetry, and songs) are followed by physical activities, nutrition and exercise tips, and a healthy snack or healthy snack preparation. Nearly 2,500 children and families have benefited from LFF, and 2,700 health and/or nutrition-related story books were distributed to participants. KFH-South San Francisco provided preschool books to LFF.
- Second Harvest Food Bank of Santa Clara and San Mateo Counties received a \$15,000 grant from KFH-South San Francisco and KFH-Redwood City to support its Produce Mobile Program, which provides fresh seasonal produce to low-income households in San Mateo, San Carlos, Redwood City, Menlo Park, and Half Moon Bay that have limited access to healthy foods. The program provides 25 pounds of produce per household each month to an average of 3,098 households. The program also engages a Community Nutrition Team and conducts food tastings/nutrition activities at Produce Mobile Sites, which include Lincoln Park Community Center in Daly City. Because Second Harvest works to ensure that communities in need receive healthy food on a regular basis, nonprofit providers are better able to focus on their mission. Owing to widespread government budget cuts, many community partners and the clients they serve have suffered considerably from the effects of the economy. In addition to providing food, Second Harvest provides agency representatives with training that addresses critical topics including food safety, food stamp outreach, advocacy, and volunteer management.

2012 GOALS UPDATE

The goals will remain unchanged for 2012.

2012 STRATEGIES UPDATE

1. Provide grants to support programs that promote active living and physical activity in after-school programs, child care facilities, and recreation centers, increasing access to physical fitness classes, supervised play, and youth athletics.
2. Provide grants that support community-based efforts to increase the availability of healthier, more nutritious and affordable food items through community gardens, school gardens, community-supported agriculture, mobile produce markets, and in early child care settings and schools.
3. In addition to grant funding, identify and employ Kaiser Permanente assets and resources on behalf of strategic partner community organizations to support mutual goals. Resources may include health education materials; health care providers and staff engagement; clinical and best-practice lessons and guidelines; communication and multimedia support; and ETP presentations.
4. Participate in countywide obesity efforts through the Get Healthy San Mateo County task force on childhood obesity and act as an advisor and expert for countywide strategies.

MONITORING PROGRESS OF 2012 STRATEGIES

Track number of children and families served by Kaiser Permanente support and enrolled in participating physical fitness programs; track physical fitness improvements with pre- and posttesting; track weight reduction due to exercise; require partnering agencies to track programs, including ETP, that increase knowledge and awareness of healthy eating and active living in northern San Mateo County communities; track community and organizations' efforts to increase the amount of fresh fruits and vegetables eaten in daily diets; and require six month and year-end reports from all grantees.

PRIORITIZED NEED III: AT-RISK YOUTH BEHAVIOR

Teen focus groups and provider interviews conducted in August/September, 2010 noted that the current economic crisis is having an adverse affect on teens. An increase in family tension due to foreclosures, joblessness, alcoholism, family tension, and family violence was noted. This dynamic may affect some teens' mental state leading to depression and other issues. In addition, too much schoolwork may lead to eating disorders, stress, and lack of sleep. Accessing mental health and reproductive health services is another challenge that teens face. And there is easy access to alcohol and illegal substances on the street and on school campuses. Many teens do not practice safe sex, which is exacerbated by drug and/or alcohol use. At the January 2012 San Mateo County, City and School Partnership (CCS) county-wide symposium, San Mateo County probation and local police confirmed an increase in local gang activity throughout the county. To further compound the problem, in many communities, there is a tremendous lack of activities available outside the school setting.

2011 GOALS

1. Decrease rates of teen alcohol and substance abuse.
2. Reduce depression in teens.

2011 STRATEGIES

1. Provide grant funding for education and interventions around substance abuse at schools, health fairs, teen clinics, and other social venues.
2. Provide education and teen pregnancy awareness, birth control, self-esteem, culturally sensitive sex education in classroom settings, and other community settings.
3. Increase/support access to mental health services for teens.

TARGET POPULATION

Teens at risk for issues related to substance abuse (including alcohol, tobacco, illicit drugs, over-the-counter drugs, narcotics), depression, self-abuse, and/or violence.

COMMUNITY PARTNERS

Community partners include Pyramid Alternatives, South San Francisco and Jefferson union high schools, San Mateo Human Service Agency, San Mateo County Health Department, Peninsula Conflict Resolution Center, Rape Trauma Services (RTS), San Mateo County Behavioral Health and Recovery Services, Daly City Youth Health Center (DCYHC), Partnership for a Safe and Healthy Pacifica, Pacifica Collaborative, StarVista, and other agencies serving northern San Mateo County.

2011 YEAR-END RESULTS

- El Centro de Libertad, a KFH-Redwood City partner since 2005, received a \$15,000 grant to support its Youth Intervention Program, which uses three components to address alcohol and substance abuse issues in rural coastside communities: prevention education engages youth through school-based modules, science department curriculum, and school assemblies; professional training seminars train agency staff who serve adolescents; and environmental prevention collaborative strategies create a “whole community” dialogue by combining the talent and energy of youth and adults to promote healthy behaviors and positive attitudes. More than 1,000 youth were impacted by this program: 30% showed a reduction in substance use and legal conflicts and an improvement in family relationships; and 48% showed increased coping skills and increased knowledge of substance abuse and its effects on the body.
- DCYHC received a \$20,000 grant to support Teen Mental Health Counseling at its teen clinic. As San Mateo County Mental Health System–Behavioral Health and Recovery Division provides services only for serious mental illness, DCYHC is the only mental health provider in Daly City that counsels uninsured, low-income youth with mild to moderate psychiatric disorders, violence, and substance abuse issues. The challenge is that clients eventually age out of DCYHC services, and some need to be connected with ongoing services at some level. In 2011, DCYHC therapists counseled 149 clients in 540 visits. On average each month, 32 clients were seen at DCYHC and 48 were seen at school. Those with a history of substance abuse saw an 87.5% improvement in substance use behavior, and 78% with depression saw an improvement. KFH-South San Francisco physician Adekemi Oguntala, MD, Adolescent Teen Medicine, provides volunteer assistance in an advisory capacity to DCYHC. Asian American Recovery Services and Pyramid Alternatives are important collaborating partners and refer clients for additional and ongoing services. DCYHC also provides enrollment assistance for Medi-Cal, Healthy Kids, Kaiser Permanente Child Health Plan, and Healthy Families.
- Jefferson Union High School District received a \$10,000 grant to support the Youth to Youth Drug Prevention Program, which serves at-risk students whom school site staff members are not able to serve. This mentor/mentee-based program aims to improve asset building and increase awareness of the effects of substance abuse and over the counter medication abuse, and addresses bullying and choosing healthy relationships/friends. Mentors are 12th and 11th graders; mentees are in 10th and 9th graders. Thirty-two students from Oceana and Terra Nova high schools participate in the program. Current mentors provided drug and substance abuse presentations to all 9th grade health education classes, reaching more than 450 students.
- Pyramid Alternatives received a \$15,000 grant to support Bayshore Community Prevention Partnership (BCPP), which was initiated in 2008 by San Mateo County’s Behavioral Health and Recovery Services Department with a planning grant. The intention was to develop collaborative community partnerships to address and implement alcohol and drug prevention by developing and implementing strategies that foster the use of preventive approaches through classroom education, Friday night youth group settings, and culturally sensitive town hall meetings for adults. BCPP conducted an assessment that illuminated a steep imbalance in needs and resources in the Bayshore. Local resources are extremely limited, public transportation in and out of the area is poor, and there is high gang influence often leading to increased drug availability. Fifty adult residents and 15 youth are currently engaged in ongoing prevention efforts.
- South San Francisco High School received an \$18,000 grant to support its Emerging Leaders Project, a comprehensive strategy targeting at-risk youth who are victims of violence. The impetus that drove the effort was a triple homicide in which local youth were killed. The high school partnered with Peninsula Conflict Resolution Center to address a variety of issues, including economic stress, unhealthy dating relationships, unhealthy family relationships (e.g., changing parent authority), exposure to or involvement in substance abuse, probation, and pressures related to frequently moving and to gang influences/threats of violence. Thirty students were identified to participate in leadership development training. Positive results have been substantiated by a decrease in suspensions and classroom disciplinary actions, and

no future gang association among participants. Twenty-one parents/caregivers participated in effective communication, conflict resolution, and parent involvement trainings.

2012 GOALS UPDATE

The goals will remain unchanged for 2012.

2012 STRATEGIES UPDATE

1. Provide grant funding for education about alcohol abuse through school-based interventions and education.
2. Increase/support access to mental health services for teens.

MONITORING PROGRESS OF 2012 STRATEGIES

Track number of students reached through education; track number of students reached through interventions; and require six-month and year-end reports from all grantees.

PRIORITIZED NEED IV: POOR HEALTH IN THE AGING POPULATION

Senior focus groups and provider interviews were conducted in August and September 2010. They identified isolation, transportation, medication compliance and misuse, availability and affordability of medications, nutrition, malnutrition, and unintentional injuries as current issues facing the senior population.

By 2030, the number of adults over 65 in San Mateo County will increase by 72%, and the number of people over 85 will increase to two and a half times the current number. This mirrors a pattern across the United States as baby boomers (those born between 1946 and 1964) age. Locally, San Mateo County will have a greater proportion of older adults than the state average. Unless significant changes are made, the demand for health care and community-based services will far exceed what public and private systems can provide. According to the San Mateo County Projection Model, if we do nothing, by 2030 the county will experience a 50% increase in demand for physicians, a potentially 108% increase in demand for treatment in various subspecialty areas, a 34% increase in acute hospital days among older adults, and a 59% increase in demand for hospital beds. These projections are driven not only by an increased number of older adults, but by high rates of chronic disease and cognitive impairment among that population. Combined, these factors will result in a dramatic increase in demand for services.

By 2030, 60% of baby boomers nationally will have more than one chronic disease, nearly one-third will be obese, and 25% will have diabetes. Approximately 23,000 older adults in San Mateo County will have developed Alzheimer's disease, a 70% increase over current numbers. One out of five people over 65 in San Mateo County will have a physical or mental disability, and some communities will face an even greater prevalence of these conditions. As such, it is imperative to support community capacity to assist older adults to maintain good health by helping to provide services and programs that go beyond health education. This requires working across nontraditional sectors to promote healthy living for older adults, including expanded transportation options, opportunities for social engagement, and access to affordable housing.

2011 GOALS

1. Increase access to social services for seniors, including but not limited to social integration and elder abuse prevention.
2. Seniors must remain physically and mentally active, and eat nutritious food.

2011 STRATEGIES

1. Provide grants that link seniors to essential services and programs.
2. Provide grants that support community capacity to assist older adults in maintaining physical and mental health, remain socially connected to friends and families, and support ongoing activities that decrease barriers to the isolated, disabled, and frail.

3. Provide grants that inform and educate seniors about the resources available to address elder abuse situations.
4. Facilitate conversations between senior care providers and medical center social workers to identify area resources for seniors and senior care.
5. Provide grants that support community capacity to assist older adults in maintaining physical and mental health.
6. Provide grants that provide healthy meal and snack choices and provide nutrition education.

TARGET POPULATION

Seniors and disabled adults who are underserved by community resources, are in need of basic essential services, and may be victims of physical or financial abuse.

COMMUNITY PARTNERS

San Mateo County Health Policy and Planning, California Health Care Foundation, American Hospital Association, San Mateo County Commission on Aging, SamTrans, Alzheimer's Association, San Mateo County Health Department, San Mateo County Aging and Adult Services, and other agencies serving the needs of northern San Mateo County's seniors.

2011 YEAR-END RESULTS

- Coastside Adult Day Health Center (CADHC) received a \$10,000 grant from KFH-South San Francisco and KFH-Redwood City to help maintain an appropriate level of health for seniors who are frail, elderly, or disabled. The goal is to help keep clients as healthy, active, and independent as possible both during the natural aging process and as mental and/or physical conditions require more care and attention. CADHC provides special programs for clients with mild to severe dementia and works closely with family members and caregivers to support their needs. CADHC served more than 100 unduplicated clients and families with resources, respite, and program services. A multidisciplinary team addresses each client's needs, consults with their primary care provider, and helps maintain as much physical well-being and independence as possible.
- Daly City Peninsula Partnership received a \$30,000 grant to support Project HART (Healthy Aging Response Team), which maintains a 40-hour per week call center. Peer volunteers connect isolated seniors and disabled adults in need with a consistent caring response and follow-up for essential resources, including food, shelter, transportation, medical and health-related care, and other basic resources in their local community. Moving into its fourth successful year, HART's community outreach efforts have been excellent—50 underserved older adults and disabled persons received referrals and follow-up in the first six months of the grant cycle. HART maintains monthly communications with more than 30 service providers to assure viability and consistency and implemented Friendly Visiting as a critical part of its program. Volunteers maintain client lists that they use to manage their respective clients' needs. HART will begin to serve older adults who are in need of critical home care, but have been rejected by In Home Support Services. This work will be accomplished in collaboration with San Mateo County's Aging and Adult Services.

2012 GOALS UPDATE

The goals will remain unchanged for 2012.

2012 STRATEGIES UPDATE

1. Provide grants that link seniors to essential services and programs.
2. Provide grants that support community capacity to assist older adults in maintaining physical and mental health, remain socially connected to friends and families, and support ongoing activities that decrease barriers to the isolated, disabled, and frail.
3. Provide grants that inform and educate seniors about the resources available to address elder abuse situations.
4. Facilitate conversations between senior care providers and medical center social workers to identify area resources for seniors and senior care.

5. Provide grants that support community capacity to assist older adults in maintaining physical and mental health.
6. Provide grants that provide healthy meal and snack choices and provide nutrition education.

MONITORING PROGRESS OF 2012 STRATEGIES

Track number of seniors linked to local services, resources, and social services; track number of seniors enrolled in physical/movement classes; track number of seniors participating in cognitive stimulation sessions; track improved movement and flexibility from attending exercise classes; track number of seniors reached through community outreach efforts and education about elder abuse; track number of healthy meals and/or healthy choices served at senior centers and other venues where meals are provided to seniors; require six-month and year-end reports from all grantees.

PRIORITY NEED V: DOMESTIC/FAMILY VIOLENCE

Among children who live in households where domestic violence occurs, 87% witness abuse. These children are more likely to show behavioral and physical health problems, including depression, anxiety, and violence toward peers; attempt suicide; abuse drugs and alcohol; run away from home; engage in teen prostitution; and/or commit sexual crimes. And seniors are sometimes victims of financial, physical, and/or emotional abuse by relatives and caregivers and are often hesitant to address the abuse or even discuss it unless they have a close relative or friend. This can cause anxiety, stress, sleeplessness, and physical injuries.

Access to legal services is an important factor in ending domestic violence. As a result of the current socioeconomic situation, the need for shelter and help for domestic violence victims has increased. CORA (Community Overcoming Relationship Abuse), San Mateo County's only comprehensive domestic violence service agency, experienced a 7% increase in referrals from law enforcement since last year (a more than 50% increase since 2009). There was a 28% increase in the number of victims who received interventional counseling and support and a 38% increase in the number in clients provided with protective/transitional housing.

2011 GOAL

Protect victims and their families from domestic violence.

2011 STRATEGIES

1. Provide grant funding to support resources that keep families and children in abusive situations safe and free from harm.
2. Support CORA's advisory board and other physician and staff involvement in domestic violence awareness and education.

TARGET POPULATION

Parents, families, elders, children, and youth who may be at risk for endangerment as a result of violence, abuse, or domestic violence.

COMMUNITY PARTNERS

Community partners include CORA, Legal Aid Society of San Mateo County, Bay Area Legal Aid, Shelter Network, San Mateo County Sheriff's Department, Peninsula Conflict Resolution Center, and RTS.

2011 YEAR-END RESULTS

- CORA received \$45,000 grant from KFH-South San Francisco and KFH-Redwood City to support its Client Crisis Services Programs. The 24-hour crisis hotline and Emergency Response Program (ERP) provide year-round emergency assistance for victims of domestic violence and those in danger of becoming victims and their family members in San Mateo County. Victims' collective profile is consistent with national trends as most are low or no

income. About 95% of CORA's clients are women. All clients receive nonjudgmental counseling support, immediate and accurate referrals and information, and assistance with creating a safety plan. The current economic environment has impacted demand for CORA's services as shown by a 30% increase over the past two years. CORA fielded more than 5,000 calls on its crisis hotline, with 182 calls from Redwood City area residents and 261 callers benefiting from ERP. Ninety percent of callers receive a plan to address their safety and/or the safety of their family in the event of a future occurrence of violence or a situation where they must flee in a hurry. Victims also receive individualized support, including one-on-one and family therapy, participation in support groups, residential case management, emergency or transitional shelter, food, clothing, crisis support, and/or legal services.

- RTS received a \$10,000 grant from KFH-South San Francisco and KFH-Redwood City to support its Rape and Relationship Abuse Prevention program. Forty-five Violence Prevention Education workshops at local elementary and high schools impacted more than 500 youth. Based on pre- and posttests, leader evaluation, and documentation, 93% of participants showed an increased awareness of violence and its effect on individuals and families. As a pilot, RTS provided a series of workshops to 8th graders using its Ending Cycles of Violence (ECV) curriculum. ECV includes information about bullying, healthy relationships, sexual harassment, trauma, and acting in/acting out, and connects students to RTS as a resource. Twenty-five female students also received workshops on self-defense and assertiveness. RTS provided counseling services to Garfield Elementary School students. And because Garfield students are predominately Latino and low-income, RTS provided a psycho-educational support group for Spanish-speaking parents. There is an ongoing concern about the violence and crime that many of these residents witness at home and on the streets.
- Bay Area Legal Aid received a \$15,000 grant from KFH-South San Francisco and KFH-Redwood City to support the Domestic Violence Legal Safety Net Project, which provides comprehensive legal assistance, including referrals, counseling, safety planning, legal advice, assistance with restraining orders, and legal representation to low-income victims of domestic violence. The project served 366 low-income domestic violence survivors with direct legal assistance and help filing life-saving temporary restraining orders. Bay Legal also provided community education and awareness and educated service providers by providing 10 presentations to 380 participants at various San Mateo County venues
- Legal Aid Society of San Mateo County received a \$25,000 grant from KFH-South San Francisco and KFH-Redwood City to support domestic violence and abuse prevention in San Mateo County. Legal Aid provided family law services to 175 domestic violence victims to ensure their safety or their children's safety by establishing legal independence from the batterer. In addition, they helped domestic violence survivors achieve economic self-sufficiency by helping with other legal needs. Legal Aid also assisted 20 seniors who were victims of financial, physical, or emotional abuse and presented six educational outreach and elder abuse programs to more than 250 seniors.

2012 GOAL UPDATE

The goal will remain unchanged for 2012.

2012 STRATEGIES UPDATE

1. Provide grant funding to support resources that keep families and children in abusive situations safe and free from harm.
2. Support CORA's advisory board and other physician and staff involvement in domestic violence awareness and education.

MONITORING PROGRESS OF 2012 STRATEGIES

Require partner agencies to track number of victims of violence reached through outreach efforts related to options for protecting themselves and/or their families in violent situations or domestic violence, track emergency calls made to local law enforcement agencies or domestic violence emergency hotlines, track number of victims who receive temporary or transitional shelter, and track number of victims who receive legal assistance; and require six-month and year-end reports from all grantees.

Table 1

KAISER FOUNDATION HOSPITAL-SOUTH SAN FRANCISCO

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	2,039
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members	50
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	727
Medi-Cal Managed Care members	3
Healthy Families Program members	2,164
Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) ¹ members	73
Operation Access – number of procedures (including orthopedics, general surgery, gynecology, urology)	42
Operation Access – number of medical volunteers	51
Operation Access – number of medical volunteer hours	369
Health Research projects (new, continuing, and completed)	3
Nursing Research projects (new, continuing, and completed)	7
Educational Theatre Programs – number of performances and workshops	33
Educational Theatre Programs – number of attendees (students and adults)	14,150
Graduate Medical Education – number of programs	2
Graduate Medical Education – number of affiliated and independent residents	1
Nurse practitioner and other nursing training and education beneficiaries	12
Deloras Jones nursing scholarship recipients	4
Other health professional training and education (non-MD) beneficiaries	14
Summer Youth and INROADS programs participants	0
Number of 2011 grants and donations made at the local and regional levels ²	114

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-SOUTH SAN FRANCISCO

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2011

	2011 Total
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$761,126
Healthy Families ²	1,537,835
Charity care: Charitable Health Coverage programs ³	708,052
Charity care: Medical Financial Assistance Program ⁴	3,008,624
Grants and donations for medical services ⁵	44,119
Subtotal	\$6,059,756
Other Benefits for Vulnerable Populations	
Summer Youth and Inroads programs ⁶	\$33,342
Grants and donations for community-based programs ⁷	69,357
Community Benefit administration and operations ⁸	223,737
Subtotal	\$326,437
Benefits for the Broader Community⁹	
Community health education and promotion programs	\$9,209
Educational Theatre Programs	91,543
Facility, supplies, and equipment (in-kind donations) ¹⁰	0
Community Giving Campaign administrative expenses	9,355
Grants and donations for the broader community ¹¹	366,740
National board of directors fund	14,495
Subtotal	\$491,343
Health Research, Education, and Training	
Graduate Medical Education	\$2,002
Non-MD provider education and training programs ¹²	341,019
Grants and donations for the education of health care professionals ¹³	9,643
Health research	3,014,914
Subtotal	\$3,367,578
Total Community Benefits Provided	\$10,245,113

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.