

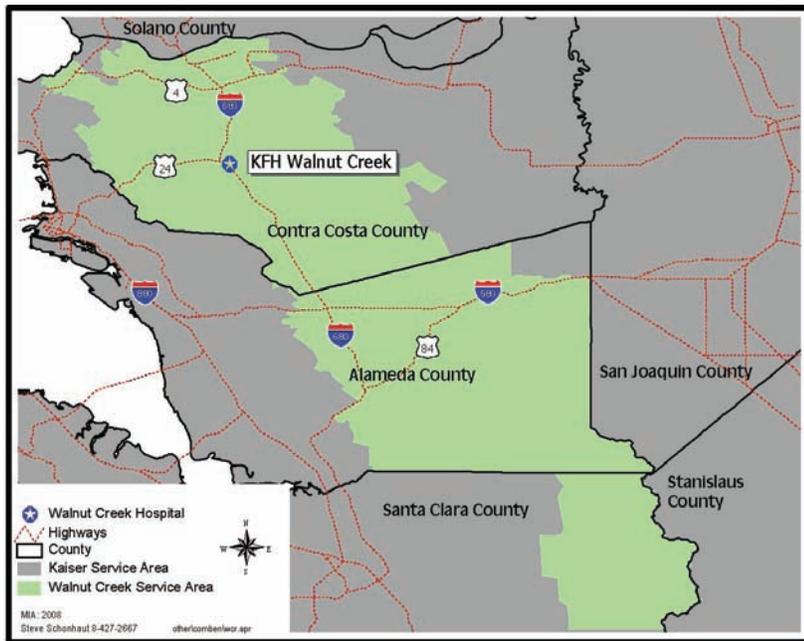
WALNUT CREEK

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KAISER FOUNDATION HOSPITAL (KFH)-WALNUT CREEK

1425 South Main Street
 Walnut Creek, CA 94596
 (925) 295-4000



The KFH-Walnut Creek service area includes communities in Contra Costa and Alameda counties. The major communities are Dublin, Livermore, and Pleasanton in Alameda County and Alamo, Concord, Danville, Lafayette, Martinez, Moraga, Orinda, Pacheco, Pleasant Hill, San Ramon, and Walnut Creek in Contra Costa County.

COMMUNITY SNAPSHOT (*county-level data)

Total population:	698,330	White:	66.67%
Median age:*	38.0	Latino:	13.62%
Average household income:*	\$78,469	African American:	2.19%
Percentage living in poverty:	5.27%	Asian and Pacific Islander:	13.17%
Percentage unemployed:	9.07%	Native American:	0.33%
Percentage uninsured:	7.82%	Other:	4.01%

KEY STATISTICS

Year opened:	1953	Total licensed beds:	233
KFH full-time equivalent personnel:	1,827.9	Inpatient days:	67,521
KFHP members in KFH service area:	242,613	Emergency room visits:	51,5332

KEY LEADERSHIP AT KFH-WALNUT CREEK

Ginger Campbell, RN, PhD	Senior Vice President and Area Manager
Jeffrey Hudson, RN, MSN	Chief Operating Officer
Yakesun Wing	Area Finance Director
Judy Lively, MD	Physician in Chief
David Niver, MD	Physician in Chief
Linsey Dicks	Medical Group Administrator
Kit Niemeyer	Public Affairs Director
Marianne Balin	Community Benefit/Community Health Manager

THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

KFH-Walnut Creek serves residents of Central Contra Costa County and the Tri-Valley area of Alameda County. The 2010 CHNA for KFH-Walnut Creek is based on two reports of secondary data: one by the Contra Costa Department of Public Health and one by the Alameda County Department of Public Health. Primary data were collected through a community survey of low-income residents of east and central Contra Costa County and a community survey of low-income Tri-Valley residents. KFH-Walnut Creek contracted with the public health department in each county, as part of a collaborative that included John Muir Medical Center and Sutter Health in Contra Costa County and Alta Bates Summit Medical Center, Children's Hospital and Research Center, KFH-Fremont, KFH-Hayward, KFH-Oakland, KFH-Walnut Creek, St. Rose Hospital, ValleyCare Health System, Washington Hospital, and Eden Medical Center in Alameda County. The collaborative contracts were managed through the East Bay Section of the Hospital Council of Northern and Central California. The Contra Costa County community survey was designed and administered in collaboration with John Muir Health, and the Tri-Valley Community Survey was administered in collaboration with the Tri-Valley Community Foundation. Respondents were the clients of local agencies that serve very low-income communities. KFH-Walnut Creek engaged Areté Consulting to develop both surveys, analyze the results, and complete written reports of the findings.

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:

Obesity and overweight and the associated chronic conditions are significant health problems:

- In Contra Costa County, 56% of adults are overweight or obese, 26.5% of 5th graders are overweight, and African Americans and Latinos are overweight or obese at higher rates than other races and ethnicities. Almost 23% of Alameda County residents are overweight or obese.
- Heart disease mortality in Martinez and Pleasant Hill is significantly higher than the rate for Contra Costa County overall. The same is true for Livermore and Pleasanton with respect to the Alameda County rate.
- Among Central Contra Costa County community survey respondents, 40% reported being diagnosed as overweight or obese and more than 60% reported being diagnosed with hypertension or high blood pressure. In the Tri-Valley survey, 47% reported being diagnosed as overweight or obese, 61.5% reported being diagnosed with hypertension or high blood pressure, and 43% reported being diagnosed with diabetes.

The cost of health care services is a significant barrier to accessing health care for low-income residents:

- UCLA Center for Health Policy Research estimated that 17.3% of Contra Costa County residents were uninsured for all or part of 2009.
- Early prenatal care is accepted as an indicator of access to primary care. Only 80.5% of women in Concord accessed early prenatal care. Tri-Valley residents in Dublin, Pleasanton, and Livermore accessed early prenatal care at rates above 90%, meeting the Healthy People 2010 objective.
- Among Central Contra Costa County community survey respondents, 47% indicated that finding free or low-cost services was usually a problem when they needed medical care, and more than 50% indicated that their top health concerns included affordability of health insurance and of health and/or dental care. In the Tri-Valley, finding free or low-cost medical care was a barrier for more than 70% of survey respondents under age 65, and at least 50% of all respondents mentioned affordable health care, affordable health insurance, or affordable dental care as among their top health concerns.
- More than 40% of Tri-Valley residents under age 65 reported that language access was a concern when they needed medical care.

Adolescents are not observing safe sexual health practices as indicated by rates of sexually transmitted infection (STI):

- Teens and young adults in both counties have rates of chlamydia and gonorrhea that are much higher than the overall county rates.
- Teen birthrates are particularly high for African American and Latina youth in the Tri-Valley and in Contra Costa County.

Maternal and child health indicators show disparities for African Americans:

- Concord's low birth weight rate is 5.9 per 100 live births. For African Americans in Contra Costa County, the rate is 12.4. The Healthy People 2010 objective is 5.0.
- Dublin and Pleasanton have high rates of low birth weight compared to the Healthy People 2010 objective.
- Both the infant death rate and the neonatal death rate are more than two times higher for African Americans than for Contra Costa County residents as a whole.

Rates of Injury—both intentional and unintentional—are high for the KFH-Walnut Creek service area:

- Rates of suicide are high in Martinez, Walnut Creek, Livermore, and Pleasanton. Whites have the highest rate of suicide in both counties.
- Rates of unintentional injury hospitalization are high in Pleasant Hill, Concord, and Walnut Creek and occur most often among the elderly and women.
- Rates of unintentional injury mortality are high in Walnut Creek and Martinez and are highest among African Americans and the elderly.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-WALNUT CREEK SERVICE AREA

1. Access to health insurance coverage and health care services
2. Obesity and overweight
3. Adolescent sexual health

2011 YEAR-END RESULTS

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

The most recent data for Contra Costa County indicate that more than 17% of county residents are uninsured. In Alameda County, 12.6% of residents were uninsured in 2008. Data collected through the community surveys indicate that about 50% of central Contra Costa County residents face access barriers related to cost, 33% face barriers related to insurance coverage, and 39% face barriers related to transportation. In the Tri-Valley survey, cost was also the most frequently cited barrier to care; the most important health concerns were affordable dental care (82%), affordable health care services (67%), and affordable health insurance (66%).

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 (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 that provide and/or support effective enrollment in public programs.
4. Provide grant funding to support primary care services in underserved areas.
5. Provide grant funding to increase the number of pregnant women receiving early prenatal care.
6. Collaborate with other providers in the community to offer free health care services (e.g., Operation Access).
7. Participate in and support the East County CEO Roundtable and East County Access Action Team (ECAAT) to maintain effective communication across the participating organizations.
8. Operate the Mission Vision program to provide free eye exams and glasses for the uninsured.
9. Provide Kaiser Permanente prenatal classes to safety net clinic patients at no charge.

TARGET POPULATION

Uninsured and underinsured individuals and low-income pregnant women.

COMMUNITY PARTNERS

Community partners include Operation Access (OA); Planned Parenthood Shasta Pacific (PPSP); Contra Costa Health Services Department; RotaCare Bay Area, Inc. Concord Clinic (RotoCare Concord); and Contra Costa Employment and Human Services Department.

2011 YEAR-END RESULTS

- Through its participation in OA, KFH-Walnut Creek offered free elective surgeries to low-income, uninsured individuals. At four Saturday surgery sessions, 67 patients were served by 151 volunteer clinicians and staff. OA also received core operating support through a \$300,000¹ grant from Kaiser Permanente Northern California Region.

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

- Since September 2009, RotaCare Concord has operated as a medical care clinic, providing urgent, chronic, and specialty care and health education to uninsured adults by appointment only. RotaCare Concord offers services at the Concord Salvation Army and Cambridge Elementary School in the Monument neighborhood where it uses the multipurpose room for patient waiting, registration, social work consultation, data entry, and a dispensing pharmacy. With the exception of one part-time staffer, paid for through a \$30,000 grant from KFH-Walnut Creek, the clinic is run by a volunteer staff of physicians, nurses, nurse practitioners, social workers, and translators. A retired Kaiser Permanente pharmacist, Bill Pigeon, oversees the clinic's pharmacy. Three Kaiser Permanente physicians serve as medical volunteers: internists Carl Corrigan, MD and Margaret Hegg, MD, and Obstetrician-Gynecologist Carey Watson, MD. During the grant's six-month duration, Concord RotaCare provided 1,130 patient encounters.
- Axis Community Health, Inc. provides health and substance abuse services through clinics in Pleasanton and Livermore. KFH-Walnut Creek's \$30,000 grant to Axis provided funding for an eligibility worker to provide low-income residents with one-on-one enrollment assistance, including eligibility assessment, and help completing enrollment documents and renewal applications. Thus far in the grant period, the eligibility worker enrolled 452 patients in health plans and 62 patients were qualified for Axis's own self-pay sliding-fee scale. Axis anticipates that funding for this position will enable the organization to serve 1,100 patients when the grant period ends on June 30, 2012.
- KFH-Walnut Creek sponsored its third annual Mission Vision event on July 23, 2011. Four local organizations that work with homeless individuals, Society of St. Vincent de Paul Contra Costa, Contra Costa Health Services, Shelter Inc., and Catholic Charities, were invited to refer clients in need of eye exams and glasses. Eighty-two adults and children participated; all received eye exams, with several adults getting ready-made readers and 35 individuals receiving prescription glasses. More than 30 Kaiser Permanente clinicians, staff members, and family members made the day a success. Total value of the readers and prescription glasses was \$4,000.
- PPSP, which operates clinics in Pittsburg and Antioch, offers prenatal care but is unable to offer prenatal classes. Since 2009, KFH-Walnut Creek has offered PPSP patients scholarships to attend prenatal classes at its facilities, and in 2011, 39 PPSP patients attended. Total enrollment costs for these patients were \$2,150.
- California Primary Care Association (CPCA) received a \$300,000 core operating support joint grant over one year (\$150,000 from Kaiser Permanente Northern California Region and \$150,000 from Kaiser Permanente Southern California Region). The grant positions community health centers to succeed in the new health care delivery system with the Affordable Care Act and Medicaid 1115 Waiver by helping organizations navigate new reimbursement and billing mechanisms and enrollment processes.
- On behalf of Regional Association of California, California Family Health Council received a \$130,000 core operating support joint grant over one year (\$65,000 from Kaiser Permanente Northern California Region and \$65,000 from Kaiser Permanente Southern California Region) to continue the collaboration of the executive directors of local consortia, CPCA, and California Family Health Council.

2012 GOALS UPDATE

The goals will remain unchanged for 2012.

2012 STRATEGIES UPDATE

1. Participate in KFHP/H Charitable Health Coverage Programs (Kaiser Permanente Child Health Plan); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for this product.
2. Provide charity care through MFA and maximize efficiencies.
3. Provide grant funding to organizations that provide and/or support effective enrollment in public programs.
4. Provide grant funding to support primary care services in underserved areas.
5. Provide grant funding to increase the number of pregnant women receiving early prenatal care.
6. Collaborate with other providers in the community to offer free health care services (e.g., OAess).

7. Participate in and support East County CEO Roundtable and ECAAT to maintain effective communication across participating organizations.
8. Operate the Mission Vision program that provides eye exams and glasses for the uninsured.
9. Provide Kaiser Permanente free-of-charge prenatal and other classes to safety net clinic patients.

MONITORING PROGRESS OF 2012 STRATEGIES

KFH-Walnut Creek will assess our success relative to these strategies and goals by monitoring community rates of insurance coverage and indicators of access to care; tracking grant dollars we provide; tracking number of people enrolled in public programs and Kaiser Permanente Child Health Plan; tracking percentage of completed enrollment applications for Medi-Cal and Healthy Families; collecting data on number of patient visits and unique patients seen by prenatal care and primary care services supported through grant funding; monitoring number of clinicians who volunteer to offer free services and number of patients served through those services; tracking number of individuals receiving MFA and total dollars spent on this program; and collecting data on the number of safety net clinic patients participating in Kaiser Permanente prenatal classes.

PRIORITIZED NEED II: OBESITY AND OVERWEIGHT

Obesity and overweight are health problems in themselves and contribute to several other debilitating health conditions. In Contra Costa County, the rates of obesity and overweight are high for adults (more than 56%) and children (more than 26% of 5th graders). Rates of obesity and overweight are highest for African Americans, Latinos, males, and students in the county's low-income school districts. In Alameda County, 22.7% of adult residents are obese, another 30.5% are overweight, and 29% of children are overweight. Obesity is highest among African Americans, and overweight is highest among whites and Latinos.

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 grant funding to support advocacy for changes in organizational practices and policies related to soda and other high-calorie drinks and foods.
2. Provide grant funding to organizations that increase the volume of fresh fruits and vegetables in low-income homes.
3. Actively participate in leadership of Healthy and Active Before 5 (HAB45) and achievement of its strategic plan.
4. Provide grants to organizations advocating for or leading efforts to increase walking, bicycling, swimming, and other physical activities.
5. Collaborate on program leadership for Live Well Livermore and its focus on Safe Routes to School and other obesity prevention strategies.
6. Provide grant funding for school-based and other institutional physical recreation programs.

TARGET POPULATION

Low-income adults and children who are obese or overweight or who are at risk of being obese or overweight.

COMMUNITY PARTNERS

Community partners include HAB45, Contra Costa Child Care Council, Contra Costa Health Services Department, Food Bank of Contra Costa & Solano, Live Well Livermore, City of Livermore, Livermore Joint Unified School District, and local park and recreation departments.

2011 YEAR-END RESULTS

- HAB45 is a community collaborative dedicated to reducing early childhood obesity in Contra Costa County through a whole-community focus on food and activity environments for young children and their families. Since its inception in 2007, KFH-Walnut Creek and KFH-Antioch have supported HAB45, which is led by an executive committee of the major partners serving young children in Contra Costa and sustains a broad-reaching coalition of community organizations. A \$46,500 grant allowed HAB45 to develop and promote active play policies in child care settings and to continue its work to change organizational policies and practices focused on food and beverages for young children. In response to HAB45's Pledge the Practice/Pass the Policy initiative, launched in 2010, many HAB45 Leadership Council agencies have made significant changes in their food and physical activity policies and practices, and 19 member organizations have adopted one or more formal policies modeled on HAB45 templates, including healthy foods and beverages, breastfeeding, and active play policies.
- With a \$25,000 grant from KFH-Walnut Creek and KFH-Antioch, Contra Costa Health Services continued NEW Kids, a successful school-based program that targets obese and overweight elementary schoolchildren (referred by their health care providers) and their families. NEW Kids is offered at Concord's Meadow Homes Elementary School, which serves a low-income, primarily Spanish-speaking community. Forty-two families, including 72 children, have participated in this high-touch program that teaches and supports healthy eating and increased physical activity.
- KFH-Walnut Creek's \$20,000 grant to Livermore Area Parks and Recreation Department (LARPD) funded Let's Swim, a water safety program providing access to swim lessons and discounted pool entry for 160 low-income children. LARPD offered two orientation sessions at May Nissen Swim Center, followed by swim lessons for registered children. Swimmership program participants paid a \$0.25 entry fee to the swim center for the rest of the summer.
- Loaves and Fishes of Contra Costa operates a hot meal program at multiple sites in the KFH-Walnut Creek and KFH-Antioch service areas, including Martinez and Concord. A \$15,000 grant provided core operating support for this vital safety net organization. During the grant's first six months, Loaves and Fishes served 56,782 hot meals to low-income residents. Many KFH-Walnut Creek employees volunteer for Loaves and Fishes, which also operates a food pantry for lunch program participants.
- KFH-Walnut Creek awarded a \$15,000 grant to the City of Livermore for continued core support for Cooking Together, which teaches cooking, food safety, nutrition, and budget-conscious food-shopping skills to very low-income families and youth. A class at Livermore High School attracted 18 teens. A second class at Junction Avenue Elementary School, which has a high percentage of very low-income, Spanish-speaking families, drew 21 adults and children.

2012 GOALS UPDATE

The goals will remain unchanged for 2012.

2012 STRATEGIES UPDATE

1. Provide grant funding to support advocacy for changes in organizational practices and policies related to soda and other high-calorie drinks and foods.
2. Provide grant funding to organizations that increase the volume of fresh fruits and vegetables in low-income homes.
3. Identify a KFH-Walnut Creek representative to participate in leadership of the HAB45 collaborative and achievement of its strategic plan.
4. Provide grants to organizations advocating for or leading efforts to increase walking, bicycling, swimming, and other physical activities.

5. Collaborate on program leadership for Live Well Livermore and its focus on Safe Routes to School and other obesity prevention strategies.
6. Provide grant funding for school-based and other institutional physical recreation programs.

MONITORING PROGRESS OF 2012 STRATEGIES

KFH-Walnut Creek will assess our progress with respect to our goals and strategies by tracking grant dollars provided to support each strategy as well as number of people reached by programs receiving grant funding; collecting data on amount of produce brought into low-income homes as a result of funded programs; determining status of progress toward HAB45's strategic plan; and tracking number of families engaged in Cooking Matters, Safe Routes to School, and other nutrition and physical activity opportunities sponsored by Live Well Livermore.

PRIORITIZED NEED III: ADOLESCENT SEXUAL HEALTH

Data on indicators of adolescent sexual behavior show that significant numbers of teens are engaging in unhealthy sexual practices. Teen birthrates are highest among Latinas and African Americans. Chlamydia rates are high across Contra Costa County, particularly for teens and those 20 to 24.

2011 GOALS

1. Increase the number of young adults receiving chlamydia screening and treatment.
2. Decrease rates of teen pregnancy.

2011 STRATEGIES

1. Provide grant funding to organizations that conduct outreach and education to increase chlamydia screening.
2. Provide grant funding to organizations that provide chlamydia screening.
3. Provide grants to school-based and other organizations working to decrease teen pregnancy through education and family planning services.

TARGET POPULATION

Low-income teens, particularly African Americans and Latinos.

COMMUNITY PARTNERS

Community partners include PPSP, school districts, Contra Costa Health Services Department, Axis Community Health, Contra Costa Office of Education, and Tri-Valley Community Foundation.

2011 YEAR-END RESULTS

- PPSP launched its Teen Peers in the Monument Corridor program with a \$15,000 grant from KFH-Walnut Creek. PPSP provided intensive training for 10 bilingual teens to become peer educators. This teen corps will educate other local teens about pregnancy and chlamydia prevention and link teens to PPSP's Concord Health Center. Newly trained teens conducted outreach at the Hispanic Heritage Day Festival and the Monument Community Health Fair.
- A \$6,000 grant supported Livermore Valley Joint Unified School District's programs for girls, Nosotros en Control (we are in charge), and boys Echándole Ganas (putting forth our best efforts). This is the fourth year of support for these low-cost, high-touch programs that engage low-income Latino middle and high school youth (71) and their parents (59) in a summer education series designed to improve parent/child communication, build leadership, and prevent teenage pregnancy. The programs use many Kaiser Permanente health education materials, and KFH-Walnut Creek's William Lide, MD, spoke to the group about skin care, puberty, and safe choices.

- A \$15,000 KFH-Walnut Creek grant to Tri-City Health Center provided support for Project LOUD, which uses peer education to encourage teens to get tested for chlamydia and other STIs and to get pregnancy prevention information. Thirty youth from three continuation high schools in the Tri-Valley are currently being recruited to help plan three youth conferences on health issues such as chlamydia and other STI transmission, testing, prevention and treatment, teen pregnancy and family planning issues, the connection of substance use to sexual risk behavior, healthy vs. abusive relationships, and locations of relevant youth services and resources. In addition to working with teen advisors, Project LOUD health educators reach Tri-Valley youth through street outreach and plan to provide 4,000 referrals to STI screening and pregnancy prevention services during the grant term.

2012 GOALS UPDATE

The goals will remain unchanged for 2012.

2012 STRATEGIES UPDATE

1. Provide grant funding to organizations that conduct outreach and education to increase chlamydia screening.
2. Provide grant funding to organizations that provide chlamydia screening.
3. Provide grants to school-based and other organizations working to decrease teen pregnancy through education and family planning services.

MONITORING PROGRESS OF 2012 STRATEGIES

KFH-Walnut Creek will assess our progress with respect to these strategies and goals by tracking grant dollars provided and number of teens who are reached through grant-funded programs, and monitoring community indicators related to adolescent sexual health.

Table 1

KAISER FOUNDATION HOSPITAL-WALNUT CREEK

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	3,208
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members	140
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	2,002
Medi-Cal Managed Care members	2,811
Healthy Families Program members	2,983
Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) ¹ members	183
Operation Access – number of procedures (including general surgery, gastroenterology, orthopedics, ophthalmology) ²	63
Operation Access – number of medical volunteers ²	27
Operation Access – number of medical volunteer hours ²	758
Health Research projects (new, continuing, and completed)	1
Nursing Research projects (new, continuing, and completed)	13
Educational Theatre Programs – number of performances and workshops	76
Educational Theatre Programs – number of attendees (students and adults)	17,546
Graduate Medical Education – number of programs	6
Graduate Medical Education – number of affiliated and independent residents	86
Nurse practitioner and other nursing training and education beneficiaries	61
Deloras Jones nursing scholarship recipients	1
Other health professional training and education (non-MD) beneficiaries	41
Summer Youth and INROADS programs participants	7
Number of 2011 grants and donations made at the local and regional levels ²	140

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.

²Procedures performed at the KFH-Martinez medical office building are included in these totals.

³The 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-WALNUT CREEK

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2011

	2011 Total
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$5,557,424
Healthy Families ²	1,767,832
Charity care: Charitable Health Coverage programs ³	2,142,496
Charity care: Medical Financial Assistance Program ⁴	3,349,947
Grants and donations for medical services ⁵	193,575
Subtotal	\$13,011,274
Other Benefits for Vulnerable Populations	
Summer Youth and Inroads programs ⁶	\$88,346
Grants and donations for community-based programs ⁷	344,436
Community Benefit administration and operations ⁸	444,922
Subtotal	\$877,704
Benefits for the Broader Community⁹	
Community health education and promotion programs	\$20,907
Educational Theatre Programs	210,826
Facility, supplies, and equipment (in-kind donations) ¹⁰	6,923
Community Giving Campaign administrative expenses	21,239
Grants and donations for the broader community ¹¹	40,173
National board of directors fund	32,907
Subtotal	\$332,975
Health Research, Education, and Training	
Graduate Medical Education	\$423,112
Non-MD provider education and training programs ¹²	1,054,253
Grants and donations for the education of health care professionals ¹³	117,527
Health research	6,813,768
Subtotal	\$8,408,659
Total Community Benefits Provided	\$22,630,612

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.