



Kaiser Foundation Hospital – Southern California Region

2013 COMMUNITY BENEFIT YEAR-END REPORT AND 2014-2016 COMMUNITY BENEFIT PLAN

BALDWIN PARK



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INTRODUCTION

This is the eighteenth *Consolidated Community Benefit Plan* prepared by Kaiser Foundation Hospitals (KFH), a California nonprofit public benefit corporation, and submitted to the Office of Statewide Health Planning and Development (OSHPD) in compliance with Senate Bill (SB) 697, Chapter 812, Statutes of 1994, Health and Safety Code Section 127340 et seq. The *Consolidated Community Benefit Plan 2014* includes a hospital-specific Community Benefit Plan for each of the 35 hospitals owned and operated by KFH in California.

DEVELOPMENT OF A CONSOLIDATED COMMUNITY BENEFIT PLAN

Throughout 2013, the 35 hospitals undertook activities and projects to address selected priority needs identified in 2010 in their respective communities. This report documents the results of these efforts. The process of producing the KFH *Consolidated Community Benefit Plan 2014* includes the following activities:

- Development and distribution of internal guidelines for preparation of KFH Community Benefit year-end reports and updates that incorporate SB 697 requirements and OSHPD guidelines
- Preparation of individual KFH Community Benefit plans and year-end reports by local staff responsible for planning, implementing, and evaluating Community Benefit activities, programs, and services
- Review of 2013 year-end results by Northern and Southern California Regional Community Benefit Departments, and National Community Benefit, which included verification of total benefits, such as cash contributions, and donated equipment and supplies
- Update of hospital facts, metrics, and service area maps based on data obtained from various Kaiser Permanente departments such as Planning and Analysis, Human Resources, Management Information and Analysis, and others
- Allocation and reporting of the economic value of Community Benefit provided by each hospital, based on the SB 697 reporting categories (Table 2 in each hospital chapter)
- Preparation of consolidated information and description of key Community Benefit programs, services, and activities for Kaiser Foundation Hospitals in California, based on the SB 697 reporting categories

The *Consolidated Community Benefit Plan 2014* was produced by Northern California Region Community Benefit and Southern California Region Community Benefit. However, preparation of this report would not have been possible without the valuable assistance of local Community Benefit and Public Affairs staff throughout California.

CONTENTS OF THE COMMUNITY BENEFIT PLAN

CHAPTER I: HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

- History of Kaiser Permanente and a description of its organizational structure at the regional and national level

CHAPTER II: MISSION STATEMENT AND COMMITMENT TO THE COMMUNITY

- Mission statement of KFH and Kaiser Foundation Health Plan, Inc. (KFHP), and information on Kaiser Permanente's commitment to the communities it serves

CHAPTER III: COMMUNITY BENEFIT PROVIDED IN 2013

- Statewide and individual hospital Community Benefit provided by KFH in 2013, including descriptions of related activities and programs, as well as financial information based on the SB 697 reporting categories (Tables A and B).

CHAPTER IV: 2014–2016 COMMUNITY BENEFIT PLANS AND 2013 YEAR-END RESULTS

- The introduction includes a brief overview of what is contained in the year-end reports and plan updates.
- There is a section for each of the 35 hospitals, in alphabetical order.
- Each hospital section includes general hospital facts, a service area map, a list of cities and communities served, a summary of selected demographic and socioeconomic statistics about the area served, a list of the hospital's leadership, a brief overview of the 2010 Community Health Needs Assessment (CHNA) process and 2011–2013 Community Benefit Plan, and 2013 year-end results.
- Each hospital section contains two tables. One provides metrics for some programs in the Community Benefit portfolio (Table 1) and the other enumerates the total Community Benefit provided in 2013 (Table 2).
- Each hospital section concludes with a link to the 2013 CHNA report on the Kaiser Permanente Share website (www.kp.org/chna) and a description of the 2014–2016 Community Benefit Plan.

CHAPTER I: HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

Kaiser Permanente is an integrated health care delivery system. For nearly 70 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. Today we serve approximately 9.1 million members in eight states and the District of Columbia. Kaiser Permanente is dedicated to improving the health of our communities through broad coverage, high-quality care and continuous quality improvement and innovation in the care we deliver, clinical research, workforce development, health education, and the support of community health interventions.

Kaiser Permanente started in 1933 as a prepaid program to finance and provide health care services to workers on a remote construction project in the Southern California desert. It later expanded to include coverage for workers and their families during construction of the Grand Coulee Dam in Washington State. During World War II, Kaiser Permanente provided health care services to employees at Kaiser shipyards and steelmaking facilities, who were union members primarily, and to their families.

An innovative Labor Management Partnership (LMP) among Kaiser Permanente workers, managers, and physicians honors the early cooperative spirit between the company and its union employees. The LMP is the largest and most comprehensive partnership of its kind, covering nearly 100,000 union-represented employees and their managers and yielding superior health care results in a high-performance workplace.

Kaiser Permanente has been actively involved in the community for decades. Since its beginning, Kaiser Permanente's philosophy has reflected the belief that effective preventive health care does not begin and end with an individual's well-being, but includes promoting and supporting healthy, stable communities.

Kaiser Permanente is organized in each operating region by three separate but closely cooperating entities: comprised of KFH and KFHP (nonprofit public benefit corporations and exempt organizations under Section 501(c)(3) of the Internal Revenue Code), and a separate Permanente Medical Group (PMG) in each region in which Kaiser Permanente operates. These entities share responsibility for organizing, financing, and delivering quality, prepaid health care to members and the community at large.

NATIONAL STRUCTURE

KFHP and KFH (collectively KFHP/H) are governed by a 14-member Board of Directors; individuals from academia and private industry who are representative of the community. Bernard J. Tyson is Chief Executive Officer and Chairman for both organizations. Corporate headquarters for Kaiser Permanente is in Oakland, California.

KFH accepts responsibility to provide or arrange necessary hospital services and facilities for members. Staff privileges are available on a nondiscriminatory basis to physicians in the communities served. KFH also contracts with other community hospitals to provide hospital services to members for specialized care and other services.

REGIONAL STRUCTURE IN CALIFORNIA

In California, KFHP and KFH divide their operations into two separate regions, Northern California Region (NCR), headquartered in Oakland and Southern California Region (SCR) in Pasadena, each with its own president.

Four separate legal entities are responsible for managing the integrated health care system in California: KFHP; KFH; The Permanente Medical Group, Inc. (TPMG), which contracts with KFHP in Northern California; and Southern California Permanente Medical Group (SCPMG), which contracts with KFHP in Southern California. Kaiser Permanente also provides

medical services to members in one non-hospital service area, Kern County, where SCPMG physicians provide primary and specialty care for members, and KFH contracts for hospital services.

The 2014 KFHP/H leadership team in Northern California includes Gregory Adams, President; Janet Liang, Chief Operating Officer; Wade Overgaard, Senior Vice President, California Health Plan Operations; Debby Cunningham, Senior Vice President, Strategy and Business Development; Michael Rowe, Senior Vice President and Chief Financial Officer; Cesar Villalpando, Senior Vice President and Chief Administrative Officer, Interim Senior Vice President, Hospital and Health Plan Area Operations; Ed Glavis, Interim Senior Vice President, Hospital and Health Plan Area Operations; Gay Westfall, Senior Vice President, Human Resources; Yvette Radford, Vice President, External and Community Affairs; Nancy Cartwright, Vice President, Communications; Sandra Golze, Vice President and Regional Counsel; Barbara Crawford, Vice President, Quality and Regulatory Services; Kevin Hart, Vice President, Business Information Officer and KP HealthConnect; Jason Hall, Vice President, Compliance and Privacy; and Ann Orders, Executive Director, Health Care Reform and Continuum of Care.

The 2014 KFHP/H leadership team in Southern California includes Benjamin Chu, MD, President; William Caswell, Senior Vice President, Operations; Jerry McCall, Senior Vice President, Operations; George Di Salvo, Senior Vice President and Chief Financial Officer; Patti Harvey, Senior Vice President, Quality and Risk Management, Patient Care Services, and Clinical Operations Support; John Yamamoto, Vice President and Assistant General Counsel, National Legal Counsel; Dennis Scott, Vice President, Compliance and Privacy; Jodie Lesh, Senior Vice President, Strategic Planning and New Ventures; Arlene Peasnall, Senior Vice President, Human Resources; Diana Halper, Vice President Integrated Brand Communications; Wade Overgaard, Senior Vice President, California Health Plan Operations; Jerry Spicer, Vice President, Patient Care Services; David Kvanetz, Vice President, National Pharmacy Programs and Services; and James Crawford, Vice President, Business Information Officer.

TPMG and SCPMG are responsible for the care of KFHP members and for physician recruitment, selection, and staffing. Robert Pearl, MD, is medical director and executive director of the board for TPMG. Jeffrey Weisz, MD, is executive medical director and chairman of the board for SCPMG.

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

KFH owns and operates 35 hospitals (including six licensed hospitals with multiple campuses) in California: 21 community hospitals in Northern California and 14 in Southern California, all accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

KFH hospitals are located in Anaheim, Antioch, Baldwin Park, Downey, Fontana, Fremont, Fresno, Hayward, Irvine, Los Angeles, Manteca, Modesto, Moreno Valley, Oakland, Ontario, Panorama City, Redwood City, Richmond, Riverside, Roseville, Sacramento, San Diego, San Francisco, San Jose, San Rafael, Santa Clara, Santa Rosa, South Bay, South Sacramento, South San Francisco, Vacaville, Vallejo, Walnut Creek, West Los Angeles, and Woodland Hills.

MEDICAL OFFICE BUILDINGS

In California, KFHP/H owns and leases 442 medical offices where members receive outpatient health care. Each Kaiser Permanente medical office building is affiliated with a KFH medical center.

CHAPTER II: MISSION STATEMENT AND COMMITMENT TO THE COMMUNITY

MISSION STATEMENT

Kaiser Permanente's mission statement reflects both business objectives and a longstanding philosophy of social responsibility.

*Kaiser Permanente exists to provide high-quality, affordable health care services
and to improve the health of our members and the communities we serve.*

In compliance with SB 697 legislation passed in 1994, the KFHP/H Board of Directors met on March 7, 1995, and reaffirmed that:

KFH is a nonprofit public benefit corporation not organized for the private gain of any person and that, as set forth in its Articles of Incorporation and Bylaws, its principal purpose is to provide hospital, medical and surgical care, including emergency services, extended care and home health care, for members of the public, without regard to age, sex, race, religion or national origin or for the individual's ability to pay. The corporation's related purposes are to educate and train medical students, physicians and other health care professionals, and students in the healing arts; to conduct, promote and encourage educational and scientific research in medicine and related sciences, and medical and nursing education; and to support such other charitable, scientific, educational and hospital endeavors as the corporation may deem advisable and as are consistent with this corporation's tax-exempt nonprofit status. The corporation also makes available professional staff privileges to practitioners in the community.

NATIONAL COMMITMENT TO COMMUNITY BENEFIT

Community Benefit is central to Kaiser Permanente's mission. We believe good health is a fundamental aspiration of all people. We recognize that promotion of good health extends beyond the doctor's office and the hospital. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. To be healthy, people need access to healthy and nutritious food in their neighborhood stores, clean air, successful schools, and safe parks and playgrounds. Good health for the entire community also requires a focus on equity as well as social and economic well-being.

We focus our work on three broad areas:

- Providing access to high-quality care for low-income, underserved people
- Creating safe, healthy communities and environments where people live, work, and play
- Developing important new medical knowledge and sharing it widely with others and training a culturally competent health care workforce of the future

Across these areas, we work to inspire and support people to be healthier in all aspects of their lives, and build stronger, healthier communities.

In pursuit of our mission we go beyond traditional corporate philanthropy and grant-making to leverage our financial resources with medical research, physician expertise, and clinical practices. In addition to dedicating resources through Community Benefit, we also leverage substantial additional assets that improve community health, including our purchasing practices, our environmental stewardship efforts and workforce volunteerism.

For many years, we have worked collaboratively with other organizations to address serious public health issues such as obesity, access to care, and violence. We have conducted CHNAs to better understand each community's unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term,

sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health.

The KFHP/H Board of Directors has a standing Community Benefit Committee that oversees the program wide Community Benefit program. This includes the review and approval of certain community benefit plans and regulatory reports. Kaiser Permanente also has a national executive of KFHP and KFH to lead Kaiser Permanente's Community Benefit Program as a full-time assignment. Raymond J. Baxter, PhD, is the Senior Vice President for Community Benefit, Research, and Health Care Policy. He reports to the CEO and Chairman of the Board.

KAISER PERMANENTE'S COMMITMENT TO COMMUNITY BENEFIT IN CALIFORNIA

The Community Benefit commitment is reflected in all levels of the organization:

- Regional Community Benefit Governance Teams include senior-level executives representing KFHP/H and SCPMG or TPMG. Each team is responsible for setting strategic direction for Community Benefit activities, approving new initiatives, setting annual spending targets, and monitoring Community Benefit outcomes and results in the region.
- Regional Community Benefit leaders and staff coordinate and implement Community Benefit programs and initiatives with program managers, staff the Community Benefit governance team, and frame policy directives in Northern and Southern California.
- Local staff at the hospital and/or Area level are responsible for implementing and reporting on Community Benefit programs and services that address local needs.

CHAPTER III: COMMUNITY BENEFIT PROVIDED IN 2013

This chapter includes descriptions of all Community Benefit programs and services provided by Kaiser Permanente in 2013. In addition, financial information is listed in two tables located at the end of this chapter. Table A itemizes total Community Benefit provided by KFH for California in accordance with the SB 697 framework. Table B shows total Community Benefit provided by each hospital.

METHODOLOGY

DEFINITION OF COMMUNITY

Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

CATEGORIZATION OF SERVICES

Each KFH Community Benefit program and service included in this plan was aligned with and reported under the most appropriate SB 697 category, which are as follows:

- Medical Care Services for Vulnerable Populations
- Other Benefits for Vulnerable Populations
- Benefits for the Broader Community
- Health Research, Education, and Training Programs

DOCUMENTATION AND ALLOCATION OF EXPENDITURES

Total Community Benefit expenditures are reported for the 35 NCR and SCR hospitals as follows:

- Quantifiable Community Benefit such as facility use and in-kind donations are included if funded by KFH, provided in a KFH facility, or are part of a KFH Community Benefit Plan.
- Medical care services for vulnerable populations include unreimbursed inpatient costs for participation in Kaiser Permanente-subsidized and government-sponsored health care insurance programs.
- The unreimbursed portion of medical, nursing, and other health care profession education and training costs are included.

Resource allocations are reported, as follows:

- Financial expenditures are reported in exact amounts, if available, by hospital service area.
- If exact financial expenditure amounts were not available by hospital service area, then regional expenses were allocated proportionally on the basis of KFHP membership or other quantifiable data, such as the number of Kaiser Permanente Educational Theatre performances presented or Summer Youth students employed within each hospital area's community at large.

SUMMARY OF KAISER FOUNDATION HOSPITALS COMMUNITY BENEFIT

STATEWIDE BENEFITS

In 2013, KFH provided a total of \$776,303,922 in Community Benefit for Californians, supporting a wide range of community projects, medical care services, and research and training for health and medical professionals. As shown in Table A (page

19), most Community Benefit funds were used to subsidize inpatient medical care services for vulnerable populations (\$588,236,946) and for health research, education, and training programs (\$111,927,357). KFHP also expended \$59,300,998 on other benefits for vulnerable populations and \$16,838,622 on projects benefiting the broader community.

BENEFITS BY HOSPITAL SERVICE AREA

Table B shows total Community Benefit contributions made in 2013 by the 35 hospitals. Totals reflect differences among hospitals, including geographic location, size, Health Plan membership, Community Benefit programs and services provided, and diversity of population. More detailed information, including individual hospital reports, is included in Chapter IV.

DESCRIPTION OF COMMUNITY BENEFIT PROGRAMS AND SERVICES

The Kaiser Permanente Community Benefit programs and related services described in this section are aligned with the SB 697 framework. Most correspond directly to the line items listed in Table A in Chapter III and Table 2 in the individual hospital sections, which include financial information for 2013.

MEDICAL CARE SERVICES FOR VULNERABLE POPULATIONS

Providing charitable care for the underinsured and uninsured, as well as services to beneficiaries of publicly financed health care programs, is an important element of the KFHP/H social mission. In 2013, KFHP spent a total of \$520,264,474 on unreimbursed medical care for vulnerable populations.

For the purpose of this plan, KFHP has quantified the unreimbursed costs of medical services provided in its hospitals to the underinsured and uninsured through government programs funded at the federal and state levels as well as Kaiser Permanente's own charity care programs. Government-funded programs include Medi-Cal Managed Care, Medi-Cal Fee-For-Service, and Healthy Families Program. KFHP provides charity care through its Charitable Health Coverage and Medical Financial Assistance programs. Services provided to prepaid Medicare, Major Risk Medical Insurance Program (MRMIP), and Access for Infants and Mothers (AIM) beneficiaries are not reported.

MEDI-CAL

KFHP serves Medi-Cal beneficiaries in two ways. Some recipients are enrolled as KFHP members through Medi-Cal managed care contracts; other Medi-Cal beneficiaries receive health care services on a fee-for-service basis. In both cases, the cost of inpatient services provided exceeds the capitation or revenue received.

- **Medi-Cal Managed Care:** KFHP provides comprehensive inpatient and outpatient care to Medi-Cal managed care members in California through various local and state government entities. In Northern California, the local initiatives and county-organized systems are Alameda Alliance, Contra Costa Health Plan, SF Health Plan, Santa Clara Family Health Plan, Partnership Health Plan of CA, Health Plan of San Mateo, Health Plan of San Joaquin, and CalViva Health. In Southern California, KFHP subcontracts with local initiatives in Los Angeles, Riverside, San Bernardino, Ventura, and Orange counties, and contracts directly with the state of California through the Geographic Managed Care Plan in San Diego County. In 2013, KFHP/H provided comprehensive inpatient and outpatient care to approximately 352,034 Medi-Cal managed care members.
- **Medi-Cal Fee-For-Service:** KFHP provides subsidized health care on a fee-for-service basis for Medi-Cal beneficiaries not enrolled as KFHP members. Reimbursement for some services usually is significantly below the cost of care and is considered subsidized care to non-member Medi-Cal fee-for-service patients.

HEALTHY FAMILIES PROGRAM

In 2013, KFHP successfully transitioned its Healthy Families Program members into Medi-Cal, as required by the state of California. Healthy Families, California's version of the State Children's Health Insurance Program (SCHIP), is a federally and state-funded insurance program that provides low- and moderate-income families with health insurance for their children

under age 19. The program provides comprehensive health benefits, including dental and vision care. To qualify, families must have a total income between 100% and 250% of the federal income guidelines, and the children must be ineligible for Medi-Cal coverage.

CHARITABLE HEALTH COVERAGE PROGRAMS

Through Kaiser Permanente's Charitable Health Coverage Programs, approximately 86,000 low-income adults and children, who are ineligible for other public or private health insurance, receive subsidized coverage from Kaiser Permanente each year.

- In California in 2013, the Kaiser Permanente Child Health Plan (KPCHP) provided subsidized health coverage to 77,135 children 0 to 19 whose family income was up to 300% of the federal poverty level and who lacked access to other coverage due to their immigration status or family income. They received comprehensive benefits, including preventive care, inpatient and outpatient services, prescriptions, and vision and dental care. Premiums in 2013 were \$8 or \$15 per child per month, depending on family income, for up to three children with no charge for additional children.
- Healthy San Francisco, operated by the San Francisco Department of Public Health (SFDPH), provides health care services to uninsured San Francisco residents regardless of immigration status, employment status, or pre-existing medical conditions. The 2013 Healthy San Francisco Medical Home Network consisted of SFDPH and San Francisco Community Clinic Consortium clinics, private physician groups, and other providers, including Kaiser Permanente. In 2013, Kaiser Permanente provided health coverage to 2,904 Healthy San Francisco members.

MEDICAL FINANCIAL ASSISTANCE

Improving health care access for those with limited incomes and resources is fundamental to Kaiser Permanente. The Medical Financial Assistance program (MFA) helps low-income, uninsured, and underserved patients receive access to care. MFA provides temporary financial assistance or free care to patients who receive health care services from our providers, regardless of whether they have health coverage or are uninsured. MFA is open to eligible patients (members and nonmembers) who meet financial guidelines based on household size and income and have exhausted all means of private or public health care coverage. Patients apply for MFA in one or more ways, including accessing a hard copy of an application form, through Web access or an online application, or through financial counseling services. The program also includes support for community MFA programs and support for charity care programs at community hospitals. Community MFA programs are designed to enable access to health care through coordination with community-based organizations that address the health needs of the community's low income populations. In some instances, the program also provides financial resources to local community hospitals to support their charity care programs. In 2013, KFH contributed \$145,170,014 to help patients with limited or no resources pay for care provided in KFH facilities.

GRANTS AND DONATIONS FOR MEDICAL CARE SERVICES

KFH donated \$67,972,472 to nonprofit and community-based agencies in California to support the delivery of medical care by community providers. This effort is designed to provide support for community clinics and other safety net provider to build capacity for improving access and quality care infrastructure. It also extends partnerships to health departments and public hospitals. Funding areas include, but are not limited to, chronic disease management, access to specialty care, homeless services, quality improvement, access to primary care, HIV/AIDS, and general operating support.

OTHER BENEFITS FOR VULNERABLE POPULATIONS

In 2013, KFH donated \$59,300,998 to benefit vulnerable populations through a number of programs, including Educational Outreach Program, INROADS, Summer Youth, Watts Counseling and Learning Center, and grants and donations for community-based programs.

KAISER PERMANENTE EDUCATIONAL OUTREACH PROGRAM

Educational Outreach Program (EOP) provides education and support services, primarily for Latino families, in the San Gabriel Valley section of Los Angeles County. The focus of EOP is to provide programs and activities that improve school performance, promote family communication, teach skills that are needed to meet various life tasks and alleviate stress,

create opportunities for the development of leadership skills for both youth and their parents so they can address issues that impact their community, and increase awareness of professional opportunities in the health field for young people. Programs offered include homework assistance and study skills classes, reading improvement classes, mother-daughter workshops, assessment of mental health needs in the community, and summer enrichment sessions. EOP provided services to a total of 1,386 clients.

KAISER PERMANENTE WATTS COUNSELING AND LEARNING CENTER

Since 1967, Watts Counseling and Learning Center (WCLC) has been a valuable community resource for low-income, inner-city families in South Los Angeles. WCLC provides mental health and counseling services, educational assistance for children with learning disabilities, and a state-licensed and nationally accredited preschool program. In addition, WCLC operates several outreach programs, including Kids Can Cope support groups (for children whose siblings or parents have cancer), pre-employment training for high school youth, scholarships for high school students, and training for graduate social work interns from local universities. In 2013, WCLC provided services to a total of 1,717 individuals.

YOUTH EMPLOYMENT PROGRAMS

KFH participates in two programs that benefit disadvantaged youth—L.A.U.N.C.H (Learn About Unlimited New Careers in Healthcare) Summer Youth Employment Program (SYEP) and L.A.U.N.C.H. INROADS. These programs offer employment, mentoring, and training opportunities, as well as potential full-time employment upon completion. In 2013, 601 young people were employed through them.

- **Kaiser Permanente L.A.U.N.C.H. SYEP:** Kaiser Permanente L.A.U.N.C.H. SYEP offers paid summer work to underrepresented youth at Kaiser Permanente facilities throughout California. Interns participate in a variety of administrative and operational support positions. In addition to their work assignments, SYEP Interns participate in educational sessions and motivational workshops to enhance job skills and work performance, and to learn about careers in health care.
- **Kaiser Permanente L.A.U.N.C.H. INROADS:** Since 1987, Kaiser Permanente has worked with the INROADS organization to offer L.A.U.N.C.H., a unique program designed to provide students with practical experience in the health care field and to offer successful participants exciting career opportunities following graduation. Together, we remain dedicated to helping underrepresented college students of color develop into a powerful, multicultural workforce that delivers quality, cost-effective, and culturally responsive care to the diverse communities we serve. Through Kaiser Permanente L.A.U.N.C.H. INROADS, we are making a solid investment in developing health care leaders capable of guiding us into the future. Kaiser Permanente L.A.U.N.C.H. INROADS interns discover a chance to develop their skills in a supportive environment. We offer a variety of health care internships that are designed to provide the practical background, support network, and knowledge that interns will need to succeed in their chosen field.

GRANTS AND DONATIONS FOR COMMUNITY-BASED PROGRAMS

KFH donated \$34,754,020 to community organizations to support a variety of programs and services for vulnerable populations in California. Through this funding category, KFH supports Community Health Initiatives (CHI). Kaiser Permanente has a longstanding focus on healthy eating, active living (HEAL) programs and other interventions designed to combat increased obesity rates. CHI supports efforts by community providers and coalitions to implement community-wide medical, environmental, and social changes that can help decrease obesity. CHI also supports efforts that address and promote community safety.

BENEFITS FOR THE BROADER COMMUNITY

In 2013, KFH spent \$16,838,622 on programs and services to benefit the broader community, including health education and community wellness programs, Educational Theatre, donations of surplus equipment and supplies, facility use, and grants and donations that support the broader community.

COMMUNITY HEALTH EDUCATION AND HEALTH PROMOTION PROGRAMS

This program provides health education programs, materials, and services and conducts training sessions for California's diverse communities. The goal is to improve health and prevent disease in families and individuals of all ages by conducting appropriate health education interventions and by sharing Kaiser Permanente's health education resources. These programs widely disseminate quality health education materials, resources, and services to the community, including online resources such as the health encyclopedia and Healthwise Self-Care Tip Sheets. Programs offered include asthma management in children, breastfeeding, HIV prevention, better nutrition and lifestyle, coping with chronic diseases, and seniors' movement programs. Continuing Education courses and skill training sessions are also provided to community health care providers. Many of the programs and resources are provided in partnership with community groups, community clinics, libraries, nonprofit organizations, cable television channels, and schools. In 2013, Regional Health Education provided more than 400 activities—responding to requests for materials, trainings, presentations, event staffing, technical assistance, and publication development—that reached more than 264,000 community members.

KAISER PERMANENTE EDUCATIONAL THEATRE (KPET)

KPET uses live theatre, music, comedy, and drama to inspire children, teens, and adults to make healthier choices and better decisions about their well-being. Its award-winning programs are as entertaining as they are educational and were developed with the advice of teachers, parents, students, health educators, medical professionals, and skilled theatre artists. Professional actors who are also trained health educators deliver all performances and workshops. KPET programs share health information and develop individual and community knowledge about leading healthier lives. Now in its 27th year, it continues to provide programs free of charge to schools and the general community. In addition to performances and classroom workshops, KPET supplies schools and organizations with supplementary educational materials, including workbooks, parent and teacher guides, and student wallet cards. All materials are designed to reinforce the messages presented in the programs.

In 2013, KPET provided programs throughout Kaiser Permanente Northern California that align with CHI. In fact, 80% of KPET's total services in 2013 were in support of CHI or other area and regional strategies. KPET staff also communicated with CB managers and area staff to discuss potential school and community partnerships. In 2013, KPET developed twelve new partnerships and served more than 322,892 children and adults through 1,416 events, which ranged from school performances and workshops to community presentations and trainings.

In NCR, KPET offered the following services in 2013 for elementary schools: *The Best Me Assembly*, a performance for grades K to 6 with a targeted focus on healthy eating and active living; *The Best Me Program*, a weeklong program encouraging healthy eating and an active lifestyle through an educator orientation, grade-specific assemblies, workshops, Family Night, and educator guides; and *Peace Signs*, a conflict resolution and violence prevention program providing multiple interventions with schools, upper elementary school students, and their families.

For middle school students, KPET offered *Nightmare on Puberty St.*, a humorous yet serious presentation about the joys and angst of adolescence. For high school students, KPET offered *Secrets*, an HIV/STIs education drama. KPET also continued to offer its highly requested Community Troupe programs – All-Star Mascot Show, Kids' Course, Mascot Ambassadors of Health and Wellness, and Lotería – as well as customized workshops and activities.

In SCR in 2013, 213,635 children and adults attended one of 1,377 KPET performances. For the past several years, KPET has provided MPOWER (empower), a summer enrichment program that challenges students to explore health via self-expression through art, music, theatre, and movement. Ongoing partnerships include WCLC and Madison Middle School in North Hollywood; new partnerships include Boys and Girls Club of Redlands. MPOWER is facilitated by KPET actor-educators and culminates with a showcase of student work at each location. The repertoire for KPET in SCR also includes the following multifaceted programs:

- The Literacy Promotion Program (grades K-2) includes the play, *Jay and E and the ZigZag Sea* and a student workshop in which the actor-educators engage students in a LEA (language experience approach)-based activity. The program is designed to inspire and encourage students to read. Key concepts include reading is fun and sounding out words one letter at a time

- The Obesity Prevention Program (grades 4-5) includes the play, *Game On*, and two supporting student workshops. Key topics include eating a balanced meal, choosing water over sugary beverages, the importance of active play, and the power of media advertising.
- The Conflict Management Program (grades 3-5) the play, *Drummin' Up Peace*, and a student workshop. The program is designed to complement conflict resolution and violence prevention efforts in schools and community locations. Key topics include steps to managing conflict, empathy, cooperation, and communication.

GRANTS AND DONATIONS FOR THE BROADER COMMUNITY

KFH donated \$3,945,573 to nonprofit organizations to help educate health care consumers about managing their own health and making informed decisions when obtaining services; to develop, produce, and communicate health care-related public policy; and to support a variety of other programs and services aimed at the general well-being of the community.

FACILITY USAGE, SURPLUS EQUIPMENT, SUPPLIES, AND OTHER IN-KIND DONATIONS

Many community organizations use meeting rooms at KFH facilities free of charge. KFH also donates surplus hospital and office equipment, furniture, health education materials, linens, and other items and materials to nonprofit organizations throughout California.

HEALTH RESEARCH, EDUCATION, AND TRAINING PROGRAMS

KFH is committed to improving the health and well-being of community members by educating and training physicians and other health care professionals, conducting medical and health services research, and disseminating information. In 2013, KFH spent \$111,927,357 on education and training for nurses, physicians, other health care professionals, and health and nursing research.

PROVIDER EDUCATION AND TRAINING

KFH provides education and training for medical interns and residents, as well as for nurses and other health care professionals, and offers continuing medical education for SCPMG, TPMG, and general community physicians.

GRADUATE MEDICAL EDUCATION (GME)

In 2013, KFH contributed \$69,635,244 to educate more than 2,557 interns and residents in California. GME programs develop a pool of highly skilled physicians for Kaiser Permanente and the broader community. Most medical residents study within the primary care medicine areas of Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Preventive Medicine, and Psychiatry. As part of their training, residents participate in rotations at school-based health centers, community clinics, and homeless shelters.

COMMUNITY MEDICINE FELLOWSHIP

The Community Medicine Fellowship is implemented by the SCR Residency Program to provide care for underserved populations. Fellows provide direct patient care and mentor residents and medical students in the provision of care in a variety of settings, including community health clinics, homeless shelters, and local schools. Program participants collaborate with local health department physician leaders to develop programs that address community health concerns and provide lectures for local medical students with the focus on inspiring interest in the provision of primary care.

OLIVER GOLDSMITH SCHOLARSHIP PROGRAM

The Oliver Goldsmith Scholarship Program in SCR is dedicated to the promotion and advancement of culturally responsive care. Fourteen scholarships are awarded annually to medical students entering their third or fourth year of study who have demonstrated commitment to diversity through community service, clinical volunteerism, leadership, or research. Scholarship recipients participate in clinical rotations at Kaiser Permanente facilities to observe SCPMG how physicians deliver culturally responsive care.

NURSING EDUCATION AND TRAINING

KFH offers several programs, many in partnership with colleges and universities, to increase the number of registered nurses and those with advanced nursing degrees.

KAISER PERMANENTE SCHOOL OF ANESTHESIA FOR NURSES

Founded in 1972, the school provides graduate-level education for nurse anesthetists. In partnership with California State University, Fullerton, the school offers a two-year sequential academic and clinical graduate program for nurses with a baccalaureate degree. Students earn a master of science in nursing with a clinical specialty in anesthesia. In 2013, there were 68 student participants. In SCR, the school has partnerships with a number of public and community hospitals to provide additional clinical rotation opportunities for students. Scholarships for students are available through National Black Nurses Association and American Association of Nurse Anesthetists Foundation. In addition, the school partnered with Pasadena City College to develop the first anesthesia technician associate degree program in the nation. The anesthesia technician program prepares students for eligibility to take and pass the American Society of Anesthesia Technologists and Technicians (ASATT) National Certification Examination to become certified as an anesthesia technologist. A certificate of achievement and an associate of science degree are awarded upon successful completion of the curriculum. Thirteen students participated in the program in 2013.

CALIFORNIA NURSING ANESTHESIA COLLABORATIVE PROGRAM – (CNACP)

CNACP provides education and financial assistance to students pursuing a master's degree in nurse anesthesia. CNACP faculty (clinical and academic) are graduates of the Samuel Merritt University (SMU) program and serve as resources for lifelong learning within perioperative medicine departments throughout NCR. In 2013, 373 students participated in the program.

KAISER PERMANENTE DELORAS JONES NURSING SCHOLARSHIP PROGRAM

Kaiser Permanente provides financial assistance to students enrolled in California nursing programs. The scholarships encourage and support recipients to become registered nurses or to pursue advanced nursing degrees. Scholarships are based primarily on financial need and are awarded in several categories: underrepresented minorities, academic excellence, nursing as a second career, and graduate nursing degrees. In 2013, 189 scholarships totaling \$323,000 were awarded.

BOARD OF REGISTERED NURSING AND CLINICAL TRAINING PROGRAMS – (BRN-CTA)

The BRN-approved Nursing Work Study Program provides nursing students with clinical experience through nurse work study courses and internships at Kaiser Permanente medical facilities. Nurse interns are exposed to Kaiser Permanente's evidence-based practices, reinforcing the nursing curriculum and supporting them to BSN matriculation. Interns receive support and mentorship from BRN faculty and work under the direct supervision of Kaiser Permanente staff and RNs. In 2013, 83 students participated in the BRN Work Study program.

In SCR, the program is administered jointly by affiliated nursing programs and hospital education departments. In 2013, a total of 20 students were assigned to KFH facilities. Academic partners were Point Loma Nazarene University, San Diego State University, San Diego City College, and Santa Monica Community College.

TECHNICAL PROVIDER EDUCATION AND TRAINING

KFH provides postgraduate education and training, including internships, to non-physician health care professionals in medical technology, pharmacy, physical therapy, psychology, and radiology. The programs are administered regionally. Some programs offer students a small monthly stipend.

KAISER PERMANENTE SCHOOL OF ALLIED HEALTH SCIENCES – (KPSAHS)

KPSAHS is located in Richmond, California and was established in 1989 as a radiology program in response to the severe shortage of radiologic technologists. KPSAHS eventually expanded the school to include 18-month programs in sonography, nuclear medicine, and radiation therapy. In addition, the school provides courses in anatomy and physiology and

advanced/basic phlebotomy. KPSAHS offers educational programs and promotes learning to develop a skilled allied health workforce and to improve the quality of and access to health care services in the communities we serve.

KAISER PERMANENTE MENTAL HEALTH TRAINING PROGRAM

In Northern California, Kaiser Permanente's Mental Health Training Programs train mental health professionals and provide internships and residencies in a variety of postgraduate specialty areas. Internships in pre and post-master's level mental health services include Clinical Social Work and Marriage & Family Therapy (MFT). Participating interns are enrolled in or have completed either a master degree program in Social Work (MSW), or a master's degree program in Counseling Psychology, leading to an MFT license. Internships in Psychology require enrollment in American Psychological Association (APA)-accredited Ph.D., Psy.D. or Ed.D. programs in Counseling or Clinical Psychology. Postdoctoral residencies in Psychology require completion of Ph.D., Psy.D., or Ed.D. degrees in APA-accredited programs. Interns and residents receive individual and group supervision, participate in didactic seminars, and receive training in the delivery of outpatient mental health and chemical dependency services.

KAISER PERMANENTE PHARMACIST RESIDENCY PROGRAMS

Pharmacy residency programs provide one- and two-year postgraduate education and training programs to licensed pharmacists to gain additional experience and training in pharmaceutical care and administrative pharmacy services. Kaiser Permanente annually accepts students into its American Society of Health System Pharmacist or Academy of Managed Care Pharmacy accredited pharmacy residency programs, including standard post-graduate year-one programs to specialized programs in managed care, drug information, and drug distribution. The programs enable residents to meet the legal requirements in California for collaborative practice for initiating and adjusting prescription medication therapy under physician approved protocols and patient referrals. In 2013, Kaiser Permanente trained 117 students.

KAISER PERMANENTE PHYSICAL THERAPY FELLOWSHIP IN ADVANCED ORTHOPEDIC MANUAL THERAPY PROGRAM

Established in 1979 at KFH-Hayward in Northern California, this is the oldest program of its kind in the country and attracts therapists from across the nation to participate in advanced specialty training in orthopedic physical therapy. Graduates serve as clinical specialists, academic faculty, instructors for community courses, and consultants to industry.

KAISER PERMANENTE PHYSICAL THERAPY NEUROLOGY RESIDENCY

The Neurology Physical Therapy (PT) program trains neurologic residents to acquire the advanced clinical skills required to treat and manage patients with complex neurological diagnoses across the continuum of care. Neurologic PT residents participate in rotations at acute hospital inpatient, rehabilitation centers, and outpatient departments, and community clinics.

KAISER PERMANENTE PHYSICAL THERAPY CLINICAL INTERNSHIPS

This program delivers training and education to students by providing space in Kaiser Permanente-sponsored clinical training seminars and by partnering with established university training programs. Students receive education on pediatrics, sports medicine, women's health, chronic pain, autism, speech disorders, neurological physical therapy, geriatrics and orthopedics. In 2013, 279 physical therapy, occupational therapy, and speech therapy students received clinical training.

KAISER PERMANENTE PHYSICAL THERAPY ORTHOPEDIC FELLOWSHIP PROGRAM

This residency program provides education in the specialty area of orthopedic physical therapy. In 2013, the program offered 25 physical therapy residency slots at KFH hospitals in Southern California. Residents, fellows, and clinical faculty of our program continue to provide physical therapy services for patients at Graduates are eligible to sit for their board certification examination in orthopedic physical therapy, and apply to participate in a physical therapy fellowship program.

KAISER PERMANENTE MOVEMENT SCIENCE FELLOWSHIP

This fellowship program provides education in the specialty area of movement science, with a focus on advanced training in movement analysis, therapeutic exercise, and ergonomic instruction for patients with musculoskeletal conditions. Each year, there are six Movement Science fellowship slots at KFH hospitals in Southern California.

KAISER PERMANENTE ORTHOPEDIC FELLOWSHIP IN SPORTS REHABILITATION

This fellowship program provides education in the specialty area of sports physical therapy and rehabilitation, with a focus on advanced training in examination techniques and treatment procedures for extremity injuries in an active and post-surgical patient population with musculoskeletal conditions. There are four Orthopedic/Sports Rehabilitation Fellow slots at KFH hospitals in Southern California.

KAISER PERMANENTE SPINE REHABILITATION FELLOWSHIP PROGRAM

This fellowship program provides education in the specialty area of spine physical therapy and rehabilitation, with a focus on advanced training in examination and treatment techniques procedures and management of acute through chronic spine injuries in a patient population with musculoskeletal conditions. There are three Spine Rehabilitation fellow slots at KFH hospitals in Southern California.

KAISER PERMANENTE CLINICAL PSYCHOLOGY INTERNSHIP TRAINING PROGRAMS

This program is conducted through the Department of Psychiatry and Addiction Medicine in SCR. Pre-doctoral students enroll in the internship training programs to augment their educational experience by working in a high-quality educational environment, by having direct responsibility (under the supervision of licensed staff) for patients selected from a large and varied patient base, and by working with a multidisciplinary staff. The goal is to transition the intern from student to professional by providing training in the roles and functions of clinical psychologists. Accredited by the American Psychiatric Association's Committee on Accreditation, the program employs a multi-supervisor training process that gives interns training, supervisory, and mentoring experiences with licensed staff members of varying theoretical backgrounds and areas of expertise. KFH-Los Angeles and KFH-San Diego participate in the program with eight interns at each location.

KAISER PERMANENTE RADIOLOGY TRAINING PROGRAM

Students enrolled in local community college radiology technology programs can complete their one-year clinical rotation, a requirement for certification, at KFH facilities in Southern California. The program served 185 students in 2013.

ADVANCED PRACTICE AND ALLIED HEALTH CARE EDUCATIONAL PROGRAMS

The Southern California Department of Professional Education offers educational programs designed to meet many of the primary and continuing educational needs of certified nurse anesthetists, nurse practitioners, physician assistants, certified nurse-midwives, physical therapists, occupational therapists, clinical laboratory specialists, radiology technologists, registered nurses, speech pathologists, social workers, and marriage and family counselors. In 2013, approximately 551 community participants attended one of 11 Continuing Education programs and/or symposia.

HIPPOCRATES CIRCLE

This program was designed to increase the number of minority physicians in the medical field, especially in underserved communities, by building awareness in young men and women who are members of underrepresented minority groups that a career in medicine, especially as a physician, is possible. Through the collaborative efforts of school districts, medical schools, and Kaiser Permanente physicians and staff, Hippocrates Circle strengthens the self-esteem of young people and empowers them to pursue their goals through mentorship, education, and facilitated experience. In 2013, 732 students participated in the program at various KFH locations in Southern California.

GRANTS AND DONATIONS FOR THE EDUCATION OF HEALTH CARE PROFESSIONALS

KFH spent \$3,052,844 to support the training and education of health care professionals in California. Contributions were made to a variety of nonprofit agencies and academic institutions.

HEALTH RESEARCH

Kaiser Permanente has a long history of conducting health services and medical research that address issues regarding health care policy, quality of care, and quality of life. The results have yielded findings that affect the practice of medicine within the broader health care community.

In California, KFH operates three large research departments: NCR's Division of Research, established in 1961; SCR's Department of Research and Evaluation, founded in the early 1980s; and Kaiser Foundation Research Institute. In addition, KFH funds other research-related projects and programs such as nursing research.

DIVISION OF RESEARCH (DOR)

DOR, Kaiser Permanente Northern California's highly regarded research center, conducts, publishes, and disseminates high-quality epidemiological and health services research to improve the health and medical care of Kaiser Permanente members and society at large. DOR conducts research among the three million plus Kaiser Permanente members of Northern California, using interviews, automated data, medical records, and clinical examinations. DOR researchers have contributed more than 3,000 papers to the medical and public health literature; 313 studies were published in 2013. Research projects include epidemiologic and health services studies as well as clinical trials and program evaluations. They cover a wide range of topics, including cardiovascular disease, cancer, diabetes, substance abuse, mental health, maternal and child health, women's health, health disparities, pharmacoepidemiology, and studies of the impact of changing health care policy and practice. DOR has more than 50 research scientists who work closely with local research institutions and organizations, including California State Department of Health Services; University of California at Berkeley, San Francisco, and Davis; and Stanford University. DOR also works with Kaiser Permanente Community Benefit to enhance communication and collaboration between DOR and Kaiser Permanente members, community residents, and other key stakeholders. Financial and other CB support enables DOR to attract additional private funding and ensures more community engagement and participation in DOR activities.

DEPARTMENT OF RESEARCH AND EVALUATION

The Department of Research and Evaluation supports Kaiser Permanente physicians and employees in conducting research through the provision of consultative, educational, and administrative services. Research and Evaluation conducts research projects initiated by team members working within the unit and in collaboration with scientists affiliated with other institutions. In 2013, there were 981 active projects and 315 published studies of regional and/or national significance.

KAISER FOUNDATION RESEARCH INSTITUTE (KFRI)

KFRI provides administrative services for medical research conducted in all Kaiser Permanente regions and is responsible for compliance with federal regulations that govern the administration and implementation of research.

NURSING RESEARCH PROGRAM

NCR's program was established to improve the health and well-being of Kaiser Permanente members and the community at-large. The nurse scientist-director supports these goals by developing and maintaining the structure and function of the Nursing Research Program to:

- Advance clinical research and evidence-based nursing practice
- Expand partnerships and program visibility
- Promote projects that are aligned with Community Benefit work stream priorities
- Maintain compliance with Protection of Human Subjects Federal Regulations and HIPPA

The Nursing Research Program provides outreach to the community at large through a website, bimonthly WebEx meeting programs, bimonthly newsletters, and the Northern California Nursing Research blog. In addition, nurses receive consultation, administrative, and technical support to conduct, publish, and disseminate research findings that improve patient care and nursing practices and contribute to the knowledge of nursing science.

In Southern California, there were 103 new, continuing, and/or completed Nursing Research Program projects and two studies published in 2013. Current areas of research include nursing workforce and leadership, instrument development and validation, and quality of life issues.

Table A

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

COMMUNITY BENEFITS PROVIDED IN 2013

	2013 Total
Medical Care Services for Vulnerable Populations	
Medi-Cal ¹	\$305,204,709
Healthy Families ²	17,947,889
Charity care: Charitable Health Coverage Programs ³	51,941,862
Charity care: Medical Financial Assistance program ⁴	145,170,014
Grants and donations for medical services	67,972,472
Subtotal	\$588,236,946
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center	\$3,092,770
Educational Outreach Program	1,020,303
Summer Youth and INROADS programs	2,335,171
Grants and donations for community-based programs	34,754,020
Community Benefit administration and operations	18,098,734
Subtotal	\$59,300,998
Benefits for the Broader Community	
Community health education and promotion programs	\$1,234,309
Kaiser Permanente Educational Theatre	9,670,182
Facility, supplies, and equipment (in-kind donations) ⁵	471,283
Community Giving Campaign administrative expenses	775,589
Grants and donations for the broader community	3,945,573
National Board of Directors fund ⁶	741,686
Subtotal	\$16,838,622
Health Research, Education, and Training	
Graduate Medical Education ⁷	\$69,635,244
Non-MD provider education and training programs ⁸	20,487,969
Grants and donations for the education of health care professionals	3,052,844
Health research	18,751,300
Subtotal	\$111,927,357
Total Community Benefits Provided	\$776,303,922

See endnotes on the following page.

ENDNOTES

- 1 Amount reported is the sum of the cost of unreimbursed inpatient care provided to Medi-Cal managed care members and the unbillable, unreimbursed inpatient care provided to Medi-Cal Fee-For-Service beneficiaries.
- 2 Amount includes the cost of unreimbursed inpatient expenditures for Healthy Families members.
- 3 Amount includes the cost of unreimbursed inpatient expenditures for Kaiser Permanente Child Health Plan members.
- 4 Amount includes the cost of unreimbursed inpatient and outpatient care provided through the Medical Financial Assistance Program.
- 5 Amount represents the estimated value of, but is not limited to, donated surplus office and medical supplies, equipment and furniture, promotional giveaways, in-kind services, and conference meeting room usage, as recorded in the MicroEdge GIFTS database.
- 6 Each Kaiser Permanente hospital-based region contributes funds to the national Program Office for community projects in California and across the United States.
- 7 Amount reflects the net direct expenditures.
- 8 Amount reflects the net expenses after tuition reimbursements for health profession education and training programs.

Table B

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

HOSPITAL SERVICE AREA SUMMARY TABLE

COMMUNITY BENEFITS PROVIDED IN 2013

NORTHERN CALIFORNIA HOSPITALS	
Antioch	\$19,007,986
Fremont	11,527,837
Fresno	15,385,500
Hayward	19,872,647
Manteca	10,845,598
Modesto	10,900,339
Oakland	41,741,824
Redwood City	9,857,478
Richmond	18,447,312
Roseville	24,535,607
Sacramento	34,451,721
San Francisco	24,240,596
San Jose	18,270,880
San Rafael	11,897,664
Santa Clara	29,514,186
Santa Rosa	22,137,388
South Sacramento	39,380,534
South San Francisco	8,057,312
Vacaville	14,368,974
Vallejo	26,644,037
Walnut Creek	19,441,247
Northern California Total	\$430,526,667

SOUTHERN CALIFORNIA HOSPITALS	
Anaheim	\$24,170,337
Baldwin Park	21,321,094
Downey	34,726,216
Fontana	33,162,488
Irvine	9,417,849
Los Angeles	51,195,672
Moreno Valley	13,796,642
Ontario	15,223,123
Panorama City	28,867,612
Riverside	20,008,909
San Diego	28,108,969
South Bay	21,067,856
West Los Angeles	26,342,786
Woodland Hills	18,367,702
Southern California Total	\$345,777,255

CHAPTER IV: 2013 YEAR-END RESULTS AND 2014–2016 COMMUNITY BENEFIT PLANS

INTRODUCTION

During 2013, local staff at the 35 KFH hospitals in California conducted a CHNA and developed a community benefit plan. For the first time, these CHNAs and community benefit plans were developed in compliance with new federal tax law requirements set forth in Internal Revenue Code section 501(r), which requires hospital facilities owned and operated by an organization described in Code section 501(c)(3) to conduct a CHNA at least once every three years and to develop and adopt an implementation strategy (in the parlance of SB697, aka community benefit plan) to meet the community health needs identified through the CHNA. What follows is a general description of the development of the triennial CHNA and the resulting community benefit plan as required by SB697.

COMMUNITY HEALTH NEEDS ASSESSMENT

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, added new requirements, which nonprofit hospital organizations must satisfy to maintain their tax-exempt status under section 501(c)3 of the Internal Revenue Code. One such requirement added by ACA, Section 501(r) of the Code, requires nonprofit hospitals to conduct a CHNA at least once every three years. As part of the CHNA, each hospital is required to collect input from designated individuals in the community, including public health experts as well as members, representatives or leaders of low-income, minority, and medically underserved populations and individuals with chronic conditions.

While Kaiser Permanente has conducted CHNAs for many years to identify needs and resources in our communities and to guide our Community Benefit plans, the new legislation provided an opportunity to revisit our needs assessment and strategic planning processes with an eye toward enhanced compliance and transparency and leveraging emerging technologies. The CHNA process undertaken in 2013 and described in this report complies with both the new federal requirements and SB 697 legislation.

Many KFH hospitals collaborate with community partners and/or engage a consultant to help design and implement the CHNA. Those that work collaboratively partner with a variety of entities, including community-based and faith-based organizations, hospitals, clinics, schools, churches, social service agencies, government agencies, elected officials, and other community stakeholders. KFH entities provide financial support, donate in-kind services, and/or deliver technical expertise to support the CHNA collaboration. Collaborative members participate in the overall planning and implementation of the CHNA, which includes developing quantitative and qualitative data collection strategies.

To ensure that the CHNA yields results that are as meaningful, usable, accurate, and locally specific as possible, many KFH entities use at least one of the following mechanisms to collect primary data about the communities they serve:

- *Focus groups:* This is a form of qualitative research in which a select group of people (providers, community members, community stakeholders, etc.) are asked about their perceptions, opinions, beliefs, and attitudes regarding a specific issue, service, concept, idea, etc. In the CHNA process, focus groups are typically designed to solicit information about health care issues, needs, concerns, and services in the community and are sometimes conducted in more than one language.
- *Telephone surveys or one-on-one interviews:* Whether conducted by telephone, electronically, or in person, these interviews—often with community health providers, county health officers, or other key stakeholders—are designed to gather input from those with the requisite experience and/or expertise about health care issues, needs, concerns, and services in the community. In some cases, participants receive a questionnaire in advance of the interview.
- *Site visits with grantees:* Community Benefit grantees can provide valuable input and insight about the vulnerable populations they serve, including high-risk teens, refugees and immigrants, seniors, and HIV-positive individuals. As

such, grant makers often schedule onsite visits with grantees to get a first-hand look at how grant funds are making an impact. They meet with the grantee's administrators, staff, volunteers, and/or clients/patients.

In addition to primary data collection and analysis, the CHNA collaborative and/or the consultant researches existing data sources for relevant demographic and health-related statistics. Kaiser Permanente created a free, web-based data platform (www.chna.org/kp) to facilitate access to and analysis of relevant secondary data. The platform provided local data on demographics, social and economic factors, the physical environment, clinical care, health behaviors, and health outcomes. Sources for data available on the platform include, but are not limited to:

- U.S. Census Bureau
- Centers for Disease Control and Prevention (e.g., Behavioral Risk Factor Surveillance System)
- U.S. and California Departments of Education
- U.S. Department of Agriculture
- Walkscore.com 2012
- California Health Interview Survey (CHIS)
- U.S. Health Resources and Services Administration
- California Office of Statewide Health Planning and Development (OSHPD), Patient Discharge Data, 2010
- California Department of Public Health

Once the community's health problems and assets are identified through the CHNA data collection and analysis process, relevant stakeholders in each collaborative convene to discuss and analyze the information and to prioritize community health needs based on a set of criteria that included:

- Severity of issue/degree of poor performance against the benchmark
- Clear disparities/inequities
- Issue is getting worse over time/not improving
- Community prioritizes the issue over other issues
- Existing attention/resources dedicated to the issue
- Effective and feasible interventions exist
- A successful solution has the potential to solve multiple problems
- Opportunity to intervene at the prevention level

The CHNA report for each KFH hospital is posted on Kaiser Permanente's website ([Kaiser Permanente Share Site](#)).

COMMUNITY BENEFIT PLAN DEVELOPMENT

Information from the CHNA provides the foundation for how each local KFH hospital will work to improve the health status of the community through a strategic, three-year community benefit plan. Following the CHNA process, each KFH hospital convenes a committee of stakeholders to further discuss and analyze the CHNA findings with a particular focus on selecting the health needs the hospital will focus on. Planning committees include hospital administrative staff from various disciplines (e.g. medical, nursing, administrative, finance, labor, and marketing). These stakeholders help select the health needs that the KFH hospital will address using an established set of criteria, which, at a minimum, included the following:

- Magnitude/scale of the problem
- Severity of the problem
- Degree of racial/ethnic disparity
- Kaiser Permanente assets and expertise available
- Existing or promising approaches exist to address the need

Once health needs are selected, local CB staff and committees develop a community benefit plan. As part Kaiser Permanente's integrated health system, KFH hospitals have a long history of working with KFHP, TPMG, SCPMG, and other KFH hospitals, as well as external stakeholders to identify, develop, and implement strategies to address community health needs. These strategies are developed so that they:

- Are available broadly to the public and serve low-income consumers.
- Reduce geographic, financial, and/or cultural barriers to accessing health services, and if they were no longer in place would result in access problems.
- Address federal, state, or local public health priorities
- Leverage or enhance public health department activities
- Advance increased general knowledge through education or research that benefits the public
- Address needs that would otherwise become the responsibility of the government or another tax-exempt organization

KFH hospitals are committed to enhancing their understanding of how best to develop and implement effective strategies to address community health needs and recognize that good health outcomes cannot be achieved without joint planning and partnerships with community stakeholders and leaders. As such, KFH hospitals continue to work in partnership to refine their goals and strategies over time so that they can most effectively address the identified needs.

Each KFH hospital will monitor and evaluate its proposed strategies to track implementation of those strategies and to document the anticipated impact. Monitoring plans will be tailored to each strategy and will include the collection and documentation of tracking measures, such as the number of grants made, amount of dollars spent, number of people reached/served, number and role of volunteers, and volunteer hours. In addition, KFH hospitals will require grantees to propose, track, and report outcomes, including behavior and health outcomes as appropriate. For example, outcome measures for a strategy that addresses obesity/overweight by increasing access to physical activity and healthy eating options might include number of students walking or biking to school, access to fresh locally grown fruits and vegetables at schools, or number of weekly physical activity minutes.

OUTLINE OF HOSPITAL SECTION

The rest of this chapter contains, in alphabetical order, a narrative section for each of the 35 hospitals. Each hospital section contains the following information:

- A community snapshot, a few facts about the facility, and a list of key local leaders.
- A map of the service area.
- A brief overview of the 2010 CHNA, including identification of any collaborative partners or consultants, a list of key findings from the CHNA, and the identified priority needs.
- Year-end results for Community Benefit activities and programs provided in 2013, including highlights of key local and regional grants, partnerships, and other efforts to address the prioritized needs outlined in the 2011-2013 Community Benefit Plan.
- 2013 metrics for select programs in the CB portfolio, presented at the hospital level (Table 1).
- Quantified Community Benefit provided in 2013, presented at the hospital level (Table 2).
- A link to the 2013 CHNA.
- The 2014-2016 Community Benefit Plan.

Additional information about each hospital may be obtained by contacting the local Kaiser Permanente Public Affairs Department or Regional Community Benefit staff in either Northern California (510-625-6188) or Southern California (626-405-6271).

KAISER FOUNDATION HOSPITAL (KFH)-BALDWIN PARK

1011 Baldwin Park Boulevard
 Baldwin Park, CA 91706
 (626) 851-1011

The KFH-Baldwin Park service area includes Azusa, Baldwin Park, Bradbury, Covina, Diamond Bar, El Monte, Glendora, Hacienda Heights, Irwindale, Industry, La Puente, Montebello, Pico Rivera, Rosemead, Rowland Heights, San Dimas, San Gabriel, South El Monte, Valinda, Walnut, and West Covina.

COMMUNITY SNAPSHOT (2010 COMMUNITY HEALTH NEEDS ASSESSMENT FOR KFH-BALDWIN PARK)

Total population:	1,257,290
Median age:	34
Median household income:	\$63,971
Percentage living in poverty:	13.9%
Percentage unemployed:	10.3%
Percentage uninsured:	15.3%

Latino:	52%
White:	23%
Asian and Pacific Islander:	20%
African American:	3%
Other:	2%
Native American:	0.3%

KEY FACILITY STATISTICS

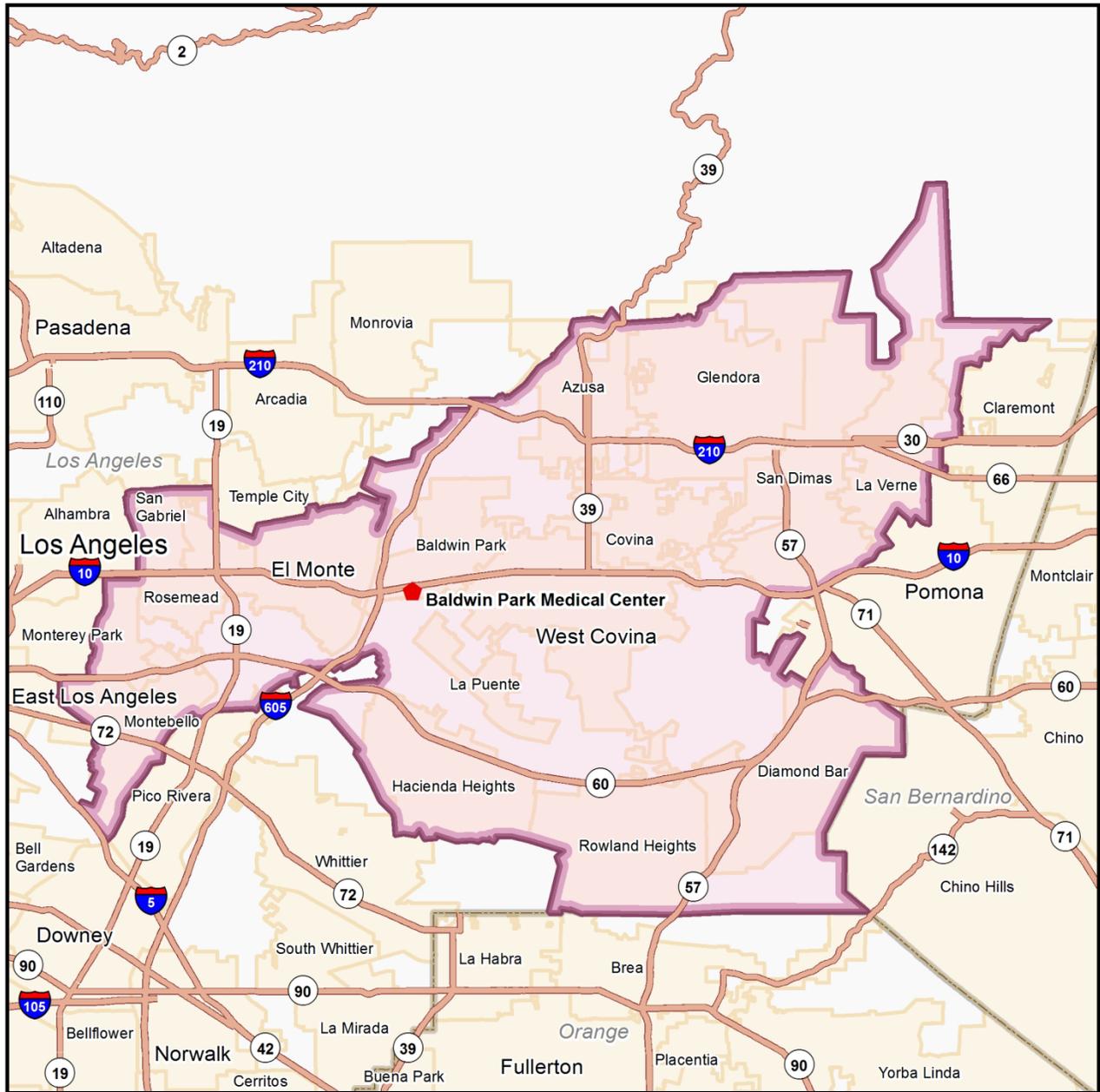
Year opened:	1998
KFH full-time equivalent personnel:	1,098
KFHP members in KFH service area:	206,321

Total licensed beds:	269
Inpatient days:	46,734
Emergency room visits:	76,692

KEY LEADERSHIP AT KFH-BALDWIN PARK

Maggie Pierce	Senior Vice President and Executive Director
Payman Roshan	Chief Operating Officer
John Bigley, MD	Area Medical Director
Rick Rosoff	Chief Administrative Officer
Reyna Del Haro	Director, Public Affairs and Brand Communications
Gloria R. Bañuelos	Community Benefit Manager

KFH Baldwin Park Medical Center Area



- ◆ KFH Medical Center
- KFH Medical Center Area
- Cities and Towns
- County Boundary

Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
 Maps Produced by: the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES). March 2013.



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

KFH-Baldwin Park worked collaboratively with Citrus Valley Health Partners (facilities include Queen of the Valley Hospital, Inter-Community Medical Center, Foothill Presbyterian, and Hospice of East San Gabriel Valley) to conduct the 2010 CHNA. Both hospitals share a similar service area and have a long history of working collaboratively on community projects, including previous needs assessments. The CHNA was prepared by Biel Consulting, which was selected for its expertise in conducting health and social indicators research and in preparing hospital community needs assessments.

The 2010 CHNA included two key components. The first was a comprehensive data-gathering process that included a summary of service area demographics; Los Angeles County Service Planning Area (SPA) 3 health access indicators; service-area-specific health status indicators related to births, deaths, and hospitalizations for preventable conditions; and SPA 3 health behaviors such as weight, physical activity, and smoking for children, adults, and seniors. Wherever applicable, service area/SPA data were compared to Healthy People 2020 national objectives.

The second component of the CHNA was the community consultation, which included interviews and focus groups with persons knowledgeable about important health, social, educational, and economic issues in the San Gabriel Valley. Biel Consulting conducted 30-minute individual telephone interviews with 20 key community stakeholders. In addition, 49 people, representing a broad spectrum of the community, including health care providers, law enforcement, elected officials, promotoras, as well as business, public school, and nonprofit leadership, participated in four focus groups. After completion of the CHNA, key community leaders, elected officials, and executive-level representation from public and private organizations were invited to a community presentation hosted by the two hospitals where the findings of the report were presented.

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:

Uninsured and Access to Health Care:

- In 2009, adults 18 to 64 in the service area health districts of El Monte, Foothill, and Pomona were more likely to be uninsured (24.9%) when compared to children 0 to 17 (7.8%). [Source: Los Angeles County Health Survey]
- In 2007, almost one-fifth of adults (19.8%) in the service area health districts reported not having a regular source of health care. Other reported barriers to care that were higher than the county average included prescription affordability and lack of transportation. [Source: Los Angeles County Health Survey]

Chronic Disease:

- The six leading causes of death (2004 through 2008) in the service area were (presented in descending order) heart disease, cancer (all sites), stroke, diabetes, unintentional injuries (all types), and suicide. [Source: California Department of Public Health (DPH)]
- While the age-adjusted death rate in the service area (2004–2008) is higher than that of the county and the state, the service area meets Healthy People 2020 objectives for several leading causes of death, including cancer, diabetes, unintentional injury, and suicide. [Source: California DPH]
- In 2008, maternal and infant health indicators in the service area compared favorably to Healthy People 2020 objectives: 86.7% of pregnant women obtained prenatal care as recommended in the first trimester, low-birth-weight infants comprised 6.6% of live births, 86.5% of mothers giving birth reported breastfeeding their newborns, and the infant mortality rate was 4.7 infant deaths per 1,000 live births. [Source: California DPH]

Obesity:

- In 2009, indicators related to overweight or obesity among SPA 3 residents show the percentage of overweight and obese adults was 55% and the percentage of overweight or obese children was 25.1%. [Source: California Health Interview Survey (CHIS)]
- In 2007, among adults over age 18 in SPA 3, 39.5% consumed fast food at least once a week and 37% consumed at least one soda or sweetened beverage per day, while only 13.5% consumed the minimum recommended servings of five fruits and vegetables per day.
- Among children, 49.9% consumed fast food one or more times a week and 39.3% consumed one or more sodas or sweetened beverages per day.

Economy and Education:

- More than one-third (35%) of residents in the service area live at or below 200% of the federal poverty level (FPL) and are classified as low-income. A direct correlation of this finding is evident in the increase in unemployment rates, which more than doubled from 2005 (4.7%) to 2009 (10.3%). [Sources: U.S. Census and California Economic Development Department (EDD)]
- 82.2% percent of high school–age students in the service area are eligible for graduation. Only 26.1% of graduates are adequately prepared through course selection and completion for admission to a UC or CSU academic institution.
- The number of homeless individuals in the service area decreased from 9,254 in 2005 to 2,780 in 2009. In addition to this overall decrease, there is a trend toward an increase in the number of sheltered homeless, which was 550 in 2005 and almost doubled to 1,010 in 2009. [Source: Los Angeles Homeless Services Authority]
- In 2010, community leaders and representatives of organizations serving the San Gabriel Valley identified the following important health and social issues: unemployment, homelessness, affordable housing, lack of health insurance, access barriers to health care services, preventive health care access, increased stress and depression, dental care access, poverty and basic needs, obesity, food insecurity and poor nutrition among families, at-risk youth, and the need for workforce development for high school–age youth and unemployed adults. [Source: community consultations]

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-BALDWIN PARK SERVICE AREA

1. Access to health care coverage and health care services
2. Obesity rates and chronic conditions
3. Services for at-risk youth, workforce development, and basic needs

2013 YEAR-END RESULTS

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

The most prevalent need identified in the KFH-Baldwin Park service area was access to affordable health care services for the uninsured and underinsured. CHNA data and feedback from the community consultations confirm that barriers and lack of access to health care services are prevailing issues in the community and of primary concern to low-income families. Lack of coverage for primary and preventive care; the need for ongoing care for chronic conditions; prescription access and affordability; and access to oral, mental health, and specialty care services were identified as access barriers. With the service area's unemployment rate more than doubling from 2005 to 2009, many individuals suffering from job loss have consequently also lost health insurance. According to community consultations, knowledge of and the stigma attached to public assistance programs among individuals who have never accessed these programs in the past are also amplified as a barrier to health care services. In addition, the service area is home to many immigrants who are afraid to access care for fear of deportation or who find the public health system complex and difficult to navigate. Many face language and cultural barriers, and the daily struggle for basic necessities of food and shelter is a formidable obstacle to attending to health care needs.

2013 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.

2013 STRATEGIES

1. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and Kaiser Permanente Child Health Plan); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.
2. Provide charity care through the Medical Financial Assistance (MFA) program and maximize efficiencies.
3. Support the Every Child's Healthy Option (ECHO) and Get Enrollment Moving (GEM) programs.
4. Collaborate with local community clinics to increase access to mental health and specialty care services.
5. Collaborate with community clinics and organizations that provide outreach, oral education, and/or access to dental care services.
6. Provide outpatient surgeries and procedures on two Community Surgery Days (CSDs) for uninsured individuals identified by East Valley Community Health Center (EVCHC).
7. Coordinate four Colonoscopy Days whereby KFH-Baldwin Park gastroenterology physicians and support staff provide colonoscopies in partnership with the Specialty Care Coalition of the San Gabriel Valley.
8. Partner with community health centers to provide professional support from volunteer Kaiser Permanente radiologists to read x-ray images.
9. Participate in targeted community health fairs or forums that offer health screenings and education.

2013 YEAR-END RESULTS

- KFH-Baldwin Park collaborated for a fourth year with EVCHC and provided 30 low-income, uninsured individuals with free surgical procedures by coordinating a CSD in September. Patients were identified, screened, and referred by EVCHC. To respond to the needs of EVCHC and its patients, CSDs were expanded to include volunteer participation by KFH-Baldwin Park's Neurology Department. Departments that have provided volunteers since the partnership's inception in 2010 include Anesthesiology, General Surgery, Gastroenterology, Ophthalmology, and Orthopedics. Other departments that have supported this program include Head and Neck, Respiratory Services, and Physical Medicine. Donated procedures included hernia repairs, lipoma removals, laparoscopic cholecystectomy, cataract correction, colonoscopies, carpal

tunnel release, trigger finger release, tonsillectomies, removal of masses in the head and neck area, pulmonary function tests, varicose vein surgery, and electroencephalograms. Physician co-champions for this project include Philip Mercado, MD, chief, General Surgery, and Diana LaPlace, MD, chief, Anesthesiology.

- Chronic kidney disease is often times an undetected but preventable disease. In 2013, KFH-Baldwin Park's Nephrology Department partnered with local community clinics Buddhist Tzu Chi Free Clinic and Our Saviour Center/Cleaver Family Wellness Center to promote kidney disease awareness and preventive testing among underserved individuals in the San Gabriel Valley. Through the partnership, 221 uninsured and underinsured community members were prescreened to determine if they were at high risk for kidney disease; 146 high-risk individuals were identified and invited to receive free lab services and one-on-one educational sessions with Kaiser Permanente physicians during the second annual Free Chronic Kidney Disease Screening Day hosted at partner community clinic sites. Roughly 25 volunteers, nephrology physicians and staff, primary care physicians, and phlebotomists participated. In response to participants' cultural and linguistic needs, volunteers were culturally diverse and many were bilingual. All patient lab results were reviewed by volunteer nephrologists; recommendations for follow-up treatment were made to community clinic partners as needed. Physician co-champions for the project were Nicole Mihara, MD, and Mark Rutkowski, MD, Nephrology.
- KFH-Baldwin Park continued a partnership with EVCHC to assist with the reading of x-ray images for up to 10 patients per week at no charge to the health center. With the leadership of Radiology Department Administrator Cynthia Payne and the generous volunteer efforts of radiologists Brian Suh, MD and Elizabeth Little, MD, images for more than 500 patients were read in 2013. While EVCHC can capture basic x-ray images, its normal operational procedures would require sending the images to an outside organization for reading at a cost of \$25 per patient. Thanks to the partnership and donated services, KFH-Baldwin Park's Radiology Department saved EVCHC an estimated \$12,500.
- KFH-Baldwin Park provided a \$7,837 grant to Azusa Pacific University (APU) to support health care outreach at East San Gabriel Valley Coalition for the Homeless (ESGVCH) through the Homeless Healthcare Outreach program, a partnership between APU's School of Nursing and ESGVCH to address the health care needs of homeless individuals and families. Under the leadership of an APU nurse practitioner, senior level community health students provided health evaluations; basic physical examinations; health assessments; first aid care and treatment for minor acute health problems; referral services for more urgent or complex problems; health education; and preventive care to shelter clients on a weekly basis. In 2013, 82 unduplicated individuals received 265 patient visits for issues such as upper and lower respiratory infections, musculoskeletal pain and injury, diabetes, fungal infections, tonsillitis, bronchitis, treatment of infestations (such as scabies), psychiatric and addiction problems, and dermatologic conditions. Onsite treatment was provided for chronic conditions such as asthma, diabetes, and high blood pressure. Clients were then referred to a primary care provider for continued treatment. APU's nursing school is the only mobile health care services provider treating east San Gabriel Valley's homeless where they live and where they seek assistance, such as ESGVCH.
- Bienvenidos Children's Center, Inc. received a \$10,000 grant to support mental health services for victims of crime (VOC). Funding supported the addition of a part-time mental health care provider for VOC services and outreach activities, allowing Bienvenidos to provide cognitive behavioral therapy for individuals, and family therapy and collateral sessions for caregivers of minors or other dependents, on a weekly basis. Direct victims, derivative victims (i.e., family members of murder victims), or children who witnessed crimes against their parents received services. Bienvenidos provided up to 40 therapy sessions for crime victims and 20 therapy sessions for derivative victims. Through this provision of services, clients experience abatement of trauma symptoms and improvement in day-to-day functioning. KFH-Baldwin Park funding supported the organization in providing mental health services to 21 individuals in 2013.
- KFH-Baldwin Park awarded \$10,000 to Herald Christian Health Center (HCHC) to support Dental Health Access for the Uninsured Elderly (DHAUE), a program offering dental care to low-income and uninsured older adults. HCHC is a non-profit community health clinic whose mission is to provide affordable, culturally sensitive, and linguistically appropriate mental and dental care to low-income, uninsured, and underinsured individuals. DHAUE provides free dental screening and examination, preventive and treatment services to uninsured older adults 50 and above, with incomes at or below 200% FPL. In 2013, HCHC provided 160 uninsured adults with free oral screenings, dental x-rays, general cleanings, and patient education about oral health. Oral care included treatment of cavities, tooth extractions, and root canals. Patients who required further dental treatment were offered low-cost treatment plans at HCHC and/or were referred to other clinics for low or no cost treatment.

- Kaiser Permanente Southern California Region funded quality improvement (QI) projects for safety-net organizations to prepare for health care reform and/or to build stronger programs and infrastructure that improve service for patient populations at risk of racial and ethnic health disparities, with a special focus on improved management of chronic conditions and patient outcomes. EVCHC received \$150,000 to facilitate easier access to screening, diagnosis, and treatment of specialty care needs of all patients served by participating clinics. It will develop two specialty care clinic hubs: EVCHC that will serve east San Gabriel Valley and Pomona, and Community Health Alliance of Pasadena will serve west San Gabriel Valley and Pasadena.
- Convalescent Aid Society received \$75,000 from the donor-advised fund¹ to develop a cooperative system for health care providers, insurance plans, and service providers to improve how individuals access medical equipment.

PRIORITIZED NEED II: OBESITY RATES AND CHRONIC CONDITIONS

Obesity, diabetes, hypertension, and heart disease are interrelated and require rigorous management to reduce the risk of serious complications and premature death. Physical activity and a balanced diet are important indicators of obesity as well as chronic disease management. In 2009, 32.3% of adults and seniors in SPA3 were overweight and 22.7% were obese. Among children and adolescents 12 to 17, 25.1% were overweight or obese. In 2007, among adults over 18 in SPA3, 39.5% consumed fast food at least once a week and 37% consumed at least one soda or sweetened beverage per day, while only 13.5% consumed the minimum recommended servings of five fruits and vegetables per day. Among children, close to 50% (49.9%) consumed fast food one or more times a week and 39.3% consumed one or more sodas or sweetened beverages per day. A sedentary lifestyle can also lead to overweight and obesity and is a contributing factor to many chronic conditions and disabilities. Among adults in SPA3, 39.4% report a minimally active or sedentary lifestyle.

KFH-Baldwin Park service area health districts have higher rates of cholesterol, diabetes, and heart disease than the Los Angeles County average. According to the 2007 Los Angeles County Health Survey, an estimated 32.8% of adults were diagnosed with high cholesterol, 8.8% with diabetes, and 8.3% have heart disease. While the age-adjusted death rate due to diabetes of 23.8 per 100,000 persons in the service area (based on analysis of deaths that occurred from 2004 through 2008) is higher than the state average of 19.5 per 100,000 persons, it is considerably lower than the Healthy People 2020 objective of 65.8 per 100,000 persons. The age-adjusted death rate due to heart disease for the same time frame was 159.8 per 100,000 persons, which fails to meet the Healthy People 2020 objective of no more than 100.8/100,000.

2013 GOALS

1. Decrease calorie consumption (e.g., sodas and 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 management of chronic health conditions.

2013 STRATEGIES

1. Partner with City of Baldwin Park agencies and schools to support the Community Garden and Moveable Feast nutrition education program.
2. Support development and implementation of a children's nutrition and gardening education program at Hurst Ranch in West Covina.
3. Support The California Endowment's Healthy Eating, Active Communities (HEAC) People on the Move collaborative in Baldwin Park and its expansion into surrounding cities to promote healthy eating and physical fitness in schools, neighborhoods, and the community.

¹ This grant was distributed from the Kaiser Permanente Southern California Charitable Contribution Fund, a donor-advised fund administered by the California Community Foundation. Accordingly, the grant amount was not included in the community benefit totals for 2013 (Tables A, B and 2).

4. Partner with local community clinics that provide health care services, education, and case management for those with chronic diseases.
5. Collaborate with organizations to promote programs that address obesity and physical inactivity in children and adults.
6. Partner with College of Agriculture at California Polytechnic University, Pomona, to provide Kaiser Permanente pediatric nutrition education trainings to health and human nutrition students.
7. Support surrounding communities to help increase opportunities for healthy eating and physical fitness in schools, neighborhoods, and the community.
8. Support agencies and programs that provide linguistically and culturally appropriate obesity and chronic disease prevention education, self-care, and disease management.
9. Participate in targeted community health fairs or forums that offer health education on chronic conditions.
10. Utilize KPCares.org to recruit volunteers to promote physical activity to youth and seniors.

2013 YEAR-END RESULTS

- KFH-Baldwin Park provided a \$2,380 grant to Hurst Ranch Historical Foundation and a \$5,500 grant to West Covina Unified School District (WCUSD) to support the Garden Gourmets program at Hurst Ranch in West Covina. To benefit the community of West Covina and the surrounding areas, Hurst Ranch Historical Foundation was created to develop a historical museum on three of the original 150 acres of ranchland owned by the Hurst family since 1906. The ranch is an educational living-history museum that provides children's programs and community events, where visitors learn about early 20th century ranch life. Garden Gourmets was established in 2012 as a collaborative program, planned and implemented by Hurst Ranch Historical Foundation and WCUSD, with leadership and support from KFH-Baldwin Park, and modeled after the Moveable Feast Nutrition Education program at Baldwin Park Community Garden. Between September 2013 and May 2014, 64 Cameron and Orangewood elementary school 4th graders invited to participate in Garden Gourmets learned about the cultivation of fruits and vegetables and their use in healthy recipes, and were educated on the history of their local community. Garden Gourmets is a well-rounded, fun approach to addressing healthy eating and physical activity for children and youth through its gardening component and by introducing children to the concept of cultivating their own fresh fruits and vegetables for use in easy-to-prepare, low-cost recipes.
- KFH-Baldwin Park supported Baldwin Park Community Garden with a \$21,500 grant to Baldwin Park Unified School District (BPUSD) for the Moveable Feast Nutrition Education Program. In addition, BPUSD also received a \$10,000 grant to support garden operations and maintenance. Located on Kaiser Permanente-owned land, the garden hosts programs that educate youth, older adults, and disabled individuals about the importance of maintaining a healthy lifestyle through good nutrition and physical activity. Programs are provided through the collaborative efforts of KFH-Baldwin Park, Baldwin Park Adult and Community Education (BPACE), BPUSD, and the City of Baldwin Park. In 2013, the operations grant allowed BPUSD to collaborate with Upper San Gabriel Valley Municipal Water District to install irrigation hardware at the garden to help improve efficiency of the irrigation system by installing a smart irrigation controller and high-efficiency rotary nozzles. The Moveable Feast Nutrition Education Program provided 28 presentations, including hands-on experience in healthy meal preparation utilizing the fresh fruits and vegetables they had grown in the garden, to 140 fourth grade students. Self-reported outcomes include students identifying an increase in fruit and vegetable consumption and stating that they prepared one or more of the healthy recipes learned at the garden for friends and family. Other program highlights include lessons about composting, gardening, nutrition, and reading and understanding food labels. In addition, community leaders and elected officials were invited to serve as guest chefs with the students. KFH-Baldwin Park staff and physicians who served as guest chefs included Maggie Pierce, executive director; John Bigley, MD, area medical director; Pamela Wald, MD, assistant area medical director; Robert Riewerts, MD, chief, Pediatrics; and Art Dominguez, clinical operations manager, Pharmacy.
- KFH-Baldwin Park provided a \$5,000 grant to APU to support Let's Start at the Very Beginning II (LSB II), a Neighborhood Wellness Center (NWC) program that offered maternal and child health education (individual and group) for childbearing families to increase knowledge of healthy behavior, obesity, and chronic disease prevention. With a population of nearly 50,000, the city of Azusa is predominantly Hispanic (70%) and many of its residents live well below the median household income. LSB II included bilingual health education sessions, facilitated by a registered nurse and

registered dietician, that promoted increased awareness of pre-diabetes, diabetes, and obesity prevention; increased physical activity and nutrition education through the Azusa Walks program; and workshops and trainings for health educators who, in turn, provided the same services to members of their respective community groups. In 2013, 34 women were enrolled in LSB II and a total of 98 new participants were enrolled in Azusa Walks. In addition, LSB II provided 11 classes and 51 individual sessions through its monthly diabetes roundtable sessions and nutrition classes for individuals who have type 2 diabetes or are pre-diabetic.

- Girl Scouts of Greater Los Angeles received a \$2,500 grant to support its Health and Wellness for Underserved Girls program, which uses the Journeys curriculum to provide health, nutrition, and physical fitness education for underserved middle school-age Latinas. Journeys was specifically designed to produce age-appropriate developmental outcomes. Topics include energy balance, learning about calories in/energy out through activities, nutritious food and snacks, reading food labels, creating an activity chart, learning where food comes from and the energy needed to grow and produce it, getting enough sleep, and adding daily physical activity. In addition, a health and wellness curriculum called *Vamos a Comer* (Let's Eat) and presented by a registered dietitian was provided for parents of participating girls. *Vamos a Comer* is a culturally and linguistically appropriate program that addresses the lack of food knowledge in the Latino community and introduces the concept of food as functional nutrition with a "how to" approach. It arms parents with information to set nutrition rules, to establish balanced eating habits, to be role models for their children. It introduces new ways to cook traditional Latino meals and emphasizes the importance of eating more fruits and vegetables. In 2013, the program successfully served 356 girls and 74 parents in the San Gabriel Valley.
- In 2013, KFH-Baldwin Park awarded El Monte City School District a \$5,000 grant to support its *Change Our Future! Cambia Nuestro Futuro!* program, which serves the area surrounding two El Monte schools, New Lexington and Cortada. The program focused on improving access to health care for local adults and influencing healthy behaviors, and resulted in decreased obesity and decreased risk for type 2 diabetes. English Learner Advisory Committee members, who are resident leaders at each of the school sites, served as health advocates for the parents. Through this program, 901 individuals participated in nutrition classes and/or cooking lessons, exercise classes, workshops on the prevention and detection of type 2 diabetes, and 14 participants received one-on-one health education with a family nurse practitioner (FNP), who administered a diabetes risk assessment questionnaire that included questions about fruit and vegetable intake and amount of exercise, and noted height, weight, cholesterol, blood pressure, Hemoglobin A1C, and blood sugar. Those identified as having diabetes or at risk of developing diabetes were referred to Western University for free or reduced-cost health care services and will be seen by the FNP for follow up care at the school site.
- Kaiser Permanente Southern California Region invests in parks and green spaces in neighborhoods with little or no access to open spaces for recreation and community engagement. Los Angeles Neighborhood Land Trust received a two year \$150,000 grant (\$75,000 in 2013) to provide general operating support for development of six park or garden projects in Los Angeles County.
- California WIC (Women, Infants, & Children) Association received a \$56,250 grant from the donor-advised fund to continue to expand the number of baby-friendly hospitals, to increase the capacity of WIC services to provide in-depth nutrition and breastfeeding counseling services, to protect and enhance WIC referrals for other preventive services, and to develop a policy agenda for early childhood obesity prevention.

PRIORITIZED NEED III: SERVICES FOR AT-RISK YOUTH, WORKFORCE DEVELOPMENT, AND BASIC NEEDS

There are approximately 350,131 children and youth 0 to 17 (29.3% of the population) in the KFH-Baldwin Park service area. Participation in free or reduced-price meal programs in public schools is an indicator of low family socioeconomic status. Student participation rates exceed 75% in four school districts (Azusa, Bassett, El Monte Union High School, and Montebello) and five elementary schools (El Monte City, Garvey, Mountain View, Rosemead, and Valley Lindo). Youth involvement in gangs is also a major indicator of the at-risk youth population. Among females in area school districts, gang involvement is the highest in the 7th grade (7.6%); for males it is highest in the 9th grade (10.7%). In addition, while 82.2% of high school-age students in the service area are eligible for graduation, only 26.1% of graduates are adequately prepared through course selection and completion for admission to a University of California or California State University school.

Academic achievement of graduating youth is one indicator of workforce preparedness and future employment. While many young adults are graduating from high school without adequate preparation for a higher education, the current adult population is also faced with increasing unemployment rates. The unemployment rate exceeded the Los Angeles County average (11.6%) in Azusa, Baldwin Park, El Monte, Industry, Irwindale, La Puente, Montebello, and South El Monte. According to those interviewed in the community consultations, many unemployed individuals face challenges in accessing employment opportunities due to a need for retraining to learn multiple skills to better fit job requirements.

Poverty rates in the service area indicate that 35% of area residents are considered low-income, living at or below 200% FPL. In addition to high poverty rates, the 2009 Greater Los Angeles Homeless Count estimated that 2,780 homeless persons are in SPA 3; 64% are unsheltered and 36% are sheltered. According to the community consultation, the basic needs of families and individuals who are low-income and/or homeless are extensive and include food, clothing, household goods, and other resources to meet everyday living. Many interviewees also commented that families and individuals who have never required assistance and now find themselves living in poverty due to loss of employment have trouble accessing services because of lack of information on resources, language barriers, and a perceived stigma associated with the use of assistance programs.

2013 GOALS

1. Increase health and human service programs that address at-risk youth.
2. Increase higher education and workforce preparedness programs for high school-age youth and the unemployed.
3. Decrease disparities in the provision of basic needs for the low-income, homeless, and/or those living in poverty.

2013 STRATEGIES

1. Support organizations that provide programs and services for low-income, at-risk youth and their families.
2. Strengthen partnerships with local law enforcement agencies that provide targeted programs for at-risk youth.
3. Support organizations that provide a full range of basic resources, including food, clothing, shelter, basic first aid, and case management.
4. Administer Hippocrates Circle, and partner with Bassett High School Health Academy to promote workforce and college preparedness.
5. Provide in-kind support for academic institutions that provide workforce preparedness training and education to young adults and the unemployed.
6. Provide Kaiser Permanente Educational Theatre at local schools and after-school sites.

2013 YEAR-END RESULTS

- KFH-Baldwin Park provided New Horizons Caregivers Group with \$6,000 for its Family Incentives Equals Students Taking Action (FIESTA) program, which provided healthy emergency food to low-income caregivers and parents through local parent education meetings at California, Sparks, and Valinda elementary schools in La Puente. FIESTA provided a unique model of encouraging parents and guardians to actively participate in their child's academic and educational achievements by rewarding their attendance at parent conferences and academic counseling appointments with free groceries and school items. In 2013, funding helped provide rewards for 237 families from the three school campuses, representing more than 806 students and their families. Program outcomes showed that parent participation in their child(ren)'s academics increased 400% through participation in PTA and parent education classes. Parents' increased awareness and participation directly resulted in improved student attendance, study habits, and homework completion, and improved communication with their children and school personnel. In addition, participating schools consistently achieved high percentages for attendance and the Academic Performance Index.
- KFH-Baldwin Park provided SPIRITT Family Services a \$10,000 grant to support Windows/Ventanas, a culturally responsive, family-focused early intervention program for families with at-risk adolescents 10 to 17 who show early signs of oppositional defiance disorder and/or alcohol and drug abuse. The program brings families together to learn how to resolve family conflicts in a manner that promotes respect for all family members. Windows/Ventanas is offered

in seven-week sessions for parents, adolescents, and their siblings (10 and over) at family centers in Glendora, South El Monte, and La Puente. Sessions are led by trained group facilitators and provided in English and Spanish. Activities are designed to encourage nonthreatening multigenerational interaction to increase alternative problem-solving skills and to develop empathy and support among peers. KFH-Baldwin Park funding supported 14 sessions and served 77 families (184 unduplicated parents and youth); 71% maintained consistent participation (100% session attendance). The program was successful in helping participants improve communication and in modifying youth behaviors.

- La Casa de San Gabriel Community Center received a \$6,000 grant to provide partial scholarships for underserved, low-income families seeking enrollment at La Casa's preschool. La Casa, which serves as a family resource center for this multicultural West San Gabriel Valley community, provides direct human services, advocacy, and referrals. By carefully screening incoming preschoolers for income eligibility, La Casa can identify and assist families with extremely low income and those in which the parents work in sporadic or unstable employment situations. Eligible families are also connected to free educational classes where they receive training on new skills, such as basic banking, health care, nutrition, and parenting. Families receive access to donated food and clothing and referrals to low-cost health care services. Families are also included in La Casa's extensive annual holiday gift program. With the assistance of KFH-Baldwin Park funding, 5,500 unduplicated individuals were served by the preschool program, received enrollment assistance, or participated in the adult education program.
- Boys & Girls Club of San Gabriel Valley (BGCSGV) received \$7,500 from KFH-Baldwin Park for its Serving the Hungry in the Community program, which provides daily, nutritious hot meals to low-income, homeless children and their parents, and individual men and women throughout El Monte and South El Monte. Unlike other Boys & Girls Clubs, BGCSGV extended its services beyond traditional youth programming and activities, assuming a leadership role in aggressively addressing the negative effects of local food insecurity by serving as a food pantry and soup kitchen in response to the growing number of individuals and families suffering from hunger, homelessness, and poor nutrition. Weekly meal plans include fresh fruits and vegetables with a variety of protein choices and are prepared and served daily in the club's kitchen and dining room by staff and volunteers. In 2013, the program served 32,201 individuals, which reflects an increase of 40% from 2012. It also provided fresh fruits and vegetables, and bakery and dairy products to a weekly average of 178 families through its food pantry program. Hot food and snacks were provided for an average of 50 to 75 individuals and families on a daily basis.
- KFH-Baldwin Park provided East San Gabriel Valley Coalition for the Homeless with \$10,000 for its Emergency Assistance Center (EAC), which provides vital emergency services, including motel and gas vouchers, hygiene kits, showering facilities, hot meals, rehabilitation placement, medical referral, and advocacy for more than 1,411 program participants throughout the year. The Coalition comprises a variety of faith and community groups with a range of theological and humanitarian beliefs and a common goal to show compassion and provide services to the homeless. EAC is one of a few emergency shelters in the San Gabriel Valley that serves the aggressively growing needs of displaced individuals and families. In 2013, EAC provided 3,900 hot meals and 4,000 lunch-to-go meals. In addition, it provided 2,200 showers and more than 2,400 hygiene kits. EAC also provided more than \$15,700 worth of motel vouchers to vulnerable families, the elderly, emancipated youth, disabled individuals, senior adults, and HIV-infected individuals.
- Pacific Clinics received \$5,000 to support its Mental Health Worker Training Course (MHWTC) certificate program, a collaboration with Pasadena City College. The organization's mission is to advance behavioral health care by developing innovative, multicultural programs that are strengths-based and informed by consumer and family collaboration. In response to the need for work training for foster youth, Pacific Clinics developed MHWTC as a short-term, intensive course. It was adapted to the needs of foster and probation youth who desire training and seek employment as paraprofessional mental health workers or health navigators in the mental health and social services fields. MHWTC consists of 108 hours (over nine-weeks) of academic preparation focused on entry-level mental health worker knowledge based on a psycho-social rehabilitation and recovery model. Graduates receive an additional 12 hours of training as a health navigator. In 2013, KFH-Baldwin Park funding supported 27 unduplicated foster youth who completed and graduated from MHWTC; 19 successfully gained permanent employment, primarily with social service agencies. Self-reported outcomes included increased confidence and heightened self-esteem as participants learned new job skills, how to dress for success, and experienced on-the-job employment training.

- Since 2003, KFH-Baldwin Park has partnered with Bassett High School to support its Health Academy program, which works to prepare students (between their sophomore and senior years) for a medical career by introducing and exposing them to the health care field through in-classroom instruction, field trips, and special presentations. In addition to providing in-classroom professional speakers, KFH-Baldwin Park provides leadership on the Health Academy committee, supports the annual health fair at Bassett High School, and serves as an internship site for senior Health Academy students. The internship consists of an eight-week placement, two four-week rotations in departments the student is interested in, for a total of 50 hours between March and May; provides students with hands-on experience in a health care setting; and gives them a better understanding of hospital operations and procedures. Students are required to complete the internship before graduating from the Health Academy. In addition, up to two Health Academy students receive scholarships to support their education in this hard-to-fill health care field. In 2013, 21 students were placed in 20 KFH-Baldwin Park departments.
- Kaiser Permanente continues to support projects that increase the pipeline of health professionals with the goal of funding academic institutions and community-based organizations to educate and train individuals who are pursuing a career in health care and collaborating with community clinics to offer clinical training opportunities and workforce recruitment opportunities in under-served areas. Community Clinic Association of Los Angeles was awarded \$250,000 to continue implementing the Community Clinic Workforce Project, which focuses on recruitment and retention. The project implements a Learning Management System; increases clinic capacity and infrastructure to train health professions students; and offers opportunities for internships and clinical rotations. It also develops a education roundtable to increase clinic capacity to address human resources issues, staff professionalism, and knowledge of compliance and legal issues related to human resources.

Table 1

KAISER FOUNDATION HOSPITAL-BALDWIN PARK

2013 Key Community Benefit Program Metrics

(For more information about these and other CB programs and services, please see pages 8–16 in Chapter III.)

Charity Care: Medical Financial Assistance Program recipients	3,491
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Other Plan members	98
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	1,594
Medi-Cal Managed Care members	10,766
Healthy Families Program members	1,548
Community Surgery Day patients	30
Health Research projects (new, continuing, and completed)	14
Nursing Research projects (new, continuing, and completed)	4
Educational Theatre – number of performances and workshops	82
Educational Theatre – number of attendees (students and adults)	12,451
Graduate Medical Education – number of programs	1
Graduate Medical Education – number of affiliated and independent residents	12
Deloras Jones nursing scholarship recipients	6
Other health professional training and education (non-MD) beneficiaries	20
Hippocrates Circle students	149
Summer Youth and INROADS programs participants	39
Community Learning Program – Educational Outreach Program beneficiaries	1386
Number of 2013 grants and donations made at the local and regional levels ¹	134

¹The vast majority of regional grants impact three or more hospitals. As such, a single regional grant may be included in the “Number of 2013 grants and donations” count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-BALDWIN PARK

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2013

	2013 Totals
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$9,485,185
Healthy Families ²	494,027
Charity care: Charitable Health Coverage programs ³	637,857
Charity care: Medical Financial Assistance Program ⁴	6,976,304
Grants and donations for medical services ⁵	181,641
Subtotal	\$17,775,014
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁶	\$0
Educational Outreach Program	1,020,303
Summer Youth and INROADS programs ⁷	241,768
Grants and donations for community-based programs ⁸	351,321
Community Benefit administration and operations ⁹	550,426
Subtotal	\$2,163,818
Benefits for the Broader Community¹⁰	
Community health education and promotion programs	\$64,757
Educational Theatre	338,998
Facility, supplies, and equipment (in-kind donations) ¹¹	0
Community Giving Campaign administrative expenses	8,879
Grants and donations for the broader community ¹²	11,203
National board of directors fund	17,092
Subtotal	\$440,929
Health Research, Education, and Training	
Graduate Medical Education	\$122,491
Non-MD provider education and training programs ¹³	308,568
Grants and donations for the education of health care professionals ¹⁴	54,594
Health research	455,680
Continuing Medical Education	0
Subtotal	\$941,333
Total Community Benefits Provided	\$21,321,094

ENDNOTES

- 1 Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- 2 Amount includes hospital-specific, unreimbursed expenditures for Healthy Families members on a cost basis. Healthy Families program represents partial year as program ended in 2013, and children transferred into Medi-Cal.
- 3 Amount includes hospital-specific, unreimbursed expenditures for Other Plan members and unreimbursed inpatient expenditures for Kaiser Permanente Child Health Plan subsidy on a cost basis.
- 4 Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance and Indigent Care programs on a cost basis.
- 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; and special Request for Proposals to support specific health issues such as 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 Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Los Angeles, KFH-West Los Angeles, and KFH-Downey.
- 7 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.
- 8 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 nonmedical 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.
- 9 The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- 10 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 performances or health education programs.
- 11 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.
- 12 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.
- 13 Amount reflects the net expenditures after tuition reimbursement for health professional education and training programs.
- 14 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.

THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2013 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY

The KFH-Baldwin Park 2013 Community Health Needs Assessment (CHNA) is posted on the internet at www.kp.org/chna. (the [Kaiser Permanente Share Site](#)). A detailed explanation of the CHNA process is included in the introductory section (Chapter IV) of the full SB 697 report.

LIST OF COMMUNITY HEALTH NEEDS IDENTIFIED IN THE CHNA REPORT FOR THE KFH-BALDWIN PARK SERVICE AREA

The list below summarizes the health needs identified for the KFH-Baldwin Park service area through the 2013 CHNA process:

- Mental health
- Obesity/overweight
- Diabetes
- Oral health
- Hypertension
- Cardiovascular disease
- Cancer, in general
- Vision
- Colorectal cancer
- Disability
- Intentional injury
- Alcohol and substance abuse
- Cervical cancer
- Chlamydia
- Asthma
- Alzheimer's disease
- Unintentional injury
- Arthritis
- HIV/AIDS
- Allergies
- Infant mortality
- Chronic obstructive pulmonary disease

HEALTH NEEDS THAT KFH-BALDWIN PARK PLANS TO ADDRESS

1. IMPROVE ACCESS TO PRIMARY AND SECONDARY HEALTH CARE FOR THE UNINSURED AND UNDERINSURED

Increasing access to appropriate and effective health care services addresses a wide range of specific health needs. Achieving the goal of increased access to care requires reducing barriers to preventive screening, primary care, and specialty care by deploying a wide range of strategies encompassing programs, outreach, training, and policies.

Lack of insurance is a key barrier to health care access. With implementation of the Affordable Care Act in January 2014, a significant number of individuals who are currently uninsured will have new options for coverage and access to health care. However, access barriers will persist for some low-income populations, particularly those for whom the cost of premiums is beyond their reach or they are ineligible due to immigration or documentation status. Even with insurance, for some populations – those with Medicare, Medi-Cal, etc. and individuals with geographic or language barriers – access is not guaranteed. Access to health care impacts overall physical, social, and mental health status, the prevention of disease and disability, early detection and treatment of health conditions, quality of life, preventable death and life expectancy.

In the KFH-Baldwin Park service area, 16.9% of the population does not have health insurance and even more are uninsured in the communities of Montebello (23.9%), La Puente (22.8%), Baldwin Park (22.2%), and South El Monte (22.1%). In addition, the discharge rate per 10,000 persons for preventable hospital events was higher (99.6) when compared to Los Angeles County (92.2).

In the prioritization process, cancer in general, mental health, oral health, and vision were all ranked as High Need/High Feasibility. KFH-Baldwin Park identified the strategy of improved access to primary and specialty health care as the most effective means to address these health needs for the target uninsured and underinsured population.

2. IMPROVE ACCESS TO PROGRAMS AND SERVICES FOCUSING ON THE REDUCTION OF OBESITY/OVERWEIGHT CONDITIONS AND THE PREVENTION AND MANAGEMENT OF CHRONIC DISEASES, INCLUDING DIABETES, HYPERTENSION, AND CARDIOVASCULAR DISEASE

The prevalence of obesity/overweight and diabetes was identified as a key need in the KFH-Baldwin Park service area, specifically related to youth under age 18. Obesity reduces life expectancy and causes devastating and costly health problems, increasing the risk of coronary heart disease, stroke, high blood pressure, diabetes, and other chronic diseases. Diabetes lowers life expectancy by up to 15 years, increases the risk of heart disease by two to four times, and is the leading cause of kidney failure, lower-limb amputations, and adult-onset blindness. A diabetes diagnosis can also indicate an unhealthy lifestyle—a risk factor for further health issues.

Developing an unhealthy lifestyle as a young person leads to further complications later in life. In the KFH- Baldwin Park service area, a slightly larger percentage of youth are physically inactive (38.4%) when compared to California (37.5%). The portion of youth in the KFH-Baldwin Park service area who are obese is higher (30.6%) when compared to California (29.8%), as is the number of youth who are overweight (15.1% vs. 14.3%). The diabetes prevalence rate in the service area is 18.5% compared to the Los Angeles County rate of 10.5%. Further, the uncontrolled diabetes hospitalization rate of 12.9 adults per 100,000 persons is higher when compared to the Los Angeles County rate of 9.5 per 10,000 persons. Also, a larger portion of the population in the KFH-Baldwin Park service area (30.2%) was diagnosed with high blood pressure when compared to Los Angeles County (25.5%) and more died of hypertension and hypertensive renal failure in the KFH-Baldwin Park service area (1.3) when compared to California (1.0). Finally, more adults were hospitalized for heart disease (382.6 per 100,000 persons) when compared to Los Angeles County (367.1 per 100,000 persons) and there were more hospitalizations resulting from cerebrovascular disease (233.6 per 100,000 persons) when compared to California (221.5 per 100,000 persons).

3. AWARENESS OF RESOURCES AND FAMILY AND SOCIAL SUPPORT

Alcohol and substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse significantly contribute to costly social, physical, mental, and public health problems, including teenage pregnancy, HIV/AIDS, STDs, domestic violence, child abuse, unintentional injuries such as motor vehicle accidents, intentional injuries such as homicide and other violent acts, and suicide. Intentional injuries and violence are widespread in society and are among the top 15 causes of death of Americans of all ages.

In the KFH-Baldwin Park service area, the alcohol/drug-induced mental disease hospitalization rate per 100,000 persons was higher in Covina (159.5), Glendora (129.2), La Verne (123.3), San Dimas (120.8), Montebello (111.9), and La Puente (109.8) when compared to Los Angeles County (109.1). Also, the homicide rate per 100,000 persons was higher (5.9) than the Healthy People 2020 goal (<=5.5). Homicide rates per 100,000 persons were particularly highest in West Covina (17.8), Covina (15.7), La Puente (10.1), Baldwin Park (9.4), Montebello (7.6), El Monte (7.5), Glendora (7.3), and Rosemead (6.0).

In the prioritization process, alcohol and substance abuse and intentional injury were ranked as High Need/High Feasibility. KFH-Baldwin Park has identified the strategy of improved access to resources for family and social support through awareness as the most effective means for KFH-Baldwin Park to address these health needs for the target uninsured and underinsured population.

4. BROADER HEALTH CARE SYSTEM NEEDS IN OUR COMMUNITIES

Kaiser Foundation Hospitals, which includes 37 licensed hospital facilities as of 2013, has identified a number of significant needs in addition to those identified above through the CHNA process that we are committed to addressing as part of an integrated health care delivery system. These needs, which are manifest in each of the communities we

serve, include 1) health care workforce shortages and the need to increase linguistic and cultural diversity in the health care workforce and 2) access to and availability of robust public health and clinical care data and research.

Supporting a well-trained, culturally competent, and diverse health care workforce helps ensure access to high-quality care; this activity is also essential to making progress in the reduction of health care disparities that persist in most of our communities. Individuals trained through these workforce training programs are able to seek employment with Kaiser Permanente entities or other health care providers in our communities.

Deploying a wide range of research methods contributes to building general knowledge for improving health and health care services, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared. Conducting high-quality health research and disseminating findings from it increases awareness of the changing health needs of diverse communities addresses health disparities, and improves effective health care delivery and health outcomes.

2014-2016 COMMUNITY BENEFIT PLAN

The goals, strategies, and outcomes listed below address health needs identified during the 2013 CHNA. All KFH hospitals carefully considered the evidence-base when determining which goals and strategies would be most effective in addressing each need. KFH-Fontana anticipates that successful implementation of the identified strategies will result in or contribute toward a set of expected outcomes that can help support overall improvement of the priority health need in the community. All KFH hospitals will annually assess progress towards their planned strategies and outcomes and adjust their plans and expected outcomes as needed. For more information on how goals, strategies, and outcomes were identified, see the section titled “Community Plan Development” in Chapter IV.

PRIORITY HEALTH NEED I: IMPROVE ACCESS TO PRIMARY AND SPECIALTY HEALTH CARE FOR THE UNINSURED AND UNDERINSURED

GOALS

- Provide access to health care coverage for the uninsured and underinsured
- Increase access to health care services for uninsured and underinsured individuals

STRATEGIES

Programs and Services

- Participate in government-sponsored programs for low-income individuals (i.e. Medi-Cal Managed Care and Medi-Cal Fee-For-Services)
- Provide care to low income children under 19 in families at or below 300% FPL who lack access to employer-subsidized coverage and do not qualify for public programs, pursuant to a program that provides these children with heavily subsidized health care coverage
- Continue to provide Medical Financial Assistance (MFA) to assist patients w/limited or no resources to pay for health care services provided at Kaiser Permanente facilities

Community Investments

- Provide financial grants and in-kind contributions to community organizations and community clinics to support health care programs and services for the uninsured and underinsured

Leveraging Organizational Assets

- Partner with local school districts, health care providers, and hospitals to provide emergent and non-emergent health care services to uninsured children and youth through Every Child’s Healthy Option, a planned and coordinated charity care program
- Provide low-risk, outpatient surgical procedures to uninsured individuals through the Community Surgery Day program
- Collaborate with the largest federally qualified healthcare center (FHQC) in the San Gabriel Valley to provide Southern California Permanente Medical Group (SCPMG) Family Medicine physician volunteers to provide primary health care services onsite at the health center to the patient population through a Kaiser Permanente Care Night partnership
- Support and expand the efforts of KFH-Baldwin Park volunteer radiologists in reading basic x-ray images for underserved patients
- Provide colorectal cancer screenings (colonoscopies) to uninsured individuals
- Provide depression screenings for underinsured and uninsured members of the community
- Partner with local community clinic(s) to provide chronic kidney disease screenings for underinsured and uninsured members of the community

Collaboration and Partnerships

- Support and collaborate with community partners and other non-profit organizations in providing information on enrollment in public health care coverage programs
- Provide leadership on the Service Planning Area 3 Health Planning Group and Specialty Care Coalition, provide consultative and professional technical assistance (TA) support as needed for requested specialties, and serve as a community partner in providing specialty care services for underserved individuals

EXPECTED OUTCOMES

- Increased access to government-sponsored programs for low-income individuals
- Increased access to subsidized health care coverage
- Increased access to MFA
- Increased access to health care services through continued collaboration with community partners

PRIORITY HEALTH NEED II: IMPROVE ACCESS TO PROGRAMS AND SERVICES FOCUSING ON THE REDUCTION OF OBESITY/OVERWEIGHT CONDITIONS AND THE PREVENTION AND MANAGEMENT OF CHRONIC DISEASES, INCLUDING DIABETES, HYERTENSION, AND CARDIOVASCULAR DISEASE

GOALS

- Increase awareness and access to programs and services that address and prevent obesity and/or overweight conditions in adults, children, and youth
- Improve community clinic capacity to address, prevent, and manage chronic conditions among underserved individuals

STRATEGIES

Programs and Services

- Promote KPET to provide health and wellness programming among children and youth in schools and other community settings

Community Investments

- Provide grants to community organizations to support free-of-charge programs that provide nutrition education and healthy living programs
- Provide grants to community organizations to support programs and services that address, prevent, and help individuals manage chronic conditions

Leveraging Organizational Assets

- Host screenings of Weight of the Nation (WOTN) Kids 01 that include panel discussions with Kaiser Permanente experts about healthy choices in nutrition and physical activity behaviors.
- Promote the use of WOTN Kids 01 among community partners as a catalyst for dialogue about children and youth making an impact on healthy behaviors and environmental change
- Partner with local community-based organizations and community clinics to promote and extend train-the-trainer opportunities provided by Kaiser Permanente Health Education. Courses will focus on nutrition education and physical activity
- Host a farmers' market every other week at the medical center that is open to the community and includes a monthly, free-of-charge healthy cooking demonstration led by Health Education, and periodically invite students from local schools to experience the market and support their education around healthy eating
- Promote and provide health education materials, resources, and technical training to community-based organizations, community clinics, and schools

- Support provision of nutrition education programs that influence healthy food consumption and positive lifestyle behaviors among children and youth in partnership with local school districts
- Support and promote Kaiser Permanente’s Thriving Schools initiative by promoting available resources to local schools
- Connect Regional Health Education’s Healthy Lifestyles for Families Program (train-the-trainer) to community clinics, schools, and community-based organizations in our service area that are interested in providing healthy lifestyle workshops to their service population
- Engage a physician educator to provide culturally and linguistically appropriate chronic disease management classes at local community clinic(s)
- Distribute health education materials focused on chronic disease prevention and management through participation in community events and health fairs
- Invite local community clinic providers to participate in Continuing Medical Education courses on chronic disease management
- Promote and make Healthier Living/Tomando Control de Su Salud (general chronic disease management program) available to community clinics

EXPECTED OUTCOMES

- Improved knowledge of and access to free-of-charge nutrition education and healthy living programs targeting underserved individuals, children, and youth
- Increased community clinic capacity to support healthy eating and behavioral changes that prevent, address, and manage chronic conditions

PRIORITY HEALTH NEED III: INCREASE AWARENESS OF SOCIAL SERVICE RESOURCES AND PROVIDE SUPPORT TO FAMILY AND SOCIAL SUPPORT PROGRAMS THAT ADDRESS VIOLENCE, ALCOHOL/SUBSTANCE ABUSE AND AT-RISK YOUTH.

GOALS

- Improve access to social service programs that serve vulnerable populations

STRATEGIES

Community Investments

- Provide financial grants and in-kind contributions to community organizations and community clinics to support the provision of social service programs that address violence, alcohol/substance abuse and at-risk youth in underserved populations and communities

Leveraging Organizational Assets

- Engage a physician champion from Behavioral Health to provide leadership and serve as a clinical advisor to community organizations and community clinics around issues of alcohol/substance abuse
- Partner with local high schools to educate students on the consequences of drinking and driving through the Every 15 Minutes Program
- Support schools and youth organizations that provide after-school homework assistance, tutoring, and mentorship programs for at-risk youth by providing physicians and staff speakers

Collaboration and Partnerships

- Host roundtables with local community organizations so that they can network and understand available programs and services in the areas of domestic abuse and alcohol/substance abuse

- Promote awareness around domestic violence through an annual domestic violence clothing and basic necessities campaign and support access to resources for victims of domestic abuse through a year-round cell phone collection campaign
- Collaborate with local high schools to provide an internship program for students in a health care career pathway

EXPECTED OUTCOMES

- Increased awareness of local free and low-cost social service programs that provide family and social support around issues of violence, alcohol/substance abuse, and at-risk youth

PRIORITY HEALTH NEED IV: WORKFORCE

LONG-TERM GOAL

- To address health care workforce shortages and cultural and linguistic disparities in the health care workforce

INTERMEDIATE GOAL

- Increase the number of skilled, culturally competent, diverse professionals working in and entering the health care workforce to provide access to quality culturally relevant care

STRATEGIES

- Implement health care workforce pipeline programs to introduce diverse, underrepresented, school-age youth and college students to health careers
- Provide workforce training programs to train current and future health care providers with the skills, linguistic, and cultural competence to meet the health care needs of diverse communities
- Disseminate knowledge to educational and community partners to inform curricula, training and health career ladder/pipeline programs
- Leverage CB-funded programs to develop strategies to increase access to allied health, clinical training, and residency programs for linguistically and culturally diverse candidates
- Increase capacity in allied health, clinical training, and residency programs to address health care workforce shortages through the provision of clinical training and residency programs
- Leverage Kaiser Permanente resources to support organizations and research institutions to collect, standardize, and improve access to workforce data to enhance planning and coordination of workforce training and residency training programs

EXPECTED OUTCOMES

- Increased number of diverse youth entering health care workforce educational and training programs and health careers
- Increased number of culturally and linguistically competent and skilled providers
- Increased awareness among academia of what is required to adequately train current and future allied health, clinical, and physician residents on how to address the health care needs of our diverse communities
- Increased participation of diverse professionals in allied health, clinical training, and residency programs
- Improved access to relevant workforce data to inform health care workforce planning and academic curricula

PRIORITY HEALTH NEED V: RESEARCH

LONG-TERM GOAL

- To increase awareness of the changing health needs of diverse communities

INTERMEDIATE GOAL

- Increase access to and availability of relevant public health and clinical care data and research

STRATEGIES

- Disseminate knowledge and expertise to providers to increase awareness of the changing health needs of diverse communities to improve health outcomes and care delivery models
- Translate clinical data and practices to disseminate findings to safety net providers to increase quality in care delivery and to improve health outcomes
- Conduct, publish, and disseminate high-quality health services research to the broader community to address health disparities, and to improve effective health care delivery and health outcomes
- Leverage Kaiser Permanente resources to support organizations and research institutions to collect, analyze, and publish data to inform public and clinical health policy, organizational practices, and community health interventions to improve health outcomes and to address health disparities

EXPECTED OUTCOMES

- Improved health care delivery in community clinics and public hospitals
- Improved health outcomes in diverse populations disproportionately impacted by health disparities
- Increased availability of research and publications to inform clinical practices and guidelines

