



# Kaiser Foundation Hospital – Southern California Region

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

**ONTARIO**





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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](http://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 MPOWR (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. MPOWR 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

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

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**

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

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



## 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](http://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)-ONTARIO

2295 South Vineyard Avenue  
 Ontario, CA 91761  
 (909) 724-5000

The KFH-Ontario service area includes the west end of San Bernardino County and a section of eastern Los Angeles County. The service area includes the communities of Chino, Chino Hills, Claremont, Diamond Bar, La Verne, Mira Loma, Montclair, Mt. Baldy, Ontario, Pomona, Rancho Cucamonga, San Antonio Heights, and Upland.

### COMMUNITY SNAPSHOT (2010 COMMUNITY HEALTH NEEDS ASSESSMENT FOR KFH-ONTARIO)

Total population:	2,123,083
Median age:	30
Median household income:	\$52,320
Percentage living in poverty:	11.4%
Percentage unemployed:	14.2%
Percentage uninsured:	25.1%

Latino:	51%
White:	32%
African American:	8%
Asian and Pacific Islander:	6%
Other:	3%
Native American:	.5%

### KEY FACILITY STATISTICS

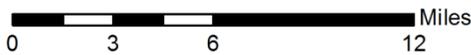
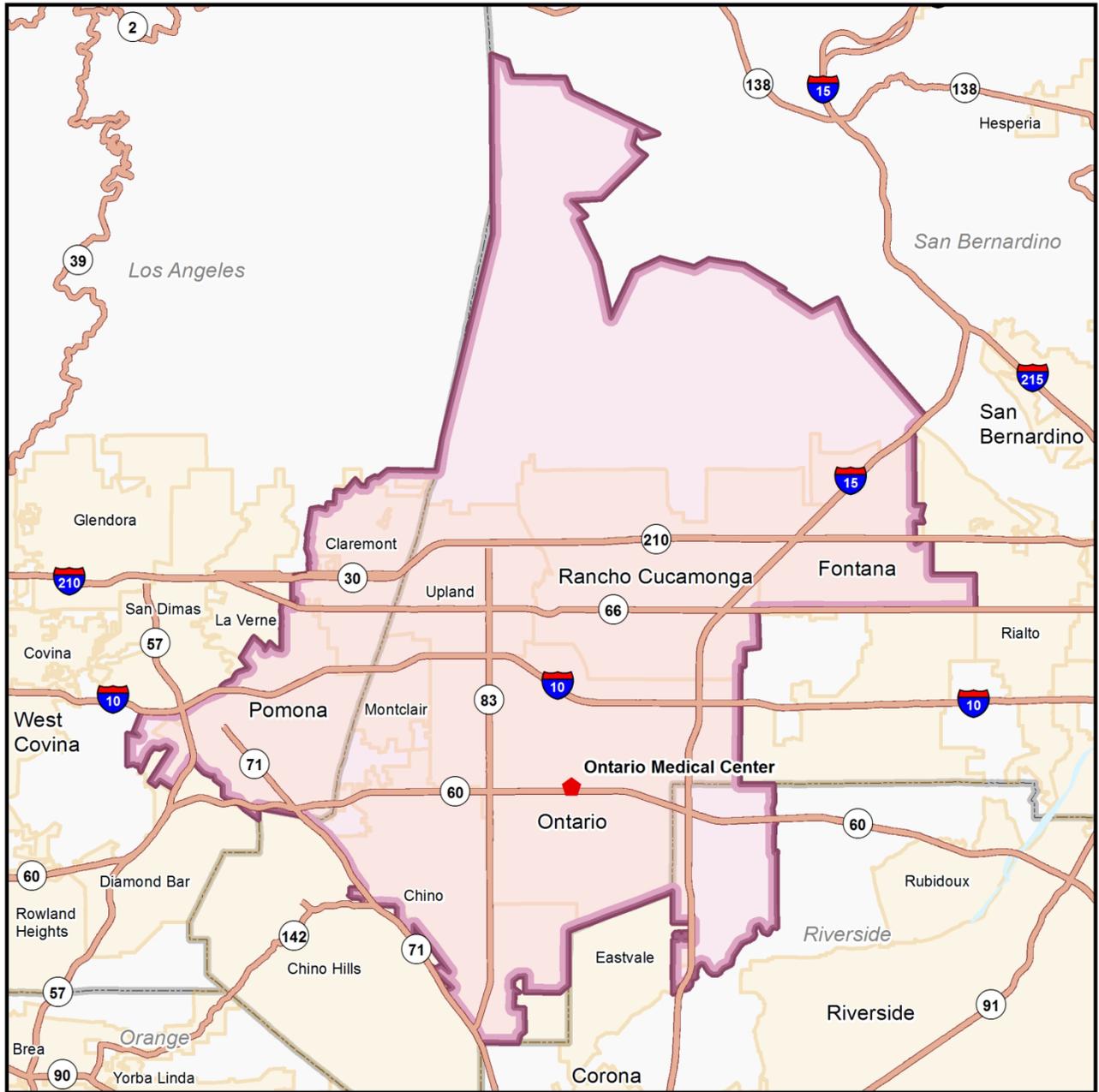
Year opened:	2011
KFH full-time equivalent personnel:	839
KFHP members in KFH service area:	199,132

Total licensed beds:	224
Inpatient days:	38,906
Emergency room visits:	46,390

### KEY LEADERSHIP AT KFH-ONTARIO

Greg Christian	Executive Director
Lloyd Duplechan	Chief Operating Officer
Don Bernard	Area Chief Financial Officer
David Quam, MD	Area Medical Director
Annie Russell	Chief Administrative Officer
Jennifer Resch-Silvestri	Senior Director, Public Affairs and Brand Communications
Martha Valencia	Community Benefit Health Manager

## KFH Ontario Medical Center Service 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). May 2013.



# THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

## 2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

KFH-Fontana (on behalf of KFH-Fontana and KFH-Ontario), the Advancement Project's Healthy City, and Special Service for Groups collaborated to conduct the 2010 CHNA. Numerous community-based organizations and government and public agencies from across various sectors (neighborhood, school, county, academia, and health care) also collaborated in providing critical information about health needs, assets, and barriers. Primary and secondary data were assessed to create a profile of community conditions. While the emphasis was on health care data, social, economic, educational, and demographic indicators were also included in the CHNA to look at overall community health.

The first phase of the CHNA included secondary data collection, processing, and analysis. Secondary data collection began with the development of a list of relevant demographic, socioeconomic, and public health data indicators that included details and information on demographic conditions, income and poverty, community safety, education, health and health care access, maternal and child health, mortality and morbidity, and health behaviors. Data analysis involved the development and implementation of a strategy that allowed patterns to be identified in the collected data. When available, Healthy People 2010 benchmarks, county health information, and service area and statewide figures were used as comparison points for local indicators.

The second phase entailed primary data collection designed to identify unmet community health needs, barriers to health and wellness, and community assets (in general and for underserved populations). It also sought community guidance in prioritizing these needs in the context of a changing community. Participants were selected based on several factors, including prior engagement in the CHNA process, subject area expertise, and experience or role in addressing key health needs of vulnerable populations in the service area. Focus group and stakeholder interviews helped identify health issues and common themes across the service area.

## 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:

### *Population, Unemployment, Poverty, and Homelessness:*

- Population growth increased by 22%.
- Unemployment increased from 6% to 14.2%.
- Unemployed individuals have higher rates of anxiety and depression, lower self-rated health status, and loss of insurance.
- Unemployed men have higher rates of smoking, alcohol consumption, and drug use.
- The percentage of families living in poverty (11.2%) in the service area is greater than that for California (9.8%).
- 24% of households are headed by single mothers.
- Poverty had the greatest negative impact on health.
- Homelessness increased among young people.
- Findings from focus groups and interviews suggest that one effect of the recession is overcrowding as more multigenerational families are living in the same households.

### *Uninsured and Access to Health Care:*

- In the service area, 25.1% of residents 18 to 65 were uninsured, while 12.2% of children 0 to 17 were uninsured.
- Younger working-age adults are less likely to be insured compared to older working-age adults (25% of adults 19 to 29 are uninsured; 18% of adults 30 to 44 are uninsured; and 15% of adults 45 to 64 are uninsured).

- Uninsured adults have a 25% greater risk of premature death than insured adults.
- Only 81.9% of pregnant women received early prenatal care.

#### *Dental Care:*

- More people reported that their children had never been to a dentist (1.5%) and that they could not afford necessary dental care for their children (7.8%).
- 32.7% of adults 18 and older and 19.2% of children 2 to 17 had no dental insurance.
- Community participants identified dental care for children as an ongoing issue and pointed to the need for screenings and preventive care, as well as a shortage in specialty dental care.

#### *Diabetes:*

- Diagnosis of diabetes increased by almost 2% for more and younger students.
- Type 2 diabetes increased among children in the last two decades.
- The service area had a higher age-adjusted mortality rate (30.6) from diabetes than California (21.1).

#### *Overweight and Obesity:*

- The service area had 21% overweight or obese adolescents 12 to 19 (San Bernardino County level).
- The service area had 36.4% overweight and 27.4% obese adults 20 and older (San Bernardino County level).

#### *Asthma:*

- The service area had a higher age-adjusted mortality rate than California.
- Hospitalization for asthma is higher in the service area at 10 per 10,000, compared to 5.6 per 10,000 for California.

#### *Cancer:*

- In the service area, the breast cancer death rate was 23.8 compared to 21.2 for California.
- The cervical cancer death rate was 4.6 compared to 2.2 for California.
- The colorectal cancer death rate was 16 compared to 14.7 for California.

#### *High Blood Pressure:*

- One in four residents was diagnosed with high blood pressure.
- Prevalence of diagnosis increased substantially to 25%, higher than statewide estimates for those 20 to 64.

#### *Mental Health Services:*

- In the service area, 16.1% of people needed help for mental health or substance abuse.
- Of those who sought care, 44.2% failed to receive it; 60% of those who needed care but did not receive it were uninsured.
- 15.9% of teens are at risk for depression.

### **PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-ONTARIO SERVICE AREA**

1. Access to health insurance coverage and health care services
2. Disproportionate rates of obesity and overweight
3. Social determinants of health

## 2013 YEAR-END RESULTS

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

Uninsured and underinsured adults are less likely to receive preventive care, less likely to receive screening services, and if they do access screening services, less likely to receive them in a timely manner. Lack of access and untimely access produce delayed diagnoses, and for many diseases (such as breast, colon, or cervical cancer), delayed diagnoses reduce the probability of survival. The CHNA found that death rates from breast, cervical, and colorectal cancers are still higher for San Bernardino County than for California overall. In addition, uninsured adults receive less and lower-quality care for chronic conditions, including diabetes, heart disease, and HIV. Overall, people with chronic conditions who are uninsured are less likely to receive necessary screening, monitoring, intensive care management, effective drugs, and other medical services, and thus experience decreased quality of life and a higher risk of mortality. Focus group participants indicated that despite the need, mental health services have been cut back dramatically and may be available only to the severely disabled. Community participants also identified dental care for children as an ongoing issue and pointed to the need for both screenings and preventive care, as well as a shortage in specialty dental care.

#### 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. Maintain participation in KFHP/H Charitable Health Coverage Programs (STEPS and Kaiser Permanente Child Health Plan) and in government programs (Medi-Cal and Healthy Families).
2. Provide charity care through the Medical Financial Assistance (MFA) program and maximize efficiencies.
3. Provide grant funding to organizations that seek to provide primary care services.
4. Provide grant funding to organizations that seek to proactively integrate education, preventive care, early and regular screening, treatment, and control/self-care management by targeting at least one health problem (hypertension, obesity, diabetes, asthma, and breast, cervical, and colorectal cancer), with an emphasis on linking to community clinics.
5. Provide grant funding to organizations that seek to conduct outreach, provide enrollment in public programs, and provide orientation on utilizing community clinic services emphasizing the medical home/usual source of care concept and/or provide primary care services.
6. Provide grant funding to support outreach and education regarding preventive dental services for children.
7. Provide grant funding to support delivery of dental care services, including planning for expanded dental services at safety-net clinics.
8. Provide grant funding to organizations to provide basic individual and family outpatient counseling for emotional/mental health problems (depression, anxiety, feelings of hopelessness, truancy, anger management, alcohol-drug issues, victims of violence/abuse, psychological distress, etc.).
9. Continue collaboration with community clinics to offer Community Surgery Days for eligible low-income individuals who are uninsured or underinsured.
10. Continue existing physician volunteer clinic partnerships and identify other opportunities to support adult, pediatric, and teen clinics where a shortage of and a need for health care professionals and services exist.
11. Develop the capacity of community clinics and community-based organizations by sharing Kaiser Permanente training, curriculum, handouts, and clinical practice guidelines related to diabetes, weight, nutrition, and healthy lifestyles.

## 2013 YEAR-END RESULTS

- In collaboration with Southern California Permanente Medical Group (SCPMG), KFH-Ontario established the Physician Volunteer Program as a pathway for physicians to volunteer at local community clinics to support the shortage and health care professional needs of community clinics in San Bernardino County. In 2013, four physicians volunteered at the clinic providing 65 hours of primary care services for 129 children.
- KFH-Ontario held the 2013 Community Surgery Day Program at KFH-Ontario's Vineyard ambulatory surgery center, where 14 low-risk outpatient surgeries, including hernia repair, cataract removal, gallbladder removal, were provided to low-income uninsured individuals referred by community clinic partners, Pomona Community Health Center, H Street Clinic, Bloomington Community Health Center, Inland Behavior and Health Services, and SAC Health Clinic. KFH-Ontario donated in-kind operating room space and medical supplies, while participating surgeons, anesthesiologists, nurses, certified nursing assistants, sterile processing technicians, and admitting clerks' volunteered their time.
- Another way we extend good health beyond our doors is through in-kind charitable donations. In 2013, KFH-Ontario provided in-kind donations (valued at more than \$30,000) of used surplus furniture and equipment after our new hospital opened in May. In-kind donations were provided to eight community-based organizations and clinics. Kids Come First Community Health Center, a pediatric-only clinic in South Ontario, was one of the recipients.
- Samaritan Counseling Center provides outpatient counseling, support groups, and education programs, student assistance programs, behavior education, and management services to low-income or uninsured individuals, couples, families, children, and adolescents from Upland, Ontario, Rancho Cucamonga, Claremont, Montclair, Chino, and Chino Hills. It received a \$20,000 grant from KFH-Ontario to subsidize low-cost mental health treatment for 400 adolescents and men from the broader community, resulting in improved mental health, emotional well-being, functioning, and socially appropriate behavior, including effective job searching and parenting behaviors.
- KFH-Ontario provided a \$6,500 grant to American Diabetes Association, which funds research, publishes scientific findings, and provides information and education to people with diabetes and health care professionals, to implement Por Tu Familia. The program provides diabetes awareness, prevention, and management to low-income Latino families and is led by promotoras in Montclair and expanded to Pomona and Ontario with a goal to reach 2,000.
- Kids Come First Community Health Center provides health care, education and resources to uninsured and safety net insured children from the Ontario-Montclair, Chaffey Joint Union, and Mountain View School Districts. KFH-Ontario provided a \$23,500 grant to support primary care services, health education services, and basic case management to 22,200 children from South Ontario.
- Kaiser Permanente Southern California Region has funded care and coverage-related grants to increase access to affordable, quality health care and health insurance coverage for low-income, uninsured, and underinsured individuals and families. The Insure the Uninsured Project received a \$50,000 core support grant from the donor-advised fund<sup>1</sup> to continue to increase access to health care coverage for California's uninsured by building consensus on target issues among policy leaders and convening statewide and regional workgroups to facilitate collaboration among statewide health leaders and the safety net.
- Dental Health Foundation (dba Center for Oral Health) was awarded \$95,000 from the donor-advised fund to develop and disseminate knowledge about oropharyngeal cancer among medical and dental providers, and to integrate oral cancer screening for at-risk older adults as a clinical protocol in the safety net clinics.

## PRIORITIZED NEED II: DISPROPORTIONATE RATES OF OBESITY AND OVERWEIGHT

In San Bernardino County, 21% of adolescents 12 to 19 are overweight or obese while 63.8% of adults over 20 are overweight (36.4%) and obese (27.4%). By zip code area, the range is 32.2%–71.6 % for overweight and obese adolescents and adults. It is imperative to reduce these rates for a variety of health, social, and psychological reasons. Overweight and obese children and adults are at increased risk for a range of health conditions, including heart disease, diabetes, sleep

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<sup>1</sup> 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).

apnea, high cholesterol, fatty liver, asthma, social stigma, low self-esteem, and mental health problems. In children, obesity is also associated with premature puberty. Obese children are at increased risk of bullying, which may harm mental health and result in decreased physical activity. And overweight and obese children are more likely to become overweight adults.

A number of factors directly or indirectly influence obesity. Both physical activity and healthy eating are important for preventing and reducing obesity. Genetics and individual behaviors are also important, as are neighborhood and social environments that have been increasingly implicated as barriers (and opportunities) to maintaining a healthy lifestyle. For example, a lack of access to green space, parks, and environments that promote physical activity; lack of physical education and sports facilities and opportunities in schools; poor food environments (i.e., limited access to supermarkets, farmers markets, produce vendors, community gardens, and other sources of fresh fruits and vegetables and healthy foods); and an overconcentration of fast-food outlets can all shape the likelihood of becoming overweight or obese.

## **2013 GOALS**

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

## **2013 STRATEGIES**

1. Provide grant funding to support culturally and linguistically appropriate health education and wellness programs that increase awareness, knowledge, and skills about healthy eating and active living.
2. Provide grant funding for fun, appealing, and innovative interventions/approaches to decrease calorie consumption (i.e., soda/sugar-sweetened beverages, portion size, snacking, etc.).
3. Provide grant funding to support convenient access to fresh, affordable, nutritious food, including at farmers markets.
4. Provide grant funding to encourage work site and other employer programs that encourage prevention and help employees improve healthy eating, active living behaviors.
5. Provide grant funding to increase knowledge and develop skills among public health, planning, and redevelopment professionals and advocates about land use, economic development, and redevelopment tools to ultimately create opportunities/environment for physical activity.
6. Provide grant funding to promote and provide physical activity opportunities across multiple settings, targeting children, adolescents, and adults (physical activity as a family affair).
7. Provide grant funding to community coalitions, partnerships, and collaboratives to jointly transform local physical activity and food environments by developing, implementing, and evaluating sustainable policy, environmental, and organizational practice changes.
8. Promote and make available free Kaiser Permanente health education materials related to healthy eating, active living, nutrition, and weight to grantee organizations to support them in delivering consistent promotion, education, prevention, and behavior change messages.
9. Promote and make available Kaiser Permanente best practices and guides on establishing a farmers market, menu labeling in cafeterias, Healthy Picks policy for vending machines, and tips for healthy breakfast and lunch meetings.
10. Promote Kaiser Permanente Educational Theatre (KPET) productions and activities that focus on nutrition, exercise, balanced diet, and active play to school districts with the objective of distributing consistent messages about healthy eating and active living.

## 2013 YEAR-END RESULTS

- KFH-Ontario responded to key speaking opportunities for Kaiser Permanente pediatricians to address the obesity epidemic in schools. In June 2013, Marla Abrolat, MD, presented to 250 children (grades 5 to 8) from Ontario-Montclair School District Student Summer Academy Program. The focus was on nutrition, exercise, and what young people should know about staying healthy, and was provided in a fun, age-appropriate manner to help students apply and share the lessons with parents and caregivers.
- KFH-Ontario partners with the San Bernardino County Department of Public Health Healthy Communities Collaborative to provide healthy eating, active living resources to support Healthy City Partners' community efforts. Kaiser Permanente developed the Weight of the Nation for Kids DVD as a new community resource that looks at the issue of childhood obesity from the perspective of and by talking directly with children and teens. The DVD was provided to 23 San Bernardino County Healthy Cities to enhance their efforts (programs, education, events, screenings). For example, Healthy Ontario incorporates the DVD into its teen program as a learning tool and as a source of inspiration.
- West End YMCA serves the communities of Chino, Chino Hills, Fontana, Montclair, Ontario, Rancho Cucamonga, and Upland through various programs (preschoolers through older adults) focused on youth development, healthy living, and social responsibility. KFH-Ontario provided a \$10,000 grant to implement YMCA Healthy Kids, a program that provides physical activity two days week and five days of healthy snacks to 350 afterschool and preschool students 3 to 12, while also educating parents about providing healthy snacks at home and packing healthy lunches.
- Healthy Heritage Movement provides health education, resources, and tools to the African American community living in the in San Bernardino County. KFH-Ontario provided a \$10,000 grant to the organization to partner with Inland Empire Concerned African American Churches to provide healthy lifestyle education to decrease obesity by establishing a health ministry that trains health leaders at church sites to deliver lifestyle and weight management workshops.
- The City of Chino leads the Healthy Chino Coalition, which focuses on safe and walkable neighborhoods, nutrition, public education, health and human services, and fitness. Healthy Chino programs include a farmers market, community garden, public education, Chino Walks, Chino Walks Kids, employee wellness, and special events. KFH-Ontario awarded a \$10,000 grant to provide gardening activities (growing vegetables and fruits to entice students to try new foods) and nutrition education through interactive games and activities for 540 children/youth from Chino Experience Teen Center and eight elementary afterschool sites in Chino Valley Unified School District.
- Kaiser Permanente Southern California Region's Healthy Eating Active Living (HEAL) Zone initiative supports site-specific collaboratives, composed of multi-sector representatives, including cities, school districts, community clinics, and nonprofit organizations, to develop and implement evidence-based and prevention-oriented environmental strategies focused on reducing obesity rates in their communities. The strategies aim to transform communities so that residents are exposed to multiple opportunities for engaging in healthy behaviors (e.g., availability of bike lanes, farmers markets, parks, etc.). In 2013, the City of Ontario received \$250,000 from the donor-advised fund.
- Healthy Options, Healthy Meals (HOHM) is a funding strategy that focuses on healthy food banking, characterized by food banks increasing donations/purchases/distribution of more health-promoting foods and decreasing donations/purchases/distribution of less healthful foods, such as snacks, sweets, and sugar-sweetened beverages. HOHM's primary goal is to support sustainable policy and practice changes to assist food banks in gathering and distributing healthier foods. In the KFH-Ontario service area, Community Action Partnership of San Bernardino received \$40,000 over two years (\$20,000 from the donor-advised fund in 2013).

## PRIORITIZED NEED III: SOCIAL DETERMINANTS OF HEALTH

The unemployment rate for San Bernardino County is up to 14.2% and the poverty level is 11.2%, compared to 9.8% for California. Unemployment and poverty are key factors in determining the health of communities. In San Bernardino County, and elsewhere, unemployment has been consistently linked to poor health and associated with higher mortality rates, especially from heart disease and suicide. Individuals who are unemployed have higher rates of anxiety and depression and lower self-rated health status. Data have also shown that unemployed men have higher rates of smoking, alcohol consumption, drug use, and depression than their employed counterparts. Homelessness also increased among young

people living in the KFH-Fontana service area, and findings from focus groups and interviews suggest that one effect of the recession is overcrowding as more multigenerational families are living in the same households. In San Bernardino County, 24% of households are headed by single mothers.

## **2013 GOAL**

To create healthy communities by supporting the social and economic environment.

## **2013 STRATEGIES**

1. Provide grant funding to agencies that equip people for employment by supporting retraining and skills development for displaced workers.
2. Provide grant funding to increase food security as aligned with the San Bernardino County Vision Project.
3. Provide grant funding for basic needs of homeless children, adolescents, and young adults aligned with the San Bernardino County 10-Year Homeless Plan.
4. Provide grant funding to address key issues identified by the San Bernardino County Vision Project.

## **2013 YEAR-END RESULTS**

- In partnership with the inpatient Pharmacy Department, Kaiser Permanente held a food drive. Staff and physicians donated canned goods to benefit San Bernardino County's homeless and underprivileged residents. Community Action Partnership of San Bernardino County (CAPSBC) Food Bank, which annually serves more than 850,000 low-income families and individuals, elderly, homeless and disadvantaged residents across 78 San Bernardino County cities (Upland, Ontario, Rancho Cucamonga, Montclair, Claremont, Pomona, etc.) distributed the donated food to local food pantries and soup kitchens.
- Inland Empire United Way partners with a network of local nonprofit organizations and operates several direct service programs to improve the lives and futures of those in need by strategically investing in education, health, and financial literacy. KFH-Ontario provided a \$20,000 grant for the Back Pack Program, which provides weekend food to 1,200 homeless and low-income children from the Pomona, Ontario, Upland, and Rancho Cucamonga areas.
- Foothill Family Shelter provides safe housing and wraparound support services to meet the needs of people in crisis especially in Upland, Ontario, Rancho Cucamonga, Montclair, Claremont, and Pomona. KFH-Ontario awarded the shelter a \$13,000 grant to offer Stepping Stones, a program that provides 120 days of safe housing and support services (employment preparation, financial education, mandatory savings program, professional counseling, and basic life skills) for 100 homeless clients.
- In the cities of in Pomona and Ontario, Mercy House operates transitional shelters that provide clients with the assistance they need to overcome homelessness and transition into self-sufficiency and permanent housing. KFH-Ontario provided an \$18,000 grant for the Drop-In Center to provide motel/food vouchers, emergency case management, transportation assistance, hygiene supplies, job service referrals, transitional shelter referrals, and low-cost medical care referrals to 2,000 adults and families experiencing homelessness.
- 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. Inland Coalition Reach Out West End was awarded \$25,000 from the donor-advised fund to support Advancing Diversity & Education in the Health Professions in San Bernardino County.
- UCLA Center for Health Policy Research was awarded \$500,000 from the donor-advised fund to continue support for the 2013-2014 California Health Interview Survey (CHIS).

**Table 1**

**KAISER FOUNDATION HOSPITAL-ONTARIO**

**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	1,638
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Other Program members	138
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	1,081
Medi-Cal managed care members	9,582
Healthy Families Program members	1,784
Nursing Research projects (new, continuing, and completed)	3
Educational Theatre – number of performances and workshops	64
Educational Theatre – number of attendees (students and adults)	10,449
Nurse practitioner and other nursing training and education beneficiaries	4
Deloras Jones nursing scholarship recipients	3
Other health professional training and education (non-MD) beneficiaries	1
Number of 2013 grants and donations made at the local and regional levels <sup>1</sup>	53

<sup>1</sup>The 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-ONTARIO  
 COMMUNITY BENEFIT RESOURCES PROVIDED IN 2013**

	<b>2013 Totals</b>
<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$7,166,191
Healthy Families <sup>2</sup>	706,252
Charity care: Charitable Health Coverage programs <sup>3</sup>	519,025
Charity care: Medical Financial Assistance Program <sup>4</sup>	4,902,384
Grants and donations for medical services <sup>5</sup>	133,346
<b>Subtotal</b>	<b>\$13,427,198</b>
<b>Other Benefits for Vulnerable Populations</b>	
Watts Counseling and Learning Center <sup>6</sup>	\$0
Educational Outreach Program	0
Summer Youth and INROADS programs <sup>7</sup>	0
Grants and donations for community-based programs <sup>8</sup>	290,172
Community Benefit administration and operations <sup>9</sup>	384,923
<b>Subtotal</b>	<b>\$675,095</b>
<b>Benefits for the Broader Community<sup>10</sup></b>	
Community health education and promotion programs	\$62,500
Educational Theatre	264,584
Facility, supplies, and equipment (in-kind donations) <sup>11</sup>	0
Community Giving Campaign administrative expenses	8,570
Grants and donations for the broader community <sup>12</sup>	<b>17,313</b>
National board of directors fund	16,496
<b>Subtotal</b>	<b>\$369,463</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education	\$0
Non-MD provider education and training programs <sup>13</sup>	278,176
Grants and donations for the education of health care professionals <sup>14</sup>	33,388
Health research	439,803
Continuing Medical Education	0
<b>Subtotal</b>	<b>\$751,367</b>
<b>Total Community Benefits Provided</b>	<b>\$15,223,123</b>

## 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-Ontario 2013 Community Health Needs Assessment (CHNA) is posted on the internet at [www.kp.org/chna](http://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-ONTARIO SERVICE AREA

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

- Substance use
- Mental health
- Economic instability
- Oral health
- Health care access/ utilization
- Community violence
- Diabetes (*Tied*)
- Overweight/obesity (*Tied*)
- Service infrastructure (*Tied*)
- Cardiovascular disease (*Tied*)
- Asthma
- Cancer
- HIV/AIDS & other STIs
- Teen pregnancy
- Prenatal/ perinatal health
- Hepatitis

## HEALTH NEEDS THAT KFH-ONTARIO PLANS TO ADDRESS

### 1. CHRONIC CONDITIONS

Chronic Conditions include obesity/overweight, diabetes, and cardiovascular disease. All three health needs have similar prevention strategies, such as increasing healthy eating and physical activity, as well as disease management, that can reduce the onset and prevalence of these health outcomes.

*Obesity/Overweight.* Overweight and obesity rates have been increasing over the past few years in San Bernardino County. The county has also been identified as an area most impacted by childhood obesity as it has one of the highest rates in the state. Over one-third (36.3%) of adults in KFH-Ontario are overweight and over one-quarter of adults (26.3%) are obese. Among fifth, seventh, and ninth graders in the service area, 13.3% are overweight and 32.6% are obese. Overweight and obesity affects all income levels, age groups, and racial/ethnic groups. However, Hispanics/Latinos, African Americans, Asian Americans, and immigrants are disproportionately affected because a higher proportion of these groups live in low-income areas with poor neighborhood characteristics (e.g. low neighborhood safety, poor access to fresh fruits and vegetables, and high density of liquor store and convenient stores) and eat traditional foods that are sometimes high in fat, salt, and sugar. Obesity prevalence is highest among Hispanic/Latino and African American adults and children. Seniors are also affected due to a low fixed-income and decreased mobility.

Healthy eating and physical activity are the most important behaviors to promote and can also impact other health outcomes (e.g., cardiovascular disease, high blood pressure, diabetes, cancer, mental health, etc.). Poverty and education (economic instability), availability and access to preventive health programs (service infrastructure), and the built environment (e.g., access to parks/recreation, availability of and accessibility to affordable healthy foods, community safety, and poor air quality) can greatly impact overweight/obesity outcomes. Obesity/overweight is also associated with prenatal/perinatal health and musculoskeletal conditions. Overweight and obesity can be debilitating

because they increase the likelihood of developing chronic disease risk factors (e.g., high blood pressure), developing chronic diseases, experiencing medical complications and complications during pregnancy, having worse mental health, and dying prematurely.

*Diabetes.* Adult diabetes cases in San Bernardino County have increased 47% within the past five years and the County has the second highest percentage of diabetes in California. In KFH-Ontario, adult diabetes prevalence and the adult diabetes discharge rate are higher than the California average. Diabetes among children in KFH-Ontario is also increasing, as youth diabetes discharge rates are almost 2 times higher than California. Although the county diabetes mortality rate remained the same from 2002 to 2010, it is higher than the California rate. Moderate to high prevalence of diabetes has been seen in some racial/ethnic minority and vulnerable groups. Native Americans have the highest diabetes rates in San Bernardino County. Hispanics/Latinos and African Americans are disproportionately impacted by diabetes due to high rates of obesity/overweight. Increases in diabetes cases in children and youth have been seen in the school setting. Older adults are impacted by diabetes due to economic instability and lack of health insurance coverage and may experience more complications. Homeless individuals are also affected by diabetes and its complications because they lack access to health care services. Obesity is a precursor to diabetes and is greatly impacted by eating habits, lack of exercise, health care access, and economic instability. Diabetes is also associated with prenatal/perinatal health, cardiovascular disease, and service infrastructure, and indirectly linked to mental health. Diabetes can be debilitating and/or life-threatening because it increases medical complications and health care costs, leads to kidney failure and increased risk of cardiovascular disease, decreases quality of life, and causes premature death.

*Cardiovascular Disease.* Heart disease and stroke are the first and third leading causes of death in the United States. Although heart disease and stroke mortality rates decreased from 2002 to 2010 in San Bernardino County, heart disease and stroke mortality rates in the KFH-Ontario service area are higher than the California average. Heart disease impacts all racial/ethnic groups because all racial/ethnic groups have higher heart disease mortality rates higher than the California average. However, Native Americans and Hispanics/Latinos are more disproportionately impacted, with heart disease mortality rates that are five times and two times higher, respectively, than whites in the county. Although not thought of as having cardiovascular disease, Asian Americans are affected by unhealthy eating, high blood pressure, and high cholesterol. Low-income populations and older adults are also impacted by heart disease and stroke. Children and youth are at greater risk for heart disease when they become older because of high obesity/overweight rates and poor eating habits. Risk factors that influence cardiovascular disease prevalence and outcomes are stress, smoking, and obesity (due to eating and exercise habits). Cardiovascular disease is also associated with other chronic conditions (e.g., diabetes, HIV/AIDS), substance use, oral health, and prenatal/perinatal health. Cardiovascular disease can be debilitating and/or life-threatening because it results in serious illness and disability and decreased quality of life, and produces billions of dollars in medical costs and economic loss.

## 2. ECONOMIC INSTABILITY

Economic instability includes poverty, unemployment, public assistance, food insecurity, home foreclosures, homelessness, and educational attainment. Unemployment, poverty, and low educational attainment are major health barriers and economic instability is considered one of the root causes to poor health outcomes. KFH-Ontario is doing fairly better than California on some indicators, but public assistance has been increasing. The percentage of people living below 100% FPL (10.4%) and the percentage of children living below 100% FPL (14%) are lower than the California average. The percentage of unemployed people (10.7%) is higher than the California average, with higher percentages for people receiving CalFresh (11.9%) and children eligible for free/reduced lunch (59.7%). The percentage of people receiving Medicaid (16.8%) is lower than the California average. Because community residents are suffering from financial hardship, 44% of homes in the Riverside-San Bernardino metro area are “financially under water.” Economic instability impacts everyone. However, homeless and reentry populations, undocumented individuals, seniors, children, veterans, the disabled, and racial/ethnic minorities are heavily impacted. Moreover, in the 2009-2010 school year, 22,658 San Bernardino County children and youth were identified as homeless.

The stress caused by economic instability contributes to poor mental health and chronic illness issues (e.g., asthma, diabetes, cancer, overweight/obesity, etc.). Economic instability is also associated with health care access and utilization. Economic instability is life-threatening and debilitating because it is a primary social determinant of health,

increases the risk of chronic diseases and mental health problems, deprives children of development and educational opportunities, and causes low quality of life and premature death.

### **3. HEALTH CARE ACCESS AND UTILIZATION**

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. Some factors related to health care access and utilization include health care professional shortages, the number of federally qualified health centers (FQHCs) in the county, language and cultural barriers, health insurance coverage, transportation issues, cost barriers, and knowledge of resources.

Health care access and utilization is one of the main determinants of health. In KFH-Ontario, a high proportion of people were without health insurance (21.2%). Research showed health professional shortages in the county (primary care providers and specialists) and the number of primary care providers per person is lower than the California average. As such, the percentage of the population living in a geographic health professional shortage Area (HPSA) is higher than the state average. These factors contribute to a higher percentage of preventable hospital events than the state average. Many of these factors are prevalent in all racial/ethnic groups and subgroups. Undocumented immigrants, older adults, the homeless, and people of color are disproportionately affected. Hispanics/Latinos have the highest percentage of uninsured (66%), followed by whites (60%). The re-entry population is impacted because they often reenter their communities without access to health care or other social services.

Education, poverty, unemployment, and transportation issues exacerbate health care access/utilization issues. Reductions in and barriers to health care access and utilization are associated with many poor health outcomes (e.g., mental health, asthma, diabetes, oral health, substance use, cancer, etc.) and are linked to other health drivers. This health need is considered life-threatening and debilitating because it impacts overall physical, social, and mental health, prevention of disease and disability, detection and treatment of health conditions, quality of life, and life expectancy.

### **4. ORAL HEALTH**

Health care access incorporated oral health because dental HPSAs and dental professional shortages have been identified in San Bernardino County. The percentage of adults with poor dental health (11.8%) and who haven't seen a dental professional (35.3%) are higher than state averages. The percentage of youth who have not seen a dental professional in the past year (15.1%) is also higher than the California average. Poor dental health is a top chronic disease for children. Vulnerable populations (e.g., children, racial/ethnic minorities, and elderly, low-income, uninsured, disabled, HIV-infected, homeless, and reentry populations) are mostly impacted by poor oral health outcomes because they face many barriers to dental care that are greater than that of the general population.

### **5. MENTAL HEALTH**

Although the suicide mortality rate (7.6 per 100,000 population) in KFH-Ontario is lower than the California average, the percent of adults who self-reported the need to see a mental health professional (14.7%) is higher than the California average. CHNA participants voiced strong concern regarding mental health as they feel it is getting worse, especially among children and youth. Men are nearly four times more likely and whites are more than two times more likely to die of suicide. African Americans have high incidence of suicidal thoughts and suffer higher degrees of stress. Native Americans have high incidences of medication for mental health, suffer from psychological stress due to economic instability, and are less likely to seek behavioral health care because of cultural beliefs. Hispanics/Latinos are affected by mental health due to stigma. Immigrants are also affected by mental health due to stigma, as well as stress and discrimination. Research on aging shows that mental health conditions increase with age, so seniors are the largest group to receive mental health services. Providers are concerned with dementia, depression, and suicide in seniors. Mental health issues are increasing in children and youth as they have limited resources and skills to cope with stress and depression, come from unhealthy family situations, and have few treatment facilities. Homeless individuals in San Bernardino County are impacted; 30% suffer from a severe mental illness and 22% have a developmental disability.

Veterans are suffering more from PTSD because they don't receive adequate mental health services after multiple tours overseas. New mothers also suffer from postpartum depression.

Barriers to treating mental health issues are stigma, lack of mental health facilities, lack of access (e.g., insurance) to those facilities, and economic instability. Mental illness also acts as a barrier to seeking care for other health issues. Mental health is indirectly associated with overweight/obesity, chronic diseases (e.g., cardiovascular disease and diabetes), and infectious diseases (e.g., HIV/AIDS). Mental health can be life-threatening or debilitating: it is the leading cause of disability in the U.S. (accounting for 25% of all years of life lost due to disability and premature mortality), closely connected with physical health, and decreases a person's ability to participate in treatment and recovery.

*Substance Use.* Because mental health and substance use disorders are sometimes intertwined and people with mental health issues are greatly impacted by substance use, substance use was included in mental health. Admissions to county substance abuse treatment facilities rose 11% from 2009 to 2011, with methamphetamine-related treatment accounting for the most admissions (44%). County admissions for methamphetamine, heroin, and marijuana increased, but decreased for alcohol and cocaine/crack. Alcohol use among youth in the county is greater than the California average, with increased usage of synthetic and prescription drugs. Veterans struggling with PTSD and individuals with depression, attention deficit disorder, and stress are greatly impacted. Native Americans and Hispanics/Latinos have high incidences of alcohol use. Whites have the highest incidence of alcohol- and drug-related deaths. Substance use is life-threatening and debilitating: 95% of people who use substances do not believe they have a substance use problem, many relapse, and substance use contributes to costly social and public health problems (e.g., teen pregnancy, STIs, domestic violence, child abuse, crime, homicide, suicide, and lost wages) and leads to premature death.

## **6. 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-Ontario 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: CHRONIC CONDITIONS

#### LONG-TERM GOAL – OBESITY/OVERWEIGHT

- Reduce obesity/overweight among the general population, but especially among Native American, Latino, and African American adults and children.

#### INTERMEDIATE GOALS

- Increase healthy eating among Native American, Latino, and African American adults and children.
- Increase active living among Native American, Latino, and African American adults and children.
- Improve capacity (service infrastructure) of community clinics to more effectively manage adult and child weight.

#### STRATEGIES

##### *Programs and Services*

- Partner with Kaiser Permanente Educational Theatre (KPET) to promote healthy eating in schools.

##### *Community Investments*

- Provide grants to adopt policies to implement practices and to increase availability of healthy food, fruits, and vegetables in schools, workplaces, and community settings.
- Provide grants to provide physical activity opportunities before, during, and after school in various settings (schools, workplaces, neighborhoods, parks, etc.) combined with education and informational outreach activities.
- Participate in Ontario HEAL Zone Initiative to get people to move more and eat better on a daily basis targeting a residential area of 10,000-20,000 in South Ontario.

##### *Leveraging Organizational Assets*

- Continue to offer our farmer’s market program on the hospital campus to provide access to largely locally-produced fresh fruits and vegetables and to educate the public on the benefits of healthy eating and active living.
- Engage Southern California Permanente Medical Group (SCPMG) physician speakers and provide resources (Weight of the Nation DVD, Drink Water, Don’t Drink Sugar DVD, and health education brochures) to increase awareness about healthy eating and active living related to the obesity epidemic and track use/application of resources.
- Engage SCPMG adult/pediatric obesity physician champions to provide training, consultative support, and technical assistance (TA) to community clinics to assess existing clinical practices and weight management efforts to identify areas to enhance and/or integrate use of various tools and resources (clinical practice guidelines, proactive office encounters, BMI as a vital sign, physical activity questions, physical activity prescription pads, set clinical strategic goals, etc.). Includes engaging SCPMG licensed vocational nurses (LVNs) as needed to provide peer-to-peer TA to community clinic medical assistants, LVNs, or nurses.

- Provide SCPMG healthy lifestyles training, curriculum, health education material, and TA on how to integrate into community clinic setting or consulting on how to modify existing curriculum.
- Promote and make SCPMG Healthier Living/Tomando Control de su Salud (general chronic disease management) available to community clinics.
- Support Kaiser Permanente's Thriving Schools initiative, a partnership to increase healthy eating and active living among students, staff, and teachers, by targeting 10 to 15 local schools.

#### *Collaboration and Partnerships*

- Participate in Healthy Communities Collaborative (23 Healthy Cities) focused on increasing healthy eating, using an array of approaches across schools, neighborhoods, workplaces, parks, etc.
- Facilitate and support efforts to promote and enhance the built environment, land use, and joint use agreements and to create space/parks in communities to improve access to physical activity.

### **EXPECTED OUTCOMES**

- Increased healthy food choices and access to affordable fruits and vegetables
- Increased awareness
- Increased healthy eating
- Increased active living
- Increased quality weight management services for overweight/obese patients

### **LONG-TERM GOAL – DIABETES**

- Reduce morbidity and mortality from diabetes among the general population, but especially among Native American, Latino, and African American adults and children.

### **INTERMEDIATE GOALS**

- Increase healthy eating, physical activity, and improve weight management skills.
- Improve clinical care and management of diabetes
- Improve capacity (service infrastructure) of community clinics to more effectively manage type 2 diabetes among adults and early onset of type 1 diabetes among children.

### **STRATEGIES**

#### *Community Investments*

- Provide grants for diabetes disease management that involve an organized, proactive, multicomponent approach towards clinical care for and management of diabetes (interventions to improve glycemic control, intensive counseling for people with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease).

#### *Leveraging Organizational Assets*

- Engage SCPMG diabetes physician, RN, or certified diabetes educator (CDE) champions to provide training, consultative support, and TA to assess existing clinical practices and diabetes management efforts and to identify improvement areas and integration of tools and resources (clinical practice guidelines, proactive office encounter, BMI as a vital sign, physical activity questions, physical activity prescription pads, set clinical strategic goals, etc.).
- Provide SCPMG diabetes training, curriculum, health education material, and TA on how to integrate these tools into community clinic settings or consulting on how to modify existing curriculum.
- Provide SCPMG Healthier Living (E/S) to community clinic patients at Kaiser Permanente Health Education locations (create code to track community clinic patients).

- Make available existing and free SCPMG CME and CEU opportunities to community clinic physicians, nurse practitioners, physician assistants, and nurses through Kaiser Permanente diabetes symposiums, online nurse training, etc.

### **EXPECTED OUTCOMES**

- Increased glycemic control and self-management skills
- Increased quality diabetes management services

### **LONG-TERM GOAL – CARDIOVASCULAR DISEASE**

- Reduce morbidity and mortality from heart disease and stroke among the general population, but especially among Native American, Latino, and African American adults and children.

### **INTERMEDIATE GOALS**

- Increase healthy eating, physical activity, and improve weight management skills among the general population, but especially among Native American, Latino, and African American adults and children.
- Improve clinical care for and management of cardiovascular disease.
- Improve capacity (service infrastructure) of community clinics to more effectively manage heart disease and stroke among adults.

### **STRATEGIES**

#### *Community Investments*

- Provide grants for heart disease and stroke that entail an organized, proactive, multicomponent approach to prevention and risk reduction (e.g., screenings based on clinical practice guidelines, prescriptions, intensive dietary counseling, computer-based information systems designed to implement clinical guidelines at the point of care [reminders for overdue cardiovascular disease preventive services, assessment of patient risk for cardiovascular disease, and recommendations for clinical treatment or behavior change approaches], including team-based care to improve blood pressure control).

#### *Leveraging Organizational Assets*

- Increase awareness and/or provide training about Kaiser Permanente ALL HEART, tools, and resources (cardiovascular disease manuals, health education material, clinical practice guidelines) and TA on integrating within community clinic system. Engage internal Kaiser Permanente RN to provide TA related to clinical quality.

### **EXPECTED OUTCOMES**

- Increased management of risk factors
- Increased quality heart disease and stroke prevention services

## **PRIORITY HEALTH NEED II: ECONOMIC STABILITY**

### **LONG-TERM GOAL**

- Reduce barriers (lack of educational attainment, poverty, basic needs, un/der-employment, and homelessness) to economic stability.

### **INTERMEDIATE GOALS**

- Improve food security.
- Improve education opportunities.

- Improve employment opportunities.
- Improve housing opportunities.

## **STRATEGIES**

### *Programs and Services*

- Maintain and/or expand appropriate Kaiser Permanente programs and resources (KPET's MPOWR, Summer Youth, Hippocrates Circle, phlebotomy training, LVN Pathway, speakers, etc.) to motivate youth, parents, and adults to achieve educational attainment.

### *Community Investments*

- Provide grants to support food distribution programs and support electronic benefit transfer (EBT) use at farmers' markets.
- Provide grants with a strong parental engagement component to support 1) career academies, small learning communities within high schools that focus on specific vocational fields; 2) dropout prevention programs; 3) mentoring programs for at-risk students, the homeless or those in foster care; 4) targeted programs to increase college enrollment.
- Provide grants for 1) transitional employment programs that offer time-limited, subsidized, paid jobs intended to provide a bridge to unsubsidized employment; 2) career pathway and bridge programs that help low-skilled adults successfully participate in postsecondary education and the labor market; 3) youth apprenticeship programs that provide participating high school students with professional opportunities that combine academic and on-the-job training/mentorship.
- Provide grants to support for a housing first program that addresses chronic homelessness by providing rapid re-housing and support services such as crisis intervention, needs assessment, and case management; and tenant-based rental assistance programs that provide vouchers or direct cash assistance to allow low-income families more housing options than they could afford by themselves.

### *Collaboration and Partnerships*

- Participate in key countywide initiative/collaboration targeting educational attainment.

## **EXPECTED OUTCOMES**

- Increased self-sufficiency
- Decreased % of people with no high school diploma
- Increased educational attainment
- Improved capacity (service infrastructure)
- Increased number of people employed
- Decreased number of people becoming homeless

## **PRIORITY HEALTH NEED III: HEALTH CARE ACCESS AND UTILIZATION**

### **LONG-TERM GOAL**

- Increase the number of people (uninsured, underinsured, low-income older adults, and the homeless) who have access to appropriate health care services and improve the overall system of care in San Bernardino County.

### **INTERMEDIATE GOALS**

- Increase health care coverage for uninsured, underinsured, low-income older adults and the homeless
- Increase access to primary care.
- Increase access to dental care.
- Provide case management for medically underserved patients who are frequent users of emergency room services for

non-urgent cases.

- Improve access to specialty care/diagnostics.
- Improve service infrastructure and capacity of community clinics to more adequately serve the uninsured or underinsured and to be sustainable.
- Reduce workforce shortages.

## **STRATEGIES**

### *Programs and Services*

- Participate in government-sponsored programs for low-income individuals (i.e., Medi-Cal Managed Care and Medi-Cal Fee-For-Service).
- Provide care to low-income children under 19 in families at or below 300% of 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
- Provide Kaiser Permanente Medical Financial Assistance (MFA or charity care) to help patients with limited or no resources to pay for care provided at Kaiser Permanente facilities.
- Plan, develop, and implement an emergency room patient navigator program to provide case management for medically indigent patients with high emergency room usage for non-urgent cases.
- Train new physicians (i.e., Graduate Medical Education)

### *Community Investments*

- Provide grants and in-kind donations to community clinics community-based organizations to provide primary care, including culturally sensitive education about the use of primary care vs. emergency room and care coordination (promotoras /community health workers).
- Provide grants to support school-based dental programs (including sealant delivery programs); dental services; and education and advocacy around overconsumption of sugar-sweetened beverages.
- Provide grants and TA to clinics to assess readiness, create a viable plan, and implement changes to achieve FQHC-lookalike status. Other FQHCs can share learnings or provide TA to clinics interested in becoming FQHC-lookalikes.
- Provide grants to non-profit medical transportation agencies to increase capacity.

### *Leveraging Organizational Assets*

- Provide community access program (SCPMG; KFH/HP Community Surgery Day; SCPMG pathology services).
- Expand and deepen SCPMG physician engagement to support provision of primary care at community clinics.
- Provide SCPMG training, speakers, symposium opportunities, resources (health education material, proactive office encounter tools, adult preventive clinical practice guidelines), and TA on integration.
- Expand and deepen SCPMG physician engagement to support delivery of specialty care at community clinics.
- To support Total Health, identify and convene West End social and health service providers to increase coordination and communication of available social and health services and resources (e.g., transportation, basic needs assistance, etc.).

### *Collaboration and Partnerships*

- Facilitate a convening with local dental clinics, dental centers, etc. for dental care coordination and cross referral and to form San Bernardino County Dental Coalition.
- Participate in and support Specialty Care Coalition and related workgroups (guidelines, scope of practice, volunteer network) to improve access to and utilization of specialty care services and to improve San Bernardino County's overall specialty care system.
- Participate in key strategic partnerships (Countywide Vital Sign Initiative; County Workforce Investment Board) to build on existing health professions pipeline efforts and to support related programs. Share Kaiser Permanente youth pipeline

programs (i.e., Summer Youth and INROADS).

## **EXPECTED OUTCOMES**

- Increased number of people with coverage
- Increased number of people with a medical home
- Improved access to oral health services and prevent dental caries
- Increased awareness of resources among medically underserved patients who are frequent users of emergency room services for non-urgent cases
- Increased availability of specialty care and diagnostic services
- Increased support for FQHC-readiness in San Bernardino County
- Improved service infrastructure among dental service providers
- Increased collaboration around specialty care
- Increased availability of quality improvement resources
- Improved diversity of trained physicians
- Increased number of trained physicians working in shortage areas

## **PRIORITY HEALTH NEED IV: MENTAL HEALTH**

### **LONG-TERM GOAL – MENTAL HEALTH**

- Reduce and prevent mental illness in vulnerable populations.

### **INTERMEDIATE GOALS**

- Decrease mental health symptoms.
- Increase emotional and behavioral stability among adults, teens, and children.
- Improve access to mental health care.
- Improve capacity (service infrastructure) of mental health providers.

## **STRATEGIES**

### *Community Investments*

- Provide grants that focus on one of the following:
  - collaborative care for the management of depressive disorders, a multicomponent, health care system-level intervention that uses case managers to link primary care providers, patients, and mental health specialists
  - home-based depression care management among older adults that includes active screening for depression, measurement-based outcomes, trained depression care managers, case management, patient education, and a supervising psychiatrist
  - clinic-based depression care management among older adults that includes active screening for depression, measurement-based outcomes, trained depression care managers providing case management, primary care provider and patient education, antidepressant treatment and/or psychotherapy, and a supervising psychiatrist
  - individual and group cognitive behavioral therapy to reduce psychological harm among children and adolescents who have physiological symptoms resulting from exposure to traumatic events.
- Provide grants that focus on knowledge, attitudes, and skills related to one or more of the following approaches:
  - home visiting programs starting during pregnancy that provide parenting education, child development information, social support to parents, and encouragement of positive parent–child interactions

- interventions focused on parenting skills to encourage parents to use praise and rewards to reinforce desirable behavior; replace criticism and physical punishment with mild and consistent negative consequences, and increase positive involvement with their children
- preventive interventions for divorcing families
- school-based interventions that involve social skills training to change behaviors to improve social relationships or promote non-response to provocative situations
- combined school and family interventions focused on building skills and communication
- cognitive behavioral prevention/intervention programs in a group setting focused on coping with stress for adolescents.

#### *Leveraging Organizational Assets*

- Through SCPMG physician engagement, identify bilingual psychiatrist to provide psychiatric services on a volunteer basis to addressing cultural barriers to mental health (language, cultural competence, culturally sensitive, increasing number of minority mental health providers).

#### *Collaboration and Partnerships*

- Participate and support the mental health collaborative and provide health educational materials to partners.

### **EXPECTED OUTCOMES**

- Improved management of mental health symptoms among Latinos, African-American, Asians-Americans, homeless, foster children, teens, seniors, veterans, men
- Improved family and social environments of children and youth
- Increased access to and availability of mental health care
- Increased quality and availability of mental health providers

### **LONG-TERM GOAL – SUBSTANCE USE**

- Reduce substance abuse among high-risk populations.

### **INTERMEDIATE GOALS**

- Reduce excess alcohol consumption among veterans struggling with PTSD, males, pregnant women, Native Americans, and Latinos.

### **STRATEGIES**

#### *Community Investments*

- Provide grants to conduct media campaigns to reduce alcohol-impaired driving; conduct multicomponent interventions with community mobilization to reduce alcohol-impaired driving (includes sobriety checkpoints, responsible beverage service training, education and awareness-raising efforts, and limiting access to alcohol).

#### *Collaboration and Partnerships*

- Support advocacy efforts lead by Healthy Cities partners that look at policies and practices that regulate alcohol outlet density; maintain limits on hours and days of alcohol sales; increase alcohol taxes; and vigorously enforce existing underage drinking laws and minimum legal drinking age.

### **EXPECTED OUTCOMES**

- Decreased access to alcohol in community
- Decreased alcohol dependency and abuse

- Changing attitudes and beliefs around alcohol-impaired driving

## **PRIORITY HEALTH NEED V: WORKFORCE**

### **LONG-TERM GOAL**

- 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 VI: RESEARCH**

### **LONG-TERM GOAL**

- 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

