



Kaiser Foundation Hospital – Southern California Region

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

PANORAMA CITY



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INTRODUCTION

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

DEVELOPMENT OF A CONSOLIDATED COMMUNITY BENEFIT PLAN

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

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

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

CONTENTS OF THE COMMUNITY BENEFIT PLAN

CHAPTER I: HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

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

CHAPTER II: MISSION STATEMENT AND COMMITMENT TO THE COMMUNITY

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

CHAPTER III: COMMUNITY BENEFIT PROVIDED IN 2013

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

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

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

CHAPTER I: HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

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

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

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

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

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

NATIONAL STRUCTURE

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

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

REGIONAL STRUCTURE IN CALIFORNIA

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

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

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

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

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

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

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

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

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

MEDICAL OFFICE BUILDINGS

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

CHAPTER II: MISSION STATEMENT AND COMMITMENT TO THE COMMUNITY

MISSION STATEMENT

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

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

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

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

NATIONAL COMMITMENT TO COMMUNITY BENEFIT

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

We focus our work on three broad areas:

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

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

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

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

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

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

KAISER PERMANENTE'S COMMITMENT TO COMMUNITY BENEFIT IN CALIFORNIA

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

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

CHAPTER III: COMMUNITY BENEFIT PROVIDED IN 2013

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

METHODOLOGY

DEFINITION OF COMMUNITY

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

CATEGORIZATION OF SERVICES

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

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

DOCUMENTATION AND ALLOCATION OF EXPENDITURES

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

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

Resource allocations are reported, as follows:

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

SUMMARY OF KAISER FOUNDATION HOSPITALS COMMUNITY BENEFIT

STATEWIDE BENEFITS

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

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

BENEFITS BY HOSPITAL SERVICE AREA

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

DESCRIPTION OF COMMUNITY BENEFIT PROGRAMS AND SERVICES

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

MEDICAL CARE SERVICES FOR VULNERABLE POPULATIONS

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

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

MEDI-CAL

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

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

HEALTHY FAMILIES PROGRAM

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

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

CHARITABLE HEALTH COVERAGE PROGRAMS

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

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

MEDICAL FINANCIAL ASSISTANCE

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

GRANTS AND DONATIONS FOR MEDICAL CARE SERVICES

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

OTHER BENEFITS FOR VULNERABLE POPULATIONS

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

KAISER PERMANENTE EDUCATIONAL OUTREACH PROGRAM

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

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

KAISER PERMANENTE WATTS COUNSELING AND LEARNING CENTER

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

YOUTH EMPLOYMENT PROGRAMS

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

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

GRANTS AND DONATIONS FOR COMMUNITY-BASED PROGRAMS

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

BENEFITS FOR THE BROADER COMMUNITY

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

COMMUNITY HEALTH EDUCATION AND HEALTH PROMOTION PROGRAMS

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

KAISER PERMANENTE EDUCATIONAL THEATRE (KPET)

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

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

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

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

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

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

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

GRANTS AND DONATIONS FOR THE BROADER COMMUNITY

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

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

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

HEALTH RESEARCH, EDUCATION, AND TRAINING PROGRAMS

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

PROVIDER EDUCATION AND TRAINING

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

GRADUATE MEDICAL EDUCATION (GME)

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

COMMUNITY MEDICINE FELLOWSHIP

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

OLIVER GOLDSMITH SCHOLARSHIP PROGRAM

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

NURSING EDUCATION AND TRAINING

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

KAISER PERMANENTE SCHOOL OF ANESTHESIA FOR NURSES

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

CALIFORNIA NURSING ANESTHESIA COLLABORATIVE PROGRAM – (CNACP)

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

KAISER PERMANENTE DELORAS JONES NURSING SCHOLARSHIP PROGRAM

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

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

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

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

TECHNICAL PROVIDER EDUCATION AND TRAINING

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

KAISER PERMANENTE SCHOOL OF ALLIED HEALTH SCIENCES – (KPSAHS)

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

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

KAISER PERMANENTE MENTAL HEALTH TRAINING PROGRAM

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

KAISER PERMANENTE PHARMACIST RESIDENCY PROGRAMS

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

KAISER PERMANENTE PHYSICAL THERAPY FELLOWSHIP IN ADVANCED ORTHOPEDIC MANUAL THERAPY PROGRAM

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

KAISER PERMANENTE PHYSICAL THERAPY NEUROLOGY RESIDENCY

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

KAISER PERMANENTE PHYSICAL THERAPY CLINICAL INTERNSHIPS

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

KAISER PERMANENTE PHYSICAL THERAPY ORTHOPEDIC FELLOWSHIP PROGRAM

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

KAISER PERMANENTE MOVEMENT SCIENCE FELLOWSHIP

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

KAISER PERMANENTE ORTHOPEDIC FELLOWSHIP IN SPORTS REHABILITATION

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

KAISER PERMANENTE SPINE REHABILITATION FELLOWSHIP PROGRAM

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

KAISER PERMANENTE CLINICAL PSYCHOLOGY INTERNSHIP TRAINING PROGRAMS

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

KAISER PERMANENTE RADIOLOGY TRAINING PROGRAM

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

ADVANCED PRACTICE AND ALLIED HEALTH CARE EDUCATIONAL PROGRAMS

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

HIPPOCRATES CIRCLE

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

GRANTS AND DONATIONS FOR THE EDUCATION OF HEALTH CARE PROFESSIONALS

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

HEALTH RESEARCH

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

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

DIVISION OF RESEARCH (DOR)

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

DEPARTMENT OF RESEARCH AND EVALUATION

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

KAISER FOUNDATION RESEARCH INSTITUTE (KFRI)

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

NURSING RESEARCH PROGRAM

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

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

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

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

Table A

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

COMMUNITY BENEFITS PROVIDED IN 2013

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

See endnotes on the following page.

ENDNOTES

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

Table B

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

HOSPITAL SERVICE AREA SUMMARY TABLE

COMMUNITY BENEFITS PROVIDED IN 2013

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

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

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

INTRODUCTION

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

COMMUNITY HEALTH NEEDS ASSESSMENT

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

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

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

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

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

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

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

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

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

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

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

COMMUNITY BENEFIT PLAN DEVELOPMENT

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

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

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

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

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

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

OUTLINE OF HOSPITAL SECTION

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

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

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

KAISER FOUNDATION HOSPITAL (KFH)-PANORAMA CITY

13561 Willard Street
 Panorama City, CA 91402
 (818) 375-2000

The KFH-Panorama City service area includes the San Fernando, Santa Clarita, and Antelope valleys. The San Fernando Valley includes Arleta, Granada Hills, Lakeview Terrace, Mission Hills, North Hills, North Hollywood, Northridge, Pacoima, Panorama City, San Fernando, Sepulveda, Sherman Oaks, Sunland, Sun Valley, Sylmar, Toluca Lake, Tujunga, and Van Nuys. The Santa Clarita Valley includes Canyon Country, Castaic, Newhall, Santa Clarita, Saugus, Stevenson Ranch, Val Verde, and Valencia. The Antelope Valley includes Acton, Lake Hughes, Lancaster, Little Rock, Llano, Palmdale, and Pearblossom.

COMMUNITY SNAPSHOT (2010 COMMUNITY HEALTH NEEDS ASSESSMENT FOR KFH-PANORAMA CITY)

Total population:	2,185,024
Median household income (county):	\$54,467
Percentage living in poverty:	29.83%
Percentage unemployed:	13%
Percentage uninsured:	18.6%

White:	47%
Latino:	39%
Asian and Pacific Islander:	10%
Other:	4%
African American:	3%

KEY FACILITY STATISTICS

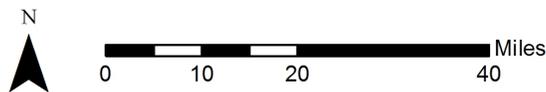
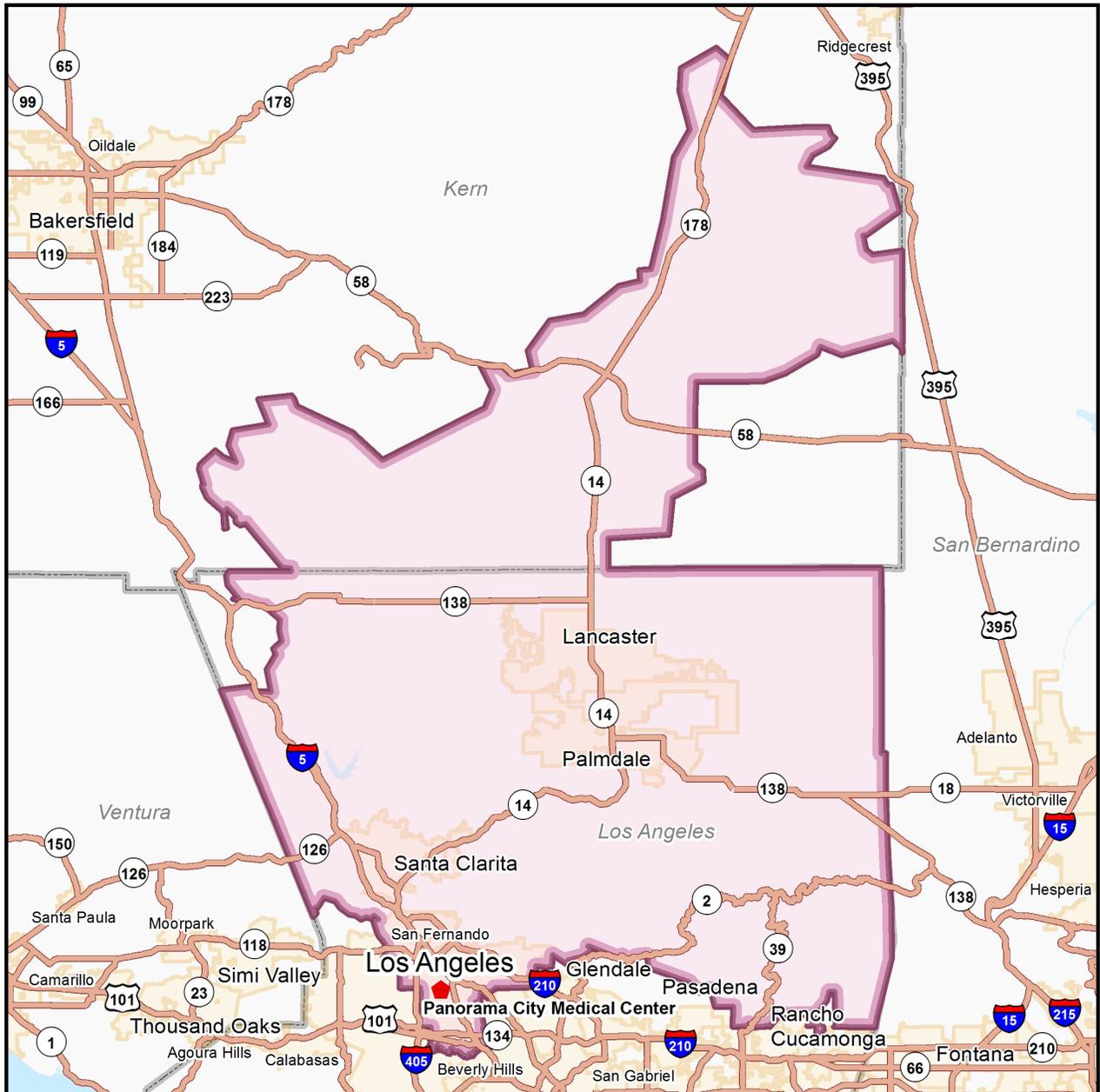
Year opened:	1962
KFH full-time equivalent personnel:	1,158
KFHP members in KFH service area:	309,575

Total licensed beds:	218
Inpatient days:	44,529
Emergency room visits:	55,711

KEY LEADERSHIP AT KFH-PANORAMA CITY

Dennis Benton	Executive Director
Barbara Zelinski	Chief Operating Officer
Karla Valle-Smith	Area Chief Financial Officer
Mary Wilson, MD	Area Medical Director
Zee Apelian	Chief Administrative Officer
Cynthia Cifuentes	Senior Director, Public Affairs and Brand Communications
Amy Wiese	Senior Community Benefit Health Specialist

KFH Panorama City Medical Center Service Area*



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

*This map represents the community Served by the KFH for purposes of conducting the Community Health Needs Assessment.

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-Panorama City conducted the 2010 CHNA in collaboration with members of Valley Care Community Consortium (VCCC), established in 1995 as a health and mental health planning group for Los Angeles County's Service Planning Area (SPA) 2, which consists of more than two million residents in the San Fernando and Santa Clarita valleys. KFH-Panorama City provided financial support and participated in surveys and planning meetings to support the 2010 CHNA, which was conducted using the Mobilizing for Action through Planning and Partnerships (MAPP) methodology developed by the National Association of City and County Health Officials and the Centers for Disease Control. MAPP employs a community-wide strategy planning tool for improving community health and allows for a more in-depth review and analysis of some of the critical health issues facing the area. In addition, two surveys were implemented to gather information from local community organizations and residents. *Assessing the Community's Needs: A Triennial Report on the San Fernando and Santa Clarita Valleys* was published in July 2010. A Community Health Summit was held at KFH-Woodland Hills to announce its findings.

KEY FINDINGS FROM THE 2010 CHNA

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

Affordable and Accessible Mental Health Services:

- Access to affordable mental health services, specifically outpatient prevention programs and counseling services for low-income children and older adults, the homeless, veterans, and undocumented individuals, was identified as the highest concern: 13.5% of adults in SPA 2 were diagnosed with depression and 29.83% of households earn less than \$35,000 a year.
- School-based programs, family counseling services, and suicide prevention programs for youth and older adults are identified as a need in the community.
- According to surveys of agencies in SPA 2 that serve uninsured and underinsured residents, providers are still unable to refer due to limited capacity.
- In the San Fernando Valley, where Latinos represent 41.47% of the population, there is a need to ensure providers are trained to be culturally sensitive and language appropriate when providing services to mentally vulnerable clients.

Affordable and Portable Health Insurance:

- Affordable and portable health insurance is a crucial priority that needs to be addressed in the San Fernando Valley, where 17.3% of adults have no regular source of medical care.
- Even in light of health care reform, concerns still exist that access to health care is a huge problem for undocumented individuals in an area where more than 405,000 residents are uninsured.

Affordable Housing:

- In Los Angeles County, where the unemployment rate is 13%, affordable housing is a major concern.
- Housing financial assistance programs for low- to middle-income families and seniors to prevent foreclosures and financial literacy programs that are culturally sensitive were identified as needed resources in SPA 2, where 48% of homeowners paid 35% of their income toward their mortgage.
- There is a need for additional permanent supportive housing and Section 8 vouchers in SPA 2, where there were an estimated 3,312 homeless individuals in 2009.

- Improved coordinated care across all service sectors (health, mental health, substance abuse, vocational training, and financial assistance) is needed where 45% of the homeless population consists of substance abusers, 29% suffers from mental illness, and 22% is chronically homeless.

Chronic Disease Management Specific to Diabetes and Asthma:

- Management of diabetes and obesity continues to be a concern for SPA 2, where more than 130,000 residents are diabetic, overweight adults make up 39% of the population, and 17% are considered obese.
- According to surveys of community members participating in various walking groups, 80% felt diabetes was the most important health problem facing the community and 51% felt the most important risk behavior was obesity and being overweight.
- Parent and child education for the prevention of obesity is needed in SPA 2, where among 5th, 7th, and 9th graders, 20% have a body mass index (BMI) greater than the 95th percentile and are considered overweight.
- Noncompliance of patients to diabetes and hypertension management programs and the lack of community-based self-management education programs are an issue for residents in SPA 2, where approximately 569,721 people suffer from cardiac disease (angina pectoris, congestive heart disease, heart attack, and hypertension) and more than 130,000 are diabetic.
- Community-wide physical space that is accessible and safe for exercise was identified as a need.
- Prevention of asthma and respiratory risks through education on pollutants and their related health issues as well as policy advocacy to legislate better controls of toxins in low-income areas were identified as a need in SPA 2, where there were more than 160,000 estimated cases of asthma in 2009.

Access to Affordable Dental Health Services:

- Dental health services that are affordable and accessible for the uninsured and underinsured are identified as a priority need in the KFH-Panorama City service area, where 20% of adults reported they did not obtain dental care in the past year because they could not afford it.
- There is a concern about the lack of access to dental services for uninsured children and seniors 65 and older because Medi-Cal dental reimbursement is one of the lowest in the nation and only 24% of California's private dentists accept it.
- Prevention education for children is needed and cultural barriers exist due to the limited number of bilingual dentists in the San Fernando Valley, where Latinos represent 41.47% of the population.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-PANORAMA CITY SERVICE AREA

1. Access to health insurance coverage and health care services
2. Chronic disease prevention, education, and management
3. Obesity and the onset and complications of diabetes

2013 YEAR-END RESULTS

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

The most recent data for SPA 2 indicate that 18.6% of the population (more than 405,000) is uninsured. In the San Fernando Valley, where 29.83% of households earn less than \$35,000 a year and 17.3% of adults have no regular source of medical care, residents face cost barriers. In SPA 2, 13.5% of adults were diagnosed with depression. According to surveys of SPA 2 agencies that serve the uninsured and underinsured, the most important health concern was access to affordable health coverage, mental health services, and dental health services. Providers are still unable to make mental health referrals due to limited capacity. In the San Fernando Valley, Latinos are 41.47% of the population, creating a need for culturally sensitive, bilingual care. In SPA 2, 20% of adults reported they did not obtain dental care in the past year because they could not afford it. Only 24% of California's private dentists accept Medi-Cal, making access to affordable dental care an issue.

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, specifically primary care, specialty care, vision, dental, and mental health, for low-income and uninsured individuals.

2013 STRATEGIES

1. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and Kaiser Permanente Child Health Plan); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.
2. Provide charity care through the Medical Financial Assistance (MFA) program and maximize efficiencies.
3. Coordinate a Community Surgery Day at KFH-Panorama City. Physicians and staff will donate their time and service to perform outpatient surgeries and procedures for low-income, uninsured individuals identified by a federally qualified health center (FQHC) partner.
4. Provide grant funding to organizations that provide and/or support effective enrollment in public programs.
5. Provide grant funding to community clinics and community-based organizations to increase capacity to provide primary care, specialty care, and mental health, dental, and vision services for low-income children, older adults, the homeless, veterans, and undocumented individuals.

2012 YEAR-END RESULTS

- Northeast Valley Health Corporation (NEVHC) has been a long-standing Kaiser Permanente partner in addressing the health of medically underserved and low-income populations in the San Fernando and Santa Clarita valleys. NEVHC operates 13 licensed clinics that target low-income, underserved, and uninsured populations. KFH-Panorama City awarded NEVHC \$20,000 to support a Convenient Care Family Practice Physician to offer adult episodic care to 1,109 patients at the San Fernando Health Center, improving access and reducing emergency room visit rates. KFH-Panorama City Assistant Medical Director Marc Hoffman, MD serves on NEVHC's board of directors.
- A medical clinic founded in 1992 to serve people with AIDS without regard to social barriers or ability to pay, Catalyst Foundation expanded its scope and in late 2011 formed its own FQHC, Bartz-Altadonna Community Health Center (BACHC), providing patient-centered, high-quality, trauma-informed health care services to all Antelope Valley residents, with intensive outreach to the homeless. KFH-Panorama City recognizes BACHC as an essential provider and awarded the organization a \$25,000 grant to support The Healing Center, which provides mental health services for more than 200 low-income, uninsured, and under-insured homeless individuals in Antelope Valley. In addition, KFH-Antelope Valley opened its health education classes to BACHC physicians, nurses, and clients, covering topics such as diabetes management, weight management, and smoking cessation.

- KFH-Panorama City has a long history of supporting Child and Family Center (CFC), which provides mental health services for the Santa Clarita Valley. CFC received \$15,000 to support further expansion of its nationally recognized, award-winning school-based mental health services with in-school educational and discussion groups for 60 low-income at-risk youth designed to identify mental health issues, prevent crises, and increase access to intensive mental health services. The grant helps fund discussion groups to address bullying, social skills, grief, self-esteem, suicide, divorce, anger management, and other topics. By intervening early in the development of children who have demonstrated antisocial behaviors, the program improved behavioral health outcomes for all student participants, identified children who require more intensive services, and improved the school environment for all students. KFH-Santa Clarita Physician-in-Charge David Wong, MD is on CFC's board of directors.
- Antelope Valley College (AVC) is one of only two community colleges in Southern California without permanent on-campus health facilities. Instead it relies on weekly Care-A-Van visits to provide students with basic physical and mental health triage services and referrals. Due to the high need for mental health services in the Antelope Valley, KFH-Panorama City provided a \$17,000 grant to AVC's fundraising arm, AVC Foundation, to support mental health and crisis support services for AVC's 14,000 uninsured and lower-income students as well as veterans and to provide professional development to staff to help identify the symptoms of mental illness. The addition of a part-time on-campus counselor supports ongoing student needs for assistance and referrals. Linda Lawson, KFH-Antelope Valley Area medical group administrator, serves on AVC's board of directors.
- El Nido Family Centers provide social services, including counseling, referrals, and case management for young parents, at-risk youth, and their families to address child abuse, teen pregnancy, juvenile delinquency, gang involvement, and poverty. Teens are more likely to give birth prematurely especially when other risk indicators are present (malnourishment, inadequate prenatal care, etc.) and second babies in adolescence and/or with short birth intervals endanger mothers and children. KFH-Panorama City awarded El Nido Family Centers a \$10,000 grant to support the visiting nurse program to provide prenatal health services and case management to 50 at-risk pregnant teens in the San Fernando Valley. In addition, KFH-Panorama City physicians and staff volunteered to put together a Healthy Back to School Backpack event providing El Nido Family Center clients with healthy eating/active living information, healthy snacks, backpacks and supplies.
- In 2007, Kaiser Permanente Southern California Region helped establish Antelope Valley Community Clinic (AVCC), which is dedicated to addressing the health needs of the underserved low-income population by providing primary care, dental care, disease management, and prevention and educational services. In 2013, KFH-Panorama City provided a \$24,000 grant to establish a specialty clinic for cardiology, pain management, ophthalmology, and podiatry, addressing access issues for 4,000 Antelope Valley patients. Wadie Tadros, MD, former medical director, and Linda Lawson, KFH-Antelope Valley medical group administrator, were an integral part of the planning and implementation phase for AVCC, and the collaboration continues. KFH-Antelope Valley Assistant Area Medical Director Phillip Tuso, MD, volunteers at AVCC and shares Kaiser Permanente clinical practice guidelines around asthma, hypertension, and osteoporosis to help improve AVCC's quality of care and chronic disease management for its patients and their families.
- KFH-Panorama City has provided grants, volunteers, and in-kind donations to Meet Each Need with Dignity (MEND) since a KFH-Panorama City nurse, Carolyn Rose, RN, began it as a food and clothing distribution organization out of her garage. Since then, MEND has grown into the largest poverty agency in the San Fernando Valley, providing emergency food; clothing; medical, vision, and dental care; job skills training and job placement assistance; English as a second language classes; and youth activities. It served more than 31,000 individuals per month in 2009. KFH-Panorama City awarded MEND a \$14,000 grant to support increased access to medical, vision, and dental care for more than 9,000 low-income, uninsured individuals in the San Fernando Valley.
- In addition, a \$10,000 Kaiser Permanente Southern California Region grant supported MEND's annual poverty conference, which brings organizations together to address poverty in the San Fernando Valley. MEND was also the recipient of an in-kind donation of kitchen equipment to enhance its food distribution facility. KFH-Panorama City Medical Director Mary Wilson, MD is on MEND's board of directors, KFH-Panorama City Health Educator Doris Gomez volunteers her time to teach bilingual diabetes management classes, and many current and retired KFH-Panorama City physicians such as Arthur Fleisher, MD, and Steven Devita, MD, volunteer to provide medical care at MEND's clinic.

- Kaiser Permanente Southern California Region continues to support efforts to improve access to health care and systems of care for the uninsured, including the homeless, through investments in community clinics, health centers, and other supportive services. Tarzana Treatment Center, Inc. received \$165,000¹ from the donor-advised fund to continue to provide intensive case management and community service linkages to non-Kaiser Permanente members who access emergency and medical services at KFH-Panorama City or KFH-Woodland Hills. Support includes funding for a project supervisor and two case managers, alcohol and drug treatment services, and primary care at the Tarzana location.

PRIORITIZED NEED II: CHRONIC DISEASE PREVENTION, EDUCATION, AND MANAGEMENT

According to the most recent data for SPA 2, overweight adults make up 39% of the population and 17% are considered obese. According to surveys of community members participating in various walking groups, 80% felt diabetes was the most important health problem facing the community. Approximately 569,721 residents suffer from cardiac disease (angina pectoris, congestive heart disease, heart attack, and hypertension), more than 130,000 are diabetic, and more than 160,000 estimated cases of asthma were reported in 2009. According to surveys of agencies in SPA 2 serving uninsured and underinsured residents, chronic disease management specific to diabetes and asthma was a top health concern.

2013 GOALS

1. Improve management of chronic disease, specifically heart disease, diabetes, asthma, cancer, and HIV/AIDS.
2. Improve prevention, early detection, and education about chronic disease specific to heart disease, diabetes, asthma, cancer, and HIV/AIDS.

2013 STRATEGIES

1. Provide grant funding to organizations that provide case management to low-income, uninsured adults and children with diabetes.
2. Provide grant funding for culturally and linguistically appropriate health education, nutrition, and wellness programs.
3. Provide grant funding to organizations that provide comprehensive asthma education and management programs.
4. Provide grant funding to organizations that provide HIV/AIDS education, prevention, and screening services as well as case management and support services to individuals living with HIV/AIDS.
5. Using kpcare.org, identify KFH-Panorama City providers and staff who have the interest and expertise relative to this objective and engage them in work with community partners.
6. Promote availability of free Kaiser Permanente health education materials on heart disease, diabetes, asthma, cancer, and HIV/AIDS to community clinics and community-based organizations.
7. Promote availability of Kaiser Permanente's training classes on managing ongoing health conditions, which are open to community health educators, clinicians, and providers.
8. Participate in selected community health fairs and distribute health information on a variety of health topics.

2012 YEAR-END RESULTS

- Since opening its doors in 1970, the mission of Valley Community Clinic (VCC), a FQHC, has been to enhance the well-being of the community by providing high-quality medical, counseling, and health education services in a culturally sensitive environment for those in need, regardless of their ability to pay. Services include primary and some specialty care, health education, dental, optometry, and counseling with an emphasis on education and prevention for a predominantly Latino, low-income, uninsured population. KFH-Panorama City awarded a \$17,000 grant to support VCC's Healthy Life Choices, a program that provides culturally sensitive, bilingual education for 1,000 patients with

¹This 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).

uncontrolled or poorly controlled diabetes, hypertension, high cholesterol or triglycerides, or who are obese. KFH-Panorama City Chief of Pediatrics Marilyn Amis, MD, serves on the VCC board.

- KFH-Panorama City has a long history of supporting Catalyst Foundation and its unique ability to connect with the homeless and link them with services to transition out of homelessness. In 2013, Catalyst Foundation was awarded \$12,000 to provide outreach, HIV testing, counseling, and medical care referrals for 1,000 high-risk and homeless Antelope Valley residents. Since Catalyst Foundation expanded its scope and formed an FQHC, BACHC, to provide primary medical care, it has focused on decreasing the impact of childhood abuse and trauma in the Antelope Valley through direct service, public education, advocacy, policy reform, and empowerment of directly affected and disenfranchised groups. Its programs focus on improving the health and well-being of low-income, uninsured, and homeless persons through outreach, education, supportive social services, and connections to medical and mental health care.
- Tarzana Treatment Center, Inc. (TTC) received \$13,000 to provide case management and medical care for 90 new primary care high-risk diabetic patients in the Antelope Valley who have no access to primary care due to lack of resources such as insurance, living under the federal poverty level, and/or being homeless. In addition to medical care, patients are assessed and assisted with enrollment in public assistance programs for which they are eligible, including Medi-Cal, Healthy Families, Healthy Kids, and Healthy Way Los Angeles.
- Pacoima Beautiful's (PB) goal is to provide people of all ages with environmental education, tools to become advocates for sustainable changes in the environment, and the leadership skills to foster a healthy and safe environment. KFH-Panorama City provided PB with a \$10,000 grant for its Safer Homes for a Safer Community program, a community-based, participatory model in which lay health-educators (promotoras) provide culturally sensitive, bilingual asthma education and home visits in the community.
- In addition to supporting organizations focused on chronic disease prevention, education, and management through grant funding, KFH-Panorama City promotes the availability of free health education print materials and online information on chronic disease as well as Kaiser Permanente classes on managing ongoing health conditions, which are open to community health educators, clinicians, and providers. Information was distributed at a Community Benefit grant workshop attended by more than 50 nonprofit organizations from the San Fernando Valley, Santa Clarita Valley, and Antelope Valley areas as well as through e-mail and during site visits to all current grantees. KFH-Panorama City also attended 26 community walks/runs/biking events and 14 health fairs in the San Fernando, Santa Clarita, and Antelope valleys where information about chronic disease was distributed and discussed.
- On a monthly basis, KFH-Antelope Valley opened up its health education classes for free to all Antelope Valley community-based organizations and their physicians, nurses, and clients, covering topics such as diabetes management, weight management, and smoking cessation.

PRIORITIZED NEED III: OBESITY AND THE ONSET AND COMPLICATIONS OF DIABETES

The most recent data for SPA 2 indicate that overweight adults make up 39% of the population and 17% are considered obese. According to surveys of community members participating in various walking groups, 51% felt the most important risk behavior for the community was obesity and being overweight. Among 5th, 7th, and 9th graders in SPA 2, 20% have a BMI greater than the 95th percentile and are considered overweight. According to surveys of agencies in SPA 2 serving uninsured and underinsured residents, chronic disease management specific to diabetes and asthma was a top health concern that can be addressed through obesity and diabetes prevention efforts.

2013 GOALS

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

2013 STRATEGIES

1. Provide grants to organizations that encourage physical activity and promote safe places to walk, bike, and play in low-income neighborhoods.
2. Provide grants to organizations that provide healthy eating, active living (HEAL) education and activities for low-income children and parents.
3. Explore and develop collaborative opportunities to work with school districts to implement innovative ways to increase physical activity for children and families (e.g., at schools, on the playground, walking groups for parents).
4. Participate in Safe Routes to Schools (SRTS) activities.
5. Identify KFH-Panorama City providers and staff who have the interest and expertise relative to this objective, and engage them in work with community partners.
6. Promote availability of free Kaiser Permanente health education materials on HEAL to community clinics, community-based organizations, and school districts.
7. Promote Kaiser Permanente Educational Theatre's (KPET) healthy eating programs in local schools.
8. Identify speaking opportunities to promote consistent messages about HEAL.
9. Promote the KFH-Panorama City farmers' market as a way for neighborhoods to access fresh fruits and vegetables.

2012 YEAR-END RESULTS

- KFH-Panorama City awarded YMCA of Metropolitan Los Angeles' Antelope Valley Family YMCA with a \$14,000 grant to support its Health Seekers Project, which increases retention and lifestyle adherence of more than 1,500 underserved youth and families with methodologies that help participants overcome their resistance to healthier behaviors. Lifestyle counselors/coaches conduct one-on-one assessments, covering topics such as physical fitness, coping with stress, healthy eating, spiritual awareness, healthy self-perception, and being a healthy role model in the community. In addition to the one-on-one sessions, the Y's Fitlinxx computerized data system records and stores each exercise and converts the information into creative formats that show measurable fitness progress. In addition, many Kaiser Permanente leaders and staff participate in the Y's 5k Fun Run Series. KFH-Antelope Valley Chief Administrative Officer Linda Lawson serves on its board of directors.
- The City of San Fernando, Mission Community Hospital (MCH), and California State University Northridge (CSUN) Kinesiology Department formed San Fernando Partnership for Healthy Families, which is partnering with California Center for Public Health Advocacy, Network for Healthy California, and CSUN's Marilyn Magaram Center to build a citywide community-based sustainable health and nutrition outreach program consisting of health policies, exercise instruction, and education on disease prevention and weight loss. In 2013, KFH-Panorama City awarded the City of San Fernando \$14,000 to provide no-cost, accessible, and sustainable community public park-based diabetes prevention, including physical activity, nutrition, and health education based on published evidence-based programs, for 80 low-income individuals.
- KFH-Panorama City awarded YMCA of Metropolitan Los Angeles' Mid Valley Family YMCA \$13,000 and East Valley Family YMCA \$13,000 to help Active Kids/Active Families provide more than 600 community members of all ages at both sites with the tools they need to make healthy lifestyle choices while raising community awareness on a variety of health topics. The program includes healthy cooking classes and health educator-led nutrition education workshops about healthy shopping, label reading, and meal planning, and targets families who are overweight or obese and enrolls them in an eight-week fitness and healthy eating course. In addition, KFH-Panorama City's Health Education Department, in partnership with Mid Valley Family YMCA, worked to develop Active Kids/Active Families based on KP KIDS (Kaiser Permanente Kids in Dynamic Shape), an evidence-based pediatric weight management program. KFH-Panorama City Health Educator Lisa Cano recently joined the Y's Healthy Living board of supervisors.
- Thanks to a longstanding partnership with KFH-Panorama City, Santa Clarita Valley Boys & Girls Club received HEAL health education materials and the expertise of Andy Gallardo, director of fitness, Kaiser Permanente Southern California Region, who serves on its board of directors. With the cutting of many physical education programs during

school hours, after-school programs serving healthy snacks and providing physical activities are critical to addressing the obesity epidemic. KFH-Panorama City awarded a \$10,000 grant to support Triple Play, a comprehensive, three-pronged (mind-body-soul) health, fitness and wellness initiative affecting 1,500 at-risk youth at two Santa Clarita Valley club locations. Triple Play consists of nutrition education classes; a half-hour hustle in which all youth and program staff simultaneously engage in physical activity; and participation in various social and recreational activities aimed at strengthening character, improving self-confidence, promoting teamwork, and developing interpersonal skills.

- KFH-Panorama City awarded SOSMentor \$10,500 to implement its ShapeUp program, which utilizes proven mentoring strategies to promote healthy eating and active living among students. The goal is to increase student advocacy for healthy lifestyles in low-income San Fernando Valley schools. Thirty students from James Monroe High School participated in a 10-week nutrition education-mentoring workshop structured around the MyPyramid food groups and a weekly 60-minute afterschool physical activity component. Forty-seven Gledhill Elementary School students were then recruited to participate in a 10-week healthy lifestyles program led by the recently trained high schools students. In addition to ShapeUp, funding also supported Los Angeles Unified School District's district-wide Healthy Schools Campaign, which served 82 elementary, middle, and high schools in the KFH-Panorama City service area. SOSMentor trained school nurses and afterschool staff to implement nutrition education curriculum. Once students complete the curriculum and fulfill a "Students Teaching Parents" requirement, they submit posters illustrating nutrition and physical activity messages for the healthy messages poster contest. KFH-Panorama City oncologist Anuradha Pakanati, MD is on the SOSMentor board of directors.
- Students Run LA (SRLA), a sports-based education and intervention program, uses innovative self-improvement methods to help at-risk students. SRLA received a \$7,000 grant from KFH-Panorama City to support a training program for volunteer leaders to share a nutrition and healthy-living curriculum with at-risk youth training for the LA Marathon. The program benefits more than 160 SRLA trainers from 90 different school sites in the Los Angeles area, touching almost 3,000 students. In addition, over the past five years, KFH-Panorama City has partnered with SRLA to provide physicals for those students who are uninsured so they may be cleared to run the marathon.
- In 2013, CSUN received a \$15,000 grant to support Let's Cook and Move, its comprehensive nutrition and exercise program for 400 Title 1 elementary schoolchildren, their parents, and school staff to increase awareness of healthy behaviors and to reduce rates of childhood obesity. As part of this project, CSUN dietetic interns were trained to administer KFH-Panorama City's KP Kids in Dynamic Shape program and provided in-kind training, support, and supplies.
- In addition to supporting organizations focused on HEAL programs, KFH-Panorama City promoted the availability of free health education print materials and online information as well as KPET performances by distributing information during a Community Benefit grant workshop attended by more than 50 nonprofit organizations from the San Fernando Valley, Santa Clarita Valley, and Antelope Valley areas as well as through e-mail and during site visits to all current grantees. KFH-Panorama City also attended 26 community walks/runs/biking events and 14 health fairs in the San Fernando, Santa Clarita, and Antelope valleys where healthy eating, active living information was distributed and discussed.
- Kaiser Permanente Southern California Region's HEAL partnership grants are site-specific collaborative projects led by community stakeholders that are focused on improving community environments (e.g., parks, stores, and schools) to increase consumption of healthy food and beverages, decrease calorie consumption, and increase physical activity in efforts to combat obesity. During 2013, HEAL partnership grants supported capacity building, planning, and implementation of school-based strategies to improve school wellness policies. In the KFH-Panorama City area, Antelope Valley Partners for Health received a \$75,000 grant to continue its efforts to create positive changes in healthy eating and physical activity.

Table 1

KAISER FOUNDATION HOSPITAL-PANORAMA CITY

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	6,680
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members	185
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	2,838
Medi-Cal managed care members	24,022
Healthy Families Program members	3,350
Health Research projects (new, continuing, and completed)	15
Nursing Research projects (new, continuing, and completed)	5
Educational Theatre – number of performances and workshops	123
Educational Theatre – number of attendees (students and adults)	19,142
Nurse practitioner and other nursing training and education beneficiaries	5
Deloras Jones nursing scholarship recipients	4
Other health professional training and education (non-MD) beneficiaries	34
Hippocrates Circle students	101
Summer Youth and INROADS programs participants	31
Number of 2013 grants and donations made at the local and regional levels ¹	134

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

Table 2

KAISER FOUNDATION HOSPITAL-PANORAMA CITY

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2013

	2013 Totals
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$16,505,256
Healthy Families ²	974,189
Charity care: Charitable Health Coverage programs ³	1,307,263
Charity care: Medical Financial Assistance Program ⁴	6,351,700
Grants and donations for medical services ⁵	377,707
Subtotal	\$25,516,115
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁶	\$0
Educational Outreach Program	0
Summer Youth and INROADS programs ⁷	69,422
Grants and donations for community-based programs ⁸	387,261
Community Benefit administration and operations ⁹	737,843
Subtotal	\$1,194,526
Benefits for the Broader Community¹⁰	
Community health education and promotion programs	\$97,164
Educational Theatre	508,497
Facility, supplies, and equipment (in-kind donations) ¹¹	111,090
Community Giving Campaign administrative expenses	13,323
Grants and donations for the broader community ¹²	38,310
National board of directors fund	25,646
Subtotal	\$794,030
Health Research, Education, and Training	
Graduate Medical Education	\$ (23,019)
Non-MD provider education and training programs ¹³	650,328
Grants and donations for the education of health care professionals ¹⁴	51,906
Health research	683,726
Continuing Medical Education	0
Subtotal	\$1,362,941
Total Community Benefits Provided	\$28,867,612

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

LIST OF COMMUNITY HEALTH NEEDS IDENTIFIED IN THE CHNA REPORT FOR THE KFH-PANORAMA CITY SERVICE AREA

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

- Access to primary care
- Mental health/depression
- Uninsured population
- Poverty rates
- Prenatal care
- Obesity (adult/youth)
- Dental health
- Physical environment/transportation
- Diabetes
- Breastfeeding

HEALTH NEEDS THAT KFH-PANORAMA CITY PLANS TO ADDRESS

1. ACCESS TO HEALTH CARE AND HEALTH INSURANCE, WITH AN EMPHASIS ON PRIMARY CARE, PRENATAL CARE, SPECIALTY CARE, AND MENTAL AND DENTAL HEALTH

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

Lack of insurance is a key barrier to health care access. With implementation of the Affordable Care Act in January 2014, a significant number of individuals who are currently uninsured will have new options for coverage and access to health care. However, access barriers will persist for some low-income populations, particularly those for whom the cost of premiums is beyond their reach or they are ineligible due to immigration or documentation status. Even with insurance, for some populations—those with Medicare, Medi-Cal, etc., and individuals with geographic or language barriers—access is not guaranteed. Within the KFH-Panorama City service area, access to health care, and more specifically primary care, prenatal care, specialty care, and mental and dental health care were identified as outcomes the hospital will specifically target.

The KFH-Panorama City service area has higher rates of uninsured (20.81%) compared to state (17.92%) and national (15.05%) benchmarks. In addition to having a high volume of uninsured, there is also a lack of primary care health professionals. Many times this results in residents not having a consistent source for primary care, which then leads to poorer health outcomes and greater cost to the health care system. All of these critical issues relate to an increase in the burden of disease in communities. The primary care provider rate for the KFH-Panorama City service area per 100,000 people is lower (80.0) than the state rate (83.20). Similarly, the percentage of people without a regular doctor is higher (16.31%) and does not meet the state benchmark (14.23%).

Prenatal care is vital to keep both mother and child healthy during and after pregnancy. The percentage of mothers with late or no prenatal care in the KFH-Panorama City service area (16.84%) is much higher than the state rate (3.14%). More striking, the percentage of mothers in the Antelope Valley with late or no prenatal care (32.05%) is almost three times the Panorama City rate (10.75%). Babies born to mothers who do not receive prenatal care are three times more

likely to have low-birth-weight and five times more likely to die prematurely. The percentage of infants with low-birth-weight (less than 2500g) is higher in the KFH-Panorama City service area (7.43%) than the state benchmark (6.80%).

Good mental health is essential to the overall health and well-being of individuals and their communities. Untreated disorders may leave individuals at-risk for substance abuse, self-destructive behavior, and suicide. In addition, mental health disorders can have a serious impact on physical health and are associated with the prevalence, progression, and outcome of chronic diseases. The percentage of adults in the service area with poor mental health (14.1%) is consistent with the county rate (14.1%) and modestly lower than the state average (14.3%); however, the percentage of adults 18 and older who self-report receiving sufficient social and emotional support most of the time is significantly lower in the service area (71.19%) than state (75%) and national (80.33%) levels. Key outcomes of poor mental health are homicide and suicide. The suicide rate in the Antelope Valley area is higher (12.4%) than service area (8.7%) and state (9.8%) rates.

Oral diseases such as cavities and oral cancer cause pain and disability. Poor oral health can be both a result of certain health conditions and a cause of poor health. The percentage of adults in the KFH-Panorama City service area who self-reported having poor dental health (11.66%) is consistent with the county rate, but higher than the state rate (11.27%). A higher percentage of adults (34.65%) in the service area self-report they have not visited a dental professional in the past year compared to the state average of 30.51%. The percentage of adults without dental insurance in the service area (44.31%) is higher than county (44.30%) and state (40.90%) levels.

2. CHRONIC DISEASE PREVENTION, EDUCATION, AND MANAGEMENT, WITH AN EMPHASIS ON DIABETES, CARDIOVASCULAR DISEASE, HYPERTENSION, AND CHOLESTEROL

The prevalence of chronic conditions and/or patient noncompliance to chronic health management programs was identified as a key need in the KFH-Panorama City service area, specifically related to diabetes, cardiovascular disease, hypertension, and cholesterol. The diabetes prevalence rate in the KFH-Panorama City service area (7.71%) is higher than the state rate (7.57%). Though the prevalence of diabetes is only slightly higher than the state level, the rate of diabetes hospitalizations and deaths in the area, especially Antelope Valley, is high. In the Antelope Valley area, the rate of diabetes hospitalizations per 10,000 people (12.35) exceeds the state hospitalization rate (10.40), and the diabetes mortality rate per 100,000 persons (40.6) is more than double that of the county rate (20.2).

Cardiovascular disease, which includes heart disease and stroke, is one of the leading causes of death in the U.S. Risk factors for cardiovascular disease include high blood cholesterol, high blood pressure, diabetes, overweight and obesity, among others. Though the overall percentage of heart disease prevalence in the KFH-Panorama City service area is the same as the state rate (5.87%), the rate is higher in the Antelope Valley (5.97%). In the KFH-Panorama City service area, the heart disease mortality rate (155.10) per 100,000 people is higher than the state rate (131.34) and the Healthy People 2020 target (≤ 100.8). KFH-Panorama City decided to also focus on cardiovascular disease, hypertension, and cholesterol in the service area since their risk factors include priority health needs such as diabetes and obesity/overweight. KFH-Panorama City believes that strategies targeting chronic conditions like diabetes and obesity/overweight would complement and positively impact cardiovascular disease, hypertension, and cholesterol.

3. OBESITY AND OVERWEIGHT PREVENTION AND REDUCTION THROUGH HEALTHY EATING ACTIVE LIVING PROGRAMS.

Obesity reduces life expectancy and causes devastating and costly health problems, increasing the risk of coronary heart disease, stroke, high blood pressure, diabetes, and other chronic diseases. Diabetes lowers life expectancy by up to 15 years, increases the risk of heart disease by two to four times, and is the leading cause of kidney failure, lower-limb amputations, and adult-onset blindness. A diabetes diagnosis can also indicate an unhealthy lifestyle—a risk factor for further health issues.

Adult overweight rates are higher in the KFH-Panorama City service area (36.42%) and do not meet state (36.20%) or national (36.31%) benchmarks. Prevalence of diabetes in the service area (7.71%) is higher than the state benchmark (7.57%). In addition, youth obesity (34.07%) in the KFH-Panorama City service area exceeds the state rate (29.82%) as

measured by the number of children in grades 5, 7, and 9 ranked within the "High Risk" category (obese) for body composition on the Fitnessgram physical fitness test.

4. ADDRESS 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-Panorama City anticipates that successful implementation of the identified strategies will result in or contribute toward a set of expected outcomes that can help support the 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: INCREASE ACCESS TO HEALTH CARE SERVICES FOR THE UNINSURED, UNDERINSURED, AND VULNERABLE POPULATIONS, WITH AN EMPHASIS ON PRIMARY CARE, PRENATAL CARE, SPECIALTY CARE, AND MENTAL AND DENTAL HEALTH

GOALS

- Increase health care coverage among vulnerable populations
- Improve timely access to needed medical care
- Increase access to primary care and specialty care services for the un/underinsured and at-risk populations
- Provide case management and community linkages to nonmembers and homeless patients who frequent the emergency department (ED) for non-emergent conditions
- Help improve capacity and sustainability of community clinics to more adequately serve the medically uninsured or underinsured
- Reduce workforce shortages
- Facilitate professional development of community clinic providers

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 Program (MFA, i.e., charity care)
- Continue to support youth pipeline programs (i.e., Hippocrates Circle, summer youth employment, and INROADS) to introduce diverse, under-represented school high school-age youth and college students to careers in health care.
- Continue to support physician training programs (i.e., graduate medical education [GME])
- Continue the partnership with the Homeless Navigator Project to help direct frequent utilizers and chronically homeless individuals to the appropriate service providers as well as permanent supportive housing

Community Investments

- Provide grants and in-kind donations to community clinics and community-based organizations to support access to primary care, specialty care, prenatal care, and mental and dental health

Leveraging Organizational Assets

- Implement Physician Community Engagement Program, connecting Kaiser Permanente physicians to community clinic partners to provide medical care at community clinics during the physicians' paid educational time.
- Implement Community Access Programs (e.g., Surgery Days)
- Provide community clinics and other nonprofit organizations with information on Kaiser Permanente best practices in addressing health needs (i.e., breastfeeding toolkit, clinical practice guidelines)
- Continue Kaiser Permanente Board Placement Program to engage providers in serving on the board of directors for community clinics, sharing best practices and expert knowledge, and providing governance support
- Enhance ED social medicine/case managers services to provide case management for medically underserved nonmembers and homeless patients who utilize the ED for non-emergent conditions
- Provide technical assistance (TA) when possible to local FQHC Look-Alikes and free community clinics to achieve FQHC status
- Inform community clinic partners of available trainings, speakers, symposium opportunities, resources (health education material, proactive office encounter tools, adult preventive clinical practice guidelines), and TA on integration
- Invite community clinic providers and nurses to attend selected continuing medical education (CME) or continuing education unit (CEU) classes and conferences

EXPECTED OUTCOMES

- Increased number of eligible individuals enrolled in government-sponsored and/or subsidized health care coverage programs
- Increased number of underserved populations that receive needed primary and/or specialty care medical services (including prenatal, mental health, and dental care)
- Underserved populations in need of surgeries identified
- Increased access to community clinics (medical homes) for underserved and vulnerable populations
- Increased community clinic capacity to offer primary care and specialty care services to the un/underinsured
- Increased awareness of community resources among underserved nonmembers and homeless patients to assist in linking them to a community "medical home" and other appropriate community resources for preventive, primary, and non-emergent care
- Support FQHC readiness for local FQHC Look-Alikes or free community clinics
- Improved diversity of trained physicians and allied health professionals
- Improved access to CME/CEU for community clinic providers and nurses.

PRIORITY HEALTH NEED II: CHRONIC DISEASE PREVENTION, EDUCATION, AND MANAGEMENT, WITH AN EMPHASIS ON DIABETES, CARDIOVASCULAR DISEASE, HYPERTENSION, AND CHOLESTEROL

GOALS

- Improve access to diabetes, cardiovascular disease, hypertension, and cholesterol care management among vulnerable populations
- Increase awareness of chronic disease prevention, education, and management programs for vulnerable populations

STRATEGIES

Community Investments

- Provide grants to organizations providing clinical chronic disease management for diabetes, cardiovascular disease, hypertension, and cholesterol among vulnerable populations

- Provide grants to organizations that aim to educate patients and family members about chronic disease management

Leverage Organizational Assets

- Share Kaiser Permanente clinical guidelines, Project ALL HEART, and disease management protocols with community clinics
- Provide community clinics and other nonprofit organizations with information on Kaiser Permanente best practices in addressing health needs
- Explore opportunities to have Kaiser Permanente Population Care Management provide TA and community blood pressure screenings
- Actively promote health education classes on prevention and management of diabetes, cardiovascular disease, hypertension, and cholesterol at Kaiser Permanente facilities
- Coordinate staff and physician engagement in community-driven events (i.e., health fairs, health seminars, health screenings/education)
- Invite community clinic providers and nurses to attend selected CME/CEU classes and conferences.

EXPECTED OUTCOMES

- Increased access to health care services in the community clinic setting for vulnerable populations
- Increased knowledge about and adherence to chronic disease prevention, education, and management efforts
- Improved access to CME/CEU for community clinic providers and nurses

PRIORITY HEALTH NEED III: OBESITY AND OVERWEIGHT PREVENTION AND REDUCTION THROUGH HEALTHY EATING ACTIVE LIVING PROGRAMS

GOALS

- Increase healthy eating and active living behaviors among vulnerable populations

STRATEGIES

Programs and Services

- Partner with Kaiser Permanente Educational Theatre to educate students on healthy eating, active living

Community Investments

- Provide grants and in-kind donations to community-based organizations that use evidence-based interventions to provide education regarding healthy eating, active living
- Provide grants and in-kind donations to community-based organizations that use evidence-based interventions to increase access to healthy food and physical activity (i.e., Antelope Valley HEAL partnership grant, Operation Splash).

Leveraging Organizational Assets

- Promote use of KP Kids in Dynamic Shape, Thriving Schools, Fire up Your Feet, Weight of the Nation Kids, Everybody Walk, and Healthy Workforce resources related to healthy eating, active living
- Actively promote health education classes on healthy lifestyles and weight management at Kaiser Permanente facilities
- Collaborate with Kaiser Permanente Health Education to disseminate materials related to healthy eating, active living
- Coordinate staff and physician engagement, including our pediatric weight management champion, in community driven events (i.e., health fairs, health seminars, health screenings/education)

- Continue to offer our farmers' market program, which accepts CalFresh electronic benefit transfer, 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
- Adopt Total Health catering and cafeteria guidelines, providing healthier food offerings to members, staff, physicians, visitors, and the community

EXPECTED OUTCOMES

- Increased awareness about healthy eating, active living
- Increased access to affordable healthy food for vulnerable populations
- Increased access to physical activity in community settings for vulnerable populations

PRIORITY HEALTH NEED IV: 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 V: 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

