Kaiser Foundation Hospital – Southern California Region

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

RIVERSIDE

Submitted to the Office of Statewide Health Planning and Development in compliance with Senate Bill 697, California Health and Safety Code Section 127350.

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in the community

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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 Kvancz, 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). KFH 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, KFH spent a total of $520,264,474 on unreimbursed medical care for vulnerable populations.

For the purpose of this plan, KFH 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. KFH 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

KFH 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:*** KFH 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:*** KFH provides subsidized health care on a fee-for-service basis for Medi-Cal beneficiaries not enrolled as KFHP members. Reimbursement for some services usually is significantly below the cost of care and is considered subsidized care to non-member Medi-Cal fee-for-service patients.

HEALTHY FAMILIES PROGRAM

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

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

CHARITABLE HEALTH COVERAGE PROGRAMS

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

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

MEDICAL FINANCIAL ASSISTANCE

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

GRANTS AND DONATIONS FOR MEDICAL CARE SERVICES

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

OTHER BENEFITS FOR VULNERABLE POPULATIONS

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

KAISER PERMANENTE EDUCATIONAL OUTREACH PROGRAM

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

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

KAISER PERMANENTE WATTS COUNSELING AND LEARNING CENTER

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

YOUTH EMPLOYMENT PROGRAMS

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

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

GRANTS AND DONATIONS FOR COMMUNITY-BASED PROGRAMS

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

BENEFITS FOR THE BROADER COMMUNITY

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

COMMUNITY HEALTH EDUCATION AND HEALTH PROMOTION PROGRAMS

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

KAISER PERMANENTE EDUCATIONAL THEATRE (KPET)

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

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

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

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

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

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

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

GRANTS AND DONATIONS FOR THE BROADER COMMUNITY

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

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

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

HEALTH RESEARCH, EDUCATION, AND TRAINING PROGRAMS

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

PROVIDER EDUCATION AND TRAINING

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

GRADUATE MEDICAL EDUCATION (GME)

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

COMMUNITY MEDICINE FELLOWSHIP

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

OLIVER GOLDSMITH SCHOLARSHIP PROGRAM

The Oliver Goldsmith Scholarship Program in SCR is dedicated to the promotion and advancement of culturally responsive care. Fourteen scholarships are awarded annually to medical students entering their third or fourth year of study who have demonstrated commitment to diversity though 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 though 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 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)-RIVERSIDE

10800 Magnolia Avenue
Riverside, CA 92505
(951) 353-2000

The KFH-Riverside service area includes Cathedral City, Coachella, Corona, Desert Hot Springs, Eastvale, Indian Wells, Indio, Jurupa Valley, Lake Elsinore, La Quinta, Menifee, Murrieta, Norco, Palm Desert, Palm Springs, Rancho Mirage, Riverside, Temecula, Wildomar, and Yucca Valley.

COMMUNITY SNAPSHOT (2010 COMMUNITY HEALTH NEEDS ASSESSMENT FOR KFH-RIVERSIDE AND KFH-MORENO VALLEY)

Total population:	2,106,294
Median household income:	$55,352
Percentage living in poverty:	9.3%
Percentage unemployed:	15.3%
Percentage uninsured:	28%

Latino:	44%
White:	41%
African American:	6%
Asian and Pacific Islander:	6%
Other:	3%

KEY FACILITY STATISTICS

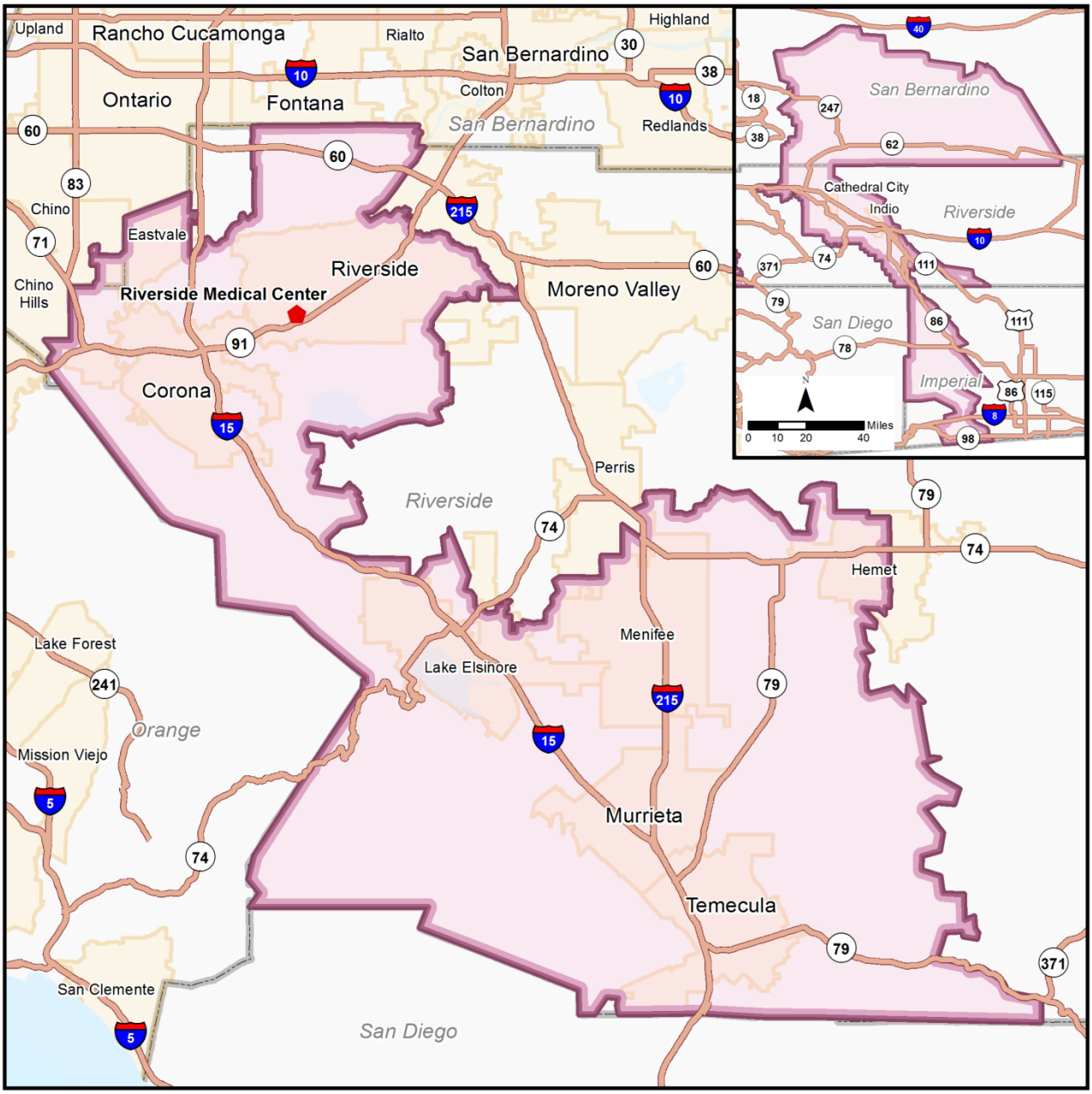
Year opened:	1989
KFH full-time equivalent personnel:	1,139
KFHP members in KFH service area:	261,338

Total licensed beds:	226
Inpatient days:	52,992
Emergency room visits:	39,163

KEY LEADERSHIP AT KFH-RIVERSIDE

Vita Willett	Executive Director
Frank Flowers, Jr., MD	Area Medical Director
Jill Duplechan	Chief Administrative Officer
Robin Mackenroth	Chief Operating Officer
Jiji Abraham	Area Chief Financial Officer
Karen Roberts	Senior Director, Public Affairs and Brand Communications
Cecilia Arias	Community Benefit Health Manager

KFH Riverside Medical Center Service Area*



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Miles
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KFH Medical Center
KFH Medical Center Area
County Boundary
Cities and Towns

*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-Riverside conducted the 2010 CHNA for Riverside County on behalf of KFH-Riverside and KFH-Moreno Valley in collaboration with the Advancement Project's Healthy City, and Special Service for Groups. The process included qualitative and quantitative data collection. The primary data collection (qualitative) aimed to identify the unmet health needs of the community and underserved populations through the guidance of community input for prioritizing these needs, using focus groups and stakeholder interviews. Participants came from a wide range of backgrounds, including physicians and health care delivery personnel, public health experts, county public health officers, direct service providers, community resource centers, health care organizations, public officials, faith-based organizations, and community-based nonprofit organizations.

In addition, two masters of public health interns supported primary data collection by conducting surveys with community residents and providers that covered three areas: community health needs, barriers to health and wellness, and community assets. The surveys were administered at five strategically located Department of Motor Vehicle (DMV) sites throughout Riverside County: Coachella Valley (Palm Springs), Central Riverside (Riverside/Moreno Valley), East Riverside (Hemet), West Riverside (Norco), and South Riverside (Temecula). The 441 survey responses (in English and Spanish) were used to assess community health needs and assets through the eyes of a random sample of community members on topics such as perception of health needs; environmental factors affecting health; and access to fruits, vegetables, parks, and health services. An online survey was also administered. Quantitative secondary data sets were collected from a variety of sources including, but not limited to, California Office of Statewide Health Planning and Development, California Department of Public Health, and California Health Interview Survey (CHIS).

Riverside County's population has seen tremendous growth in the last 20 years. Between 1999 and 2010, it nearly doubled and grew far more rapidly than the statewide average. The county's service area population is 44% Latino, 41% white, 6% African American, 6% Asian Pacific Islanders (API), and 3% other races/ethnicities. Although the majority of the population is Latino, 62% of residents identified English as their language at home, followed by Spanish at 32.8% in 2010. An estimated 43.6% of households have children. About 30% of those households are single-parent homes, the majority headed by mothers. Riverside County also experienced a dramatic rise in unemployment between 2007 and 2010. The California Employment Development Department estimated unemployment at 15.3% in August 2010, an 8.6% point increase from August 2007 and substantially higher than the statewide rate of 12.4%.

KEY FINDINGS FROM THE 2010 CHNA

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

Uninsured and Access to Health Care:

- In 2007, CHIS estimated a slight increase in the proportion of uninsured, rising to an estimated 22.6% of Riverside County residents 0 to 65, compared to the 2005 rate of 21.7%.
- Community providers reported that funding cuts have made many services less accessible or entirely unavailable. In particular, they cited the lack of primary and specialty care services, mental health, dental services, and in-home support programs for the elderly as being affected the most.
- Early prenatal care has declined in the service area. Unfortunately, teen mothers under 15 were the least likely (41.7%) to begin prenatal care during their first trimester. Women of all ages in Riverside County fall short of the Healthy People 2010 target of 90% receiving early and adequate prenatal care.

Chronic Disease:

- Cancer and heart disease remained the leading causes of death in Riverside County in 2006–2008. On average, 22.8% of people in Riverside County died from some form of cancer, followed closely by heart disease at 21.9%.

- Compared to California, Riverside County has a higher age-adjusted mortality rate for the following diseases: heart disease, chronic lower respiratory disease, diabetes mellitus, cerebrovascular disease, suicide, HIV/AIDS, and unintentional injuries. The overall mortality rate for Riverside County was also higher than the statewide rate, as were the rates for lung cancer, cervical cancer, and colon cancer.
- Mortality rates increased in Riverside County but decreased slightly for the state overall. In the service area, the number of deaths from diabetes increased sharply for those 35 to 44 and reached its peak for those 75 to 84.
- Diabetes prevalence was higher in much of the service area, with the highest prevalence estimated in parts of Indio, Palm Springs, the southern part of Yucca Valley, northern Riverside, Corona, and the western part of Wildomar region.

Mental Health:

- CHIS estimated that of 220,000 Riverside County residents 18 and older (15.8% of the total population), who self-reported as needing help for mental health care due to mental problems or use of alcohol/drugs, 37.2% did not receive any treatment.
- In Riverside County, an estimated 81.2% of those who needed mental health services but did not receive treatment were uninsured.
- Findings from focus groups and interviews reveal that dementia and depression have been on the rise. In the provider survey, the majority of respondents identified mental health as a health condition requiring urgent attention.

Obesity:

- The estimated prevalence of obese/overweight adults in Riverside County (63.8%) was higher than for California overall (58.4%).
- According to a 2009 report by the Riverside County Department of Public Health, nearly one in three public school students in grades 5, 7, and 9 is overweight. Meanwhile, nearly half of all students are overweight in the worst-ranking zip codes (Palm Springs and Coachella).
- Community residents and providers suggested that many structural issues challenge people's ability to maintain a healthy weight, including geographic factors (overreliance on car transportation), air pollution, lack of community safety, prevalence of fast-food restaurants and liquor stores, lack of access to affordable fresh fruits and vegetables, and lack of physical activity programming for youth in schools and in the community.
- Exclusive breastfeeding rates were much lower in Riverside County, at just 54% of mothers. White mothers were the most likely to breastfeed exclusively, with rates of 67.2% in the county and 70.0% in the state. African American and Latina mothers had the lowest rates of exclusive breastfeeding, 46.6% and 49.1% in the county and 41.0% and 40.1% in the state, respectively.

Food Security, Community Safety, Domestic Violence, Child Abuse, and Neglect:

- Riverside County and California have experienced similar turbulence in food security rates since 2001, ending with a drop in food security reported in 2007, when 64.6% of the population 18 and older living at 200% of the federal poverty level (FPL) or less indicated that it had the ability to afford enough food.
- In 2006, 674 deaths were due to accidental and unintentional injuries in the service area. The largest number of deaths was among those 45 to 54 (17.4% per 10,000 persons) and those 15 to 24 (rate of 17.7% per 10,000 persons).
- Nine of the 23 cities in the service area, reported higher rates of domestic violence calls than the county average of 29 calls per 10,000 persons: Hemet (73.3), Desert Hot Springs (53), Palm Springs (44.8), Perris (36.5), Twentynine Palms (36.3), Indio (35.2), Lake Elsinore (32.1), and Riverside (31.8).
- Rates of substantiated child abuse and neglect remain high in Riverside County (11.2 cases per 1,000 children) than in California overall (9.7 cases per 1,000 children). In 2008, 6,763 cases of child abuse and neglect were reported in Riverside County.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-RIVERSIDE SERVICE AREA

1. Access to health insurance coverage and health care services
2. Health education and promotion, especially for chronic diseases
3. Support for the family structure

2013 YEAR-END RESULTS

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

For the 2010 CHNA, data for Riverside County indicated that more than 22% of county residents were uninsured. UCLA Center for Health Policy Research points to a substantial increase in uninsured rates for Riverside County. Community survey data indicated that affordability of care was the most common barrier to accessing health care. Community providers were surveyed to identify key issues regarding barriers to health care. Health care cost is the most frequently cited barrier, followed by no insurance or not eligible for insurance, transportation challenges, lack of knowledge of existing services, and a mistrust of health care systems and providers. There were 10,143 mental illness hospitalizations in the Riverside area. Service area and county hospitalization rates (5.1 and 5.3 hospitalizations per 1,000 persons, respectively) were higher than the state rate (4.7 per 1,000 persons). In 2007, 37.7% of Riverside County adults reported having no dental coverage in the past year and 7.4% had dental coverage for part of the year, compared to state rates of 33.7% and 7.2%, respectively.

2013 GOALS

1. Increase the number of low-income people who enroll in or maintain health care coverage.
2. Increase access to health care services for low-income and uninsured individuals.
3. Provide support for community clinics to build capacity for improving access and quality care infrastructure.

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. Provide grants that support organizations to increase capacity to provide primary care, mental health, and dental services.
4. Collaborate with safety-net providers and government entities to increase access to primary, specialty, mental health, and dental care services.
5. Provide in-kind donations of surplus hospital equipment, medical supplies, and office furniture.

2013 YEAR-END RESULTS

- KFH-Riverside partnered with Borrego Community Health Foundation, Social Action Community Health Systems, and St. Jeanne De Lestonnac Free Clinic to coordinate Community Surgery Day, a Kaiser Permanente Southern California Region initiative to increase specialty care access for uninsured patients. On September 14, 2013, a team of nine physicians, five CRNAs, and 94 health care providers (42 community service workers and 52 volunteers) performed 14 outpatient surgeries and seven colonoscopy screenings for uninsured community residents. Surgery Day is coordinated by a steering committee including, but not limited to, representatives from medical center leadership, Perioperative, Anesthesia, Surgery Scheduling, Imaging, Pharmacy, Admitting, and Community Benefit Departments. Participating Southern California Permanente Medical Group (SCPMG) surgeons were Geoffrey Griffiths, MD, Orthopedics; Jason Tomlin, MD and Tara Wilson, MD, General Surgery; James Bainer, MD, and Shahin Shahrokni, MD, Ophthalmology; Adam Chen, MD, and Brian Lim, MD, Gastroenterology, Timothy Lowe, MD, and Ashenafi Tedla, MD, Anesthesiology. The estimated value of the procedures was approximately $170,000.
- A $23,000 grant to The Carolyn E. Wylie Center for Children, Youth & Families enables the center to provide mental health treatment for women with maternal mental health disorders. Specially trained therapists and providers work collaboratively to provide timely mental health intervention and individual, family, and couples therapy to identify and treat maternal/post-partum depression.

- St. Jeanne De Lestonnac Free Clinic received a $24,000 grant to expand services to the uninsured in Riverside County. The Bridge to Care Program operates a mobile unit that provides expanded access to primary care services, and specialty care to specific uninsured populations in Riverside, Jurupa Valley, Moreno Valley, and Perris.
- Jewish Family Services of the Desert received a $15,000 grant for KidsFirst, a youth counseling and treatment program in partnership with Palm Springs Unified School District. Coachella Valley children are overwhelmingly from working class and immigrant households confronting issues of poverty and isolation. Children are identified by teachers, counselors, and administrative staff to participate in KidsFirst. Results include marked improvement in school attendance, performance, and healthy behaviors after participation in the program.
- KFH-Riverside, in partnership with physicians from SCPMG, Riverside and Alvord unified school districts, and the University of California, Riverside (UCR), mentored 63 middle school students in the Hippocrates Circle Program, which has a mission to strengthen young people's self-esteem and to empower them to pursue the goal of becoming a physician. In 2013, eight physician mentors provided youth from underrepresented communities and diverse backgrounds with the awareness that a career as a physician is possible. Participants interact with practicing physicians during their fellowship, which also includes orientations for parents and students, a KFH-Riverside tour, a tour of the UCR campus and biomedical department, and a financial aid seminar.
- Community Clinics Health Network was awarded a total of $300,000 from the donor-advised fund[1] to continue to disseminate the ALL HEART clinical protocol to community clinics, providers, and patients throughout Southern California. KFH-Riverside and Kaiser Permanente Southern California Region have continued the collaboration and partnership with Riverside County Regional Medical Center (RCRMC). Accomplishments in 2013 included introducing and providing training on ALL HEART and patient-centered medical home for all Riverside County Health Clinics (FQHC Look-Alike) and RCRMC to assist in standardizing care across the spectrum for Riverside County residents. In addition, an SCPMG nurse consultant coordinated technical assistance (TA) for the safety net through lectures, presentations, coaching/didactics, and sharing templates for quality health care delivery.
- KFH-Riverside provided in-kind donations of hospital and medical equipment, office furniture, and medical supplies to Boys & Girls Clubs of Redlands; Creating Aspiring Personalities for Success; United States Veterans Initiative, Community Settlement Association, Oak Grove Institute Foundation, Coachella Valley Economic Partnership, Family Service Association, Borrego Community Health Foundation, St. Jeanne de Lestonnac Free Clinic, and Whiteside Manor. In-kind contributions are made with the collaboration of KFH-Riverside's Finance, Community Benefit, Facilities Management, Materials Management, and Construction departments.
- Kaiser Permanente Southern California Region funded quality improvement (QI) projects for safety-net organizations to build stronger programs and infrastructure that improves service for patient populations at risk of racial and ethnic health disparities, with a special focus on improved management of chronic conditions and patient outcomes and/or to prepare for health care reform. County of Riverside received a $150,000 grant payment from the donor-advised fund to continue its efforts by supporting a nurse to facilitate process improvements for sepsis detection/management and surgical site infection prevention programs under the Medicaid 1115 Waiver Delivery System Reform Incentive Pool.
- Borrego Community Health Foundation was awarded $10,000 from the donor-advised fund to support staff to work with KFH-Riverside to identify, inform, recruit, and manage patients prior to Community Surgery Day and ensure that patients obtain all follow-up care.

PRIORITIZED NEED II: HEALTH EDUCATION AND PROMOTION, ESPECIALLY FOR CHRONIC DISEASES

The 2010 CHNA for the KFH-Riverside service area again demonstrated the need for information, education, and other resources to manage and treat chronic health conditions. In focus groups and interviews, obesity was often cited as a major health issue in the area and as a contributor to chronic conditions like diabetes. The estimated prevalence of a diabetes diagnosis in Riverside County nearly doubled between 2003 and 2007. The overall rate of hospitalizations for uncontrolled

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

diabetes in the service area, 1.1 per 10,000, was slightly higher than the state rate, 0.9 per 10,000. In 2006–2008, cancer and heart disease remained the leading causes of death in Riverside County, at 22.8% and 21.9%, respectively.

Hospitalization rates for ambulatory care-sensitive conditions for children, adults, and seniors indicated that asthma in those 65 and older and uncontrolled diabetes in adults 18 to 64 did not meet Healthy People 2010 objectives. This measure is for conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.

In 2007, more than 46% of children 5 to 11 in Riverside County ate five or more servings of fruits and vegetables daily. In comparison, only 18.5% of adolescents 12 to 17 consumed five or more servings. Community participants identified reduced access to affordable, healthy fruits and vegetables as an important barrier to a healthy diet.

In 2007, 63.1% of adolescents 14 to 17 reported engaging in vigorous physical activity at least three days per week, down from 70.9% in 2005. These percentages fall short of the Healthy People 2010 goal of 85%. In the adult population, 18% reported regular vigorous physical activity, 18% reported moderate physical activity, and more than 60% indicated some or no physical activity on a regular basis.

2013 GOALS

1. Improve the management of diabetes, obesity, asthma, cancer, and cardiovascular diseases.
2. Increase capacity for the delivery of chronic disease (diabetes, obesity, cardiovascular disease, cancer, and HIV/AIDS) prevention, education, direct service, and support programs for the uninsured.
3. Increase physical activity in schools, work sites, and community settings.

2013 STRATEGIES

1. Provide grants to safety-net providers, community health centers, faith-based groups, government entities, and other community-based organizations to address chronic conditions in the community.
2. Support culturally and linguistically appropriate health education, nutrition, and wellness programs in the management of chronic diseases.
3. Support Kaiser Permanente's HEAL (Healthy Eating, Active Living) initiative.
4. Provide in-kind support (health education materials, tools, and training opportunities) for chronic disease management.
5. Promote Educational Theatre's healthy eating programs at local schools.

2013 YEAR-END RESULTS

- A $15,000 grant to Janet Goeske Senior Center provides a comprehensive health and wellness program to seniors who utilize the center on a daily basis. The Fit, Fresh, & Fun at 50+ program provides nutritious meals, various exercise classes, early detection health screenings, nutrition education sessions, and regular group meetings. All programs are coordinated to assist seniors in adopting lifelong, healthy lifestyle changes to improve their overall health status.
- Oak Grove Institute Foundation received a $15,000 grant for a coordinated youth exercise program for residential students and those who attend during the day. The newly built gymnasium provides space for multiple exercise programs and organized sports. The at-risk youth population served by Oak Grove benefits from regular physical activity and coaching for proper body mechanics. The program has demonstrated improved student behavior, decreased anger outbursts, and better classroom attentiveness.
- Boys & Girls Clubs of Coachella Valley received a $15,000 grant to provide club members and their families with knowledge and skills for healthy eating at home and away. Students and parents learn together to cook quick, healthy meals at home and how to order from a menu. The program involves an interactive approach to exploring new foods and cooking methods through demonstrations.

- Kaiser Permanente Southern California Region's Operation Splash grants support recreation and parks departments and districts to provide children and adults with free swim lessons and junior lifeguard preparation and to launch healthy beverage campaigns. In 2013, Kaiser Permanente Southern California Region's Operation Splash initiative provided grants to support swimming lessons and water safety in underserved areas. In the KFH-Riverside area, the City of Riverside received $55,000 from the donor-advised fund and used the ReThink Your Drink campaign to educate 3,752 aquatic participants and their parents on the adverse health effects of sugar-sweetened beverages. The grant also provided 1,428 swim lessons, 1,372 swim passes, 401 Silver Senior passes, and trained 102 Junior Lifeguard youth. Desert Recreation District also received a $50,000 grant that provided 590 swim day passes, taught 574 people how to swim, and trained 22 youth to be Junior Lifeguards.
- Healthy Options, Healthy Meals (HOHM) is a funding strategy that focuses on healthy food banking, which is characterized by increasing donations/purchases/distribution of more health promoting foods and decreasing donations/purchases/distribution of less healthful foods, such as snacks, sweets, and sugar-sweetened beverages. The primary goal of HOHM is to support sustainable policy and practice changes to assist food banks in gathering and distributing healthier foods. In the KFH-Riverside service area, FIND Food Bank received $60,000 from the donor-advised fund over two years ($30,000 in 2013).

PRIORITIZED NEED III: SUPPORT FOR THE FAMILY STRUCTURE

The health and well-being of families is of critical importance, reflects the current health status of individuals and local communities, and serves as an important indicator of the health of the next generation. The effects of poverty on health have been well documented. Being raised in poverty places children at risk for environmental toxins, inadequate nutrition, parental substance abuse, trauma and abuse, exposure to violent crimes, and low-quality child care. As adolescents, poor youth are more likely to suffer from mental health problems, including depression; experiment with smoking and sexual activity at a very young age; and have poor academic outcomes. People who live in poverty are more likely to have asthma, diabetes, heart disease, or a disability.

Healthy City developed a High Need Index (HNI) to measure the percentage of families in poverty, adults 25 and over without a high school diploma or equivalent, and rates for the unemployed, homicides, and births to teen mothers. The cities of Indio, Palm Springs, and Yucca Valley had concentrations of the highest need. And based on Healthy City's HNI analysis, the southern part of Wildomar and Temecula also had relatively high need. Food-insecure households sometimes face challenging decisions, balancing nutritional needs against other basic needs, such as housing, utilities, and transportation. Food security or lack of quality foods is associated with a number of serious health, behavior, and cognitive deficits. In Riverside County, approximately 35.4% of the population indicates that it does not have the ability to secure enough food.

2013 GOALS

1. Expand partnerships and collaborations with organizations that address food security issues in low-income communities.
2. Increase access to substance abuse and child abuse prevention, domestic violence, and elder abuse programs.
3. Improve linkages to safety-net and social services providers for at-risk adults, youth, homeless, and uninsured elderly.

2013 STRATEGIES

1. Provide grant funding to organizations that outreach and provide services to at-risk adults, youth, and elderly populations for violence prevention, child abuse prevention, or elder abuse.
2. Build capacity for local food banks to support distribution of high-quality foods.
3. Build capacity of local organizations that provide programs for substance abuse, child abuse prevention, domestic violence, and elder abuse and programs for at-risk adults, youth, homeless, and the elderly who are uninsured.
4. Explore the opportunity to partner with safety-net providers and social service providers for improved delivery of health services to the homeless population.

5. Provide in-kind donations of surplus office furniture and other items to support community-based organizations that work to improve community health.

2013 YEAR-END RESULTS

- Operation Safe House received a $20,000 grant for the county-wide Anti-Human Trafficking Initiative, which seeks to protect, prevent, prosecute, and promote anti-trafficking partnerships throughout Riverside County. It protects residents through a collaborative effort to restore dignity for victims; prevent human trafficking through education, awareness, and engagement; prosecute through convicting perpetrators; and partnership through community engagement to support the victims.
- Riverside Area Rape Crisis Center received a $15,000 grant for the Crisis Intervention and Direct Services for Sexual Assault Victims and Families program. The Center provides an incoming crisis hotline, staffed by trained crisis counselors, and short-time crisis counseling and advocacy for sexual assault survivors, their families, and significant others.
- Shelter from the Storm received $15,000 for the Children's Domestic Violence Supportive and Educational Services Program in the Coachella Valley. The program provides intensive support and counseling for women and children who have fled domestic violence along with emergency shelter for displaced families. Onsite counseling and advocacy is provided to women. Children affected by domestic violence are provided art/play therapy services and counseling.

Table 1

KAISER FOUNDATION HOSPITAL-RIVERSIDE

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	5,309
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Other Plan members	228
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	1,250
Medi-Cal managed care members	12,345
Healthy Families Program members	2,820
Community Surgery Day patients	21
Health Research projects (new, continuing, and completed)	18
Nursing Research projects (new, continuing, and completed)	3
Educational Theatre – number of performances and workshops	67
Educational Theatre – number of attendees (students and adults)	9,782
Graduate Medical Education – number of programs	4
Graduate Medical Education – number of affiliated and independent residents	56
Nurse practitioner and other nursing training and education beneficiaries	7
Deloras Jones nursing scholarship recipients	7
Other health professional training and education (non-MD) beneficiaries	16
Hippocrates Circle students	62
Summer Youth and INROADS programs participants	17
Number of 2013 grants and donations made at the local and regional levels[1]	75

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

Table 2

KAISER FOUNDATION HOSPITAL- RIVERSIDE

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2013

	2013 Totals
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[1]	$7,166,807
Healthy Families[2]	1,108,031
Charity care: Charitable Health Coverage programs[3]	496,284
Charity care: Medical Financial Assistance Program[4]	5,883,960
Grants and donations for medical services[5]	297,072
Subtotal	***$14,952,154***
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center[6]	$0
Educational Outreach Program	0
Summer Youth and INROADS programs[7]	46,333
Grants and donations for community-based programs[8]	412,616
Community Benefit administration and operations[9]	821,931
Subtotal	***$1,280,880***
Benefits for the Broader Community[10]	
Community health education and promotion programs	$81,975
Educational Theatre	276,986
Facility, supplies, and equipment (in-kind donations)[11]	74,713
Community Giving Campaign administrative expenses	11,240
Grants and donations for the broader community[12]	**29,182**
National board of directors fund	21,637
Subtotal	***$495,733***
Health Research, Education, and Training	
Graduate Medical Education	$2,026,175
Non-MD provider education and training programs[13]	629,084
Grants and donations for the education of health care professionals[14]	48,043
Health research	576,840
Continuing Medical Education	0
Subtotal	***$3,280,142***
Total Community Benefits Provided	**$20,008,909**

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-Riverside 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-RIVERSIDE SERVICE AREA

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

- Obesity and overweight
- Oral health
- Mental health
- Service infrastructure
- Community violence
- STIs and HIV
- Diabetes
- Economic instability
- Health care access
- Cardiovascular disease
- Asthma
- Cancer

HEALTH NEEDS THAT KFH-RIVERSIDE PLANS TO ADDRESS

1. ACCESS TO HEALTH CARE

This need comprises access to primary and specialty care services, mental health, oral health for the uninsured or underinsured populations, and includes safety net infrastructure and health care workforce development. Access to health care impacts an individual's overall physical, social, and mental health status, prevention of disease and disability, detection and treatment of health conditions, quality of life, and life expectancy. Limited access to health care impacts a person's ability to reach full potential, negatively affecting quality of life. Barriers include lack of availability, high cost, and health professional shortages of primary, specialty, dental and mental care providers. Proportionally, there are about half as many primary care providers in the KFH-Riverside service area (43.1 per 100,000 total population) as there are in the state (83.2 per 100,000). In the KFH-Riverside service area 20.06% of the population is uninsured compared with 17.92% in California overall. Hispanic/Latino, "Some Other Race" and white populations have the highest rates of being uninsured. Geographically, the uninsured are concentrated in Indio and Mecca (Coachella Valley service area) and northeast of Norco (Riverside service area).

2. DIABETES

This need includes the prevention, detection, treatment and management of type 1 and type 2 diabetes among vulnerable populations in Riverside County, as well as service infrastructure for improved collaboration among community partners. The diabetes prevalence rate for adults has increased in Riverside County compared to the state rate. Diabetes contributes to heart disease, stroke, hypertension, kidney disease, blindness, nervous system disease, amputation, decreased quality of life, and early death. According to state data, the age-adjusted death rate due to diabetes increased in Riverside County from 2002-2004 (17.5 per 100,000 people) to 2005 -2007 (22.7) and then dropped slightly to 20.7 in 2008-2010. The diabetes prevalence rate for adults is higher in the KFH-Riverside service area (8.86%) than in the state (7.57%).

3. OBESITY AND OVERWEIGHT

This need addresses the availability of healthy foods, opportunities for physical activity, behavior change for weight management, service infrastructure for improved community collaboration, and the impact of the built environment. The health implications of overweight and obesity in the community include heart disease, high blood pressure, diabetes, depression, and certain cancers. Low-income communities in Riverside County, especially youth, are disproportionately affected by obesity. According to the CDC, the rate of adult obesity in the KFH-Riverside service area (27.50%) is above the state average (23.25%). The youth obesity rate is higher in the Coachella Valley area (34.9%) compared to the state rate (29.82%) and the rest of the KFH-Riverside service area (28.85%). A disproportionate percentage of obese youth are African American (31.01%) and Hispanic/Latino (38.23%). Economic instability, poor nutrition, physical inactivity, and lack of health care access contribute to obesity and overweight.

4. BROADER HEALTH CARE SYSTEM NEEDS IN OUR COMMUNITIES

Kaiser Foundation Hospitals, which includes 37 licensed hospital facilities as of 2013, has identified a number of significant needs in addition to those identified above through the CHNA process that we are committed to addressing as part of an integrated health care delivery system. These needs, which are manifest in each of the communities we serve, include 1) health care workforce shortages and the need to increase linguistic and cultural diversity in the health care workforce and 2) access to and availability of robust public health and clinical care data and research.

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

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

2014-2016 COMMUNITY BENEFIT PLAN

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

PRIORITY HEALTH NEED I: ACCESS TO HEALTH CARE

GOALS

Kaiser Permanente aims to increase the number of people who will have access to appropriate health care in the KFH-Riverside service area by aligning our strategies with the following goals:

- Increase health care coverage for uninsured, underinsured, and low-income residents
- Improve service infrastructure of safety net providers for improved capacity to serve the uninsured and underinsured
- Increase access to primary care services
- Increase access to specialty care services, including mental health
- Improve health care capacity through workforce development
- Increase access to oral health care

STRATEGIES

Programs and Services

- Participate in government-sponsored programs for low-income individuals (Medi-Cal Managed Care and Medi-Cal Fee-for-Service)
- Provide heavily subsidized health care coverage
- Provide Medical Financial Assistance (i.e., charity care)
- Leverage ACA communications for increased participation in health care reform
- Support youth pipeline programs (Hippocrates Circle, Summer Youth, and INROADS), and increase awareness of STEM (science, technology, engineering, and math) careers

Community Investments

- Provide grant and in-kind donations to advance the collaborative structure among safety net providers
- Provide grants and in-kind donations to community clinics to provide primary care, care management/coordination, and engagement of health promoters for patient navigation
- Provide grants that support mental health interventions to prevent/treat domestic violence, substance abuse, depression, and suicide
- Provide grants and in-kind donations to support dental education and prevention of dental caries among the uninsured population and at-risk children, including dental services

Leveraging Organizational Assets

- Conduct community surgery day and colonoscopy screening annual event in partnership with safety net providers

- Partner with participating community clinics to provide technical assistance (TA) with implementing proactive office encounter (POE) to systematically identify and address primary care delivery, including preventive screening, and chronic care management and leverage Community Benefit clinical quality consultant to provide TA
- Provide TA and convening coordination for safety net providers to network and identify collaborative opportunities

Collaboration and Partnerships

- Promote safety net collaboration for specialty care referral workflow to improve access for the uninsured.
- Explore collaborative opportunities among oral health providers for low-income populations
- Leverage the partnership with UCR School of Medicine, Riverside County Medical Association, and local nursing and allied health training programs

EXPECTED OUTCOMES

- Increased number of eligible individuals enrolled in government-sponsored and/or subsidized health care coverage programs
- Improved relationships and a developed safety net collaboration
- Improved medical home model of health care delivery for the uninsured and underinsured
- Improved collaboration for specialty care referrals throughout Riverside County
- Improved access to mental health interventions for at-risk populations
- Improved access to preventive dental services
- Increased diversity among health care professionals practicing in Riverside County

PRIORITY HEALTH NEED II: DIABETES

GOALS

Kaiser Permanente aims to reduce morbidity and mortality of type 1 and type 2 diabetes among high-risk populations in the KFH-Riverside service area by aligning our strategies with the following goals:

- Improve healthy eating and active living among high-risk population
- Promote early detection of diabetes and prevention of type 2 diabetes among high-risk populations
- Improve clinical care for and management of high-risk populations
- Improve capacity of safety net providers and community-based organizations addressing diabetes care management
- Improve diabetes self-management skills

STRATEGIES

Community Investments

- Provide grants and in-kind donations to community-based organizations that reduce health disparities
- Provide grants and in-kind donations to community-based organizations that implement culturally and linguistically appropriate diabetes awareness and education campaigns to improve diabetes screening in high-risk populations
- Provide grants and in-kind donations to community-based organizations to improve diabetes clinical care through process and workflow improvement, and care management
- Provide grants and in-kind donations to community-based organizations that provide diabetes prevention, treatment, and management education in community settings

Leveraging Organizational Assets

- Leverage Kaiser Permanente symposiums for professional development of community providers, practitioners, educators, and outreach workers/health promoters
- Leverage Project ALL HEART's TA to safety net providers
- Partner with safety net providers to provide TA on implementation of POE to systematically identify and address preventive, screening, and chronic care needs of diabetes patients
- Share best practices in diabetes care management, leverage safety net collaboration, and rotate Kaiser Permanente Family Medicine residents and Pharmacy interns in community clinic settings
- Promote the Healthier Living Series-Chronic Disease Management classes (English and Spanish), increase the awareness and benefits of a mostly plant-based diet, and utilize health promoters for community engagement
- Partner with Kaiser Permanente Health Education to share diabetes management best practices, curriculum, educational materials, and TA with community-based organizations to implement programs

Collaboration and Partnerships

- Collaborate with schools, worksites, and community-based organizations to improve environmental and educational policies for healthy nutrition and physical activity to prevent and control diabetes
- Partner with local collaborations and existing community campaigns and leverage to provide TA

EXPECTED OUTCOMES

- Increased awareness, knowledge, skills, motivation, and utilization around healthy eating and active living.
- Increased screenings, testing, early detection, and prevention for diabetes
- Increased promotion of the medical home model and coordinated team approach for diabetes prevention and care delivery
- More evidenced-based research findings incorporated into community clinic practices
- Improved quality of life for people living with diabetes
- Increased knowledge of meal planning and food preparation to manage diabetes

PRIORITY HEALTH NEED III: OBESITY AND OVERWEIGHT

GOALS

Kaiser Permanente aims to reduce prevalence of obesity and overweight in the KFH-Riverside service area by aligning our strategies with the following goals:

- Increase healthy eating among youth and seniors in low income communities
- Increase active living
- Improve weight management skills for the overweight/obese

STRATEGIES

Programs and Services

- Partner with Kaiser Permanente Educational Theatre to address knowledge gaps related to healthy eating

Community Investments

- Provide grants and in-kind donations to community-based organizations to address availability of healthy foods and beverages

- Provide grants to community-based organizations to provide physical activity opportunities in school and community settings
- Provide grants and in-kind donations to community-based organizations that adopt policies that enhance the built environment for healthy eating and provide physical activity opportunities in school and communities settings

Leveraging Organizational Assets

- Leverage HEAL Cities Campaign TA and toolkits
- Partner with Kaiser Permanente Health Education to share weight management best practices, curriculum, educational materials, and TA with community-based organizations to implement programs
- Partner with community clinics to provide TA on implementation of POE to systematically identify and address preventive, screening, and chronic care needs of overweight/obese patients (e.g., screening for BMI and providing counseling for physical activity, nutrition, and screen time during visits)
- Promote the Healthier Living Series-Chronic Disease Management classes (English and Spanish) and increase awareness and benefits of a mostly plant-based diet

Collaboration and Partnerships

- Promote a multi-disciplinary collaborative effort for healthy food and beverage availability
- Foster coalitions and community networks
- Promote community-wide campaigns
- Participate in Healthy Eating and Active Living (HEAL) collaborative efforts across Riverside County in partnership with Riverside Department of Public Health, cities, and community-based organizations to adopt health policies, including a Healthy City Resolution which leverages the County of Riverside's healthy counties element in the general plan

EXPECTED OUTCOMES

- Increased accessibility, availability, affordability, and identification of healthy foods in communities.
- Increased awareness about healthy eating
- Increased collaboration with community-based organizations, local government, and schools for healthy eating
- Increased opportunities for physical activity in communities and workplaces
- Increased understanding of the connections between the built environment and the ongoing health challenges in Riverside County
- Increased availability of weight management services for overweight/obese residents
- Increased behavioral change for healthy eating and active living

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 linguistic ally 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 disproportionally impacted by heath disparities
- Increased availability of research and publications to inform clinical practices and guidelines