



Kaiser Foundation Hospital – Northern California Region

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

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INTRODUCTION

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

DEVELOPMENT OF A CONSOLIDATED COMMUNITY BENEFIT PLAN

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

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

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

CONTENTS OF THE COMMUNITY BENEFIT PLAN

CHAPTER I: HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

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

CHAPTER II: MISSION STATEMENT AND COMMITMENT TO THE COMMUNITY

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

CHAPTER III: COMMUNITY BENEFIT PROVIDED IN 2013

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

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

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

CHAPTER I: HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

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

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

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

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

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

NATIONAL STRUCTURE

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

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

REGIONAL STRUCTURE IN CALIFORNIA

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

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

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

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

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

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

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

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

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

MEDICAL OFFICE BUILDINGS

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

CHAPTER II: MISSION STATEMENT AND COMMITMENT TO THE COMMUNITY

MISSION STATEMENT

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

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

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

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

NATIONAL COMMITMENT TO COMMUNITY BENEFIT

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

We focus our work on three broad areas:

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

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

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

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

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

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

KAISER PERMANENTE'S COMMITMENT TO COMMUNITY BENEFIT IN CALIFORNIA

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

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

CHAPTER III: COMMUNITY BENEFIT PROVIDED IN 2013

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

METHODOLOGY

DEFINITION OF COMMUNITY

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

CATEGORIZATION OF SERVICES

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

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

DOCUMENTATION AND ALLOCATION OF EXPENDITURES

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

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

Resource allocations are reported, as follows:

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

SUMMARY OF KAISER FOUNDATION HOSPITALS COMMUNITY BENEFIT

STATEWIDE BENEFITS

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

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

BENEFITS BY HOSPITAL SERVICE AREA

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

DESCRIPTION OF COMMUNITY BENEFIT PROGRAMS AND SERVICES

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

MEDICAL CARE SERVICES FOR VULNERABLE POPULATIONS

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

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

MEDI-CAL

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

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

HEALTHY FAMILIES PROGRAM

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

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

CHARITABLE HEALTH COVERAGE PROGRAMS

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

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

MEDICAL FINANCIAL ASSISTANCE

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

GRANTS AND DONATIONS FOR MEDICAL CARE SERVICES

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

OTHER BENEFITS FOR VULNERABLE POPULATIONS

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

KAISER PERMANENTE EDUCATIONAL OUTREACH PROGRAM

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

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

KAISER PERMANENTE WATTS COUNSELING AND LEARNING CENTER

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

YOUTH EMPLOYMENT PROGRAMS

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

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

GRANTS AND DONATIONS FOR COMMUNITY-BASED PROGRAMS

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

BENEFITS FOR THE BROADER COMMUNITY

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

COMMUNITY HEALTH EDUCATION AND HEALTH PROMOTION PROGRAMS

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

KAISER PERMANENTE EDUCATIONAL THEATRE (KPET)

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

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

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

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

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

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

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

GRANTS AND DONATIONS FOR THE BROADER COMMUNITY

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

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

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

HEALTH RESEARCH, EDUCATION, AND TRAINING PROGRAMS

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

PROVIDER EDUCATION AND TRAINING

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

GRADUATE MEDICAL EDUCATION (GME)

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

COMMUNITY MEDICINE FELLOWSHIP

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

OLIVER GOLDSMITH SCHOLARSHIP PROGRAM

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

NURSING EDUCATION AND TRAINING

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

KAISER PERMANENTE SCHOOL OF ANESTHESIA FOR NURSES

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

CALIFORNIA NURSING ANESTHESIA COLLABORATIVE PROGRAM – (CNACP)

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

KAISER PERMANENTE DELORAS JONES NURSING SCHOLARSHIP PROGRAM

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

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

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

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

TECHNICAL PROVIDER EDUCATION AND TRAINING

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

KAISER PERMANENTE SCHOOL OF ALLIED HEALTH SCIENCES – (KPSAHS)

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

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

KAISER PERMANENTE MENTAL HEALTH TRAINING PROGRAM

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

KAISER PERMANENTE PHARMACIST RESIDENCY PROGRAMS

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

KAISER PERMANENTE PHYSICAL THERAPY FELLOWSHIP IN ADVANCED ORTHOPEDIC MANUAL THERAPY PROGRAM

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

KAISER PERMANENTE PHYSICAL THERAPY NEUROLOGY RESIDENCY

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

KAISER PERMANENTE PHYSICAL THERAPY CLINICAL INTERNSHIPS

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

KAISER PERMANENTE PHYSICAL THERAPY ORTHOPEDIC FELLOWSHIP PROGRAM

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

KAISER PERMANENTE MOVEMENT SCIENCE FELLOWSHIP

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

KAISER PERMANENTE ORTHOPEDIC FELLOWSHIP IN SPORTS REHABILITATION

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

KAISER PERMANENTE SPINE REHABILITATION FELLOWSHIP PROGRAM

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

KAISER PERMANENTE CLINICAL PSYCHOLOGY INTERNSHIP TRAINING PROGRAMS

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

KAISER PERMANENTE RADIOLOGY TRAINING PROGRAM

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

ADVANCED PRACTICE AND ALLIED HEALTH CARE EDUCATIONAL PROGRAMS

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

HIPPOCRATES CIRCLE

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

GRANTS AND DONATIONS FOR THE EDUCATION OF HEALTH CARE PROFESSIONALS

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

HEALTH RESEARCH

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

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

DIVISION OF RESEARCH (DOR)

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

DEPARTMENT OF RESEARCH AND EVALUATION

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

KAISER FOUNDATION RESEARCH INSTITUTE (KFRI)

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

NURSING RESEARCH PROGRAM

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

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

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

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

Table A

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

COMMUNITY BENEFITS PROVIDED IN 2013

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

See endnotes on the following page.

ENDNOTES

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

Table B

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

HOSPITAL SERVICE AREA SUMMARY TABLE

COMMUNITY BENEFITS PROVIDED IN 2013

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

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

401 Bicentennial Way
 Santa Rosa, CA 95448
 (707) 393-4000

The KFH-Santa Rosa service area includes most of Sonoma County, except for a small southern portion in KFH-San Rafael's service area that includes the city of Petaluma, and a small section of Napa County. Cities in this area include Cloverdale, Cotati, Healdsburg, Rohnert Park, Santa Rosa, Sebastopol, Sonoma, and Windsor.

COMMUNITY SNAPSHOT (*COUNTY-LEVEL DATA)

| | |
|-------------------------------|----------|
| Total population: | 380,599 |
| Median age:* | 39.3 |
| Average household income:* | \$62,314 |
| Percentage living in poverty: | 10.81% |
| Percentage unemployed: | 8.60% |
| Percentage uninsured: | 14.31% |

| | |
|-----------------------------|--------|
| White: | 65.55% |
| Latino: | 24.72% |
| Asian and Pacific Islander: | 3.95% |
| Other: | 3.25% |
| African American: | 1.61% |
| Native American: | 0.93% |

KEY STATISTICS

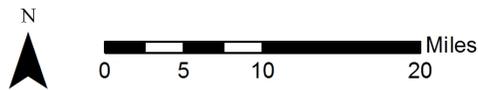
| | |
|-------------------------------------|---------|
| Year opened: | 1990 |
| KFH full-time equivalent personnel: | 827.49 |
| KFHP members in KFH service area: | 146,062 |

| | |
|------------------------|--------|
| Total licensed beds: | 173 |
| Inpatient days: | 30,472 |
| Emergency room visits: | 47,288 |

KEY LEADERSHIP AT THE KFH- SANTA ROSA

| | |
|-----------------|---|
| Judy Coffey, RN | Senior Vice President and Area Manager |
| Vicky Locey | Chief Operating Officer/Chief Nursing Officer |
| Diane Hernandez | Area Finance Officer |
| Kirk Pappas, MD | Physician in Chief |
| Guy Chicoine | Medical Group Administrator |
| Carl Campbell | Public Affairs Director |
| Jeannie Dulberg | Community Benefit/Community Health Manager |

KFH Santa Rosa Medical Center Area



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

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



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

Healthy Sonoma, the 2010 CHNA for KFH Santa Rosa, is based primarily on data collected and reported by Sonoma Health Alliance. It is supplemented by data from CHIS (California Health Interview Survey) 2007, Sonoma County Economic Development Board, and UCLA Center for Health Policy Research. Sponsored by Sonoma County, Kaiser Permanente, St. Joseph's Health System, and Sutter Health Santa Rosa, *Healthy Sonoma* and links to its many data sets can be accessed at www.HealthySonoma.org. Areté Consulting was engaged to review and synthesize available data and to facilitate the CHNA and planning process for KFH-Santa Rosa.

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 were as follows:

Access to health care remains an issue in Sonoma County, particularly for individuals who do not have health insurance:

- An estimated 18.2% of Sonoma County residents were uninsured for all or part of the year in 2009.
- Data for 2007 show that 11.5% of children lack health insurance.
- 9.2% of children and 10.7% of adolescents reported no doctor office visits in the previous year.
- 45.6% of those without health insurance reported no doctor office visits in the previous year.
- 14.2% of residents delayed or did not get care; 26.9% of those without insurance delayed or did not get care.

Overweight and obesity are significant issues for the health of Sonoma County residents:

- 57% of adults are overweight or obese.
- 44% of adults do not eat enough fruits and vegetables.
- 62% of adults get no moderate or vigorous physical activity.
- 32.2% of teens report being physically active fewer than three days a week.
- 17.3% of children engage in physical activity fewer than three days a week.
- 39% of children eat fewer than five servings of fruits and vegetables each day.
- 36.6% of teens bought soda at school in the past week.
- 21.7% of youth walk, bike, or skate to school.

Children's oral health is negatively affected by poor access to care, particularly among the county's lower-income residents:

- 28% of children 2 to 18 do not have dental insurance.
- 11% of children 2 to 18 have never been to a dentist.
- 10% of children were not taken to a dentist even when they needed care because the family could not afford it.

Alcohol, tobacco, and drug use and abuse are widespread and negatively impact the health of county residents:

- 20.4% of adults binge-drink.
- Rate of ER visits due to alcohol abuse is 40.6 per 10,000.
- 51% of teens report using alcohol.
- 5.4% of teens report smoking tobacco.
- 5.4% of teens report binge-drinking in the past month.
- 7.2% of teens report marijuana use in the past month.

- 14.4% of residents report being current smokers.

A significant number of mothers, families, and babies are being affected by exposure to drugs and alcohol during pregnancy. This exposure increases health risks both during pregnancy and after birth:

- Between 10% and 14% of pregnant women in the county use alcohol or other drugs (excluding tobacco).
- Each year, 600 children are born exposed to alcohol or other drugs.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-SANTA ROSA SERVICE AREA

1. Access to health insurance coverage and health care services
2. Overweight and obesity
3. Oral health

2013 YEAR-END RESULTS

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

The most recent estimates available (www.healthysonoma.org) show that 6% of Sonoma County children and more than 19.7% of all county residents lack health insurance. Without health insurance, those without financial resources face significant barriers to care. KFHP-Santa Rosa has been engaged in numerous efforts to increase access to care and coverage for Sonoma County residents and continues to consider this a priority issue.

2013 GOALS

1. Increase the number of low-income people who enroll in or maintain health care coverage.
2. Increase access to health care services for low-income and uninsured individuals.

2013 STRATEGIES

1. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and Kaiser Permanente Child Health Plan); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.
2. Provide charity care through the Medical Financial Assistance (MFA) policy and maximize efficiencies.
3. Provide grant funding to support access to medical and social support services (transportation, interpretation, mental health services, training for providers regarding specific needs of seniors, etc.) for individuals served by the safety net.
4. Provide grant funding to enhance the capacity of safety-net providers to provide medical homes and coordinated care.
5. Continue to provide care to uninsured patients through Operation Access (OA) either during Surgery Saturdays or by providing specialized orthopedic services during regular clinic hours.
6. Provide technical assistance (TA) to safety-net providers that are implementing medical home models and expanding care coordination.

TARGET POPULATION

Low-income individuals who lack health insurance.

COMMUNITY PARTNERS

Community partners include Healthy Kids Sonoma County (including Sonoma County Department of Health Services, Sonoma County Department of Human Services, United Way of the Wine Country, Santa Rosa Memorial Hospital Foundation, KFHP-Santa Rosa, First 5 Sonoma County, Children and Families Commission, Sonoma County Medical Association, Community Action Partnership Sonoma County, Sutter Medical Center of Santa Rosa, Pediatric Dental Initiative, Sonoma County Department of Public Health, and Partnership Health Plan), Redwood Community Health (RCH), OA, and safety-net clinics in Sonoma County.

2013 YEAR-END RESULTS

- California Parenting Institute received \$10,000 to support Child Abuse Treatment (CHAT), a program that provides free or low-cost services to children and families who are victims of domestic abuse and not eligible to receive mental health services through government or other subsidized programs. From July through December, 2013, 54 clients received treatment that resulted in decreased behavior problems and/or reduced symptoms of traumatic stress, and parents received support and resources. During the full grant period, 100 clients will receive CHAT services.
- Jewish Free Clinic received \$15,000 for operating support to help maximize community resources and allow its 150 active volunteers to provide free services to up to 2,500 uninsured people in Sonoma County, benefitting thousands of individuals and families each year. From July through December, 2013, 110 volunteers provided 1,113 encounters for

935 clients, 120 clients received 411 labs, the clinic provided 194 medications to 174 individuals, administered 167 immunizations, and gave 109 PPDs (TB test). Nine of the current volunteers are from Kaiser Permanente; one serves on the board of directors. All patients are referred to local community health centers to help them establish a medical home. The majority of patients do not visit the clinic more than once, with the exception of repeat visits to the acupuncture clinic. It is estimated that the clinic saves local emergency rooms more than \$1 million each year.

- Sutter West Bay Hospitals, fiscal sponsor for the 21st Annual Latino Health Forum, received a \$5,000 sponsorship for the annual event—organized by residents and faculty members of KFH-Santa Rosa’s Family Medicine Residency program, and representatives from local hospitals and community-based organizations— that brings together local, national, and international experts to discuss Latino health issues. The forum also marks the beginning of America’s Binational Health Week initiative. Forum objectives are to inform professionals about the most relevant challenges facing Sonoma County’s Latino population, to enhance access and quality of health services for Latinos, to inspire local students to pursue careers in health and social services, to facilitate networking among health care and other service providers, to increase knowledge of immigration reform, and to discuss implications of the Affordable Healthcare Reform Act. The 2013 forum topic was “How will Immigration and Health Care Reform Affect Us?” The forum has been co-sponsored for many years by all three local hospitals, KFH-Santa Rosa, Sutter Medical Center, St. Joseph Health Systems, and the county’s health services department. More than 300 people attended the forum, including 15 KFH-Santa Rosa employees from Diversity Services and the Latino Clinic. KFH-Santa Rosa had a table with Kaiser Permanente Child Health Plan information and CB manager Jeannie Dulberg was a workshop presenter on a panel about the Sonoma County CHNA. Forum evaluations were very positive.
- Santa Rosa Community Health Centers received a \$50,000¹ Youth and Trauma-Informed Care grant from Kaiser Permanente Northern California Region to serve high-risk, low-income, predominantly Latino youth 12 to 19 at the Elsie Allen school-based health center in urban Santa Rosa. Many Elsie Allen patients are first- or second-generation immigrants who struggle with numerous barriers to care and good health, including parental substance abuse, learning disabilities, and ongoing problems at home. Of the 1,499 patients served at Elsie Allen last year, 91% were living below the federal poverty level; 70% were Latino; 61% were female, 39% were male; and 25% were age 12 to 14 and 73% were 15 to 19. The project addresses the need for expanded trauma/violence screening and increased access to follow-up counseling for at-risk youth in Santa Rosa. For this population, expanded screening is critical to identifying traumatized youth. Providing increased access to counseling in the same location where students already receive medical services will help them develop the healthy coping skills necessary to lead happy, productive lives.

PRIORITIZED NEED II: OVERWEIGHT AND OBESITY

Nearly 60% of adults in Sonoma County are overweight or obese. Being overweight or obese increases an individual’s risk for developing heart disease, stroke, diabetes, and cancer. Data on known lifestyle factors contributing to rates of overweight and obesity show that there is significant opportunity to improve healthy eating and increase physical activity among county residents, both children and adults.

2013 GOALS

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

2013 STRATEGIES

1. Provide grant funding to increase availability of fresh produce in low-income neighborhoods and provide education and support for increased consumption of fresh produce.

¹ This grant was distributed from the Kaiser Permanente Fund for Community Benefit, a donor-advised fund established in late-2004 and administered by the East Bay Community Foundation. Accordingly, the grant amount was not included in the community benefit totals for 2013 (Table A, B, and 2).

2. Leverage lessons learned from HEAL (Healthy Eating, Active Living) work and encourage replication in other communities.
3. Provide grant funding to encourage physical activity and to promote safe places to walk, bike, and play in low-income neighborhoods.
4. Participate in Safe Routes to Schools (SR2S) activities.
5. Provide grant funding to support programs promoting increased physical activity in schools and after-school settings.
6. Explore and develop collaborative opportunities to work with school districts and implement innovative means of increasing physical activity on the school yard.

TARGET POPULATION

Low-income residents who are overweight or obese or who are at risk for becoming overweight or obese.

COMMUNITY PARTNERS

Community partners include County of Sonoma Department of Health Services' SR2S program, Community Activity and Nutrition Coalition (CAN-C), HEAL grantees, Sonoma County Office of Education, Health Action and its iWalk and iGrow initiatives, and First 5 Sonoma County.

2013 YEAR-END RESULTS

- On the Move VOICES Sonoma received a \$10,000 grant to support a program that serves 250 youth. VOICES Sonoma: Health & Wellness Services increases opportunities for low-income, transitional-aged youth to live healthy lives and make choices that support wellness. At the time this report was written, 52 youth had participated in Tone Up Tuesdays, engaging in various fitness activities and games to increase their physical activity; and 34 had learned to install irrigation, plant seeds and young plants, water, fertilize and weed the garden, and harvest food at a total of three community garden sites to feed themselves, their peers, and the community. In addition, 42 youth developed healthy cooking skills through nine interactive nutrition and cooking workshops, 184 youth experienced the health benefits and available options related to fresh and local produce by daily utilizing an onsite kitchen and food bank consisting of fresh vegetables, and six were trained as teen peer leaders, providing core leadership and facilitation for Imagine You activities and increasing their capacity to support health and wellness for themselves and their peers. Ninety youth were connected to health services, including application support and guidance for Medi-Cal, County Medical Services Program, and food stamps. To better represent the needs of this population, VOICES partners with 13 community organizations and local initiatives related to health and nutrition.
- Northern California Center for Well-Being received a \$20,000 grant to implement Active Play Every Day (APED), a Playworks-based program to increase fun and cooperative games and physical activity during school recess. From July through December 2013, APED expanded the program from the original two schools served in 2012-2013 to seven more school sites in Santa Rosa, Guerneville, Sebastopol, and Windsor, reaching a total of 4,997 students. A Community Transformation Grant through Sonoma County's Department of Health Services provided additional project funding. Principals from all participating schools signed a letter of commitment to the project and APED staff worked with schools to identify a pool of capable recess coaches, mostly from the teaching staff and yard supervisors. APED staff provided TA to schools to train and inspire school staff on Playworks activities. School staff and APED recess coaches completed a program assessment (results available by close of 2013-2014 school year). The goal is that after one year in the program (June 30, 2014), 80% of 1st through 5th grade participants will engage in active play every day. APED also adopted SOPLAY (system for observing play and leisure activity in youth), a new evaluation tool that measures physical activity, to more effectively track program outcomes and to make improvements. At one school, a parent-volunteer recess coach identified a group of 7th and 8th graders who demonstrated the leadership skills to be trained as junior recess coaches, which may prove to be a successful model.
- Redwood Empire Food Bank received a \$20,000 grant from KFH-Santa Rosa and KFH-San Rafael to provide healthy food and behavior-changing education to low-income families with young children to increase fruit and vegetable consumption and food security; to promote healthy weight and prevent obesity; and to improve understanding and

increase the practice of healthy eating behaviors. During the first five months of the grant, more than 43,000 pounds of fresh fruits and vegetables (20 varieties) were distributed at Harvest Pantry on Link Lane, a low-income neighborhood with many Latino families. Much needed protein, including hams, ground beef, and pinto beans were also distributed. The program reached an average of 55 families and 63 children each week. Before the food is distributed, the Harvest Pantry coordinator conducts bilingual mini-lessons on how to prepare healthy food on a limited budget. Link Lane hosted 22 lessons. Topics included healthy snacks, Rethink Your Drink options, interactive health bingo (provided by Kaiser Permanente), Zumba lessons, and Choose My Plate tips. A new activity card was introduced to encourage families to try new physical activities and taste new fruits and vegetables. The coordinator also attended Cooking Matters workshop in October to inform and increase his knowledge of healthy cooking to enhance the lessons he teaches. The program also had a goal this year to improve parental knowledge of oral health and preventive practices to reduce dental caries in young children. In anticipation of a January 2014 launch date, lessons were created and program staff contacted area dental health providers. The program conducted a pre-survey, which showed that 20% of children brush their teeth one time or less per day. This information will help staff target the dental education efforts to make behavior change possible through appropriate and focused dental lessons.

PRIORITIZED NEED III: ORAL HEALTH

While most Sonoma County residents have access to dental health services and as a result have good oral health, poor oral health has a significant negative impact on the well-being of the county's poorer residents. It is particularly important for young children to have access to oral health services, both to establish a positive foundation for later years and to promote school attendance, healthy development, and an ability to focus and learn. Data show that 28% of Sonoma County children 2 to 18 do not have dental insurance, 11% have never been to a dentist, and 10% were not taken to the dentist even when they needed care because the family could not afford it.

2013 GOALS

1. Increase the proportion of children receiving preventive dental services.
2. Expand the availability of dental services in the safety net.

2013 STRATEGIES

1. Provide grant funding to support outreach and education regarding preventive dental services for children.
2. Provide grant funding to support planning for expanded dental services at safety-net clinics.

TARGET POPULATION

Low-income individuals without adequate dental insurance, particularly children.

COMMUNITY PARTNERS

Community partners include St. Joseph's Health System Sonoma County, Healthy Kids, Sonoma County Oral Health Coalition, Redwood Empire Dental Society, Santa Rosa Community Health Centers (SRCHC), WIC (Women, Infants, and Children), Community Action Partnership of Sonoma County, Redwood Community Health, and Pediatric Dental Initiative.

2013 YEAR-END RESULTS

- Alexander Valley Healthcare received a \$15,000 grant to implement a program to integrate oral health into primary care at the health care center. One program objective is to include an oral health screening for any adult patient seen at the health center two or more times. Oral health screening questions were added to the patient intake template and providers and support staff were trained to use the screening tool. From July through December 2013, 27 appointments for adults were scheduled and 18 patients were seen by a dentist at the primary care site. Another program goal is that all children 0 to 19 receive oral health education and screenings during any medical visit with the primary care provider. During this period, 26 fluoride varnishes were provided to children during the primary care visit; 133 dental

appointments for assessment by a health center dentist were made (107 patients seen by the dentist); and 54 patients, at the recommendation of the health center dentist, were referred to outside dentists. In all, 205 patients received dental services at the health center. In November 2013, the center received the award for New Access Point Federally Qualified Health Center designation, which includes re-opening the center's dental clinic. As a result of the award, it will continue to integrate oral health screenings in the primary care setting, but will no longer need to refer patients elsewhere for restorative services. The project increased the level of awareness between support staff and provider staff of patients' oral health needs, resulting in a better understanding of the importance of a whole care approach in the primary care setting. In addition, the project promotes the medical home model of care in the primary care setting.

- St Joseph Health System (St. Joseph dental clinics) received a grant of \$20,000 to implement Mighty Mouth Dental Disease Prevention, a program that provides dental education, prevention, and treatment to low-income children in schools. From July through December 2013, the program provided oral health education and prevention, including oral hygiene instructions to 3,018 teachers and students at seven schools and preschool sites. A total of 1,184 children, 38% of the population at the participating sites, received dental screenings and a fluoride varnish. The goal was to reach 90% of children with these services, but it has been a challenge to get parents to provide their consent on the required forms. A total of 290 children without a dental home were referred to St. Joseph's dental clinics for care. This includes the mobile clinic that goes to school sites. Children without health insurance are referred to St. Joseph's promotores de salud program to receive information and insurance application assistance. There continues to be an ongoing need for free or very low-cost care for children in the community who live in poverty. The program has become so successful that it annually receives more requests than its limited budget can accommodate.
- SRCHC received a \$150,000¹ grant from Kaiser Permanente Northern California Region to support the purchase of a \$1.5 million building in downtown Santa Rosa for the new Santa Rosa Dental Health Center, which opened in January 2014. In November 2013, the center hired one full-time equivalent (FTE) dental director and one FTE clinical manager. It planned to hire three general dentists, one FTE dental hygienist, and one FTE dental assistant by December 31, 2013 and to hire additional dental providers, assistants, and administrative staff once the dental health center is at full capacity. Additional providers will allow 6,500 pediatric and adult patients, who previously had limited or no access to dental care, to receive comprehensive oral health prevention and treatment services. Goals are to increase the percentage of pediatric SRCHC patients 12 to 48 months who receive an oral health assessment and to increase the percentage of all SRCHC patients who receive a comprehensive oral exam, oral health education from a dental professional, and at least one topical fluoride treatment within the last 12 months.

¹ This grant was distributed from the Kaiser Permanente Fund for Community Benefit, a donor-advised fund established in late-2004 and administered by the East Bay Community Foundation. Accordingly, the grant amount was not included in the community benefit totals for 2013 (Table A, B, and 2).

Table 1

KAISER FOUNDATION HOSPITAL-SANTA ROSA

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: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 3,074 |
| Medi-Cal Managed Care members | 10,086 |
| Healthy Families Program members | 3 |
| Operation Access – number of procedures (including general surgery, otolaryngology, orthopedics, vascular, plastic surgery, dermatology, urology, breast, and colorectal) | 54 |
| Operation Access – number of medical volunteers | 65 |
| Operation Access – number of medical volunteer hours | 503 |
| Health Research projects (new, continuing, completed, and/or published) | 1 |
| Nursing Research projects (new, continuing, completed, and/or published) | 60 |
| Kaiser Permanente Educational Theatre – number of performances and workshops | 44 |
| Kaiser Permanente Educational Theatre – number of attendees (students and adults) | 11,855 |
| Graduate Medical Education – number of affiliated and independent residents | 59 |
| Nurse practitioner and other nursing training and education beneficiaries | 13 |
| Deloras Jones nursing scholarship recipients | 1 |
| Other health professional training and education (non-MD) beneficiaries | 16 |
| Summer Youth and/or INROADS programs participants | 10 |
| Number of 2013 grants and donations made at the local and regional levels ¹ | 132 |

¹The vast majority of regional grants impact three or more local 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-SANTA ROSA

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2013

| | 2013 Totals |
|---|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$7,335,138 |
| Healthy Families ² | 493,643 |
| Charity care: Charitable Health Coverage programs* | 2,014,499 |
| Charity care: Medical Financial Assistance Program ⁴ | 5,861,020 |
| Grants and donations for medical services ⁵ | 2,937,867 |
| Subtotal | \$18,642,167 |
| Other Benefits for Vulnerable Populations | |
| Summer Youth and INROADS programs ⁶ | \$7,250 |
| Grants and donations for community-based programs ⁷ | 1,267,956 |
| Community Benefit administration and operations ⁸ | 438,897 |
| Subtotal | \$1,714,103 |
| Benefits for the Broader Community⁹ | |
| Community health education and promotion programs | \$5,690 |
| Kaiser Permanente Educational Theatre | 317,305 |
| Facility, supplies, and equipment (in-kind donations) ¹⁰ | 377 |
| Community Giving Campaign administrative expenses | 27,486 |
| Grants and donations for the broader community ¹¹ | 25,897 |
| National board of directors fund | 19,820 |
| Subtotal | \$396,575 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$335,227 |
| Non-MD provider education and training programs ¹² | 740,135 |
| Grants and donations for the education of health care professionals ¹³ | 30,013 |
| Health research | 295,133 |
| Subtotal | \$1,400,507 |
| Total Community Benefits Provided | \$22,153,352 |

ENDNOTES

- 1 Amount includes unreimbursed inpatient expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries.
- 2 Amount includes unreimbursed inpatient expenditures for Healthy Families members.
- 3 Amount includes unreimbursed inpatient expenditures for the Kaiser Permanente Child Health Plan subsidy.
- 4 Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance and Indigent Care programs.
- 5 Figures reported in this section for grants and donations for medical services consist of charitable contributions to community clinics and other safety-net providers; community health partnerships and collaboratives; community health care coverage enrollment efforts; and special Request for Proposals to support specific health issues such as HIV/AIDS, childhood obesity, asthma, etc. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 6 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Summer Youth students hired.
- 7 Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonhealth needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 8 The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- 9 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a number of related denominators such as the number of Kaiser Permanente Educational Theatre performances or health education programs.
- 10 Amount represents the estimated value of donated surplus office and medical supplies, equipment and furniture, promotional items and giveaways, in-kind services such as printing, mailings, multimedia production, etc., and conference and meeting room usage, as recorded in the MicroEdge GIFTS database.
- 11 Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care–related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 12 Amount reflects the net expenditures after tuition reimbursement for health professional education and training programs.
- 13 Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, etc. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2013 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY

The KFH-Santa Rosa 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-SANTA ROSA SERVICE AREA

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

- Healthy eating and physical fitness
- Access to substance use disorder services
- Access to mental health services
- Cardiovascular disease
- Access to health care coverage
- Coordination and integration of local health care system
- Gaps in access to primary care
- Barriers to healthy aging
- Disparities in educational attainment
- Adverse childhood experiences
- Tobacco use
- Disparities in oral health, lung, breast, and colorectal cancer

HEALTH NEEDS THAT KFH-SANTA ROSA PLANS TO ADDRESS

1. ACCESS TO CARE

Gaps in access to primary care, access to health care coverage and coordination, and integration of local health care system were combined as one overarching health need, access to care. Increasing access to appropriate and effective health care services addresses a wide range of specific health needs. Achieving the goal of increased access to care requires reducing barriers to preventive screening, primary care, and specialty care by deploying a wide range of strategies encompassing programs, outreach, training, and policies.

Lack of insurance is the primary barrier to health care access in Sonoma County. With implementation of the Affordable Care Act in January 2014, 14% of Sonoma County's uninsured population, now have new options for coverage and access to health care. However, some low-income populations, because of their immigration status are ineligible for coverage under the new plans and others may find the required premiums beyond their reach. For these groups, access barriers will continue.

Even with insurance, for some populations—those with Medicare, individuals with geographic or language barriers—access is not guaranteed. Continued growth in the county population coupled with a dwindling physician supply, as older physicians retire and are not replaced, has created significant pressure on the county's current primary care and specialist cadres. A recent primary care capacity study conducted by the Department of Health Services highlighted concerns about projected increasing shortfalls in the physician workforce for both primary care and specialist disciplines.

2. HEALTHY EATING/ACTIVE LIVING

The community-identified need of healthy eating and physical fitness has been changed to healthy eating and active living to better align with Kaiser Permanente's existing initiatives and programs of the same name. Poor nutrition and lack of physical activity are driving an epidemic of obesity in both children and adults. One quarter of Santa Rosa's children are obese, exceeding both the California state average and Healthy People 2020 targets. In every age category, residents of Sonoma County do not meet Healthy People 2020 goals for weight.

3. ACCESS TO MENTAL HEALTH SERVICES

Good mental health plays a crucial role in the health and well-being of individuals and their communities. However, many individuals with mental health concerns do not have access to the treatment they need because of income and a lack of available services. Insufficient private insurance coverage for behavioral health services and insufficient availability of publicly funded treatment services are significant barriers for many who seek mental health services and supports in Sonoma County. Lack of an integrated approach to mental health within the health care system can lead to missed opportunities for early problem identification and prevention. Nearly one-fifth (19.6%) of Sonoma County adults 18 to 59 reported needing help for emotional/mental health problems or use of alcohol or drugs, compared to 16.1% statewide. More Sonoma County residents 60 and older stated that they need help for mental health issues than California seniors as a whole (10.5% vs. 7.4%). The overall Sonoma County death rate from suicide for all age groups (14/100,000) exceeds both the California rate (9.7%) and the Healthy People 2020 rate (10.2%).

4. DISPARITIES IN ORAL HEALTH

Good oral health is essential to overall health. Poor oral health can threaten the health and healthy development of young children and compromise the health and wellbeing of adults. Conditions of the mouth, teeth, gums and throat, from dental caries to cancer, cause pain and disability for millions of Americans each year. Oral disease is largely preventable with timely assessment and preventive care. Fluoridated drinking water has proven to be an effective public health measure for prevention of dental caries, yet only 3% of the public water supply in Sonoma County is fluoridated. Among the cities, only Healdsburg fluoridates its water. While many children and adults in Sonoma County enjoy good oral health and access to high-quality dental care, too many children in our community are unable to eat, sleep or learn because of painful, untreated decay. Many adults are seeking emergency room care for urgent dental conditions that could have been prevented with access to basic dental care.

5. 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-Santa Rosa 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 CARE

LONG-TERM GOAL

- Increase the number of individuals who have access to and receive appropriate health care services in the KFH-Santa Rosa service area.

INTERMEDIATE GOALS

- Increase the number of low income people who enroll in or maintain health care coverage
- Increase access to culturally competent, high-quality health care services for low-income, uninsured individuals

STRATEGIES

- Provide Medical Financial Assistance (MFA), which assists patients in need by subsidizing all of or a portion of their Kaiser Permanente medical expenses for a period of time. Eligibility is based on prescribed levels of income, expenses, and assets
- Participate in Medi-Cal Managed Care, the state’s Medicaid Program, to provide comprehensive inpatient and outpatient care to Medi-Cal Managed Care members in California
- Participate in Medi-Cal Fee-For-Service, which provides subsidized health care on a fee-for-service basis for Medi-Cal beneficiaries not enrolled as KFHP members
- Provide subsidized health care coverage (i.e., Kaiser Permanente Child Health Program)
- Work with Operation Access (OA), a non-profit organization dedicated to providing access to free surgery and specialty care, to enable Kaiser Permanente medical volunteers to provide free outpatient consultations, specialty care, and same day surgery appointments to uninsured patients
- Provide grants to expand use of patient navigators, promotores, or community application assisters to provide culturally sensitive assistance and care coordination in guiding patients through available medical, insurance, and social support systems
- Provide grants and/or in-kind services to support community health centers or free clinics to strengthen coordinated care for low-income individuals

EXPECTED OUTCOMES

- Increased number of low-income individuals who are enrolled in or maintain health insurance coverage
- Increased number of patients seen and/or the range of services offered at community health clinics

PRIORITY HEALTH NEED II: HEALTHY EATING/ACTIVE LIVING

LONG-TERM GOAL

- Improve health and reduce chronic disease in the KFH-Santa Rosa Area through the consumption of healthful diets and the achievement and maintenance of healthy body weights

INTERMEDIATE GOALS

- Increase healthy eating among youth and seniors in low income communities
- Increase physical activity in community and institutional settings
- Expand policies regulating healthy/unhealthy foods and accessing physical activity

STRATEGIES

- Grant making and collaborative efforts to replicate healthy eating and physical activity lessons learned from HEAL, (e.g., youth advocacy programs, built environment policy change efforts, healthy school food, Safe Routes To Schools [SR2S] programs, classroom-based physical activity, and organized recess) to increase physical activity and consumption of healthy food in low-income neighborhoods, with a focus on youth and seniors
- Support peer based programs (e.g., promotores, youth leaders, senior peer programs) to increase access to, awareness of and consumption of healthy foods and food choices in low-income neighborhoods through grant making to organizations that provide education programs and/or offer built environments advocacy programs
- Provide Kaiser Permanente Educational Theater, a free theater program designed with the advice of teachers, students, medical professionals, parents, and actors to disseminate health education and inspire children, teens, and adults to make healthier choices and better decisions about their well-being
- Collaborate with policy makers and community partners and grant making to increase the number and use of safe places to walk, bike, and play in low-income neighborhoods, with a focus on youth and seniors
- Collaborate with and provide grants to support programs that increase physical activities in schools (before, during, and after), child care settings, and senior-focused programs to improve the health of low-income, high- risk youth and seniors
- Leverage internal Kaiser Permanente resources and provide grants to support youth-driven advocacy efforts to influence policies related to healthy eating and active living
- Collaborate with agencies and or coalitions to support policies that promote healthy eating (e.g., increasing availability of lower calorie and healthier food and beverage options for children in restaurants, improving nutritional standards for all foods and beverages sold or provided through schools) and physical activities (e.g., increasing safe places to walk and bike, and land use policies related to parks and recreation areas)

EXPECTED OUTCOMES

- Increased access to healthy foods and decrease access to unhealthy foods
- Increased access to opportunities for safe physical activity
- Increased awareness of the importance of healthy eating and active living

PRIORITY HEALTH NEED III: ACCESS TO MENTAL HEALTH SERVICES

LONG-TERM GOAL

- Improve mental health outcomes among high-risk populations in the KFH-Santa Rosa service area

INTERMEDIATE GOALS

- Improve management of mental health symptoms among high-risk populations

- Decrease risks for mental, emotional, and behavioral disorders among high-risk populations
- Improve integration of primary care and behavioral health for high-risk populations

STRATEGIES

- Provide grants for programs that increase access to culturally competent case management and ongoing mental health treatment services for low-income, at-risk individuals.
- Provide grants to organizations to provide training and support for mental health service providers to address conditions such as compassion fatigue, secondary PTSD, and other identified training needs
- Provide grants for prevention and upstream mental health services for low-income, at-risk individuals, such as peer-based and resiliency programs
- Provide grants to organizations that serve seniors to promote multicomponent health care system-level interventions to link primary care providers, patients, and mental health specialists serving low-income, high-risk populations, with a specific focus on older adults

EXPECTED OUTCOMES

- Increased access to and participation in preventive mental health services
- Increased care coordination among primary care, mental health providers, and community-based support services
- Increased knowledge and skills among providers
- Increased ability to manage risk, resolve conflicts, and problem solve among high-risk patients
- Increased self-esteem

PRIORITY HEALTH NEED IV: DISPARITIES IN ORAL HEALTH

LONG-TERM GOAL

- Improve oral health among high-risk populations in the KFH-Santa Rosa service area

INTERMEDIATE GOAL

- Increase the number of children and adults receiving preventive dental services

STRATEGIES

- Provide grants and in kind services to local health centers and schools to integrate oral health prevention and treatment that expands availability of dental services for low-income individuals
- Provide grants to increase oral health care services for low-income seniors in institutional settings
- Provide grants to community-based organizations to implement oral health education programs
- Collaborate with oral health partners to address the prevention of dental caries at a policy level (e.g., water fluoridation)

EXPECTED OUTCOMES

- Increased access to and participation in preventive oral health services
- Increased awareness of the importance of oral health to overall health and well-being
- Increased integration of oral health into primary care visits

PRIORITY HEALTH NEED V: BROADER HEALTH CARE SYSTEM NEEDS IN OUR COMMUNITIES – 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 and culturally diverse candidates
- Increase capacity in allied health, clinical training, and residency programs to address health care workforce shortages through the provision of clinical training and residency programs
- Leverage Kaiser Permanente resources to support organizations and research institutions to collect, standardize, and improve access to workforce data to enhance planning and coordination of workforce training and residency training programs

EXPECTED OUTCOMES

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

PRIORITY HEALTH NEED VI: BROADER HEALTH CARE SYSTEM NEEDS IN OUR COMMUNITIES – RESEARCH

LONG-TERM GOAL

- Increase awareness of the changing health needs of diverse communities

INTERMEDIATE GOAL

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

STRATEGIES

- Disseminate knowledge and expertise to providers to increase awareness of the changing health needs of diverse communities to improve health outcomes and care delivery models

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

EXPECTED OUTCOMES

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

