



Kaiser Foundation Hospital – Southern California Region

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

SOUTH BAY



TABLE OF CONTENTS

INTRODUCTION

Development of a Consolidated Community Benefit Plan.....	1
Contents of the Community Benefit Plan.....	1

CHAPTER I: HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

History and Organizational Structure of Kaiser Permanente.....	3
<i>National Structure</i>	3
<i>Regional Structure in California</i>	3
<i>Kaiser Foundation Hospitals in California</i>	4

CHAPTER II: MISSION STATEMENT AND COMMITMENT TO THE COMMUNITY

Mission Statement.....	5
National Commitment to Community Benefit	5
Kaiser Permanente’s Commitment to Community Benefit in California.....	6

CHAPTER III: COMMUNITY BENEFIT PROVIDED IN 2013

Methodology.....	7
Summary of Kaiser Foundation Hospitals Community Benefit.....	7
Description of Community Benefit Programs and Services.....	8
<i>Medical Care Services for Vulnerable Populations</i>	8
<i>Other Benefits for Vulnerable Populations</i>	9
<i>Benefits for the Broader Community</i>	10
<i>Health Research, Education, and Training Programs</i>	12

FINANCIAL TABLES

Table A: Summary Table by SB 697 Category – Kaiser Foundation Hospitals in California Community Benefit Provided in 2013.....	17
Table B: Summary Table by Hospital – Kaiser Foundation Hospitals in California Community Benefit Provided in 2013.....	19

TABLE OF CONTENTS (CONT'D)

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

Introduction.....	21
KFH-Anaheim.....	25
KFH-Antioch.....	25
KFH-Baldwin Park.....	25
KFH-Downey.....	25
KFH-Fontana.....	25
KFH-Fremont.....	25
KFH-Fresno.....	25
KFH-Hayward.....	25
KFH-Irvine.....	25
KFH-Los Angeles.....	25
KFH-Manteca.....	25
KFH-Modesto.....	25
KFH-Moreno Valley.....	25
KFH-Oakland.....	25
KFH-Ontario.....	25
KFH-Panorama City.....	25
KFH-Redwood City.....	25
KFH-Richmond.....	25
KFH-Riverside.....	25
KFH-Roseville.....	25
KFH-Sacramento.....	25
KFH-San Diego.....	25
KFH-San Francisco.....	25
KFH-San Jose.....	25
KFH-San Rafael.....	25
KFH-Santa Clara.....	25
KFH-Santa Rosa.....	25
KFH-South Bay.....	25
KFH-South Sacramento.....	25
KFH-South San Francisco.....	25
KFH-Vacaville.....	25
KFH-Vallejo.....	25
KFH-Walnut Creek.....	25
KFH-West Los Angeles.....	25
KFH-Woodland Hills.....	25

INTRODUCTION

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

DEVELOPMENT OF A CONSOLIDATED COMMUNITY BENEFIT PLAN

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

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

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

CONTENTS OF THE COMMUNITY BENEFIT PLAN

CHAPTER I: HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

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

CHAPTER II: MISSION STATEMENT AND COMMITMENT TO THE COMMUNITY

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

CHAPTER III: COMMUNITY BENEFIT PROVIDED IN 2013

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

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

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

CHAPTER I: HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

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

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

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

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

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

NATIONAL STRUCTURE

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

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

REGIONAL STRUCTURE IN CALIFORNIA

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

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

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

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

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

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

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

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

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

MEDICAL OFFICE BUILDINGS

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

CHAPTER II: MISSION STATEMENT AND COMMITMENT TO THE COMMUNITY

MISSION STATEMENT

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

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

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

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

NATIONAL COMMITMENT TO COMMUNITY BENEFIT

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

We focus our work on three broad areas:

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

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

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

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

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

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

KAISER PERMANENTE'S COMMITMENT TO COMMUNITY BENEFIT IN CALIFORNIA

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

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

CHAPTER III: COMMUNITY BENEFIT PROVIDED IN 2013

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

METHODOLOGY

DEFINITION OF COMMUNITY

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

CATEGORIZATION OF SERVICES

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

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

DOCUMENTATION AND ALLOCATION OF EXPENDITURES

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

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

Resource allocations are reported, as follows:

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

SUMMARY OF KAISER FOUNDATION HOSPITALS COMMUNITY BENEFIT

STATEWIDE BENEFITS

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

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

BENEFITS BY HOSPITAL SERVICE AREA

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

DESCRIPTION OF COMMUNITY BENEFIT PROGRAMS AND SERVICES

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

MEDICAL CARE SERVICES FOR VULNERABLE POPULATIONS

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

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

MEDI-CAL

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

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

HEALTHY FAMILIES PROGRAM

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

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

CHARITABLE HEALTH COVERAGE PROGRAMS

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

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

MEDICAL FINANCIAL ASSISTANCE

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

GRANTS AND DONATIONS FOR MEDICAL CARE SERVICES

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

OTHER BENEFITS FOR VULNERABLE POPULATIONS

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

KAISER PERMANENTE EDUCATIONAL OUTREACH PROGRAM

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

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

KAISER PERMANENTE WATTS COUNSELING AND LEARNING CENTER

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

YOUTH EMPLOYMENT PROGRAMS

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

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

GRANTS AND DONATIONS FOR COMMUNITY-BASED PROGRAMS

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

BENEFITS FOR THE BROADER COMMUNITY

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

COMMUNITY HEALTH EDUCATION AND HEALTH PROMOTION PROGRAMS

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

KAISER PERMANENTE EDUCATIONAL THEATRE (KPET)

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

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

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

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

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

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

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

GRANTS AND DONATIONS FOR THE BROADER COMMUNITY

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

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

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

HEALTH RESEARCH, EDUCATION, AND TRAINING PROGRAMS

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

PROVIDER EDUCATION AND TRAINING

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

GRADUATE MEDICAL EDUCATION (GME)

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

COMMUNITY MEDICINE FELLOWSHIP

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

OLIVER GOLDSMITH SCHOLARSHIP PROGRAM

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

NURSING EDUCATION AND TRAINING

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

KAISER PERMANENTE SCHOOL OF ANESTHESIA FOR NURSES

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

CALIFORNIA NURSING ANESTHESIA COLLABORATIVE PROGRAM – (CNACP)

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

KAISER PERMANENTE DELORAS JONES NURSING SCHOLARSHIP PROGRAM

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

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

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

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

TECHNICAL PROVIDER EDUCATION AND TRAINING

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

KAISER PERMANENTE SCHOOL OF ALLIED HEALTH SCIENCES – (KPSAHS)

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

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

KAISER PERMANENTE MENTAL HEALTH TRAINING PROGRAM

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

KAISER PERMANENTE PHARMACIST RESIDENCY PROGRAMS

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

KAISER PERMANENTE PHYSICAL THERAPY FELLOWSHIP IN ADVANCED ORTHOPEDIC MANUAL THERAPY PROGRAM

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

KAISER PERMANENTE PHYSICAL THERAPY NEUROLOGY RESIDENCY

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

KAISER PERMANENTE PHYSICAL THERAPY CLINICAL INTERNSHIPS

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

KAISER PERMANENTE PHYSICAL THERAPY ORTHOPEDIC FELLOWSHIP PROGRAM

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

KAISER PERMANENTE MOVEMENT SCIENCE FELLOWSHIP

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

KAISER PERMANENTE ORTHOPEDIC FELLOWSHIP IN SPORTS REHABILITATION

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

KAISER PERMANENTE SPINE REHABILITATION FELLOWSHIP PROGRAM

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

KAISER PERMANENTE CLINICAL PSYCHOLOGY INTERNSHIP TRAINING PROGRAMS

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

KAISER PERMANENTE RADIOLOGY TRAINING PROGRAM

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

ADVANCED PRACTICE AND ALLIED HEALTH CARE EDUCATIONAL PROGRAMS

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

HIPPOCRATES CIRCLE

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

GRANTS AND DONATIONS FOR THE EDUCATION OF HEALTH CARE PROFESSIONALS

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

HEALTH RESEARCH

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

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

DIVISION OF RESEARCH (DOR)

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

DEPARTMENT OF RESEARCH AND EVALUATION

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

KAISER FOUNDATION RESEARCH INSTITUTE (KFRI)

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

NURSING RESEARCH PROGRAM

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

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

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

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

Table A

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

COMMUNITY BENEFITS PROVIDED IN 2013

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

See endnotes on the following page.

ENDNOTES

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

Table B

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

HOSPITAL SERVICE AREA SUMMARY TABLE

COMMUNITY BENEFITS PROVIDED IN 2013

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

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

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

INTRODUCTION

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

COMMUNITY HEALTH NEEDS ASSESSMENT

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

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

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

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

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

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

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

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

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

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

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

COMMUNITY BENEFIT PLAN DEVELOPMENT

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

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

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

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

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

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

OUTLINE OF HOSPITAL SECTION

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

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

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

KAISER FOUNDATION HOSPITAL (KFH)-SOUTH BAY

25825 South Vermont Avenue
 Harbor City, CA 90710
 (310) 325-5111

The KFH-South Bay (formerly KFH-Harbor City) service area includes Athens, Carson, Catalina Island, Compton, El Segundo, Gardena, Harbor City, Harbor Gateway, Hawthorne, Hermosa Beach, Lawndale, Lomita, Long Beach, Manhattan Beach, Palos Verdes Peninsula, Redondo Beach, San Pedro, Signal Hill, Torrance, Willowbrook, and Wilmington.

COMMUNITY SNAPSHOT (2010 COMMUNITY HEALTH NEEDS ASSESSMENT FOR KFH-SOUTH BAY)

Total population:	1,314,050
Median household income (county):	\$54,467
Percentage living in poverty:	11.4%
Percentage unemployed:	4.13%
Percentage uninsured:	22.7%

Latino:	39%
White:	30%
Asian and Pacific Islander:	15%
African American:	13%
Other:	3%

KEY FACILITY STATISTICS

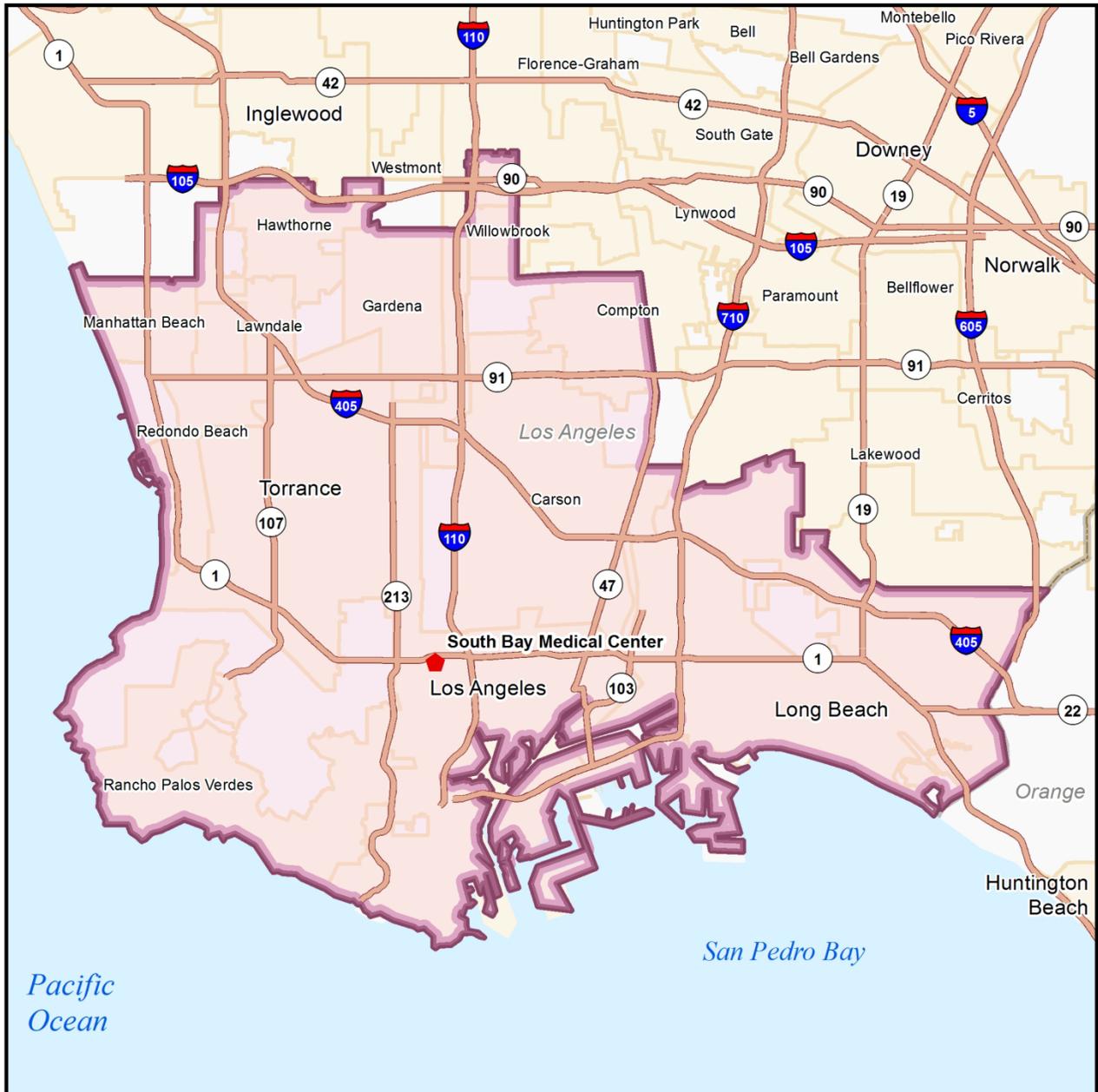
Year opened:	1957
KFH full-time equivalent personnel:	1,067
KFHP members in KFH service area:	197,561

Total licensed beds:	235
Inpatient days	49,533
Emergency room visits:	57,032

KEY LEADERSHIP AT KFH-SOUTH BAY

Lesley Wille, RN	Executive Director and Senior Vice President
Yvonne Rockwood	Chief Operating Officer
Karen Kretz	Chief Finance Officer
Barbara Carnes, MD	Area Medical Director
Robert Blair	Chief Administrative Officer
Tara O'Brien	Director, Public Affairs and Brand Communications
Janae Oliver	Community Benefit Health Manager

KFH South Bay Medical Center Area



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

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



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

KFH-South Bay contracted with the Advancement Project's Healthy City to conduct a community-wide health needs assessment of its service area. The geographic boundaries of the service area stretch from Willowbrook to the north; Palos Verdes Peninsula and San Pedro to the south; Long Beach to the east; the beach cities Manhattan, Redondo, and Hermosa to the west; as well as Santa Catalina Island. Healthy City gathered and analyzed quantitative data for key health and social indicators in the service area, including demographic, income and poverty, community safety, educational attainment, health care access, maternal and child health, mortality and morbidity, and health behaviors. Several sources were utilized to collect secondary data: California Office of Statewide Health Planning and Development (OSHPD); California Department of Public Health; United States Census Bureau; Nielsen Claritas, Inc.; Geolytics; and California Health Interview Survey (CHIS).

To validate the secondary data analysis, Healthy City partnered with Social Services for Groups to gather primary data that would identify unmet health needs for the overall service area, especially underserved populations. Three community focus groups and five stakeholder interviews were conducted to gather qualitative information about community health needs, barriers to health and wellness, and community assets. Thirty-one participants were selected from a wide range of backgrounds, including physicians, public health experts, county public health representatives, community resource centers, health care organizations, public officials, faith-based organizations, and other community-based nonprofit organizations.

KEY FINDINGS FROM 2010 CHNA

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

Access to Health Insurance Coverage and Health Care Services:

- KFH-South Bay did not meet the Healthy People 2010 objectives relative to health insurance for all age groups (target: 100%), regular source of care for youth 0 to 17 (target: 97%), or reducing difficulties or delays in obtaining care (target: 7% of the total population). In addition to health insurance, focus group respondents identified cost, lack of transportation, lack of infrastructure, and availability of referrals as barriers to health care.
- According to CHIS, 77.3% of individuals 0 to 65 had health insurance, comparable to the county (77.1%) but lower than the state (80.6%). Working-age adults 18 to 65 in particular were less likely to be insured.
- While the service area had a nearly 5% increase in the percentage of youth with a usual source of ongoing care (higher than the county and state), the Healthy People 2010 objective of 97% was not met. Furthermore, 12.8% of the total population experienced difficulty or delays in obtaining care, not meeting the Healthy People target of 7%.
- Additional focus group feedback suggests a need for more preventive services, especially for chronic disease. Heart disease and cancer continue to be the two leading causes of death in the service area, accounting for more than half (52%) of all deaths (2008). Heart disease was the leading cause of death for the total population, especially individuals over 45. Diabetes-related hospitalizations for the total population and children surpassed county and state rates, representing almost 14% of all hospitalizations and 16% of child hospitalizations countywide.

Violence Reduction and Community Safety:

- Poverty, educational attainment, homicide rates, percentage unemployed, and teen births were the primary indicators that supported the selection of violence reduction and community safety as the second priority area. Since there are significant disparities for these indicators across the service area, the high-need index (HNI) was used to identify areas of highest need: Compton, Gardena, Harbor-City/Harbor Gateway, North and Central Long Beach, and Wilmington.
- High school dropout rates were highest in the Compton (53.7%), Los Angeles (18.7%), and Long Beach (13.6%) school districts.

- The 2007 crude homicide rate for the service area was 9.1, higher than the 2006–2008 Los Angeles County rate (8.9) and significantly higher than the state rate (6.4).
- Homicides per 10,000 people were mostly concentrated in the Compton, Gardena, Hawthorne, and Long Beach areas followed by Carson, Harbor City/Harbor Gateway, and San Pedro. Homicides in the service area account for 14.8% of all homicides in the county.
- Focus group participants indicated that gang and community violence, particularly around schools, contributes to physical and mental health issues. For example, lack of safety may be a deterrent for individuals utilizing neighborhood parks and community centers or engaging in physical activity.

Overweight and Obesity Prevention:

- While there were positive trends for children engaging in vigorous physical activity for the whole service area (e.g., Healthy Fitness Zone [HFZ] scores, measuring aerobic capacity and body composition of 5th, 7th, and 9th graders), a comparison of school districts revealed significant disparities. Students in Hawthorne and Los Angeles unified school districts had the lowest HFZ scores, indicating a greater need for physical fitness opportunities in the two districts.
- Adults in the service area continue to report no physical activity and did not meet the Healthy People 2010 objective for healthy weight. In 2007, more than one in four adults in the service area was obese and the percentage of adults reporting no physical activity increased to 18%, nearly double the 2005 rate of 10%.
- The highest concentration of obesity was in Wilmington, followed by San Pedro, North Long Beach, West Compton, Hawthorne, and Gardena. Focus group respondents pointed to obesity as a major concern among African American and Latino populations, giving validity to the secondary data where these populations are most concentrated in the service area.
- Similarly, residents in Compton, Carson, Gardena, and parts of Long Beach were less likely to eat five or more servings of fruits and vegetables per day: 44.6% of children 5 to 11, 48.7% of adults 18 and older, and only 16% of adolescents 12 to 17 reported eating five or more servings per day. Focus group participants identified lack of access to affordable, healthy foods and nutrition education as major barriers to healthy food consumption.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-SOUTH BAY SERVICE AREA

1. Access to health insurance coverage and health care services
2. Violence reduction and community safety
3. Overweight and obesity prevention

2013 YEAR-END RESULTS

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

Lack of insurance continues to be one of the most significant barriers to accessing health care services in the KFH-South Bay service area, where the uninsured population is concentrated in zip codes in the eastern part of the region and among working-age adults. According to CHIS, 27.4% of adults 18 to 65 had periods without health insurance in 2007, not meeting the Healthy People 2010 objective to increase the proportion of persons with health insurance to 100%. Focus group and key informant interview respondents attribute the increase in the total uninsured population to individuals who recently experienced job loss and the loss of employer-based health insurance. Secondary data support this assertion; a major source of insurance coverage for the service area in 2007 was employment-based (52.5% of the population). While the number of youth under 18 without a usual source of care decreased sharply between 2005 (12.3%) and 2007 (7.6%), KFH-South Bay did not meet the Healthy People 2010 objective of 97% of youth with a specific source of care. In 2007, approximately 92% of youth 0 to 17 had a usual source of care when sick or in need of health advice. The number of youth under 18 experiencing delays in obtaining care decreased 3% from 2003 to 2007, meeting the Healthy People 2010 objective of 7%. Yet the proportion of delays in care among all ages in the area (12.8%) did not. In addition to lack of insurance coverage, other barriers included lack of infrastructure, affordability, gaps in coverage, lack of transportation, and limited access to referrals. Lack of culturally competent health and social services, extending beyond language and translation for hard-to-reach ethnic populations, was also identified as a major barrier to care.

Chronic diseases such as heart disease, diabetes, and cancer continue to be serious health concerns in the KFH-South Bay service area, with the two leading causes of death, heart disease and cancer, accounting for more than half (52%) of all deaths (2008). Heart disease was the leading cause of death among the total population, especially individuals over age 45. Focus group respondents pointed to the need to increase prevention efforts to address health issues at an earlier stage. Diabetes also has serious health consequences for the service area. The prevalence of diabetes among adults 18 to 64 increased between 2005 (5.4%) and 2007 (6.3%). Approximately 14% of adults in the service area were told they had diabetes or were prediabetic, and focus group participants suggested type 2 diabetes is increasing among younger populations. Breast cancer is the second leading cause of death among all Los Angeles County women. However, the South Bay service area surpassed the Healthy People 2010 objective of 70% mammogram screening in women over 40 by 10%. Access to mental health services continues to be a major concern for the KFH-South Bay service area. In 2007, close to 17% of adults needed help for emotional/mental health problems or drug and alcohol abuse, slightly higher than Los Angeles County (15.6%) and comparable to the state (16.5%). Focus group respondents noted that mental health care is most commonly needed by men; secondary data reveal that 59% of men were more likely not to receive the help they needed when compared to women (45.4%). Older adults, especially those experiencing dementia, depression, or Alzheimer's, were also identified as a target population by focus group respondents.

Medically underserved areas were identified in parts of Compton, Gardena, Hawthorne, Long Beach, San Pedro, and Wilmington. The number of federally qualified health centers (FQHCs) clustered in the southeastern part of the service area is consistent with high-need areas (San Pedro, Wilmington, and Long Beach), but a limited number of FQHCs support the northern and eastern part of the region in equally underserved areas of need (Compton, Gardena, and Hawthorne).

2013 GOALS

1. Increase the number of low-income people who enroll in or maintain health care coverage.
2. Increase access to health care services for low-income and uninsured individuals.
3. Increase access to culturally competent early intervention screenings, treatment, and management of chronic disease, including heart disease and diabetes, with an emphasis on the target population.
4. Increase access to mental health care services and addiction medicine for low-income, uninsured individuals with emphasis on men and seniors.

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. Coordinate planned charity care through annual Community Surgery Days to provide up to 30 outpatient surgical procedures for low-income, uninsured adults.
4. Support the health care safety net by providing financial, in-kind, and/or staff contributions to FQHCs, FQHC Look-Alikes, and other nonprofit community clinics, with an emphasis on medically underserved areas in the service area.
5. Provide in-kind donations, staff contributions, and/or grant funding for a school-based health clinic to increase access to primary and preventive health care services for students in Los Angeles Unified School District (LAUSD).
6. Provide grant funding to at least one community organization or public health district with experience implementing culturally competent early intervention screenings and treatment programs for chronic diseases.
7. Provide grant funding to at least one organization that provides mental health and/or addiction services for low-income and uninsured/underinsured individuals in the service area.

2013 YEAR-END RESULTS

- On November 2, 2013, KFH-South Bay celebrated the five-year anniversary of Community Surgery Day. Working with long-time community clinic partners—The Children’s Clinic, Serving Children and Their Families and South Bay Family Health Care—qualified patients were screened and enrolled into the charitable care program. A team of surgeons, anesthesiologists, nurses, managers, operating room personnel, and perioperative staff volunteered their time to provide free outpatient surgeries (general, ophthalmology, and orthopedics) to the uninsured. Patients also received preoperative appointments, diagnostic screenings, postoperative follow-up appointments, physical therapy, and medications. A total of 16 patients received free surgery.
- KFH-South Bay continued to support South Bay Family Health Care (SBFHC), a FQHC with clinic sites in Redondo Beach, Gardena, Inglewood, and Carson, with a \$15,000 grant to support the Healthy Students, Healthy Families education program at its school-based site on the campus of Carson High School. Health education topics include nutrition, the importance of regular health care, drug use prevention, and sex education/STIs. The grant primarily supports the cost of bilingual staff for clinic-based education in individual and group settings. At the end of the grant period, SBFHC will report on the number of students educated and referred for services, pre- and post-education surveys of health knowledge, and patient feedback regarding personal health outcomes.
- KFH-South Bay awarded \$15,000 to Children’s Dental Foundation, a nonprofit dental home providing general and pediatric specialty care to more than 10,000 residents of Long Beach, South Bay, and Catalina Island. Funding supports staffing costs and oral health kits. Children’s Dental Foundation tracks numbers of underserved children with treatment under IV Sedation, pediatric dental treatment visits, general dental treatment visits, and oral health kits distributed.
- KFH-South Bay established a new partnership with Los Angeles Biomedical Research Institute at Harbor-UCLA Medical Center to support a free clinic founded by residents of its Family Medicine program and operated out of Journey South Bay Church. For several years, Community Benefit physician champion, Mark Song, MD, Family Medicine, has been an active volunteer at the clinic, which provides services to the homeless during a monthly soup kitchen where individuals can get a warm meal and medical care services. KFH-South Bay supported the clinic with a \$15,000 grant to purchase blood pressure machines, glucometers, and scales to regularly screen the homeless for frequently undiagnosed and untreated chronic diseases (hypertension, diabetes and obesity), to expand availability of medications offered, and to purchase a divider to increase patient privacy. At grant’s end, the clinic will report on number of patients screened, availability of new medications, and installation of dividers.
- KFH-South Bay awarded \$20,000 to Wilmington Community Free Clinic to continue funding for its diabetes health education, risk assessments, screenings, treatment, and self-management classes. Nearly 15% of patients served at Wilmington Community Free Clinic have diabetes, one of the costliest medical conditions to treat, making prevention

especially cost-effective. Low-income individuals in Wilmington are assessed for diabetes risk and those with diabetes have a follow-up visit with a family practitioner. They also receive glucose monitors and test strips, regular monitoring of HgbA1c levels, and education on diabetes self-management. Patients deemed at risk also attend a prevention class with a registered dietitian for diabetes screening.

- United States Veteran's Initiative received \$12,500 for substance abuse and individual and group counseling for approximately 75 veterans living at the Villages at Cabrillo facility in Long Beach, the largest transitional and permanent housing facility for homeless veterans in the country. The target population includes chronically homeless, disabled, and female veterans who served in the Iraq and Afghanistan wars. Under the supervision of clinical staff, graduate students from USC and Chicago School of Professional Psychology facilitate counseling sessions and life skills classes and incorporate health and welfare-related goals into veterans' individual action plans. United States Veteran's Initiative tracks the percentage of clients who are enrolled in VA or community health care, improvement in psychological well-being of clients as measured by the Mental Health Inventory or the PTSD Scale pre-and posttests, the percentage of clients who have immediate and permanent housing, and the percentage of clients who obtain employment or receive skills/financial literacy training.
- Robert F. Kennedy Institute of Medicine and Science (RFKI) is a health and human services agency serving one of the highest need populations in the KFH-South Bay service area. It administers a wide range of case management and referral services, including health insurance enrollment, food stamp enrollment, and health intervention and education programs. A \$10,000 KFH-South Bay grant helped expand its community health promotoras program that has lay health care workers and educators help other community members navigate the health care system. Funds support outreach to residents interested in becoming promotoras and facilitated trainings for promotora certification and health education classes. RFKI monitors the numbers of individuals recruited and certified as promotoras, trainings conducted for new promotoras, and health education classes.
- Project Angel Food received a \$5,000 grant to provide home-delivered meals to people disabled by HIV/AIDS, who require proper nutrition so their medications can work effectively. The population also has special dietary needs, malnutrition, or food aversions related to their condition. Project Angel Food tracks client satisfaction, the number of meals served, the number of clients receiving evaluation and a nutrition plan, and the number of new clients from the KFH-South Bay area who registered for services.
- Kaiser Permanente Southern California Region continues to support efforts to improve access to health care and systems of care for the uninsured, including the homeless through investments in community clinics, health centers, and other supportive services. Mental Health America Los Angeles was awarded \$60,000 from the donor-advised fund¹ to provide onsite permanent supportive housing services to homeless individuals.
- Kaiser Permanente Southern California Region's safety net partnerships increase the capacity of safety-net providers to operate efficiently, enhance quality of care, and improve access to care for the underserved by supporting capacity of clinic and hospital networks/consortia and other statewide organizations to support clinical and management, infrastructure, and policy advocacy for safety-net providers. California School Health Center Association received a \$60,000 core support grant from the donor-advised fund to develop and sustain school-based health centers (SBHCs) by increasing awareness of the benefits of health and education, providing technical assistance (TA), and assisting school districts and community clinics in the start-up, implementation, and operation of SBHCs.

PRIORITIZED NEED II: VIOLENCE REDUCTION AND COMMUNITY SAFETY

Violence in the KFH-South Bay community continues to negatively impact the quality of life among residents, especially in high-need areas where poverty, unemployment, high school dropout rates, and homicide rates are most prevalent. As indicated by focus group respondents, perceptions of safety deter individuals from utilizing neighborhood parks and community centers, creating barriers to physical activity. In Los Angeles County, homicide is the leading cause of death among Latinos and African Americans and the second leading cause of death for men. The KFH-South Bay service area

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

accounts for 14.8% of all county homicides among individuals 15 to 24. In 2007, the crude homicide rate for the service area was 9.1, higher than the 2006–2008 county rate (8.9) and significantly higher than the crude state rate (6.4). Homicides per 10,000 people were highly concentrated in the Compton, Gardena, Hawthorne, and Long Beach areas.

KFH-South Bay's violence reduction priority need is in line with and supports the countywide gang and violence reduction strategy "to promote the development of prevention, intervention, and suppression activities aimed at individuals, families and communities associated with gang involvement and juvenile delinquency." One of the four targeted areas includes the Harbor-Gateway area. Successful programs focus on youth already in gangs and those most at risk to join. KFH-South Bay has a proven track record of grant making in the area of violence prevention, particularly incidents fueled by racial tension. In 2007, KFH-South Bay awarded a three-year grant to Toberman Neighborhood Center's Gang Intervention Unit. To date, Toberman has successfully provided case management services, conflict resolution, and peace mediation for up to 80 gang members, 85% of whom became productive citizens.

2013 GOALS

1. Increase youth and young adult participation in programs and services as an alternative to gangs.
2. Reduce the recidivism rate among juvenile first-time offenders.
3. Strengthen collaborative efforts among community organizations, school districts, and local police departments to enhance community safety at local parks and schools.

2013 STRATEGIES

1. Provide financial support to at least one community organization that provides alternatives to gangs for youth and teens through after-school tutoring and mentoring programs, job training and placement programs, or high school GED training courses.
2. Provide grant funding or in-kind donations for community organizations skilled at implementing gang intervention programs that target teens and young adults.
3. Partner with at least one community organization providing crime diversion programs to reduce the rate of recidivism among juvenile first-time offenders.
4. Provide financial support to community organizations that partner with local schools to provide mental health counseling, conflict resolution and mediation, Safe Routes to School (SRTS), and other supportive services targeting middle and high school youth.
5. Support community collaborative efforts among community organizations, school districts, and local police departments to increase safety at local parks or schools.

2013 YEAR-END RESULTS

- Boys & Girls Club of Carson received a \$10,000 grant for its teen programs, including College Bound, an academic support and case management program that helps transition incoming students from Andrew Carnegie and Stephen White middle schools into high school and expose them to the college application process. Offered twice a week, the program includes mentoring, tutoring, workshops, college tours, career exploration, leadership development, and healthy lifestyle/fitness programs. Boys & Girls Club of Carson monitors the number of students served and academic achievement measured by grades, graduation rates, and improvement in academic skills and competencies.
- Centinela Youth Services (CYS), which covers Hawthorne, Lawndale, Gardena, and Carson portions in the KFH-South Bay service area, received a \$12,500 grant to expand its peer mediation program at three Hawthorne high schools. Documented gang members comprise 4.5% (4,000 people) of the city's population, which is eight times the state average. Also, 48% of the city's arrests are young people 14 to 17, and more than 1,200 youth are under probation supervision. To address these issues, CYS empowers youth, referred by school administrators and staff, to become successful, by resolving conflicts and overcoming obstacles. Students are trained to conduct peer mediations to resolve student conflicts. CYS tracks numbers of mediators trained, youth served, suspension and detention rates, arrest and re-arrest rates, and self-reports of improved family relations for families in the Family Mediation program.

- Harbor Area Gang Alternatives Program, a longtime community partner with a track record for evidence-based gang prevention education programs, received a \$10,000 grant for My Gangfree Life. A nationally recognized eight-week program, My Gangfree Life targets 6th graders in Carson, Harbor City/Harbor Gateway, Lomita, San Pedro, and Wilmington. The curriculum includes learning about peer pressure, drugs and alcohol, conflict and anger, staying in school, and the dangers and consequences of joining gangs. The organization tracks the number of students completing the program, knowledge of gangs as measured by pre-and posttests, and the number of at-risk students referred for case management services.
- The nonprofit Long Beach Bar Foundation (LBBF) was established in 1993 as the result of SHORTSTOP, a pilot project of Long Beach Bar Association and the Los Angeles district attorney's office to give first-time juvenile offenders 10 to 17 a second chance. KFHSouth Bay continued funding SHORTSTOP with a \$10,000 grant. Participants (parents and youth) attend two three-hour sessions in a Long Beach courtroom where volunteer attorneys help juveniles understand the legal consequences of their choices. SHORTSTOP aims to improve the lives of youth and guide them toward productive citizenship by providing legal education, strengthening parenting skills, improving family communication, and emphasizing the importance of education. LBBF monitors youth served, including the number of youth who complete the program, families receiving therapy (minimum of 10 sessions), percentage of youth who do not reoffend within 12 months of completing the program, and increased legal education as measured by a pre- and post- tests.
- KFHSouth Bay continued its support for Toberman Neighborhood Center, a San Pedro-based community partner with a successful track record of gang intervention in the Harbor communities, by awarding a \$10,000 grant for Toberman's Leaders in Training (LIT) program, which helps youth develop positive alternatives to gang involvement and related behavior. LIT has three key components: academic support and enrichment (tutoring/homework, enrichment, mentoring younger participants), service learning (hands-on volunteer efforts), and character and leadership development (leadership training, character retreats).
- Kaiser Permanente Southern California Region continues to support projects that increase the pipeline of health professionals by funding academic institutions and community-based organizations to educate and train individuals who are pursuing a career in health care. Charles Drew University of Medicine & Science was awarded \$250,000 to continue a scholarship fund to increase access to health professions education for low-income, underserved students. The fund provides scholarships to students enrolled in Charles Drew University's College of Medicine, College of Science and Health or the Mervyn M. Dymally School of Nursing.
- Kaiser Permanente Southern California Region invests in parks and green spaces in neighborhoods with little to no access to open spaces for recreation and community engagement. The Trust For Public Land received a \$100,000 grant from the donor-advised fund for Parks for People–Los Angeles Program, which works on park projects at various stages and identifying potential green alleys, and Fitness Zones, and greens neighborhood alleys.
- Community Coalition For Substance Abuse Prevention And Treatment was awarded \$90,000 from the donor-advised fund for the Healthy Food and Safe Space Access Project wherein residents are engaged in promoting healthy food and recreation in their community.

PRIORITIZED NEED III: OVERWEIGHT AND OBESITY PREVENTION

Obesity is one of the highest risk factors for developing chronic conditions such as heart disease, cancer, and diabetes. Studies show that increased physical activity and a healthy diet (consumption of fresh fruits and vegetables) is the best method of preventing obesity and chronic disease. Overweight and obesity is a major concern for individuals in the KFHSouth Bay service area, with the most concentrated area of obesity in Wilmington followed by San Pedro, North Long Beach, West Compton, Hawthorne, and Gardena. Focus group respondents pointed to obesity as a major concern in the service area, particularly among African American and Latino communities.

South Bay did not meet the Healthy People 2010 objective to increase the proportion of adults at a healthy weight to 60%. Since 2005, the overall percentage of obesity among South Bay adults increased by almost 3%, with more than one in four South Bay adults falling into the obese category based on a BMI (body mass index) of 30 or higher. Some 60% of South Bay

adults were overweight and obese compared to 37.6% of adults with normal weight. When compared to Los Angeles County (63.5%), more South Bay adolescents 14 to 17 (71.3%) were engaged in physical activity at least three days per week; however, these gains did not meet the Healthy People 2010 objective of 85%. Notable improvements were shown in aerobic capacity and body composition for HFZ measures among 5th, 7th, and 9th graders from 2005—2006 to 2008—2009. Yet disparities were evident when comparing more affluent school districts to less affluent districts. For example, students in Hawthorne and Los Angeles unified school districts continue to have the lowest HFZ scores, making the two school districts targets for physical fitness opportunities for middle and high school youth.

South Bay residents in Compton, Carson, Gardena, and parts of Long Beach were less likely to eat five or more servings of fruits and vegetables per day; 44.6% of children 5 to 11, 48.7% of adults 18 and older, and only 16% of adolescents 12 to 17 reported eating five or more servings per day. Focus group participants identified lack of access to affordable, healthy foods, and lack of nutrition education as major barriers to healthy food consumption.

2013 GOALS

1. Increase access to culturally competent healthy lifestyle education and fitness programs.
2. Increase physical activity among children and adults in geographic areas with the highest concentrations of obesity.
3. Increase access to and consumption of fresh fruits and vegetables among children and adults in geographic areas with the highest concentrations of obesity.
4. Decrease consumption of high-calorie snacks and foods in local schools and neighborhoods.

2013 STRATEGIES

1. Provide grant funding for at least one community organization and/or public health district with experience in culturally and linguistically appropriate healthy lifestyle education (nutrition) and weight-management programs.
2. Provide grant funding for at least one community organization and/or public health district with experience in providing opportunities for communities to engage in physical fitness such as walking clubs, fitness zones in local parks, and exercise classes for children and adults.
3. Provide grant funding for at least one community organization and/or public health district with experience in increasing access to fresh fruits and vegetables.
4. Provide grant funding for at least one community organization and/or public health district with experience in promoting and providing more access to healthy choices (low-calorie drinks and foods).
5. Provide in-kind donations such as health education materials, staff contributions, or financial support for a local school partnership that engages youth in physical fitness instruction and nutrition education.

2013 YEAR-END RESULTS

- KFH-South Bay partners with local school districts to address obesity among children and teens. Hawthorne School District received a \$10,000 grant to improve physical fitness levels among children in the district's after-school program, Academic Lifelong Learning, by providing Zumba classes for K—8 students. At the end of the grant period, the district will report on the number of students meeting the recommended 30 to 60 minutes of daily physical activity, participation levels in the Zumba classes, and anecdotal information from students' pre- and post- surveys.
- KFH-South Bay awarded Foodbank of Southern California an \$11,995 grant for its Healthy Choices program, which aims to increase access to fresh fruits and vegetables for low-income individuals and to promote healthy food choices at more than 200 community-based partner agencies in the KFH-South Bay service area. The food bank distributes fresh produce, canned chicken/tuna, rice, low-sodium canned vegetables, canned fruit packed in its own juice with no sugar added, and other nutrient-dense foods. Partner agencies also receive collateral material on healthy eating as well as training on food storage and handling. At the end of the grant period, the food bank will report on the amount of fresh produce distributed, the number of new partnerships created with community agencies, and the number of hits on the food bank's healthy eating videos webpage.

- The YMCA has a long history of health intervention programs, including Salsa, Sabor Y Salud, which brings family health and wellness to diverse communities. Developed by the National Latino Children's Institute, the multi-week curriculum delivers culturally appropriate nutrition education and physical activity opportunities to Latino families. A KFH-South Bay grant of \$10,000 supports the implementation of this program in Wilmington, a primarily Spanish-speaking, low-income community where 41% of children are obese. At the end of the grant period in June 2014, YMCA will report on the number of families served, the percentage of participants who self-report that the family tried one new food or recipe each week, the percentage of participants showing a decrease in waist measurements and/or weight, and the percentage of participants who self-report physical activity for 20 minutes at least three times per week.
- KFH-South Bay continued funding for Inglewood Community Services Corporation's Be Well, a weight management program. A \$10,000 grant supports the salaries of a registered dietician and exercise instructor to administer nutrition and fitness classes for seniors 60 and older who are at risk for chronic disease. At the end of the grant period, the grantee will report on the percentage of participants who lose at least five pounds, increased knowledge of weight reduction and maintenance behaviors, increased physical activity levels, and increased chronic disease management.
- KFH-South Bay has a long standing partnership with the Boys and Girls Clubs of the South Bay, having provided the seed funding in 1989 to bring a club site to Harbor City. KFH-South Bay awarded \$10,000 for Triple Play, a signature Boys and Girls Clubs of America program that improves healthy eating habits and physical activity and promotes healthy relationships. At the end of the grant period, the organization will demonstrate participants improved knowledge of food and nutrition, increased physical activities measured, and improved social skills, as measured by pre- and post-tests. KFH-South Bay Assistant Medical Center Administrator Jeff Moses is on the Boys and Girls Club board of directors and has played an active role in promoting club fundraising activities, including a run/walk and holiday toy drive.
- KFH-South Bay created a new partnership with Enrich LA, an environmental non-profit that builds edible gardens in Los Angeles-area public schools to address the rising obesity rates among youth. A \$10,000 grant will renovate and expand a garden, including installation of a new sprinkler system and outdoor kitchen at Juan Cabrillo High School and provide a new garden with raised garden beds, picnic tables, and an outdoor kitchen at Harbor Teacher Prep. The schools' Home and Garden Economics programs engage students in an outdoor learning environment to teach them about nutrition, disease prevention, and preparation of nutritious snacks. At the end of the grant period, EnrichLA will report on hours of weekly instruction, increased access to fresh fruits and vegetables, and perceptions of healthy lifestyles.
- Kaiser Permanente Southern California Region's Healthy Eating Active Living (HEAL) Zone initiative supports site-specific collaboratives, composed of multisector representatives from cities, school districts, community clinics, and nonprofit organizations, to develop and implement evidence-based and prevention-oriented environmental strategies focused on reducing obesity rates in their communities. The strategies aim to transform communities so that residents are exposed to multiple opportunities for engaging in healthy behaviors (e.g., availability of bike lanes, farmers markets, parks, etc.) In 2013, City of Long Beach Department of Health and Human Services received \$250,000 from the donor-advised fund.
- Healthy Options, Healthy Meals (HOHM) is a funding strategy that focuses on healthy food banking, characterized by food banks increasing donations/purchases/distribution of more health promoting foods and decreasing donations/purchases/distribution of less healthful foods, such as snacks, sweets, and sugar-sweetened beverages. The primary goal of HOHM is to support sustainable policy and practice changes to assist food banks in gathering and distributing healthier foods. In the KFH- South Bay service area, Los Angeles Regional Food Bank received \$95,000 over two years (\$47,500 from the donor advised fund in 2013).

Table 1

KAISER FOUNDATION HOSPITAL-SOUTH BAY

2013 Key Community Benefit Program Metrics

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

Charity Care: Medical Financial Assistance Program recipients	3,158
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Other Plan members	162
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	1,510
Medi-Cal managed care members	11,056
Healthy Families Program members	1,321
Community Surgery Day patients	16
Health Research projects (new, continuing, and completed)	16
Nursing Research projects (new, continuing, and completed)	5
Educational Theatre – number of performances and workshops	113
Educational Theatre – number of attendees (students and adults)	19,630
Graduate Medical Education – number of programs	5
Graduate Medical Education – number of affiliated and independent residents	82
Nurse practitioner and other nursing training and education beneficiaries	5
Deloras Jones nursing scholarship recipients	13
Other health professional training and education (non-MD) beneficiaries	27
Hippocrates Circle students	54
Summer Youth and INROADS programs participants	29
Number of 2013 grants and donations made at the local and regional levels ¹	137

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

Table 2

**KAISER FOUNDATION HOSPITAL-SOUTH BAY
 COMMUNITY BENEFIT RESOURCES PROVIDED IN 2013**

	2013 Totals
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$9,934,437
Healthy Families ²	370,069
Charity care: Charitable Health Coverage programs ³	584,806
Charity care: Medical Financial Assistance Program ⁴	7,068,624
Grants and donations for medical services ⁵	257,479
Subtotal	\$18,215,415
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁶	\$0
Educational Outreach Program	0
Summer Youth and INROADS programs ⁷	57,798
Grants and donations for community-based programs ⁸	316,218
Community Benefit administration and operations ⁹	465,543
Subtotal	\$839,559
Benefits for the Broader Community¹⁰	
Community health education and promotion programs	\$62,007
Educational Theatre	467,155
Facility, supplies, and equipment (in-kind donations) ¹¹	0
Community Giving Campaign administrative expenses	8,502
Grants and donations for the broader community ¹²	28,227
National board of directors fund	16,366
Subtotal	\$582,257
Health Research, Education, and Training	
Graduate Medical Education	\$406,269
Non-MD provider education and training programs ¹³	554,899
Grants and donations for the education of health care professionals ¹⁴	33,125
Health research	436,332
Continuing Medical Education	0
Subtotal	\$1,430,625
Total Community Benefits Provided	\$21,067,856

ENDNOTES

- ¹ Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- ² Amount includes hospital-specific, unreimbursed expenditures for Healthy Families members on a cost basis. Healthy Families program represents partial year as program ended in 2013, and children transferred into Medi-Cal.
- ³ Amount includes hospital-specific, unreimbursed expenditures for Other Plan members and unreimbursed inpatient expenditures for Kaiser Permanente Child Health Plan subsidy on a cost basis.
- ⁴ Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance and Indigent Care programs on a cost basis.
- ⁵ Figures reported in this section for grants and donations for medical services consist of charitable contributions to community clinics and other safety-net providers; community health partnerships and collaboratives; and special Request for Proposals to support specific health issues such as childhood obesity, asthma, etc. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ⁶ Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Los Angeles, KFH-West Los Angeles, and KFH-Downey.
- ⁷ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Summer Youth students hired.
- ⁸ Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonmedical needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ⁹ The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- ¹⁰ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a number of related denominators such as the number of Educational Theatre performances or health education programs.
- ¹¹ Amount represents the estimated value of donated surplus office and medical supplies, equipment and furniture, promotional items and giveaways, in-kind services such as printing, mailings, multimedia production, etc., and conference and meeting room usage, as recorded in the MicroEdge GIFTS database.
- ¹² Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ¹³ Amount reflects the net expenditures after tuition reimbursement for health professional education and training programs.
- ¹⁴ Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, etc. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2013 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY

The KFH-South Bay 2013 Community Health Needs Assessment (CHNA) is posted on the Internet at <http://share.kaiserpermanente.org/article/community-health-needs-assessments-3/>. A detailed explanation of the CHNA process is included in the introductory section (Chapter IV) of the full SB 697 report.

IDENTIFIED HEALTH NEEDS FOR THE KFH-SOUTH BAY SERVICE AREA

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

- Access to care
- Mental health
- Preventive health
- Physical activity
- Overweight/obesity
- HIV/AIDS
- Community safety/violence
- Dental health
- Diabetes
- Nutrition/health eating
- Cardiovascular disease
- Asthma

HEALTH NEEDS THAT KFH-SOUTH BAY PLANS TO ADDRESS

1. 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.

Such access is important for health equity and for increasing the quality of a healthy life. Health care access is a key to early detection of illnesses, chronic disease management, and reduction of emergency room and hospital usage (Healthy People 2020). In the KFH-South Bay service area, 18.9% of residents are uninsured, compared to a statewide rate of 17.9% (American Community Survey, 2008-2010) and 13.1% of the population lives in a health professional shortage area (HPSA), compared to 13.8% statewide. There are 17 health care facilities designated as HPSAs, defined as having shortages of primary medical care, dental or mental health providers.

Higher income and educational attainment are positively associated with access to care (National Institutes of Health). Among the residents in the KFH-South Bay service area, 14.1% are at or below 100% of the federal poverty level (FPL) and 33.3% are at or below 200% FPL. In California, 13.7% of residents are at or below 100% FPL and 32.8% are at or below 200% FPL. In addition, 18.3% of individuals over age of 25 in the KFH-South Bay service area do not have a high school diploma, compared to 19.3% statewide (American Community Survey, 2006-2010).

Residents with a medical home and access to a primary care provider have improved continuity of care. Among residents in the KFH-South Bay service area, more than 90% of children have a usual source of care. Among adults 18 to 64 in SPA 6, 68.7%, and SPA 8, 80.5% have a usual source of care compared to 81.5% statewide. And 86.3% of seniors in SPA 6, and 97.5% in SPA 8 have a usual source of care compared to 95% statewide (California Health Interview Survey (CHIS), 2009).

Dental Care:- 15.7% of children in SPA 6 and 10.9% in SPA 8 had never been to a dentist. In SPA 8, 1.3% of teens had not been to a dentist, but data indicate there were no teens who had never been to the dentist in SPA 6. For

households that delayed dental care for children and teens, not being able to afford care or not having dental insurance coverage were the main reasons. In the past year, 12% of children and 75.3% of teens in SPA 6 had not visited the dentist for these reasons, compared to 6.5% of children and 31.4% of teens in SPA 8.

Mental Health Care - Among adults, 14.8% in SPA 6 and 7.1% in SPA 8 experienced serious psychological distress in the past year. In SPA 6, 13.2% of adults and 26.4% of teens needed help for mental health problems, compared to 13.5% of adults and 15.5% of teens in SPA 8.

Health care access is a key requirement for early detection of illness, chronic disease management and reduction of emergency room and hospital usage. There are a number of barriers to care: cost, lack of insurance, lack of a medical home, and transportation.

2. NUTRITION/HEALTHY EATING

Healthy eating and nutrition programs promote healthy body weight and help maintain chronic disease risk. A goal for good nutrition among vulnerable populations is to eliminate hunger and increase access to nutrient dense, healthy food (Healthy People 2020). The KFH-South Bay service area suffers from diseases and conditions that are directly linked to nutrition and eating habits. Both SPA 6 and SPA 8 have a large population of low-income residents, which creates barriers to accessing nutritious food.

Fast Food Access and Consumption - KFH-South Bay service area residents have an access rate of 78.9 fast food restaurants per 100,000 persons; higher than the state rate of 69.4 (U.S. Census ZIP Code Business Patterns, 2009): 21.9% of residents in SPA 6 and 22.9% in SPA 8 consume fast food 3-4 times a week compared to the state rate of 19.6%. Adults 18 to 64, consume fast food at higher rates than youth or seniors. SPA 8 has higher rates of fast food consumption among teens and seniors when compared to SPA 6 and the state.

Overweight/Obesity - In SPAs 6 and 8, more than one-third of adults are overweight, similar to the state rate of 33.6%. 16.3% of teens in SPA 8 and 11.3% in SPA 6 are overweight, slightly lower than the state rate of 16.7%. And 19% of children in SPA 8 and 11.8% in SPA 6 are overweight, above the state rate of 11.5% (CHIS, 2009). In Compton, Gardena, Hawthorne, and Lawndale, more than one-quarter of adults are obese. Compton, Gardena, Lomita and Signal Hill have the highest rates of youth obesity, up to 29%, exceeding the Healthy People 2020 objective of 14.6% (Los Angeles County Department of Public Health, 2011).

3. PHYSICAL ACTIVITY

According to Healthy People 2020, more than 80% of adults and adolescents in the U.S. do not meet the guidelines for aerobic and/or muscle-strengthening activities. Regular physical activity can improve the physical and mental health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Personal, social, economic, and environmental factors all play a role in physical activity levels. Physical activity plays a key role in overweight and obesity levels and in the development and management of chronic diseases.

In the KFH-South Bay service area, 70% of youth visited a park, playground or open space. However, 15.2% of children and 14.4% of teens in SPA 6, and 4.4% of children and 15.7% of teens in SPA 8 did not engage in physical activity during the week; compared to 11.8% of children and 16.2% of teens statewide. Among adults, 78.8% in SPA 6 and 79.3% in SPA 8 walked for transportation, fun, or exercise. This is higher than the state rate of 77.2%. Among KFH-South Bay service area residents, 14.1% are at or below 100% of the federal poverty level (FPL) and 33.3% are at or below 200% FPL. In addition, 18.3% of individuals over 25 in the KFH-South Bay service area do not have a high school diploma, compared to 19.3% statewide (American Community Survey, 2006-2010).

The KFH-South Bay service area has high obesity, cardiovascular disease, and diabetes rates that are impacted by lack of exercise. The population in the KFH-South Bay service area has better access to parks and recreation facilities than other areas in California; however, the safety of these areas is a consideration.

4. PREVENTIVE HEALTH CARE

Health care preventive services include cancer and chronic disease screening and scheduled vaccines and immunizations. Preventive care reduces death and disability and improves health. These services prevent and detect illnesses and diseases—from flu to cancer—in earlier, more treatable stages, significantly reducing the risk of illness, disability, early death, and medical care costs for individuals and the community (Healthy People 2020).

Flu and Pneumonia Vaccines - Seniors tend to receive flu vaccines at higher rates than adults or youth. Among seniors, 42.9% in SPA 6 and 62.4% in SPA 8 received a flu shot. Adults received flu shots at a lower rate – 25.3% in SPA 6 and 30.9% in SPA 8. 42.3% of children in SPA 6 received a flu shot, and of these, 45.9% received the vaccine at a community clinic. 53.5% of children in SPA 8 received a flu vaccine, and of these, 48.6% received the vaccine at a doctor's office or HMO.

Mammograms and Pap Smears - The Healthy People 2020 objective for mammograms is that 81.1% of women 40+ years have a mammogram within the past two years. The rate is 72% in SPA 6 and 73.3% in SPA 8, compared to the California rate of 73.7%. The Healthy People 2020 objective for pap smears in the past three years is 93%; the rate is 88.3% in SPA 6 and SPA 8, 84.8%, compared to the California rate of 84.4% (Los Angeles County Department of Public Health, 2007).

Colorectal Cancer Screening - In SPA 6, 67.1% of adults had the recommended screening for colorectal cancer. In SPA 8, the rate of compliance is 79.1%, exceeding the Healthy People 2020 objective of 70.5% and the California rate of 78%. Of adults advised to obtain a screening, 57.9% in SPA 6 and 70.1% in SPA 8 were compliant at the time of the recommendation, compared to 68.1% of Californians (CHIS, 2009). We will continue to support the positive success of colorectal cancer screening in our service area.

Diabetes - 15.8% of adults in SPA 6 and 12.4% in SPA 8 have been diagnosed with diabetes. For adults with diabetes, 67% in SPA 6 and 52.1% in SPA 8 are very confident they can control their diabetes, and 70% in SPA 6 and 85.4% in SPA 8 have a diabetes management care plan. However, over half of the diabetics in SPA 6 (51.2%) have not had a foot exam, and 17.4% have never had an HgA1c test. In SPA 8, 18.8% of diabetics have not had a foot exam and 9.5% have never had an HgA1c test.

Cardiovascular Disease - 5% of adults in SPA 6 and 6.8% in SPA 8 have been diagnosed with heart disease. Among these adults, 36.3% in SPA 6 are very confident they can manage their condition and 51.7% have a management care plan developed by a health care professional. SPA 8 adults with heart disease indicate more confidence in controlling their condition (65.9%), and 62.9% have a care management plan.

Access to care is a factor in obtaining preventive services. In SPA 6, 26.4% and SPA 8 12.8% of the population is uninsured, compared to 14.5% in California (American Community Survey, 2006-2010). If insurance coverage by SPA is examined by age group, adults 18 to 64 have the highest rate of uninsured (CHIS, 2009).

Preventive care is necessary to reduce death, disease, and disability. Access to health insurance coverage and a usual source of care help to assure that preventive services are available and provided. The KFH-South Bay service area has rates of compliance with flu shots, pneumonia vaccines, Pap smears, and mammograms that are below the Healthy People 2020 objectives; however, adults in SPA 8 exceed the recommended Healthy People 2020 objective for colorectal cancer screening.

5. VIOLENCE PREVENTION AND COMMUNITY SAFETY

Community violence is pervasive, especially in lower-income urban areas. Socioeconomics and crime interconnect and contribute to community violence. High rates of crime and violence impact families' feelings of safety and tend to reduce community interaction and outside physical activities (National Center for Children Exposed to Violence).

Crime and Violence – Violent crimes include homicide, rape, and assault. In the KFH-South Bay service area, Compton (1,375.8), Hawthorne (774.7), and Lawndale (695.8) have the highest violent crime rates per 100,000 persons. The

service area's homicide rate is 10.2 per 100,000 persons (age-adjusted, averaged over three years, 2008-2010), nearly double the California rate (5.2) and the Healthy People 2020 objective (5.5) (California Department of Public Health, 2008-2010). According to the CDC, there are a number of individual, family, peer, and community risk factors that can foster violence, including low-income, poor academic performance, diminished economic opportunities, and involvement with alcohol or drugs.

Violence was identified as being a community issue and concern among participants in interviews and focus groups. The KFH-South Bay service area has high rates of violence and homicide. Various socioeconomic factors contribute to violence and injuries, such as drug and alcohol use, unemployment, and education. Community input noted the need for social services such as vocational training and mental health services as preventive measures.

Poverty – In 2010, the federal poverty level for one person was \$10,830 and for a family of four \$22,050 (U.S. Census, 2010). Among the residents in the KFH-South Bay service area, 14.1% are at or below 100% FPL and 33.3% are at 200% or below FPL. These rates of poverty are higher than found in the state (13.7% and 32.8%) (American Community Survey, 2006-2010).

Education – 18.3% of individuals over age 25 in the KFH-South Bay service area do not have a high school diploma, compared to 19.3% statewide (American Community Survey, 2006-2010).

6. BROADER HEALTH CARE DELIVERY 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 which 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-South Bay 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 of the number of medically underserved who have access to appropriate health care services.

INTERMEDIATE GOALS

- Increase access to primary care.
- Increase access to specialty care/diagnostics.
- Provide case management for medically underserved patients who are frequent users of the ER for non-urgent cases and hospital inpatient services.
- Increase health care coverage among vulnerable populations.
- Improve timely access to needed medical care.
- Reduce workforce shortages.

STRATEGIES

Programs and Services

- Participate in government-sponsored programs for low-income individuals (i.e., Medi-Cal Managed Care and Medi-Cal Fee-For-Service).
- Provide comprehensive care pursuant to highly subsidized health care coverage to children in families with income up to 300% FPL who lack access to employer-subsidized coverage and do not qualify for public programs because of immigration status or family income.
- Provide Medical Financial Assistance (MFA or charity care).
- Continued support of youth pipeline programs (i.e., Summer Youth and INROADS) to introduce diverse, under-represented, school-age youth and college students to careers in health care.
- Continue to support physician training programs (i.e., Graduate Medical Education) to enhance the capacity of the health care workforce to provide quality health care services.

Community Investments

- Provide grants and in-kind donations to community clinics, dental care and mental health care providers to support access to care.

Leveraging Organizational Community Assets

- Partner with community clinic(s) to implement Kaiser Permanente Cares, a physician community engagement program.

- Partner with Southern California Permanente Medical Group (SCPMG) to host a community access program providing free surgical and/or specialty care services.
- Develop, plan, and initiate provision of diagnostic services (e.g. colonoscopies, DEXA- Dual-energy x-ray absorptiometry, x-rays) for community clinic patients.
- Provide sports medicine physical screenings for youth participating in athletic programs.
- Devise and propose a plan for the patient navigator program to provide case management for medically indigent patients with high emergency room and hospital inpatient use for non-urgent cases.

EXPECTED OUTCOMES

- Increased number of underserved service area residents that have a medical home.
- Increased availability of specialty care and diagnostic services for the medically uninsured or underinsured.
- Connect needed resources for medically uninsured and underinsured patients with a high volume of non-urgent cases.
- Increased number of eligible individuals enrolled in government-sponsored and/or subsidized health care coverage programs.
- Increased number of underserved populations who receive needed primary and/or specialty care medical services.
- Improved diversity of trained physicians.

PRIORITY HEALTH NEED II: HEALTHY EATING AND PHYSICAL ACTIVITY

LONG-TERM GOAL

- Decrease overweight and obesity and chronic disease.

INTERMEDIATE GOALS

- Increase healthy eating among residents in the Long Beach/South Bay/Harbor areas.
- Increase active living among residents of the service area.

STRATEGIES

Community Investments

- Provide grants and in-kind donations to community organizations that will carry out evidence-based interventions to increase availability and awareness of healthy foods and increase physical activity.

Leveraging Organizational Assets

- Promote Everybody Walks in a local city or nonprofit program/service.
- Partner with Kaiser Permanente dietitians/master gardeners to provide technical assistance (TA)/training to utilize school and local garden fruits and vegetables in cafeteria meals.
- Partner with Kaiser Permanente health educators to promote classes (e.g., cooking, lifestyle weight management) in the community.
- Continue to offer our farmers' market program on the hospital campus to provide access to largely locally produced fresh fruits and vegetables and to educate the public on the benefits of healthy eating and active living. Share farmers' market model and resources with local cities and/or community partner/s interested in establishing a farmers' market in a low-income area or food desert.
- Explore opportunities to provide Kaiser Permanente resources (consultation, volunteers) for park/open space redesign.

Collaboration and Partnerships

- Participate in Healthy Eating Active Living (HEAL) collaborative, involving pediatric obesity champion.

EXPECTED OUTCOMES

- Increased knowledge of healthy food choices.
- Improved healthy eating behaviors.
- Increased access to healthy foods.
- Increased availability of community-based physical activity opportunities.

PRIORITY HEALTH NEED III: PREVENTIVE HEALTH CARE

LONG-TERM GOAL

- Reduce preventable health problems.

INTERMEDIATE GOAL

- Increase access to preventive care in the community.

STRATEGIES

Community Investments

- Provide grants and in-kind donations to community organizations to address preventive care.

Leverage Organizational Assets

- Partner with SCPMG to provide continuing medical education and continuing education sessions for community clinic providers.
- Partner with SCPMG doctors to share care management model with community clinic doctors.
- Provide health education resources (literature/classes) and preventive health screenings in the community.

EXPECTED OUTCOMES

- Increased identification and treatment of health problems through community clinicians' use of preventive care best practices and disease management.
- Increased individual compliance with preventive care recommendations.

PRIORITY HEALTH NEED IV: VIOLENCE PREVENTION AND COMMUNITY SAFETY

LONG-TERM GOAL

- Reduce violence among high-risk populations.

INTERMEDIATE GOALS

- Create safe environments where people can live, work and go to school.

STRATEGIES

Programs and Services

- Connect Kaiser Permanente Educational Theatre resources and/or presentations to local schools with high-risk populations and/or high percentages of students who qualify for the free or reduced priced lunch program.

Community Investments

- Provide grants and in-kind donations to community organizations.

Leverage Organizational Assets

- Partner with community organizations and cities to provide TA, expertise and support (data analysis, volunteers, board membership, etc.) for violence prevention programs.
- Host in-service sessions around intimate partner violence/domestic violence/sexual assault screening protocols for community clinics and health and human service agencies.

EXPECTED OUTCOMES

- Reduction in high-risk behaviors that can lead to violence.

PRIORITY HEALTH NEED V: WORKFORCE

LONG-TERM GOAL

- Address health care workforce shortages and cultural and linguistic disparities in the health care workforce

INTERMEDIATE GOAL

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

STRATEGIES

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

EXPECTED OUTCOMES

- Increased number of diverse youth entering health care workforce educational and training programs and health careers
- Increased number of culturally and linguistically competent and skilled providers

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

PRIORITY HEALTH NEED VI: RESEARCH

LONG-TERM GOAL

- Increase awareness of the changing health needs of diverse communities

INTERMEDIATE GOAL

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

STRATEGIES

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

EXPECTED OUTCOMES

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

