



# Kaiser Foundation Hospital – Southern California Region

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

## WOODLAND HILLS





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# INTRODUCTION

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

## DEVELOPMENT OF A CONSOLIDATED COMMUNITY BENEFIT PLAN

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

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

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

## CONTENTS OF THE COMMUNITY BENEFIT PLAN

### CHAPTER I: HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

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

### CHAPTER II: MISSION STATEMENT AND COMMITMENT TO THE COMMUNITY

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

### CHAPTER III: COMMUNITY BENEFIT PROVIDED IN 2013

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

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

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

# CHAPTER I: HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

## HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

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

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

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

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

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

### NATIONAL STRUCTURE

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

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

### REGIONAL STRUCTURE IN CALIFORNIA

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

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

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

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

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

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

## **KAISER FOUNDATION HOSPITALS IN CALIFORNIA**

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

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

## ***MEDICAL OFFICE BUILDINGS***

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

## CHAPTER II: MISSION STATEMENT AND COMMITMENT TO THE COMMUNITY

### MISSION STATEMENT

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

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

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

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

### NATIONAL COMMITMENT TO COMMUNITY BENEFIT

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

We focus our work on three broad areas:

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

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

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

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

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

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

## **KAISER PERMANENTE'S COMMITMENT TO COMMUNITY BENEFIT IN CALIFORNIA**

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

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

## CHAPTER III: COMMUNITY BENEFIT PROVIDED IN 2013

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

### METHODOLOGY

#### DEFINITION OF COMMUNITY

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

#### CATEGORIZATION OF SERVICES

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

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

#### DOCUMENTATION AND ALLOCATION OF EXPENDITURES

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

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

Resource allocations are reported, as follows:

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

### SUMMARY OF KAISER FOUNDATION HOSPITALS COMMUNITY BENEFIT

#### STATEWIDE BENEFITS

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

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

## **BENEFITS BY HOSPITAL SERVICE AREA**

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

## **DESCRIPTION OF COMMUNITY BENEFIT PROGRAMS AND SERVICES**

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

### **MEDICAL CARE SERVICES FOR VULNERABLE POPULATIONS**

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

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

#### **MEDI-CAL**

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

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

#### **HEALTHY FAMILIES PROGRAM**

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

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

### **CHARITABLE HEALTH COVERAGE PROGRAMS**

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

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

### **MEDICAL FINANCIAL ASSISTANCE**

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

### **GRANTS AND DONATIONS FOR MEDICAL CARE SERVICES**

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

### **OTHER BENEFITS FOR VULNERABLE POPULATIONS**

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

### **KAISER PERMANENTE EDUCATIONAL OUTREACH PROGRAM**

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

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

### **KAISER PERMANENTE WATTS COUNSELING AND LEARNING CENTER**

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

### **YOUTH EMPLOYMENT PROGRAMS**

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

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

### **GRANTS AND DONATIONS FOR COMMUNITY-BASED PROGRAMS**

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

### **BENEFITS FOR THE BROADER COMMUNITY**

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

## COMMUNITY HEALTH EDUCATION AND HEALTH PROMOTION PROGRAMS

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

### KAISER PERMANENTE EDUCATIONAL THEATRE (KPET)

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

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

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

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

In SCR in 2013, 213,635 children and adults attended one of 1,377 KPET performances. For the past several years, KPET has provided 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

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

See endnotes on the following page.

## ENDNOTES

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

**Table B**

**KAISER FOUNDATION HOSPITALS IN CALIFORNIA**

**HOSPITAL SERVICE AREA SUMMARY TABLE**

**COMMUNITY BENEFITS PROVIDED IN 2013**

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

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



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

### INTRODUCTION

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

### COMMUNITY HEALTH NEEDS ASSESSMENT

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

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

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

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

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

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

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

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

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

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

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

## **COMMUNITY BENEFIT PLAN DEVELOPMENT**

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

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

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

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

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

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

## **OUTLINE OF HOSPITAL SECTION**

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

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

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



## KAISER FOUNDATION HOSPITAL (KFH)-WOODLAND HILLS

5601 De Soto Avenue  
 Woodland Hills, CA 91367  
 (818) 719-4121

The KFH-Woodland Hills service area includes the west end of the San Fernando Valley and Ventura County, including the communities of Agoura, Calabasas, Camarillo, Canoga Park, Chatsworth, Encino, Fillmore, Moorpark, Newbury Park, Northridge, Oxnard, Porter Ranch, Reseda, Santa Paula, Sherman Oaks (west), Simi Valley, Tarzana, Thousand Oaks, Topanga, Ventura, Winnetka, and Woodland Hills.

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

Total population:	1,890,622
Median age:	35
Median household income:	\$42,500
Percentage living in poverty:	17%
Percentage uninsured:	19.5%

Latino:	41%
Caucasian:	40%
Asian and Pacific Islander:	11%
African American:	4%
Other:	4%

### KEY FACILITY STATISTICS

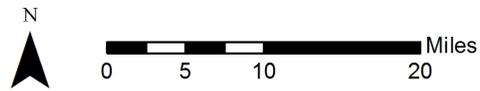
Year opened:	1986
KFH full-time equivalent personnel:	910
KFHP members in KFH service area:	214,920

Total licensed beds:	262
Inpatient days:	42,350
Emergency room visits:	39,080

### KEY LEADERSHIP AT KFH-WOODLAND HILLS

Michael Carter	Executive Director
Richard Trogman	Chief Operating Officer
Marilou Cheung	Area Finance Officer
Shirley Suda, MD	Area Medical Director
Gail Knight	Chief Administrative Officer
Susan Ng	Director, Public Affairs and Brand Communications
Jennifer Lopez	Community Benefit Health Manager

### KFH Woodland Hills Medical Center Service Area\*



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

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

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



# THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

## 2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

KFH-Woodland Hills conducted the 2010 CHNA in collaboration with Valley Care Community Consortium (VCCC), whose vision statement is the motivating force behind all joint projects and program development: “All residents of the San Fernando and Santa Clarita valleys will have access to comprehensive and coordinated health care to allow them to live and work as active participants in their communities.” KFH-Woodland Hills supported the CHNA process by participating in surveys and planning meetings. *Assessing the Community’s Needs: A Triennial Report on the San Fernando and Santa Clarita Valleys* was published in June 2010. VCCC aims to provide organizations, institutions, social service agencies, government offices, and individual communities with an overview of the San Fernando and Santa Clarita valleys that make up Service Planning Area (SPA) 2. CHNA findings serve as a chronology and index of health needs and issues prevalent among populations, including children 0 to 17, adults 18 to 64, seniors 65 and older, poor/low income, and medically indigent/uninsured. As in prior years, the CHNA focused on collecting primary and secondary data that were relevant to the purpose of the investigation.

## KEY FINDINGS FROM THE 2010 CHNA

Based on a review of the primary and secondary data collected, the key findings for the service area are as follows:

### *Health and Preventive Health:*

- Affordable and accessible mental health services and prevention programs for low-income, homeless, and undocumented individuals and families are needed.
- More training is needed for workers to be culturally sensitive and language appropriate.
- Chronic disease prevention and intervention at an early age and affordable or low-cost medication for individuals with chronic disease(s) are needs.
- Early childhood dental prevention programs and low-cost dental services for the uninsured and disadvantaged are needed.

### *Mental Health:*

- Attention-deficit/hyperactivity disorder was the number-one diagnosis for children; major depressive disorders and schizophrenia were the two leading diagnoses for adults and seniors.

### *Advocacy:*

- Advocacy for public policy change for universal health coverage and more clinics accepting subsidized health insurance were identified as needs.

### *Hospital Admissions:*

- For children 0 to 17 and adults 18 to 64, the number-one reason for hospital admissions was pregnancy and childbirth-related diagnoses; the number-one reason for hospital admissions for seniors 60 and older was heart failure.

### *Housing:*

- Housing financial assistance programs for low- to middle-income families and seniors and sufficient transitional housing for the homeless, reentry populations, and substance abusers are needed.

## PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-WOODLAND HILLS SERVICE AREA

1. Access to health insurance coverage and health care services
2. Healthy eating and active living
3. Develop and disseminate knowledge

## 2012 YEAR-END RESULTS

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

Nearly 2 million Californians lost their health insurance in 2008 and 2009, years characterized by a deep recession and massive layoffs, bringing the total number of uninsured in the state to more than 8 million, according to estimates from the UCLA Center for Health Policy Research, which stressed that uninsured rates may have risen further since the data were collected in 2007. Los Angeles County legislative districts have the highest rates of uninsured residents 0 to 64. In 2009, SPA 2 had a total of 405,348 uninsured residents, including 382,387 in the San Fernando Valley. Among SPA 2's uninsured population, 86% was 18 to 64, 13% was under 18, and 1% was 65 and older. More than 383,000 residents enrolled in Medi-Cal and 221,000 residents enrolled in Medicare. According to the Department of Public Social Services (DPSS) 2009 data, 1,389,211 Medi-Cal cases benefited 3,015,953 persons in the San Fernando Valley. In 2009, about 2 million residents in Los Angeles County were eligible for Medi-Cal; 55% were female and 45% were male. Among all SPAs in Los Angeles County, SPA 2 had the highest percentage (18%) of Medi-Cal eligible individuals.

#### 2012 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.

#### 2012 STRATEGIES

1. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and Kaiser Permanente Child Health Plan); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.
2. Provide charity care through the Medical Financial Assistance (MFA) program and maximize efficiencies.
3. Provide grant funding and in-kind resources to organizations that provide and/or support primary care, specialty care, and preventive care services in underserved areas.

#### 2013 YEAR-END RESULTS

- Northeast Valley Health Corporation received \$40,000 over two years (\$20,000 in 2013) to provide care coordination to 59 high-risk patients (seniors and people with disabilities). Care coordination included 35 patients who were referred to specialty care, three of whom received durable medical equipment, and two homeless patients who received housing, food, and transportation.
- United Way of Ventura County received \$40,000 over two years (\$20,000 in 2013) to advance the oral health of Ventura County children through formation of the Ventura County Children's Oral Health Collaborative. The collaborative has developed a strategic plan that includes vision and mission statements and eight goals to improve access to dental treatment with prevention services for children.
- Caregivers Volunteers Assisting the Elderly (CVAE) received \$40,000 over two years (\$20,000 in 2013) to recruit and train 10 new volunteers. These funds have helped develop a peer-to-peer calling program for homebound seniors who benefit from the social interaction of being phone friends. As phone friends continues to grow, connecting more isolated seniors, CVAE has been able to focus efforts on developing four current volunteers who are serving as recruiters, individuals who themselves enjoy serving seniors throughout Ventura County. Currently, CVAE has nearly 330 volunteers who serve more than 550 seniors in six cities.
- Westminster Free Clinic received \$19,000 over two years (\$9,500 in 2013) to serve 2,300 low-income, uninsured patients, providing more than 7,262 clinical, educational, and outreach services. Case management included health advocacy, literacy training, and services such as labs, medications, mammograms, glucose test strips and glucometers, eye exams and immunizations, to support 1,339 patients. Five hundred and two patients received free mental health counseling sessions and 86 high school students participated in the clinic's Healthcare Pipeline Internship Program.

- Planned Parenthood of Santa Barbara, Ventura & San Luis Obispo Counties, Inc. received \$20,000 over two years (\$10,000 in 2013) to support implementation of Positively Speaking, a program that trains HIV-positive/affected volunteers to present and personalize Planned Parenthood's prevention education. Similar to an HIV-101 presentation, Positively Speaking is designed to prevent HIV/AIDS among higher risk populations, including teens and young adults 14 to 20. Presenters share the challenges of living with the disease, stressing the need to avoid exposure to HIV and be conscientious about protecting others.
- Conejo Free Clinic received \$20,000 over two years (\$10,000 in 2012) to provide HIV testing and HIV prevention educational materials, counseling for 145 patients, and to work with Ventura County Public Health for more specialized care if HIV was confirmed.
- Cancer Support Community Valley/Ventura/Santa Barbara received \$40,000 over two years (\$20,000 in 2013) to ensure that more than 890 Spanish-speaking adults and children affected by cancer were empowered by knowledge, strengthened by action, and supported by community. Patient navigation was also provided for 376 Spanish-speaking people impacted by cancer.
- Easter Seals Southern California received \$40,000 over two years (\$20,000 in 2013) to provide vans that transport approximately 50 disabled adults in the San Fernando Valley, some on a daily basis and others two to three times a week, for medical care, personal shopping, social outings, and volunteer work at other community organizations.
- Kaiser Permanente Southern California Region funded care and coverage related grants to increase access to affordable, quality health care and health insurance coverage for low-income, uninsured, and underinsured individuals and families in our communities. Insure the Uninsured Project received a \$50,000 core support grant from the donor-advised fund<sup>1</sup> to continue to increase access to health care coverage for California's uninsured by building consensus on target issues among policy leaders and convening statewide and regional workgroups to facilitate collaboration among statewide health leaders and the safety net.
- Kaiser Permanente Southern California Region continues to support efforts to improve access to health care and systems of care for the uninsured, including the homeless, through investments in community clinics, health centers, and other supportive services. Tarzana Treatment Center, Inc. received \$165,000 from the donor-advised fund to continue to provide intensive case management and community service linkages to non-Kaiser Permanente members who access emergency and medical services at KFH-Panorama City or KFH-Woodland Hills. Support includes funding for a project supervisor and two case managers, alcohol and drug treatment services, and primary care at the Tarzana location. Turning Point Foundation was awarded \$15,000 from the donor-advised fund to support the Homeless 2 Home Peer Health Navigator project. Turning Point Foundation provides health assessments, creates appropriate health care plans for clients based on the assessments, and provides tuberculosis, mental health, and behavioral health treatment.

## **PRIORITIZED NEED II: HEALTHY EATING AND ACTIVE LIVING**

In 2008, diabetes mellitus was the seventh leading cause of death in SPA 2; 405 deaths comprising 3.34% of all deaths. In 2004, 395 deaths in SPA 2 were due to diabetes mellitus. According to the 2010 CHNA, of the total population in the San Fernando Valley, the number of estimated cases for hypertension was 358,215, the number of cancer cases was 52,893, the number of asthma cases was 142,951, the number of stroke cases was 32,901, and the number of diabetes cases was 117,383. Food insecurity and job loss continue to be concerns during the economic downturn. According to the DPSS Caseload Characteristics Report for the quarter ending December 2009, 26,868 children under 5 were helped. During the same quarter, 44,381 youth 6 to 18 were also helped.

### **2012 GOAL**

Partner with neighborhood groups, government entities, educational institutions, and other community-based organizations to create lasting policy and environmental changes that support healthy eating and physical activity.

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

## 2012 STRATEGIES

1. Advocacy efforts to develop and enact new public policy to support access to nutritious foods and physical activity.
2. Implementation of evidence-based interventions in organizations or communities that increase access to nutritious foods and physical activity.

## 2013 YEAR-END RESULTS

- CHIME Charter Middle School received \$25,000 over two years (\$12,500 in 2013) to acquire new supplies and accessible equipment to promote motor development, physical activities, and greater access to inclusive physical education activities for children with physical disabilities and mobility issues. This funding has led to increased exercise and health education for more than 250+ kindergarten through third grade students and the establishment of a primary grade physical education program at the school.
- Child Care Resource Center, Inc. received \$24,310 over two years (\$12,155 in 2013) to increase knowledge among 20 family child care providers through a physical activity curriculum and eight weekly visits from California State University, Northridge Kinesiology students.
- Foundation for Educational & Employment Resources Development, Inc. received \$19,000 over two years (\$9,500 in 2013) to provide 129 youth and their family members with entry-level swim lessons and evaluations by poolside lifeguards for swimming competency certification. The foundation also used the funding to identify five youth to complete junior lifeguard training. In addition, 39 youth and family members participated in presentations before decision-making bodies and key officials, including the police chief, fire chief, and members of the board of supervisors and city council, to advocate for greater pool access for low-income communities.
- VCCool (Ventura Climate Care Options Organized Locally) received a \$15,000 grant over two years (\$7,500 in 2013) for the HUB Community Bike shop program teaching 250 people, one-on-one, how to repair and maintain their bicycles for safe, affordable, and healthy transportation. HUB moved to a commercial storefront on Ventura Avenue, where it has become a community center for bicycle advocacy and healing Council Circles for community bonding.
- Cabrillo Economic Development Corporation received \$40,000 over two years (\$20,000 in 2013) to improve public transportation systems in Fillmore. Twenty youth, 10 adults, and four organizations have led a group of community residents to work and advocate for policy change. In particular, they advocate for the City of Fillmore and County of Ventura to adopt the Heritage Valley Transit plan and to establish a community oversight group to increase transportation routes and stops within the city and to connect residents to Ventura and the 101 freeway. Approximately 100 community residents have been involved in this effort.
- City Corps of the Central Coast, Inc. received \$20,000 over two years (\$10,000 in 2013) to sustain five plots at the Cornucopia Community Garden in Ventura and a victory garden at City Corps headquarters in downtown Ventura. Volunteers from local high schools plant, maintain, harvest, and deliver crops year-round to Food Share of Ventura County, a local food bank that feeds more than 80,000 hungry residents each month.
- 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, County of Ventura Public Health received \$250,000 from the donor-advised fund
- Kaiser Permanente Southern California Region's Operation Splash grants support recreation and parks departments and districts to provide children and adults with free swim lessons and junior lifeguard preparation and to launch healthy beverage campaigns. In 2013, the City of Ventura received \$30,000 from the donor-advised fund.
- 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 \$150,000 grant from the donor-advised fund for land acquisition in Ventura County to create Kellogg Park.

- Healthy Options, Healthy Meals (HOHM) is a funding strategy that focuses on healthy food banking to increase the donation/purchase/distribution of health-promoting foods and to decrease donations/purchases/distribution of less healthful foods, such as snacks, sweets, and sugar-sweetened beverages. HOHM's primary goal is to support sustainable policy and practice changes to assist food banks in gathering and distributing healthier foods. In the KFH-Woodland Hills service area, FOOD Share received \$60,000 over two years (\$30,000 from the donor-advised fund in 2013).

### **PRIORITIZED NEED III: DEVELOP AND DISSEMINATE KNOWLEDGE**

Although most of Los Angeles County's population continues to live on incomes above 200% of the federal poverty level (FPL), the percentage of those living above 200% FPL decreased over the years. In addition, due to the recession, Los Angeles County's unemployment rate jumped from 4.7% in 2006 to a high of 11.4% in 2009. In SPA 2, 10.64% of San Fernando Valley households (67,807) have annual income levels under \$15,000, approximately 34% (641,533) of the total population is still in school or too young to attend school, and approximately 8.20% (154,964) of the population has not graduated from high school.

#### **2012 GOAL**

Partner with safety-net providers, educational institutions, workforce development agencies, and other community-based organizations to build a health care workforce for the future.

#### **2012 STRATEGIES**

1. Partner with safety-net providers, educational institutions, workforce development agencies, and other community-based organizations to improve development, cultural competency, and medical technology.
2. Leverage existing Kaiser Permanente work force development programs, including Hippocrates Circle, Summer Youth, and Inroads.

#### **2013 YEAR-END RESULTS**

- Ventura College Foundation received \$40,000 over two years (\$20,000 in 2013) to award grants of \$1,000 each, part of the Kaiser Permanente Nursing Promise, to 20 nursing students. So far, six have graduated and these newly licensed RNs are now employed, increasing the number of nurses working in Ventura County. The other 14 grant recipients are continuing their education, with the books and supplies they need and fewer financial distractions.
- Rescue Mission Alliance received \$20,000 over two years (\$10,000 in 2013) to establish a collaborative network of homeless service providers. Funding also supports case management efforts aimed at attaining permanent housing and resulted in the coordinated placement of 34 homeless families into housing.
- El Centrito Family Learning Center received \$40,000 over two years (\$20,000 in 2013) to address educational achievement gaps, to remove barriers to higher education, and to increase the number of Latino youth who achieve higher education. El Centrito's promotores trained 226 low-income Latino parents on the pathways to higher education, strengthening their understanding of college admission requirements, financial aid options, and the importance of being involved in their child's educational journey.
- Mixteco Indigena Community Organizing Project received \$19,000 over two years (\$9,500 in 2013) to train 36 Mixteco-Spanish or Mixteco-Spanish-English speakers, primarily youth or farmworkers, to be professional health care interpreters in a 40-hour intensive program led by California Healthcare Interpreter Association (CHIA). The organization's Mixteco Language Services contracts with area hospitals, clinics, the Red Cross, Oxnard Police Department, and health providers on concerns related to women's health and children with disabilities.
- Children and Families First Commission of Ventura County received \$40,000 over two years (\$20,000 in 2013) to develop a hospital consortium (comprised of six maternity care hospitals) to improve breastfeeding education, support, and quality improvement. Hospital leaders identified areas for improvement and shared best practices with the primary

goal of increasing breastfeeding. Meetings provided technical assistance on policy, training, evaluation, data collection, and consistent messages to families. More than 200 nurses completed Nurturing in a Nutshell training, which provides an understanding of the physiology of breastfeeding, promotes attachment, and supports in-hospital breastfeeding. In addition, Breastfeeding Coalition of Ventura County led the distribution of more breastfeeding-related resources to parents.

- Over the past few years, Kaiser Permanente Community Benefit has made a few, select grants to support the adoption and usage of health information technology (HIT) to improve patient care. Because technology changes rapidly, Community Benefit limited the use of grant funds to the implementation and optimization of HIT and not for the purchase of actual hardware or software. Kaiser Permanente Southern California Region funded a total of \$165,430 over one year to one organization. And Community Partners was awarded \$2,500,000 over two years (\$625,000 paid in 2013) to support Building Clinic Capacity for Quality (BCCQ) Phase III. BCCQ focuses on improving the quality of health care provided to Southern Californians by enhancing the capacity of community clinics to engage in and sustain quality improvement initiatives that are supported by HIT.
- Kaiser Permanente continues to support projects that increase the pipeline of health professionals with the goal of funding academic institutions and community-based organizations to educate and train individuals who are pursuing a career in health care and collaborating with community clinics to offer clinical training opportunities and workforce recruitment opportunities in underserved areas. Human Interaction Research Institute was awarded \$25,000 from the donor-advised fund to provide an enhanced capacity building program for health non-profits in the San Fernando Valley.
- Hispanas Organized for Political Equality (HOPE) was awarded \$25,000 from the donor-advised fund to support leadership and policy training on the Affordable Care Act.
- Health Professions Education Foundation was awarded \$100,000 from the donor-advised fund to continue to improve health care in medically underserved areas of Southern California by offering scholarships, loan repayments, and programs to allied health students and professionals dedicated to serving in those areas.

**Table 1**

**KAISER FOUNDATION HOSPITAL-WOODLAND HILLS**

**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	3,450
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Other Plan members	270
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	2,081
Medi-Cal managed care members	6,275
Healthy Families Program members	2,552
Health Research projects (new, continuing, and completed)	12
Nursing Research projects (new, continuing, and completed)	6
Educational Theatre – number of performances and workshops	97
Educational Theatre – number of attendees (students and adults)	18,036
Graduate Medical Education – number of affiliated and independent residents	18
Nurse practitioner and other nursing training and education beneficiaries	5
Deloras Jones nursing scholarship recipients	2
Other health professional training and education (non-MD) beneficiaries	19
Hippocrates Circle students	46
Summer Youth and INROADS programs participants	16
Number of 2013 grants and donations made at the local and regional levels <sup>1</sup>	98

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

**Table 2**

**KAISER FOUNDATION HOSPITAL-LOS ANGELES**

**COMMUNITY BENEFIT RESOURCES PROVIDED IN 2013**

	<b>2013 Totals</b>
<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$4,845,805
Healthy Families <sup>2</sup>	1,533,025
Charity care: Charitable Health Coverage programs <sup>3</sup>	1,170,215
Charity care: Medical Financial Assistance Program <sup>4</sup>	6,542,017
Grants and donations for medical services <sup>5</sup>	167,911
<b>Subtotal</b>	<b>\$14,258,973</b>
<b>Other Benefits for Vulnerable Populations</b>	
Watts Counseling and Learning Center <sup>6</sup>	\$0
Educational Outreach Program	0
Summer Youth and INROADS programs <sup>7</sup>	44,649
Grants and donations for community-based programs <sup>8</sup>	279,489
Community Benefit administration and operations <sup>9</sup>	675,018
<b>Subtotal</b>	<b>\$999,156</b>
<b>Benefits for the Broader Community<sup>10</sup></b>	
Community health education and promotion programs	\$67,374
Educational Theatre	401,008
Facility, supplies, and equipment (in-kind donations) <sup>11</sup>	94,046
Community Giving Campaign administrative expenses	9,238
Grants and donations for the broader community <sup>12</sup>	<b>59,157</b>
National board of directors fund	17,782
<b>Subtotal</b>	<b>\$648,605</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education	\$1,369,003
Non-MD provider education and training programs <sup>13</sup>	532,380
Grants and donations for the education of health care professionals <sup>14</sup>	85,491
Health research	474,098
Continuing Medical Education	0
<b>Subtotal</b>	<b>\$2,460,972</b>
<b>Total Community Benefits Provided</b>	<b>\$18,367,706</b>

## ENDNOTES

- <sup>1</sup> Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- <sup>2</sup> 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.
- <sup>3</sup> 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.
- <sup>4</sup> 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.
- <sup>5</sup> 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.
- <sup>6</sup> Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Los Angeles, KFH-West Los Angeles, and KFH-Downey.
- <sup>7</sup> 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.
- <sup>8</sup> 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.
- <sup>9</sup> The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- <sup>10</sup> 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.
- <sup>11</sup> 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.
- <sup>12</sup> 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.
- <sup>13</sup> Amount reflects the net expenditures after tuition reimbursement for health professional education and training programs.
- <sup>14</sup> 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-Woodland Hills 2013 Community Health Needs Assessment (CHNA) is posted on the internet at [www.kp.org/chna](http://www.kp.org/chna) (the [Kaiser Permanente Share Site](http://www.kp.org/chna)). A detailed explanation of the CHNA process is included in the introductory section (Chapter IV) of the full SB 697 report.

## LIST OF COMMUNITY HEALTH NEEDS IDENTIFIED IN THE CHNA REPORT FOR THE KFH-WOODLAND HILLS SERVICE AREA

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

- Access to primary care
- Mental health
- Diabetes
- Uninsured population
- Prenatal care
- Obesity adult/youth
- Physical inactivity adult/youth
- Oral health
- Cardiovascular disease
- Lack of social and emotional support

## HEALTH NEEDS THAT KFH-LOS ANGELES 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.

Lack of access to affordable, quality health care services, in particular primary care, was identified as the top need during the CHNA process. Among the main causes are provider shortages, unequal geographic distribution of providers, and high rates of uninsured in the service area. According to the CHNA, the uninsured rate in the KFH–Woodland Hills service area is 16.52%, higher than the national benchmark of 15.05%. Likewise, the percentage of people in the service area without a regular doctor (14.69%) is slightly higher than the state (14.23%); and the primary care provider rate of 76.90 providers per 100,000 people is worse than the state and national rates of 83.20 and 84.70 respectively. Without a consistent source of primary care, populations are at risk for developing preventable chronic diseases. Furthermore, lack of access to health care can lead to higher instances of episodic care through emergency room visits and an increase in preventable, more costly hospitalizations. According to the CHNA, in the KFH–Woodland Hills service area, the ethnicity with the highest percentage of people without a consistent source of primary care was Hispanic/Latino. Kaiser Permanente’s core competency is to provide affordable, high quality health care services. As a result, KFH-Woodland Hills has numerous assets and partners in place that make the selection of this health need a given. The lack of health insurance, which was also identified as one of the top ten major health needs during the CHNA process, is also addressed by focusing on access to health care.

### 2. OBESITY PREVENTION

Obesity was identified as the second most pressing health need in the KFH-Woodland Hills service area. According to the CHNA, more than one out of every five adults (22.2%) and more than one-third (30.85%) of children and youth in the area are obese. Minority youth are disproportionately affected by this health condition in the region. Based on the California Department of Education’s Fitnessgram physical fitness testing results, 14.54% of youth in the KFH–Woodland Hills service area are overweight, higher than the statewide rate (14.30%). The Centers for Disease Control and Prevention (CDC) indicate that obesity substantially increases the risk of many chronic health conditions, including

coronary heart disease, stroke, high blood pressure, type 2 diabetes, and many types of cancers, among other health conditions. Several of these preventable conditions, namely diabetes and cardiovascular disease, were also identified as major health needs in the service area through the CHNA process. By investing in obesity prevention, and going upstream, the onset of diabetes and coronary disease can be prevented from happening in the first place. The opportunity to prevent the onset of these chronic health diseases, which are more costly to treat, before their onset, was a major consideration in the selection of obesity prevention as a health need to be addressed. In addition, Kaiser Permanente has extensive assets, resources, knowledge, and experience in this area at both the local and regional level.

### **3. ORAL HEALTH**

The CHNA reports that 34.75% of residents in the KFH–Woodland Hills service area lack dental insurance, which is a major driver for oral health. Further, oral health was identified by community stakeholders and residents as one of the top 10 health needs. In particular, access to dental care for children was of major concern and was raised repeatedly by stakeholders in key informant interviews and focus groups. KFH-Woodland Hills wants to demonstrate its responsiveness to the concerns raised by key partners and stakeholders throughout the CHNA process by selecting oral health as a need to be addressed.

### **4. SOCIAL AND EMOTIONAL SUPPORT**

According to the CHNA, approximately one-fourth of adults in KFH-Woodland Hills are not receiving adequate levels of social and emotional supports, which are critical for maintaining good mental health, as well as for preventing the onset of certain mental health and substance abuse disorders. During the need selection process, Kaiser Permanente assets that could effectively be used to address the lack of social and emotional supports were identified, including the Homeless Navigator program, and the ability and interest of Kaiser Permanente providers and staff to engage as volunteers in community initiatives and efforts such as drives, walks/runs, giving campaigns, mentoring programs, etc. As a result, KFH-Woodland Hills chose to focus on social and emotional support as an upstream strategy that can prevent the onset of certain mental health and substance abuse disorders from arising in the community in the first place.

### **5. BROADER HEALTH CARE SYSTEM NEEDS IN OUR COMMUNITIES**

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

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

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

## 2014-2016 COMMUNITY BENEFIT PLAN

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

### PRIORITY HEALTH NEED I: ACCESS TO CARE

#### LONG-TERM GOAL

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

#### INTERMEDIATE GOALS

- Increase health care coverage among vulnerable populations.
- Improve timely access to needed medical care.
- Reduce workforce shortages.
- Increase capacity of the safety net to serve uninsured and underinsured patients through the provision of KFH-Woodland Hills volunteer providers, in-kind donations, and financial resources.

#### STRATEGIES

##### *Programs and Services*

- Participate in government-sponsored programs for low-income individuals (i.e., Medi-Cal).
- Provide care to low income children under 19 in families at or below 300% FPL who lack access to employer-subsidized coverage and do not qualify for public programs pursuant to a program that provides these children with heavily subsidized health care coverage.
- Provide Medical Financial Assistance (MFA or charity care).
- Continue to support youth pipeline programs (i.e., Summer Youth, INROADS, Hippocrates Circle) to introduce diverse, under-represented school-age youth and college students to careers in health care.
- Continue to support physicians training programs (i.e., medical residency program).

##### *Community Investments*

- Provide grants and in-kind donations to community clinics/safety net providers.
- Provide grants to support health care education and training.

##### *Leveraging Organizational Assets*

- Engage KFH-Woodland Hills providers in safety net/community clinics.
- Coordinate KFH-Woodland Hills staff and provider engagement in community-driven events (e.g. health fairs, health seminars, health screenings/education).

## EXPECTED OUTCOMES

- Increased number of eligible individuals enrolled in government-sponsored and/or subsidized health care coverage programs.
- Increased number of underserved populations that receive needed primary and/or specialty care medical services.
- Improved diversity of trained physicians.
- More trained physicians working in shortage areas in the KFH-Woodland Hills service area.
- Increased capacity of clinic safety net to care for uninsured and underinsured patients.
- Increased awareness of and linkages to medical homes among uninsured and underinsured patients.
- Increased availability of health care workers who are prepared to work in the KFH-Woodland Hills service area.

## PRIORITY HEALTH NEED II: OBESITY PREVENTION

### LONG-TERM GOAL

- Reduce obesity among residents in low socioeconomic areas within the KFH-Woodland Hills service area.

### INTERMEDIATE GOALS

- Improved environments and policies resulting from community leaders' advocacy efforts that make it easier for residents to eat healthy and be physically active in the KFH-Woodland Hills service area.
- Increased opportunities for community residents in the KFH-Woodland Hills service area to advocate for healthier communities utilizing Kaiser Permanente-sponsored tools.
- Increased opportunities for community residents in the KFH-Woodland Hills service area to participate and engage in healthy eating and active living behaviors through Kaiser Permanente-sponsored programs.

### STRATEGIES

#### *Community Investments*

- Provide grants to encourage and support leadership development among community residents to advocate for policies and environments that make it easier to eat healthy and be physically active.

#### *Leveraging Organizational Assets*

- Make Kaiser Permanente-sponsored tools and programs to improve eating and physical activity environments and policies widely available to community residents (e.g. Weight of the Nation, Kaiser Permanente Thriving Schools, Fire Up Your Feet, Educational Theatre, health education materials, Everybody Walk, Healthy Workforce, Video Voice Mapping).
- 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 best practices and invite community residents and partners to participate in Kaiser Permanente-sponsored environmental change efforts that make it easier to eat healthy and be physically active (e.g., Thrive Path, farmers' markets).

## EXPECTED OUTCOMES

- Increased leadership capacity among residents to advocate for policies and environments that make it easier for them to access healthy food and be physically active.
- Increased awareness among residents and employers in the KFH-Woodland Hills service area of Kaiser Permanente's best practices and efforts in environmental change and their impact in the community.

- Increased participation and utilization of Kaiser Permanente-sponsored obesity prevention programs and tools by community residents, cities, schools, employers.

### **PRIORITY HEALTH NEED III: ORAL HEALTH**

#### **LONG-TERM GOAL**

- Improve oral health among residents in low socioeconomic areas.

#### **INTERMEDIATE GOAL**

- Improved access to oral health education and dental services.

#### **STRATEGIES**

##### *Community Investments*

- Provide grants to support a) collaborative ability to advocate for services, b) case management and referral services, c) peer-based oral health education and information programs (e.g., promotoras), and d) dental health services.

#### **EXPECTED OUTCOMES**

- Increased dental health services available to low-income residents.
- Increased peer-to-peer education on the importance of oral health.
- Improved knowledge and understanding among community residents about accessing dental services and maintaining oral health.

### **PRIORITY HEALTH NEED IV: SOCIAL AND EMOTIONAL SUPPORT**

#### **LONG-TERM GOAL**

- Increase social and emotional support among residents in low socioeconomic areas in the KFH-Woodland Hills service area.

#### **INTERMEDIATE GOAL**

- Build and contribute to existing social and emotional support infrastructure.

#### **STRATEGIES**

##### *Programs and Services*

- Increase the number of referrals and placements into homeless shelters, transitional housing, drug and alcohol recovery programs, and medical detox for homeless patients through the Homeless Navigation Program.

##### *Community Investments*

- Allocate resources to support leadership development among community residents to increase peer-to-peer emotional and social support.

##### *Leveraging Organizational Assets*

- Engage KFH-Woodland Hills staff and providers in community initiatives and efforts aimed at further strengthening the social and emotional support infrastructure.

## **EXPECTED OUTCOMES**

- Increased opportunities for patients to embark on the path out of homelessness and decrease their number of repeat emergency department admissions.
- Increased availability of peer-to-peer social and emotional support.
- Increased opportunities for community members to contribute to strengthening the social support infrastructure.

## **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