# Kaiser Foundation Hospital – Northern California Region

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

## MANTECA

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

KAISER PERMANENTE®
*in the community*

# TABLE OF CONTENTS

INTRODUCTION

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

CHAPTER I: HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

History and Organizational Structure of Kaiser Permanente……3
*National Structure*……3
*Regional Structure in California*……3
*Kaiser Foundation Hospitals in California*……4

CHAPTER II: MISSION STATEMENT AND COMMITMENT TO THE COMMUNITY

Mission Statement……5
National Commitment to Community Benefit ……5
Kaiser Permanente's Commitment to Community Benefit in California……6

CHAPTER III: COMMUNITY BENEFIT PROVIDED IN 2014

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

FINANCIAL TABLES

Table A: Summary Table by SB 697 Category – Kaiser Foundation Hospitals in California Community Benefit Provided in 2014……17

Table B: Summary Table by Hospital – Kaiser Foundation Hospitals in California Community Benefit Provided in 2014……19

# TABLE OF CONTENTS (CONT'D)

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

Introduction……21

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

# INTRODUCTION

This is the nineteenth *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 2015* 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 2014, the 35 hospitals undertook activities and projects to address selected priority needs identified in 2013 in their respective communities. This report documents the results of these efforts. The process of producing the KFH *Consolidated Community Benefit Plan 2015* 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 2014 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 2015* 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 2014

- Statewide and individual hospital Community Benefit provided by KFH in 2014, 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 2014 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 a list of selected demographic and socioeconomic statistics about the area served, a few key hospital facts, a list of the hospital's leaders, a service area map, a list of cities and communities served, a link to the 2013 Community Health Needs Assessment (CHNA) on the Kaiser Permanente Share Site website and a description of the 2014–2016 Community Benefit Plan, along with 2014 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 2014 (Table 2).

# 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 9.6 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 more than 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; Mark Billings, 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, Continuing Care and Health Care Reform.

The 2014 KFHP/H leadership team in Southern California includes Benjamin Chu, MD, Executive Vice President and President, Southern California and Georgia; William Caswell, Senior Vice President, Operations; Gerald McCall, Senior Vice President, Operations; George Di Salvo, Senior Vice President and Chief Financial Officer; Jodie Lesh, Senior Vice President, Strategic Planning and New Ventures; Nirav Shah, MD, Senior Vice President, Chief Operating Officer, Clinical Operations; Arlene Peasnall, Senior Vice President, Human Resources; James Crawford, Vice President, Business Information Officer Diana Halper, Vice President Integrated Brand Communications; John Yamamoto, Vice President and Regional Counsel; Wade Overgaard, Senior Vice President, California Health Plan Operations; and, Dennis Scott, Vice President, Compliance and Privacy.

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. Edward Ellison, 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, Irvine, Los Angeles, Manteca, Modesto, Moreno Valley, Oakland, Ontario, Panorama City, Redwood City, Richmond, Riverside, Roseville, Sacramento, San Diego, San Francisco, San Jose, San Leandro (replaced Hayward hospital), 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 452 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 2014

This chapter includes descriptions of all Community Benefit programs and services provided by Kaiser Permanente in 2014. 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 2014, KFH provided a total of $730,254,093 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 ($553,820,294) and for health research, education, and training programs ($113,438,221). KFH also expended $49,460,777 on other benefits for vulnerable populations and $13,534,802 on projects benefiting the broader community.

### Benefits by Hospital Service Area

Table B shows total Community Benefit contributions made in 2014 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 2014.

## 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 2014, KFH spent a total of $503,577,573 on unreimbursed medical care for vulnerable populations.

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

### Medi-Cal

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

- *Medi-Cal Managed Care:* KFH provides comprehensive inpatient and outpatient care to Medi-Cal managed care members in California through various local and state government entities. In Northern California, the local initiatives and county-organized systems are Alameda Alliance, Contra Costa Health Plan, SF Health Plan, Santa Clara Family Health Plan, Partnership Health Plan of CA, Health Plan of San Mateo, Health Plan of San Joaquin, and CalViva Health. In Southern California, KFHP subcontracts with local initiatives in Los Angeles, Riverside, San Bernardino, Ventura, and Orange counties, and contracts directly with the state of California through the Geographic Managed Care Plan in San Diego County. In 2014, KFHP/H provided comprehensive inpatient and outpatient care to approximately 471,569 Medi-Cal managed care members.
- *Medi-Cal Fee-For-Service:* KFH provides subsidized health care on a fee-for-service basis for Medi-Cal beneficiaries not enrolled as KFHP members. Reimbursement for some services usually is significantly below the cost of care and is considered subsidized care to non-member Medi-Cal fee-for-service patients.

### Charitable Health Coverage Programs

Through Kaiser Permanente's Charitable Health Coverage Programs, approximately 73,927 low-income adults and children, who are ineligible for other public or private health insurance, receive subsidized coverage from Kaiser Permanente each year.

In addition, Kaiser Permanente Northern California Region also provided health coverage to 2,667 Healthy San Francisco members. 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 2014 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.

### 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 2014, KFH contributed $188,556,192 to help patients with limited or no resources pay for care provided in KFH facilities.

### Grants and Donations for Medical Care Services

KFH donated $50,242,721 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 2014, KFH donated $49,460,777 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 1,243 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 2014, WCLC provided services to a total of 1,234 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. College Internship Program. These programs offer employment, mentoring, and training opportunities, as well as potential full-time employment upon completion. In 2014, 583 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.* College Internship Program*:* This unique program is designed to provide students with practical experience in the health care field and to offer successful participants exciting career opportunities following graduation. Kaiser Permanente is 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 the Kaiser Permanente L.A.U.N.C.H. College Internship Program, we are making a solid investment in developing health care leaders capable of guiding us into the future. Kaiser Permanente College Internship Program 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 $27,237,587 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 2014, KFH spent $13,534,802 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 2014, Regional Health Education provided more than 300 activities—responding to requests for materials, trainings, presentations, event staffing, technical assistance, and publication development—that reached more than 224,000 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 28th 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 2014, KPET provided programs throughout Kaiser Permanente Northern California that align with our Community Health Initiatives. In fact, 80% of KPET's total services in 2014 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 2014, KPET developed twelve new partnerships and served more than 297,037 children and adults through 1,144 events, which ranged from school performances and workshops to community presentations and trainings.

In NCR, KPET offered the following services in 2014 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 2014, 217,035 children and adults attended one of 1,397 KPET performances. For the past several years, KPET has provided MPOWR (empower), a summer enrichment program that challenges students to explore health via self-expression through art, music, theatre, and movement. Ongoing partnerships include WCLC, Madison Middle School in North Hollywood, and the Boys and Girls Club of Redlands. MPOWR is facilitated by KPET actor-educators and culminates with a showcase of student work at each location. The repertoire for KPET in SCR also includes the following multifaceted programs:

- The Healthy Eating Active Living Program (grades 4-5) is a multifaceted offering that 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 Adolescent Bullying Prevention Program (grades 6-8) consists of the play, *Someone Like Me*. The program is a springboard for discussions between students and teachers, parents and trusted adults. Key topics include; rumors and gossip are a form of bullying, the prevalence of bullying using social media, and, in middle school, the developmentally appropriate choice is abstinence. At the end of each performance, the actor-educators are available to the students for one-on-one sessions and are trained to bridge students to school personnel if necessary.
- The STD Prevention Program (grades 9-12), *What Goes Around,* provides information about HIV, AIDS and sexually transmitted diseases (STDs). The play gives insight into the lasting impact one person's choice can make on the lives and health of many. Key topics include the option of abstinence and the importance of testing and prevention. At the end of each performance, the actor-educators facilitate a question and answer session.

### GRANTS AND DONATIONS FOR THE BROADER COMMUNITY

KFH donated $2,181,323 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 2014, KFH spent $113,438,221 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 2014, KFH contributed $68,280,310 to educate more than 2,845 interns and residents in California. GME programs develop a pool of highly skilled physicians for Kaiser Permanente and the broader community. Most medical residents study within the primary care medicine areas of Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Preventive Medicine, and Psychiatry. As part of their training, residents participate in rotations at school-based health centers, community clinics, and homeless shelters.

### COMMUNITY MEDICINE FELLOWSHIP

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

### OLIVER GOLDSMITH SCHOLARSHIP PROGRAM

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

### NURSING EDUCATION AND TRAINING

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

### KAISER PERMANENTE SCHOOL OF ANESTHESIA FOR NURSES

Founded in 1972, the school provides graduate-level education for nurse anesthetists. In partnership with California State University, Fullerton, the school offers a two-year sequential academic and clinical graduate program for nurses with a

baccalaureate degree. Students earn a master of science in nursing with a clinical specialty in anesthesia. In 2014, there were 69 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. Eleven students participated in the program in 2014.

### 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 2014, 391 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 2014, 202 scholarships totaling $361,000 were awarded.

### NARROWING THE STUDENT NURSE PREPARATION PRACTICE GAP PROGRAM

In Southern California, this work-study program partners with university and college nursing programs to improve clinical outcomes and assist with professional growth. Senior students incorporated curriculum study with clinical experiences with nursing professional partners and regional education residents to narrow the student nurse preparation to practice gap. In 2014, a total of 83 students were assigned to KFH-Downey and KFH-San Diego facilities. Academic partners included but were not limited to Grossmont Community College, Mira Costa Community College, Point Loma Nazarene University, San Diego State University, San Diego City College, and Santa Monica Community College. In 2014, a total of 83 students were assigned to KFH-Downey and KFH-San Diego facilities. Academic partners included but were not limited to Grossmont Community College, Mira Costa Community College, 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 2014, Kaiser Permanente trained 118 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 2014, 361 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 2014, the program offered 25 physical therapy residency slots at KFH hospitals in Southern California. Residents, fellows, and clinical faculty provide physical therapy services for patients. 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 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 six 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 six 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 four interns in Los Angeles and eight in San Diego.

### 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 170 students in 2014.

### 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 2014, approximately 545 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 2014, 885 students participated in the program at various KFH locations in Southern California.

### GRANTS AND DONATIONS FOR THE EDUCATION OF HEALTH CARE PROFESSIONALS

KFH spent $2,998,373 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)

The Division of Research (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 3+ million 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. Research projects encompass 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, pharmaco-epidemiology, 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 the California State Department of Health Services, University of California at Berkeley, San Francisco and Davis, and Stanford University. DOR works with Kaiser Permanente Community Benefit Programs (KPCBP) to enhance communication and collaboration between DOR and Kaiser Permanente members, community residents and other key stakeholders. Financial and other support provided by KPCBP have enabled DOR to sponsor research studies on topics which directly align with KPCBP priorities, to attract additional private funding and improve community engagement and participation in DOR activities, and to develop unique and significant resources in the Comprehensive Clinical Research Unit (CCRU) and Research Program on Genes, Environment and Health (RPGEH).

### 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 2014, there were 988 active projects and 360 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 121 new, continuing, and/or completed Nursing Research Program projects and 27 studies published in 2014. 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 2014

| | 2014 Totals |
|---|---|
| **Medical Care Services for Vulnerable Populations** | |
| Medi-Cal shortfall[1] | $312,106,638 |
| Charity care: Charitable Health Coverage programs[2] | 55,179,770 |
| Charity care: Medical Financial Assistance Program[3] | 136,291,166 |
| Grants and donations for medical services[4] | 50,242,721 |
| *Subtotal* | *$553,820,294* |
| **Other Benefits for Vulnerable Populations** | |
| Watts Counseling and Learning Center[5] | $3,115,721 |
| Educational Outreach Program | 914,846 |
| Summer Youth and INROADS programs[6] | 2,520,068 |
| Grants and donations for community-based programs[7] | 27,237,587 |
| Community Benefit administration and operations[8] | 15,672,555 |
| *Subtotal* | *$49,460,777* |
| **Benefits for the Broader Community[9]** | |
| Community health education and promotion programs | $1,177,528 |
| Kaiser Permanente Educational Theatre | 8,849,677 |
| Community Giving Campaign administrative expenses | 384,747 |
| Facility, supplies, and equipment (in-kind donations)[10] | 199,755 |
| Grants and donations for the broader community[11] | 2,181,323 |
| National board of directors fund | 741,772 |
| *Subtotal* | *$13,534,802* |
| **Health Research, Education, and Training** | |
| Graduate Medical Education | $ 68,280,310 |
| Non-MD provider education and training programs[12] | 21,099,473 |
| Grants and donations for the education of health care professionals[13] | 2,998,373 |
| Health research | 21,059,578 |
| Continuing Medical Education | 486 |
| *Subtotal* | *$113,438,221* |
| **Total Community Benefits Provided** | $730,254,093 |

See endnotes on the following page.

# ENDNOTES

1 Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.

2 Amount includes hospital-specific, unreimbursed expenditures for Other Plan members and unreimbursed inpatient expenditures for the Kaiser Permanente Child Health Program subsidy on a cost basis.

3 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.

4 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.

5 Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Los Angeles, KFH-West Los Angeles, and KFH-Downey.

6 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Summer Youth students hired.

7 Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the 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.

8 The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.

9 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a number of related denominators such as the number of Educational Theatre performances or health education programs.

10 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.

11 Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care–related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

12 Amount reflects the net expenditures after tuition reimbursement for health professional education and training programs.

13 Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, etc. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

Table B

# KAISER FOUNDATION HOSPITALS IN CALIFORNIA

## HOSPITAL SERVICE AREA SUMMARY TABLE

## COMMUNITY BENEFITS PROVIDED IN 2014

| NORTHERN CALIFORNIA HOSPITALS | |
|---|---|
| | |
| Antioch | $15,307,183 |
| Fremont | 7,778,140 |
| Fresno | 15,079,667 |
| Manteca | 13,244,563 |
| Modesto | 9,200,919 |
| Oakland | 35,856,473 |
| Redwood City | 7,638,605 |
| Richmond | 18,177,312 |
| Roseville | 23,002,697 |
| Sacramento | 37,122,845 |
| San Francisco | 26,325,306 |
| San Jose | 16,385,403 |
| San Leandro | 27,639,811 |
| San Rafael | 9,486,971 |
| Santa Clara | 26,741,062 |
| Santa Rosa | 18,516,606 |
| South Sacramento | 35,734,205 |
| South San Francisco | 11,449,411 |
| Vacaville[1] | 11,259,876 |
| Vallejo | 23,644,399 |
| Walnut Creek | 17,092,850 |
| Northern California Total | $406,684,308 |

| SOUTHERN CALIFORNIA HOSPITALS | |
|---|---|
| | |
| Anaheim | $19,049,766 |
| Baldwin Park | 20,793,103 |
| Downey | 32,440,702 |
| Fontana | 32,502,429 |
| Irvine | 8,376,896 |
| Los Angeles | 45,229,057 |
| Moreno Valley | 12,137,788 |
| Ontario | 15,529,302 |
| Panorama City | 23,161,450 |
| Riverside | 18,775,023 |
| San Diego | 31,986,110 |
| South Bay | 20,389,865 |
| West Los Angeles | 27,902,162 |
| Woodland Hills | 15,296,132 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Southern California Total | $323,569,785 |

# CHAPTER IV: 2014 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 brief 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 complies with both federal requirements and SB 697 legislation.

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

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

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

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

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

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

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

The CHNA report for each KFH hospital is posted on the 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.
- 2014 metrics for select programs in the CB portfolio, presented at the hospital level (Table 1).
- Quantified Community Benefit provided in 2014, presented at the hospital level (Table 2).
- A list of the prioritized needs identified during the 2013 CHNA and a link to the 2013 CHNA report.
- Year-end results for Community Benefit activities and programs provided in 2014, including highlights of key local and regional grants, partnerships, and other efforts to address the prioritized needs outlined in 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)-MANTECA

1777 West Yosemite
Manteca, CA 95337
(209) 825-3700

## COMMUNITY SNAPSHOT

(*SOURCE: U.S. Census Bureau,* American*: 2008-12* accessed through www.CHNA.org/KP except* [*US Department of Labor, Bureau of Labor Statistics: September, 2014]*)

| | |
|---|---|
| White | 60.21% |
| Black/African American | 7.22% |
| Asian | 14.03% |
| Native American/ Alaskan Native | 0.98% |
| Pacific Islander/ Native Hawaiian | 0.49% |
| Some Other Race | 11.30% |
| Multiple Races | 5.77% |

| | |
|---|---|
| Hispanic/Latino | 38.00% |
| Total Population | 708,646 |
| Living in Poverty (<200% FPL) | 39.82% |
| Children in Poverty | 23.33% |
| Unemployed* | 10.4 |
| Uninsured | 16.59% |
| No High School Diploma | 22.80% |

## KEY STATISTICS

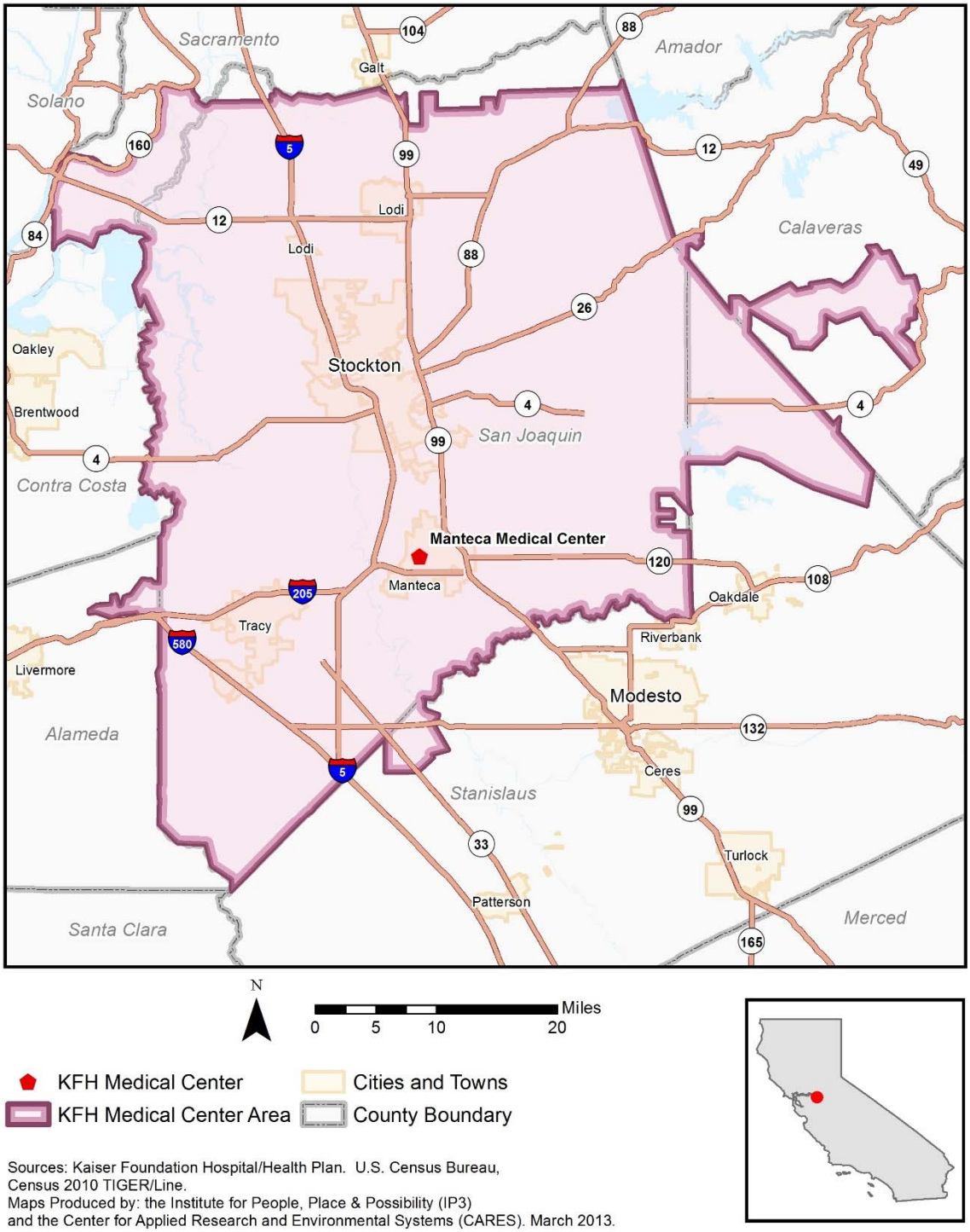
| | |
|---|---|
| Year opened: | 2004 |
| KFH full-time equivalent personnel: | 269.0 |
| KFHP members in KFH service area: | 81,209 |

| | |
|---|---|
| Total licensed beds: | 61 |
| Inpatient days: | 6,822 |
| Emergency room visits: | 24,562 |

## KEY LEADERSHIP AT KFH-MANTECA

| | |
|---|---|
| Deborah G. Friberg | Senior Vice President and Area Manager |
| Vacant | Chief Operating Officer |
| Christopher M. Neuman | Area Finance Officer |
| Moses Elam, MD | Physician in Chief |
| Linda Mann | Area Medical Group Administrator |
| Michelle O'Dell | Interim Public Affairs Director |
| Marie Sanchez | Community Benefit/Community Health Manager |

# KFH Manteca Medical Center Area




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

The KFH-Manteca service area includes Ceres, Escalon, Farmington, French Camp, Hughson, Lathrop, Lockeford, Lodi, Manteca, Oakdale, Patterson, Ripon, Riverbank, Stockton, Tracy, and Waterford.

TABLE 1

# KAISER FOUNDATION HOSPITAL-MANTECA

## 2014 KEY COMMUNITY BENEFIT PROGRAM METRICS

*(For more information about these and other Community Benefit programs and services, please see pages 8 through 16 in Chapter III.)*

| | |
|---|---|
| Charity Care: Charitable Health Coverage (Kaiser Permanente Child Health Program) | 4,763 |
| Medi-Cal Managed Care members | 6,045 |
| Kaiser Permanente Educational Theatre - number of performances/workshops | 59* |
| Kaiser Permanente Educational Theatre - number of attendees | 10,999* |
| Nurse practitioner and other nursing training and education beneficiaries | 1 |
| Other health professional (non-MD) training and education beneficiaries | 2 |
| Number of 2014 grants and donations made at the local and regional levels** | 116 |

*Includes numbers for the KFH-Stockton Medical Offices.

**The vast majority of regional grants impact three or more local hospitals. As such, a single regional grant may be included in the "Number of 2014 grants and donations" count for multiple hospitals.

TABLE 2

# KAISER FOUNDATION HOSPITAL-MANTECA

## COMMUNITY BENEFIT RESOURCES PROVIDED IN 2014

| | 2014 Totals |
|---|---|
| **Medical Care Services for Vulnerable Populations** | |
| Medi-Cal shortfall[a] | $4,143,374 |
| Charity care: Charitable Health Coverage programs[b] | 3,699,134 |
| Charity care: Medical Financial Assistance Program[c] | 3,388,430 |
| Grants and donations for medical services[d] | 430,851 |
| *Subtotal* | *$11,661,789* |
| **Other Benefits for Vulnerable Populations** | |
| High school and college internship programs[e] | $18,465 |
| Grants and donations for community-based programs[f] | 497,831 |
| Community Benefit administration and operations[8] | 366,792 |
| *Subtotal* | *$883,089* |
| **Benefits for the Broader Community[h]** | |
| Community health education and promotion programs | $7,310 |
| Kaiser Permanente Educational Theatre | 69,373 |
| Facility, supplies, and equipment (in-kind donations)[i] | 1,850 |
| Community Giving Campaign administrative expenses | 10,666 |
| Grants and donations for the broader community[j] | -8,836 |
| National board of directors fund | 22,566 |
| *Subtotal* | *$102,929* |
| **Health Research, Education, and Training** | |
| Graduate Medical Education | $0 |
| Non-MD provider education and training programs[k] | 196,688 |
| Grants and donations for health research, education, and training[l] | 33,118 |
| Health research | 366,950 |
| *Subtotal* | *$596,756* |
| **Total Community Benefits Provided** | $13,244,563 |

## TABLE 2 NOTES

[a] Amount includes unreimbursed inpatient expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries.

[b] Amount includes unreimbursed inpatient expenditures for the Kaiser Permanente Child Health Program subsidy.

[c] Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance and Indigent Care programs.

[d] Figures reported in this section for grants and donations for medical services consist of charitable contributions to community clinics and other safety-net providers; community health partnerships and collaboratives; community health care coverage enrollment efforts; and special Request for Proposals to support specific health issues such as HIV/AIDS, childhood obesity, asthma, etc. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

[e] 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.

[f] 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 non-health 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.

[g] The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.

[h] Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a number of related denominators such as the number of Kaiser Permanente Educational Theatre performances or health education programs.

[i] 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.

[j] 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.

[k] Amount reflects the net expenditures after tuition reimbursement for health professional education and training programs.

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

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

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

- Access to primary and preventive care services
- Lack of or limited access to health education
- Lack of or limited access to dental care
- Acculturation, limited cultural competence in health and related systems
- Limited or no nutrition literacy/access to healthy and nutritious foods, food security
- Limited transportation options
- Inability to exercise and be active

## HEALTH NEEDS THAT KFH-MANTECA PLANS TO ADDRESS

1. LIMITED ACCESS TO PRIMARY AND PREVENTIVE 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. The cost of co-pays, lack of providers who accept Medi-Cal, clinics not located in rural areas, and long wait times to receive an appointment with a provider were of concern to adults in the KFH Manteca service area. Limited access to follow-up treatment and specialty care, limited access to prescription medications and medical equipment, lack of mental health services, lack of substance abuse treatment and rehabilitation (both inpatient and outpatient), lack of affordable health insurance and medical coverage, lack of limited access to vision services, and difficulty navigating the health care and social services system were also contributors.

2. HEALTHY FOOD/PHYSICAL ACTIVITY

   *Limited or no nutrition literacy/access to healthy and nutritious foods, food security* and *Inability to exercise and be active* were combined during the implementation strategy development phase as Healthy Food/Physical Activity because of their relatedness and because they received the same number of points during the selection of health needs to address. Limited or no nutrition literacy/access to healthy and nutritious foods, food security and inability to exercise and be active contribute to obesity and diabetes among at-risk populations. Strategies to address both healthy foods and physical activity have a greater potential to prevent obesity, diabetes, and other chronic diseases than one strategy area alone.

   Thirty percent of residents in the KFH Manteca service area are obese and approximately 30% are overweight. Fifty percent of residents reported not eating at least five servings of fruits or vegetables daily, as recommended by the state. Three zip codes within the service area have federally designated food desert tracts located within their boundaries.

Lack of safe places to be active due to gang activities in parks and neighborhoods, lack of facilities at parks, and inadequate sidewalks and lighting were of concern to adults, as were the lack of affordable options for physical activity due to community facilities having reduced services due to budget cuts or classes being offered being too expensive.

3. 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 which persist in most of our communities. Individuals trained through these workforce training programs are able to seek employment with Kaiser Permanente entities or other health care providers in our communities.

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

# 2014-2016 COMMUNITY BENEFIT PLAN AND 2014 YEAR-END RESULTS

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. For more information on how these goals, strategies, and outcomes were identified, see the "Community Benefit Plan Development" section in Chapter IV.

KFH-Manteca 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. To track strategy implementation and to document anticipated impact, KFH-Manteca annually monitors and evaluates the strategies outlined in its community benefit plan. Mechanisms for monitoring progress are tailored to each strategy and may include the collection and documentation of tracking measures such as number of grants made, number of dollars spent, number of people reached/served, number and role of volunteers, and number of volunteer hours. In addition, KFH Manteca requires grantees to propose, track, and report outcomes, including behavior and health outcomes as appropriate.

NOTE: A year-end results table is included for each priority health need identified in KFH-Manteca's community benefit plan. These tables were included to provide *highlights* of some of the strategies KFH-Manteca implemented in 2014 to address its identified health needs and, as such, are *not* exhaustive lists.

## PRIORITY HEALTH NEED I: LIMITED ACCESS TO PRIMARY AND PREVENTIVE CARE

### LONG-TERM GOAL

- Increase the number of people who have access to health care and preventive services, particularly underinsured children, youth, and families

### INTERMEDIATE GOALS

- Reduce barriers to health insurance enrollment and increase coverage for underinsured children, youth, and families
- Develop systems that increase access to and utilization of available health care services
- Develop a trained and culturally competent workforce to provide preventive and primary care services

### STRATEGIES

- Partner with community-based organizations and develop outreach strategies to assure that community residents have access to the technology and linguistically and culturally competent information that will facilitate learning about and enrolling in and participating in the health exchanges.
- Participate in Medi-Cal Managed Care, the state's Medicaid Program, to provide comprehensive inpatient and outpatient care to Medi-Cal Managed Care members in California.
- Provide subsidized health care coverage that provides comprehensive benefits to children (birth through age 18) in families with income up to 300% of the federal income guidelines who lack access to employer-subsidized coverage and do not qualify for public programs because of immigration status or family income
- Make grants to build new health centers and expand school-based health center services to address lack of access for low-income youth and families. Provide education to teenagers to increase their utilization of preventive services. Provide health education, materials/tools, and physician ambassadors to schools/colleges to increase utilization of preventive health services by low-income youth and young adults
- Provide Medical Financial Assistance (MFA), which helps patients in need by subsidizing all or a portion of their Kaiser Permanente medical expenses for a period of time. Eligibility is based on prescribed levels of income, expenses, and assets

- Make grants to community-based organizations to improve access to health services for homeless populations. Link Kaiser Permanente physicians to Stockton safety net providers to provide pediatric services to homeless populations
- Make grants to local community-based organizations that conduct outreach to low-income, uninsured Spanish-speaking and migrant populations on accessing available health services. Funding aims to increase training and technical assistance (TA) to safety net providers to increase their capacity to provide chronic disease preventive and management services for low-income populations.
- Train safety net providers to use Kaiser Permanente clinical practice guidelines for preventing and managing chronic disease by providing CME (continuing medical education) opportunities, particularly around the challenges of practicing medicine in rural areas

### EXPECTED OUTCOMES

- Decreased health insurance coverage lapses for low-income residents
- New health centers available to provide preventive and clinical health services in schools
- Health centers provide an expanded variety of preventive and clinical services
- Care provided to the uninsured/underinsured
- Safety net providers have increased capacity to provide chronic disease prevention and management services to low-income communities
- Technology utilized to provide community residents with improved quality care

### 2014 YEAR-END RESULTS

| Grant Highlights | | | |
|---|---|---|---|
| Grantee | Grant Amount | Brief Project Description | Results to Date |
| Catholic Charities of the Diocese of Stockton | $40,000 | A program aiming to increase health care access by reducing enrollment barriers and increasing health care coverage for underinsured children, youth, and families through outreach and application assistance. | A total of 5,000 contacts (Hispanic families and homeless women and children) will be made through outreach and 1,200 coverage applications will be submitted, with a 95% rate of enrollment as the goal. Case managers will help reduce utilization barriers for a minimum of 300 families. |
| Community Partnership for Families of San Joaquin | $40,000 | Increase coverage rates for underinsured families, children, and youth reduce enrollment barriers; and provide enrollment assistance. | The goal is to provide intensive enrollment assistance through five Family Resource Centers for 200 families to help resolve challenges related to health coverage enrollment and access to medical home. |
| Family Resource and Referral Center | $50,000 | Goal is to promote, launch, and operate a 2-1-1 program in San Joaquin County. | Establish a 2-1-1 system to enhance access to available health and social services for county residents; priority given to connecting high-need individuals and families to public hospitals and community health clinics. |
| Gospel Center Rescue Mission, Inc. | $40,000 | Provide post-hospital respite recovery services for homeless individuals. | Goal is to increase the number of people who have access to and are able to utilize available health care and preventive services. To include obesity screening, case management, nutrition education, and exercise programs for 221 clients. |
| Planned Parenthood Mar Monte-Sacramento | $40,000 | The Improving Women's Health project will increase the number of San Joaquin County people, | Project aims to reduce barriers to health insurance enrollment and increase health care coverage. Community peer educators |

| | | | |
|---|---|---|---|
| | | particularly underinsured children, youth, and families, who have access to health care and preventive services. | will be trained to assist in outreach efforts; 400 women will have increased knowledge of and access to preventive health care services, especially women's reproductive health care through Family PACT program. |
| St. Mary's Interfaith Community Services | $40,000 | Virgil Gianelli MD Medical Clinic will increase access to health care and preventive services, particularly for uninsured children, youth, and families. | An additional 2,175 uninsured patients, especially asthmatic patients, will be seen by clinic physicians, and 200 patients will receive vision exams and glasses at no cost. |
| University of the Pacific | $30,000 | Mobile Medicare Healthcare Clinics will increase the number of people who have access to health care and preventive services, while providing volunteer opportunities for pharmacy students. | The eight mobile clinics will serve 725 seniors; 200 clients will receive assistance in enrolling in Medicare part D; 400 will receive medication therapy management; and 1,250 immunizations and preventive screenings will be provided. |
| Vision Y Compromiso | $10,000 | Increase coverage among the uninsured and reduce barriers to enrollment by developing the capacity of community members to serve as trusted advisors who help others navigate the health care system. | Program will train 14 community health worker from various ethnic communities and give them the skills needed to interpret the theory, methodology, and evaluation of community work so they can address health care access, policy, health disparities, and emerging issues in community health. |
| Central Valley Health Network (CVHN) | $250,000 over 2 years<br><br>This grant impacts six KFH hospital service areas in Northern California Region. | Grant will provide funding for CVHN to support core operational functions and policy and advocacy activities that support CVHN member health centers in their goal of providing quality health care. | Expected reach is 600,000. CVHN expects to increase access to comprehensive health services for low-income people through local, regional, and statewide advocacy partnerships with key stakeholders. CVHN will have the tools, knowledge, and skills necessary to support growth and to expand access to primary care and have an ongoing supply of skilled/trained individuals necessary to support care delivery. |
| Regional Associations of California (RAC) | $60,000<br><br>This grant impacts all KFH hospital service areas in Northern California Region. | RAC strengthens the capacity of California's community clinics and health centers and advances local health delivery system transformation to ensure access to quality health care for all. | Expected reach is 5,146,489. Expected outcomes include enhanced understanding among health center members and local delivery system stakeholders of payment reform models and an increased capacity of consortia and clinics to test new models with an increased capacity of community clinics and health centers to succeed in a managed care environment. |
| California Consortium for Urban Indian Health (CCUIH) | $80,000<br><br>This grant impacts all KFH hospital service areas in Northern California Region. | Core support to position Urban Indian Health Organization (UIHO) clinics for success in 2015 and beyond. | Likely reach is 37,000. Expected outcomes include:<br>• Enhanced collaboration between CCUIH and key agencies on implementation and American Indian policy issues<br>• Increased capacity of UIHO clinics to understand ACA policies/benchmarks and to collaborate/strategize on their and their patients unique position |

| | | | |
|---|---|---|---|
| | | | • Increased capacity of UIHO clinics to implement culturally specific solutions to enhance care delivery, benefits, patient experience, and protections. |

| Collaboration/Partnership Highlights | | |
|---|---|---|
| Organization/Collaborative Name | Collaborative/Partnership Goal | Results to Date |
| San Joaquin Healthier Community Coalition | Inform and engage local stakeholders and community members to promote joint efforts based on data, community input, and group consensus to improve the health of local residents. | As a project contributor KFH-Manteca helped develop a collaborative approach to creating a community health worker program that will partner with the local safety net to increase access to health care for migrant populations and English as a second language speakers. |

### 2015 Goals Update

The goals will remain unchanged for 2015.

### 2015 Strategies Update

The strategies will remain unchanged for 2015.

## PRIORITY HEALTH NEED II: HEALTHY FOOD/PHYSICAL ACTIVITY

### Long-term Goal

- Reduce obesity/diabetes among at-risk populations, particularly low-income youth and families

### Intermediate Goals

- Increase food security and access to healthy food and decrease access to unhealthy food
- Increase nutrition awareness and knowledge and adoption of healthy eating practices
- Increase access to physical activity environments and opportunities in schools
- Increase knowledge and adoption of physical activity

### Strategies

- Make grants to low-income schools and community based organizations to adopt policies and implement practices to reduce consumption of sugar-sweetened beverages and increase consumption of healthy beverages, improve food/beverage environments and support healthy eating/beverage choices for low-income, Latino, African American, migrant, and non-English speaking students
- Provide TA and mini-grants to community-based organizations to conduct advocacy to develop and adopt city/county policies that ensure healthy beverage options are available in public places
- Make grants and provide TA to community-based organizations serving low-income populations to adopt and implement Kaiser Permanente Healthy Picks program nutritional guidelines to increase awareness of healthy choices
- Implement Thriving Schools, a national Kaiser Permanente initiative that targets resources to schools in low-income neighborhoods to improve the health and wellness of students and employees through improved nutrition, increased physical activity, and access to health care
- Leverage Kaiser Permanente assets to low-income schools to provide nutrition education/literacy to students to promote healthy eating
- Make grants to public health and safety net providers to provide weight loss and maintenance counseling

### EXPECTED OUTCOMES

- Increased number of schools and community-based organizations adopt and implement healthy beverage policies
- Increased consumption of healthy food and beverages within schools and community-based organizations
- Cities and counties adopt healthy beverage policies
- Increased number of school policies that support healthy eating and improved food/beverage environments
- Increased awareness of healthy eating
- Increased diabetes prevention knowledge among San Joaquin county residents
- Students more physically active during the school day
- Kaiser Permanente providers participate in advocating for physical activity opportunities and environments
- Increased number of schools actively encouraging walking, biking, and physical activity

### 2014 YEAR-END RESULTS

| Grant Highlights | | | |
|---|---|---|---|
| Grantee | Grant Amount | Brief Project Description | Results to Date. |
| Boys & Girls Club of Tracy Inc. | $40,000 | Triple Play program will reduce obesity and diabetes among at-risk youth by increasing nutrition awareness and access to physical activity. | The goal is that 90% of participants will engage in physical activity; 55% will consume three or more servings of vegetables per day; and 75% will consume two or more servings of fruit per day. |
| Boys and Girls Club of Manteca | $40,000 | Reduce obesity and diabetes in at-risk youth by increasing physical activity and nutrition awareness with the Dancersize and Positive Sprouts pilots. | The goal is that 300 students will participate in the Positive Sprouts community garden program and 200 will actively participate in the Dancersize program on a daily basis. |
| Boys and Girls Club of Manteca | $5,200 | Basketball program will increase access to physical activity. | The goal is that 250 youth will engage in structured activity on a daily basis. |
| Give Every Child A Chance | $40,000 | A Healthier You increases nutrition awareness and knowledge and the adoption of healthy eating practices within afterschool program. | Students at 48 afterschool programs will participate in a comprehensive health education curriculum that encourages healthy behaviors and lifestyles; 75% will demonstrate increased knowledge. |
| San Joaquin County Office of Education | $62,121 | Exercise Across California will increase nutrition awareness and access to physical activity for students attending 12 low-income schools. | The goal is that 1,000 third through six graders will improve their California PFT (physical fitness test) results on the Aerobic Capacity component by 10%, and increase knowledge of fitness and nutrition by 20%. |
| San Joaquin Public Health Services | $25,000 | Safe Routes to School policy initiative will increase access to physical activity environments and the adoption of physical activity. | To garner support for its sustainable bicycle and pedestrian policies related, Safe Routes to School will conduct a gap analysis of 5 to 10 high-need schools and develop a policy brief and collateral materials. |
| San Joaquin Public Health Services | $40,000 | To decrease obesity rates, the Coordinated Obesity Prevention Education project will target students at Stockton Unified School District high schools. | The goal is that 100 students and their families will participate in project curricula; 60% of students will report the adoption of two new health behaviors; 20 students will decrease their BMI; and five community health workers will be trained. |

| | | | |
|---|---|---|---|
| Second Harvest Food Bank | $15,000 (Even split with KFH-Modesto) | Food for Thought program seeks to increase food security and access to healthy food for low-income youth. | The goal is that 1,922 low-income youth participating in after school programs will receive healthy food, including fresh fruits and vegetables, on a weekly basis. |
| Second Harvest Food Bank | $15,000 | Increase nutrition awareness and f healthy eating practices while meeting basic food needs. | The food bank purchased fresh fruit and vegetables for families seeking food support. |
| Tracy Interfaith Ministries | $10,000 | Increase nutrition awareness and knowledge of healthy eating practices while meeting basic food needs. | The food bank purchased fresh fruit and vegetables for families seeking food support. |
| University of the Pacific | $9,999 | Healthy Children 2014 will increase access to physical activity in schools. | Students in Pacific's Doctor of Physical Therapy program will educate 2,400 Stockton Unified School District students on physical activity and will work with after-school program staff to develop appropriate healthy activities for students. |
| San Joaquin County Office of Education (SJCOE) | $23,000 | To support workforce and student health, SJCOE will encourage participation in Fire Up Your Feet (FUYF) contests in San Joaquin County and California, promote physical activity and healthy eating, and include parents so that school wellness efforts are reinforced and implemented at home. | Expected reach is 1,000. Expected outcomes include:<br>• At least one class from each school will participate in FUYF SJ and FUYF CA.<br>• Increase school staff and parent fitness knowledge by 5%<br>• Increase student, staff, and parent knowledge of healthy eating and nutrition information by 5%<br>• Increase FUYF participation by 10% |
| Second Harvest Food Bank of San Joaquin and Stanislaus | $12,500 | Donation helps Second Harvest in increasing food access for low-income residents. | Second Harvest expects to annually serve 365,000 people with 13 million pounds of food (valued at more than $21.9 million). |

| Non-Financial Contributions Highlights | | |
|---|---|---|
| Beneficiary | Description of Non-Financial Contribution | Results to Date |
| Emergency Food Bank | 500 Kaiser Permanente Health Education healthy nutrition informational flyer | Flyers were provided to clients who were served holiday meals at the food bank. |
| San Joaquin Public Health Services | Healthy lunches and physical activity items, including hula hoops and pedometers. | Items were given to the 350 parents and 200 children who attended a community forum in Stockton focused on taking action and making changes to improve their and their families' health. Event was part of a statewide Champions for Change movement. |
| Second Harvest Food Bank | 250 Kaiser Permanente Health Education healthy nutrition Informational flyer | Flyers were provided to clients who were served holiday meals at the food bank. |
| Tracy Interfaith Ministries (T.I.M.) | 500 Kaiser Permanente Health Education healthy nutrition Informational flyer | Flyers were provided to clients who were served holiday meals at T.I.M. |

### 2015 Goals Update

The goals will remain unchanged for 2015.

### 2015 Strategies Update

The strategies will remain unchanged for 2015.

## PRIORITY HEALTH NEED III: BROADER HEALTH CARE SYSTEM NEEDS IN OUR COMMUNITIES – WORKFORCE

### LONG-TERM GOAL

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

### INTERMEDIATE GOAL

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

### STRATEGIES

- Implement health care workforce pipeline programs to introduce diverse, underrepresented, school-age youth and college students to health careers
- Provide workforce training programs to train current and future health care providers with the skills, linguistic, and cultural competence to meet the health care needs of diverse communities
- Disseminate knowledge to educational and community partners to inform curricula, training, and health career ladder/pipeline programs
- Leverage CB-funded programs to develop strategies to increase access to allied health, clinical training, and residency programs for 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

### 2014 YEAR-END RESULTS

| Grant Highlights | | | |
|---|---|---|---|
| Grantee | Grant Amount | Brief Project Description | Results to Date |
| Stiles Hall | $75,000<br><br>This grant impacts all KFH hospital service areas in Northern California Region. | This program helps African American, Latino, and Native American students complete their UC Berkeley application and personal statements. It also provides the students with tools, mentors, and other resources to help them stay in school and graduate. | Stiles Hall staff recruit, inform, and encourage high achieving, low-income underrepresented students thereby doubling their chances of admissions to U.C. Berkeley and providing a home-base for first generation college students. The program will also help 10 students meet with Kaiser Permanente professionals to discuss health career opportunities and experiences. |

| | | | |
|---|---|---|---|
| UC Davis Summer Institute for Emerging Managers and Leaders | $50,000<br><br>This grant impacts all KFH hospital service areas in Northern California Region. | The Institute identifies and recruits talented underrepresented minority students and invites them to attend a two-week leadership development program that aims to a pipeline of diverse students who choose to pursue MBA degrees within the University of California system. | During the program, 54 participants from 27 institutions met with alumni, deans, faculty, and business executives from the six UC business schools. They attended pre-MBA workshops led by business school graduate advisors and deans to learn more about graduate education opportunities within the UC system. They learned about effective presentations, marketing analytics, leadership, accounting, and other topics, and left with a concrete plan to build their résumés and careers to be stronger candidates for business school. |
| UCSF Fresno Health Careers Opportunity Program | $50,000<br><br>This grant impacts three KFH hospital service areas in Northern California Region. | This Kaiser Permanente Northern California Region grant supports HCOP (Healthy Careers Opportunity Program), which addresses the shortage of health professionals in the Central Valley by providing an educational pipeline for qualified disadvantaged students who are interested in pursuing a health professional career. | The goal is that 95 HCOP students will have at least two individual advising sessions per semester to help them select required health professions courses and assess their academic performance, and have access to tutoring services for core math and science courses. Upper division HCOP students will visit UCSF's medicine, dentistry, and pharmacy schools to learn about admissions and financial aid and gain a better understanding of program requirements. |
| Inroads, Inc. | $60,000<br><br>This grant impacts all KFH hospital service areas in Northern California Region. | Support intern training at Pacific Northwest Learning Summit and Inroads' initiative to increase the number of student internship opportunities in health care careers in Northern California. | The goal is to prepare 100 new and continuing interns for the workplace through the annual learning summit. Inroads will conduct outreach and recruit 20 new corporate sponsors in health care related fields and create new internship slots. It will also conduct outreach, recruit, screen, and prepare 60 potential internship participants who are interested in health care-related fields, place 20 of them into the new positions, and support them with a year-round personalized curriculum. |
| UCSF School of Medicine Post Baccalaureate Program | $124,164<br><br>This grant impacts all KFH hospital service areas in Northern California Region. | This graduate certificate program prepares individuals from disadvantaged and underserved communities for careers in medicine by providing academic enrichment, assistance with medical school applications, MCAT preparation, mentoring, and advising. | The program aims to prepare 16 to 24 participants for successful admission to medical school by strengthening their academic profiles and applications. And to ensure they successfully complete medical school, the program helps participants develop the necessary skills and tools, and provides needs-based scholarships to those who qualify. |

### 2015 Goals Update

The goals will remain unchanged for 2015.

### 2015 Strategies Update

The strategies will remain unchanged for 2015.

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

### LONG-TERM GOAL

- Increase awareness of the changing health needs of diverse communities

### INTERMEDIATE GOAL

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

### STRATEGIES

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

### EXPECTED OUTCOMES

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

### 2014 YEAR-END RESULTS

| Grant Highlights | | | |
|---|---|---|---|
| Grantee | Grant Amount | Brief Project Description | Results to Date |
| UCLA Center for Health Policy Research<br><br>Grant distributed from the Kaiser Permanente Fund for Community Benefit, a donor advised fund established in 2004 and administered by East Bay Community Foundation. As such, the grant amount is not included in 2014 Community Benefit totals (Tables A, B, and 2). | $1,000,000 ($500K in 2014)<br><br>Grant impacts all KFH hospital service areas in Northern California Region. | To effectively and efficiently address the needs of any given community, residents, civic leaders, businesses, and health care and public health providers need access to sound, credible data. The California Health Interview Survey (CHIS) collects data on access to health care, health coverage, health behaviors, chronic health problems, and other issues. The information is disseminated through data files, online query tools, and research products such as policy briefs, reports, fact sheets, and articles. | Grant funds will allow the Center to:<br>• Collect data and develop files for 48,000 households.<br>• Develop 2013-2014 field ready survey questionnaires and include Tagalog.<br>• Conduct at least 10 online AskCHIS workshops for at least 200 participants across the state; engage the new AskCHIS Neighborhood Edition (NE) query.<br>• Analyze CHIS data and produce a policy brief on a topic chosen by Kaiser Permanente Community Benefit staff.<br>• Increase capacity of nonprofit community organizations to understand, evaluate, and use health data |

| | | | |
|---|---|---|---|
| UCLA Center for Health Policy Research<br><br>Grant distributed from the Kaiser Permanente Fund for Community Benefit, a donor advised fund established in 2004 and administered by East Bay Community Foundation. As such, the grant amount is not included in 2014 Community Benefit totals (Tables A, B, and 2). | $108,200<br><br>Grant impacts all KFH hospital service areas in Northern California Region. | Grant will allow CHIS to support enhancements needed for AskCHIS NE. New AskCHIS NE visualization and mapping tools will be used to demonstrate the geographic differences in health and health-related outcomes across multiple local geographic levels, allowing users to visualize the data at a sub-county level. | Grant funds will allow the Center to:<br>• Enhance in-house programming capacity for revising and using state-of-the-science small area estimate (SAE) methodology.<br>• Develop and deploy AskCHIS NE.<br>• Launch and market AskCHIS NE.<br>• Monitor use, record user feedback, and make adjustments to AskCHIS NE as necessary. |

In addition to the CHIS grants, two research programs – the Division of Research (DOR) and Northern California Nursing Research (NCNR) – in the Kaiser Permanente Northern California Region Community Benefit portfolio also conduct activities that benefit all Northern California KFH hospitals and the communities they serve.

DOR conducts, publishes, and disseminates high-quality research to improve the health and medical care of Kaiser Permanente members and the communities we serve. Through interviews, automated data, electronic health records (EHR), and clinical examinations, DOR conducts research among Kaiser Permanente's 3+ million members in Northern California. Its research projects encompass epidemiologic and health services studies as well as clinical trials and program evaluations. Primary audiences for DOR's research include clinicians, program leaders, practice and policy experts, other health plans, community clinics, public health departments, scientists and the public at large. Community Benefit supports the following DOR projects:

| DOR Projects | Project Information |
|---|---|
| Central Research Committee (CRC) | Information on recent CRC studies can be found at: http://insidedorprod2.kp-dor.kaiser.org/sites/crc/Pages/projects.aspx |
| Clinical Research Unit (CCRU) | CCRU offers consultation, direction, support, and operational oversight to Kaiser Permanente Northern California clinician researchers on planning for and conducting clinical trials and other types of clinical research; and provides administrative leadership, training, and operational support to more than 40 regional clinical research coordinators. CCRU statistics include 420 clinical trials and 370 FDA-regulated clinical trials. |
| Research Program on Genes, Environment and Health (RPGEH) | RPGEH is working to develop a research resource linking the EHRs, collected biospecimens, and questionnaire data of participating KPNC members to enable large-scale research on genetic and environmental influences on health and disease; and to utilize the resource to conduct and publish research that contributes new knowledge with the potential to improve the health of our members and communities. By the end of 2014, RPGEH had enrolled and collected specimens from more than 200,000 adult KPNC members, had received completed health and behavior questionnaires from more than 430,000 members; and had genotyped DNA samples from more than 100,000 participants, linked the genetic data with EHRs and survey data, and made it available to more than 30 research projects |

A complete list of DOR's 2014 projects is at http://www.dor.kaiser.org/external/dorexternal/research/studies.aspx. Here are a few highlights:

| Research Project Title | Alignment with CB Priorities |
|---|---|
| Risk of Cancer among Asian Americans | Research and Scholarly Activity |
| Racial and Ethnic Disparities in Breastfeeding and Child Overweight and Obesity | Healthy Eating, Active Living |
| Transition from Healthy Families to Medi-Cal: The Behavioral Health Carve-Out and Implications for Disparities in Care | Access to Care<br>Mental/Behavioral Health |
| Ethnic and Racial Disparities in Dementia Incidence | Access to Care |

| | |
|---|---|
| Health Impact of Matching Latino Patients with Spanish-Speaking Primary Care Providers | Access to Care |
| Sociodemographic and Other Factors Affecting Response to a 2012 Regional FIT (Fecal Immunochemical Test) Outreach Effort | Access to Care |
| Healthcare Using New Technologies: A comparison of access to, use of, and preferences for using digital information technology to communicate, transact, and obtain health-related information across five race/ethnic groups of seniors aged 65-79. | Access to Care |
| RPGEH Project Title | Alignment with CB Priorities |
| Prostate Cancer in African-American Men | Access to Care<br>Research and Scholarly Activity |
| RPGEH high performance computing cluster. DOR has developed an analytic pipeline to facilitate genetic analyses of the GERA (Genetic Epidemiology Research in Adult Health and Aging) cohort data. Development of the genotypic database is ongoing; in 2014, additional imputed data were added for identification of HLA serotypes. | Research and Scholarly Activity |

The NCNR 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 providing research consultation, design, editing, abstract and manuscript development for internal and external publication and dissemination. Highlights of Community Benefit-funded NCNR projects in 2014 include:

| Project Title | Alignment with CB Priorities |
|---|---|
| African American grandparents raising their grandchildren: A service gap analysis | Increase Access to Social Non-Medical Services for Vulnerable and Low-Income Populations |
| Intent of Hispanic/Latino adolescents toward tissue and organ donation: A study of an educational intervention. | Increase Access to Social Non-Medical Services for Vulnerable and Low-Income Populations |
| Quality improvement project aimed at preventing hospital readmissions of elderly patients with chronic conditions such as diabetes and diabetes-related diseases | Healthy Eating, Active Living |
| Caring, Filipino Population and Satisfaction Scores | Access to Care |

The main audience for NCNR-supported research is KP and non-KP health care professionals (nurses, physicians, allied health professionals), community-based organizations, and the community-at-large. Findings are available at the Nursing Pathways NCNR website: https://nursingpathways.kp.org/ncal/research/index.html and bimonthly WebEx programs at https://nursingpathways.kp.org/ncal/research/nursingresearchprogram/2014meetingsandpresentations.html.

### 2015 Goals Update

The goals will remain unchanged for 2015.

### 2015 Strategies Update

The strategies will remain unchanged for 2015.