



Kaiser Foundation Hospital – Southern California Region

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

ONTARIO



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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 Peasnell, 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). KFHP 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, KFHP spent a total of \$503,577,573 on unreimbursed medical care for vulnerable populations.

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

MEDI-CAL

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

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

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 through community service, clinical volunteerism, leadership, or research. Scholarship recipients participate in clinical rotations at Kaiser Permanente facilities to observe SCPMG how physicians deliver culturally responsive care.

NURSING EDUCATION AND TRAINING

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

KAISER PERMANENTE SCHOOL OF ANESTHESIA FOR NURSES

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

baccalaureate degree. Students earn a master of science in nursing with a clinical specialty in anesthesia. In 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
<i>Subtotal</i>	<i>\$553,820,294</i>
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
<i>Subtotal</i>	<i>\$49,460,777</i>
Benefits for the Broader Community⁹	
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
<i>Subtotal</i>	<i>\$13,534,802</i>
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
<i>Subtotal</i>	<i>\$113,438,221</i>
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		SOUTHERN CALIFORNIA HOSPITALS	
Antioch	\$15,307,183	Anaheim	\$19,049,766
Fremont	7,778,140	Baldwin Park	20,793,103
Fresno	15,079,667	Downey	32,440,702
Manteca	13,244,563	Fontana	32,502,429
Modesto	9,200,919	Irvine	8,376,896
Oakland	35,856,473	Los Angeles	45,229,057
Redwood City	7,638,605	Moreno Valley	12,137,788
Richmond	18,177,312	Ontario	15,529,302
Roseville	23,002,697	Panorama City	23,161,450
Sacramento	37,122,845	Riverside	18,775,023
San Francisco	26,325,306	San Diego	31,986,110
San Jose	16,385,403	South Bay	20,389,865
San Leandro	27,639,811	West Los Angeles	27,902,162
San Rafael	9,486,971	Woodland Hills	15,296,132
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 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)-ONTARIO

2295 South Vineyard Avenue
 Ontario, CA 91761
 (909) 724-5000

COMMUNITY SNAPSHOT

(SOURCE: U.S. Census Bureau, [American Community Survey](#): 2009-13 accessed through [www.CHNA.org/KP](#) except* [US Department of Labor, [Bureau of Labor Statistics](#): January, 2015])

White	28.65%
Black/African American	5.93%
Asian	11.17%
Native American/ Alaskan Native	0.22%
Pacific Islander/ Native Hawaiian	0.17%
Some Other Race	0.22%
Multiple Races	2.28%

Hispanic/Latino	51.35%
Total Population	799,892
Living in Poverty (<200% FPL)	33.44%
Children in Poverty	17.83%
Unemployed*	9.3
Uninsured	18.94%
No High School Diploma	19.97%

KEY FACILITY STATISTICS

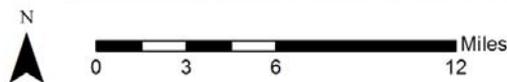
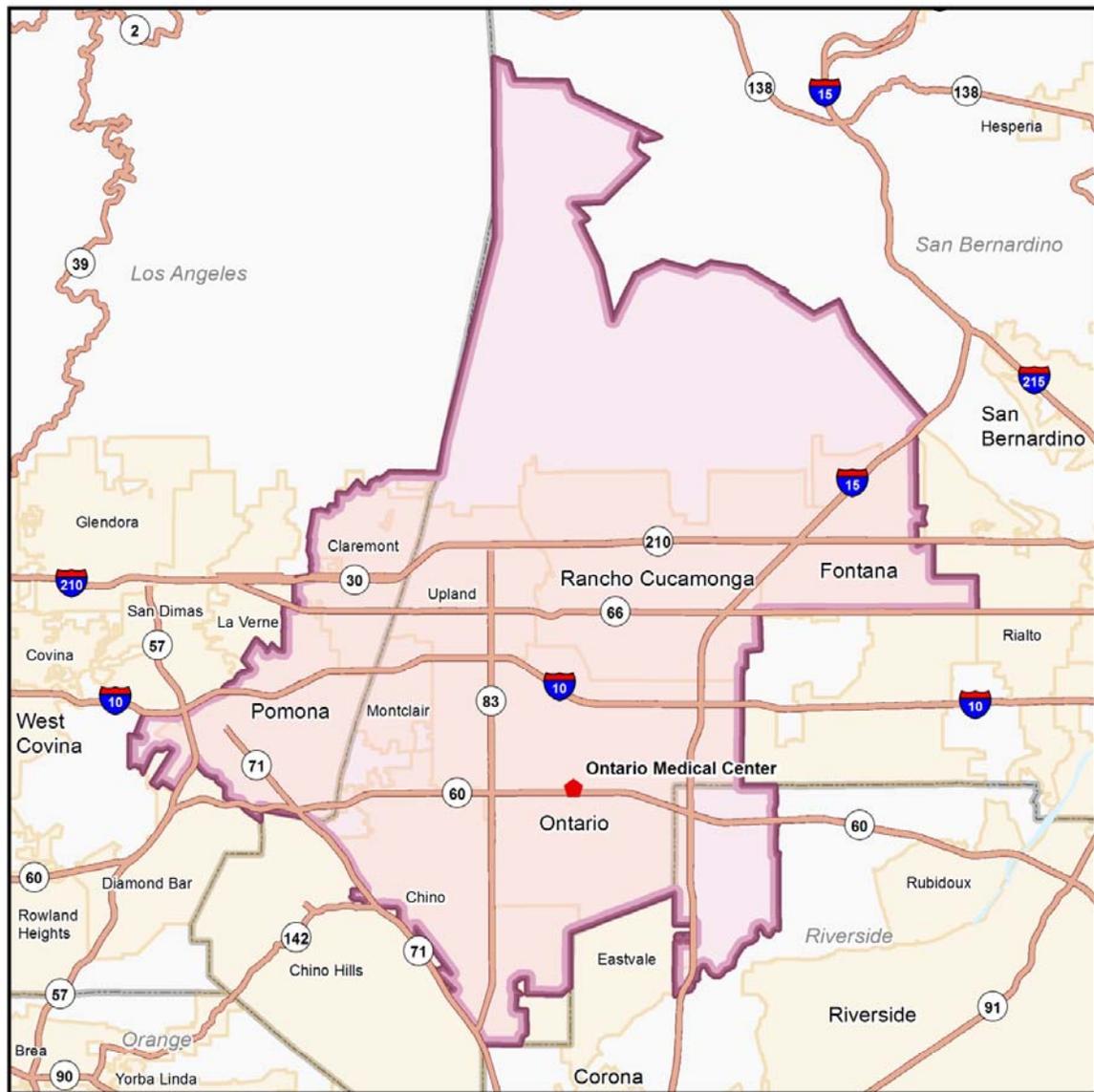
Year opened:	2011
KFH full-time equivalent personnel:	787
KFHP members in KFH service area:	207,268

Total licensed beds:	176
Inpatient days:	37,645
Emergency room visits:	50,526

KEY LEADERSHIP AT KFH-ONTARIO

Greg Christian	Executive Director
Ray Hahn	Chief Operating Officer
Don Bernard	Area Chief Financial Officer
David Quam, MD	Area Medical Director
Annie Russell	Chief Administrative Officer
Jennifer Resch-Silvestri	Senior Director, Public Affairs and Brand Communications
Martha Valencia	Community Benefit Health Manager

KFH Ontario Medical Center Service Area



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

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



The KFH-Ontario service area includes the west end of San Bernardino County and a section of eastern Los Angeles County. The service area includes the communities of Chino, Chino Hills, Claremont, Diamond Bar, La Verne, Mira Loma, Montclair, Mt. Baldy, Ontario, Pomona, Rancho Cucamonga, San Antonio Heights, and Upland.

Table 1

KAISER FOUNDATION HOSPITAL-ONTARIO

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: Medical Financial Assistance Program recipients	700
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Other Plan members	1,130
Medi-Cal managed care members	12,798
Community Surgery Day patients	7
Health Research projects (new, continuing, and completed)	1
Nursing Research projects (new, continuing, and completed)	4
Educational Theatre – number of performances and workshops	93
Educational Theatre – number of attendees (students and adults)	11,095
Deloras Jones nursing scholarship recipients	3
Other health professional training and education (non-MD) beneficiaries	1
Number of 2014 grants and donations made at the local and regional levels ¹	54

¹The vast majority of regional grants impact three or more 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-ONTARIO

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2014

	2014 Totals
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$8,210,147
Charity care: Charitable Health Coverage programs ²	529,013
Charity care: Medical Financial Assistance Program ³	3,875,229
Grants and donations for medical services ⁴	538,631
Subtotal	\$13,153,020
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁵	\$0
Educational Outreach Program	0
Summer Youth and INROADS programs ⁶	0
Grants and donations for community-based programs ⁷	570,217
Community Benefit administration and operations ⁸	465,052
Subtotal	\$1,035,269
Benefits for the Broader Community⁹	
Community health education and promotion programs	\$58,699
Educational Theatre	368,583
Community Giving Campaign administrative expenses	9,789
Grants and donations for the broader community ¹⁰	10,887
National board of directors fund	16,600
Subtotal	\$464,558
Health Research, Education, and Training	
Graduate Medical Education	\$0
Non-MD provider education and training programs ¹¹	361,311
Grants and donations for the education of health care professionals ¹²	8,746
Health research	506,370
Continuing Medical Education	28
Subtotal	\$876,455
Total Community Benefits Provided	\$15,529,302

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 Kaiser Permanente Child Health Plan 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 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.
- 11 Amount reflects the net expenditures after tuition reimbursement for health professional education and training programs.
- 12 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-Ontario 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-ONTARIO SERVICE AREA

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

- Substance use
- Mental health
- Economic instability
- Oral health
- Health care access/ utilization
- Community violence
- Diabetes (*Tied*)
- Overweight/obesity (*Tied*)
- Service infrastructure (*Tied*)
- Cardiovascular disease (*Tied*)
- Asthma
- Cancer
- HIV/AIDS & other STIs
- Teen pregnancy
- Prenatal/ perinatal health
- Hepatitis

HEALTH NEEDS THAT KFH-ONTARIO PLANS TO ADDRESS

1. CHRONIC CONDITIONS

Chronic Conditions include obesity/overweight, diabetes, and cardiovascular disease. All three health needs have similar prevention strategies, such as increasing healthy eating and physical activity, as well as disease management that can reduce the onset and prevalence of these health outcomes.

Obesity/Overweight. Overweight and obesity rates have been increasing over the past few years in San Bernardino County. The county has also been identified as an area most impacted by childhood obesity as it has one of the highest rates in the state. Over one-third (36.3%) of adults in KFH-Ontario are overweight and over one-quarter of adults (26.3%) are obese. Among fifth, seventh, and ninth graders in the service area, 13.3% are overweight and 32.6% are obese. Overweight and obesity affects all income levels, age groups, and racial/ethnic groups. However, Hispanics/Latinos, African Americans, Asian Americans, and immigrants are disproportionately affected because a higher proportion of these groups live in low-income areas with poor neighborhood characteristics (e.g. low neighborhood safety, poor access to fresh fruits and vegetables, and high density of liquor store and convenient stores) and eat traditional foods that are sometimes high in fat, salt, and sugar. Obesity prevalence is highest among Hispanic/Latino and African American adults and children. Seniors are also affected due to a low fixed-income and decreased mobility.

Healthy eating and physical activity are the most important behaviors to promote and can also impact other health outcomes (e.g., cardiovascular disease, high blood pressure, diabetes, cancer, mental health, etc.). Poverty and education (economic instability), availability and access to preventive health programs (service infrastructure), and the built environment (e.g., access to parks/recreation, availability of and accessibility to affordable healthy foods, community safety, and poor air quality) can greatly impact overweight/obesity outcomes. Obesity/overweight is also associated with prenatal/perinatal health and musculoskeletal conditions. Overweight and obesity can be debilitating

because they increase the likelihood of developing chronic disease risk factors (e.g., high blood pressure), developing chronic diseases, experiencing medical complications and complications during pregnancy, having worse mental health, and dying prematurely.

Diabetes. Adult diabetes cases in San Bernardino County have increased 47% within the past five years and the County has the second highest percentage of diabetes in California. In KFH-Ontario, adult diabetes prevalence and the adult diabetes discharge rate are higher than the California average. Diabetes among children in KFH-Ontario is also increasing, as youth diabetes discharge rates are almost 2 times higher than California. Although the county diabetes mortality rate remained the same from 2002 to 2010, it is higher than the California rate. Moderate to high prevalence of diabetes has been seen in some racial/ethnic minority and vulnerable groups. Native Americans have the highest diabetes rates in San Bernardino County. Hispanics/Latinos and African Americans are disproportionately impacted by diabetes due to high rates of obesity/overweight. Increases in diabetes cases in children and youth have been seen in the school setting. Older adults are impacted by diabetes due to economic instability and lack of health insurance coverage and may experience more complications. Homeless individuals are also affected by diabetes and its complications because they lack access to health care services. Obesity is a precursor to diabetes and is greatly impacted by eating habits, lack of exercise, health care access, and economic instability. Diabetes is also associated with prenatal/perinatal health, cardiovascular disease, and service infrastructure, and indirectly linked to mental health. Diabetes can be debilitating and/or life-threatening because it increases medical complications and health care costs, leads to kidney failure and increased risk of cardiovascular disease, decreases quality of life, and causes premature death.

Cardiovascular Disease. Heart disease and stroke are the first and third leading causes of death in the United States. Although heart disease and stroke mortality rates decreased from 2002 to 2010 in San Bernardino County, heart disease and stroke mortality rates in the KFH-Ontario service area are higher than the California average. Heart disease impacts all racial/ethnic groups because all racial/ethnic groups have higher heart disease mortality rates higher than the California average. However, Native Americans and Hispanics/Latinos are more disproportionately impacted, with heart disease mortality rates that are five times and two times higher, respectively, than whites in the county. Although not thought of as having cardiovascular disease, Asian Americans are affected by unhealthy eating, high blood pressure, and high cholesterol. Low-income populations and older adults are also impacted by heart disease and stroke. Children and youth are at greater risk for heart disease when they become older because of high obesity/overweight rates and poor eating habits. Risk factors that influence cardiovascular disease prevalence and outcomes are stress, smoking, and obesity (due to eating and exercise habits). Cardiovascular disease is also associated with other chronic conditions (e.g., diabetes, HIV/AIDS), substance use, oral health, and prenatal/perinatal health. Cardiovascular disease can be debilitating and/or life-threatening because it results in serious illness and disability and decreased quality of life, and produces billions of dollars in medical costs and economic loss.

2. ECONOMIC INSTABILITY

Economic instability includes poverty, unemployment, public assistance, food insecurity, home foreclosures, homelessness, and educational attainment. Unemployment, poverty, and low educational attainment are major health barriers and economic instability is considered one of the root causes to poor health outcomes. KFH-Ontario is doing fairly better than California on some indicators, but public assistance has been increasing. The percentage of people living below 100% FPL (10.4%) and the percentage of children living below 100% FPL (14%) are lower than the California average. The percentage of unemployed people (10.7%) is higher than the California average, with higher percentages for people receiving CalFresh (11.9%) and children eligible for free/reduced lunch (59.7%). The percentage of people receiving Medicaid (16.8%) is lower than the California average. Because community residents are suffering from financial hardship, 44% of homes in the Riverside-San Bernardino metro area are “financially under water.” Economic instability impacts everyone. However, homeless and reentry populations, undocumented individuals, seniors, children, veterans, the disabled, and racial/ethnic minorities are heavily impacted. Moreover, in the 2009-2010 school year, 22,658 San Bernardino County children and youth were identified as homeless.

The stress caused by economic instability contributes to poor mental health and chronic illness issues (e.g., asthma, diabetes, cancer, overweight/obesity, etc.). Economic instability is also associated with health care access and utilization. Economic instability is life-threatening and debilitating because it is a primary social determinant of health,

increases the risk of chronic diseases and mental health problems, deprives children of development and educational opportunities, and causes low quality of life and premature death.

3. HEALTH CARE ACCESS AND UTILIZATION

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. Some factors related to health care access and utilization include health care professional shortages, the number of federally qualified health centers (FQHCs) in the county, language and cultural barriers, health insurance coverage, transportation issues, cost barriers, and knowledge of resources.

Health care access and utilization is one of the main determinants of health. In KFH-Ontario, a high proportion of people were without health insurance (21.2%). Research showed health professional shortages in the county (primary care providers and specialists) and the number of primary care providers per person is lower than the California average. As such, the percentage of the population living in a geographic health professional shortage Area (HPSA) is higher than the state average. These factors contribute to a higher percentage of preventable hospital events than the state average. Many of these factors are prevalent in all racial/ethnic groups and subgroups. Undocumented immigrants, older adults, the homeless, and people of color are disproportionately affected. Hispanics/Latinos have the highest percentage of uninsured (66%), followed by whites (60%). The re-entry population is impacted because they often reenter their communities without access to health care or other social services.

Education, poverty, unemployment, and transportation issues exacerbate health care access/utilization issues. Reductions in and barriers to health care access and utilization are associated with many poor health outcomes (e.g., mental health, asthma, diabetes, oral health, substance use, cancer, etc.) and are linked to other health drivers. This health need is considered life-threatening and debilitating because it impacts overall physical, social, and mental health, prevention of disease and disability, detection and treatment of health conditions, quality of life, and life expectancy.

4. ORAL HEALTH

Health care access incorporated oral health because dental HPSAs and dental professional shortages have been identified in San Bernardino County. The percentage of adults with poor dental health (11.8%) and who haven't seen a dental professional (35.3%) are higher than state averages. The percentage of youth who have not seen a dental professional in the past year (15.1%) is also higher than the California average. Poor dental health is a top chronic disease for children. Vulnerable populations (e.g., children, racial/ethnic minorities, and elderly, low-income, uninsured, disabled, HIV-infected, homeless, and reentry populations) are mostly impacted by poor oral health outcomes because they face many barriers to dental care that are greater than that of the general population.

5. MENTAL HEALTH

Although the suicide mortality rate (7.6 per 100,000 population) in KFH-Ontario is lower than the California average, the percent of adults who self-reported the need to see a mental health professional (14.7%) is higher than the California average. CHNA participants voiced strong concern regarding mental health as they feel it is getting worse, especially among children and youth. Men are nearly four times more likely and whites are more than two times more likely to die of suicide. African Americans have high incidence of suicidal thoughts and suffer higher degrees of stress. Native Americans have high incidences of medication for mental health, suffer from psychological stress due to economic instability, and are less likely to seek behavioral health care because of cultural beliefs. Hispanics/Latinos are affected by mental health due to stigma. Immigrants are also affected by mental health due to stigma, as well as stress and discrimination. Research on aging shows that mental health conditions increase with age, so seniors are the largest group to receive mental health services. Providers are concerned with dementia, depression, and suicide in seniors. Mental health issues are increasing in children and youth as they have limited resources and skills to cope with stress and depression, come from unhealthy family situations, and have few treatment facilities. Homeless individuals in San Bernardino County are impacted; 30% suffer from a severe mental illness and 22% have a developmental disability.

Veterans are suffering more from PTSD because they don't receive adequate mental health services after multiple tours overseas. New mothers also suffer from postpartum depression.

Barriers to treating mental health issues are stigma, lack of mental health facilities, lack of access (e.g., insurance) to those facilities, and economic instability. Mental illness also acts as a barrier to seeking care for other health issues. Mental health is indirectly associated with overweight/obesity, chronic diseases (e.g., cardiovascular disease and diabetes), and infectious diseases (e.g., HIV/AIDS). Mental health can be life-threatening or debilitating: it is the leading cause of disability in the U.S. (accounting for 25% of all years of life lost due to disability and premature mortality), closely connected with physical health, and decreases a person's ability to participate in treatment and recovery.

Substance Use. Because mental health and substance use disorders are sometimes intertwined and people with mental health issues are greatly impacted by substance use, substance use was included in mental health. Admissions to county substance abuse treatment facilities rose 11% from 2009 to 2011, with methamphetamine-related treatment accounting for the most admissions (44%). County admissions for methamphetamine, heroin, and marijuana increased, but decreased for alcohol and cocaine/crack. Alcohol use among youth in the county is greater than the California average, with increased usage of synthetic and prescription drugs. Veterans struggling with PTSD and individuals with depression, attention deficit disorder, and stress are greatly impacted. Native Americans and Hispanics/Latinos have high incidences of alcohol use. Whites have the highest incidence of alcohol- and drug-related deaths. Substance use is life-threatening and debilitating: 95% of people who use substances do not believe they have a substance use problem, many relapse, and substance use contributes to costly social and public health problems (e.g., teen pregnancy, STIs, domestic violence, child abuse, crime, homicide, suicide, and lost wages) and leads to premature death.

6. BROADER HEALTH CARE SYSTEM NEEDS IN OUR COMMUNITIES

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

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

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

2014 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-Ontario 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-Ontario 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-Ontario requires grantees to propose, track, and report outcomes, including behavior and health outcomes as appropriate.

PRIORITY HEALTH NEED I: CHRONIC CONDITIONS

LONG-TERM GOAL – OBESITY/OVERWEIGHT

- Reduce obesity/overweight among the general population, but especially among Native American, Latino, and African American adults and children.

INTERMEDIATE GOALS

- Increase healthy eating among Native American, Latino, and African American adults and children.
- Increase active living among Native American, Latino, and African American adults and children.
- Improve capacity (service infrastructure) of community clinics to more effectively manage adult and child weight.

STRATEGIES

Programs and Services

- Partner with Kaiser Permanente Educational Theatre (KPET) to promote healthy eating in schools.

Community Investments

- Provide grants to adopt policies to implement practices and to increase availability of healthy food, fruits, and vegetables in schools, workplaces, and community settings.
- Provide grants to provide physical activity opportunities before, during, and after school in various settings (schools, workplaces, neighborhoods, parks, etc.) combined with education and informational outreach activities.

Leveraging Organizational Assets

- Continue to offer our farmer’s market program on the hospital campus to provide access to largely locally-produced fresh fruits and vegetables and to educate the public on the benefits of healthy eating and active living.
- Engage Southern California Permanente Medical Group (SCPMG) physician speakers and provide resources (Weight of the Nation DVD, Drink Water, Don’t Drink Sugar DVD, and health education brochures) to increase awareness about healthy eating and active living related to the obesity epidemic and track use/application of resources.
- Engage SCPMG adult/pediatric obesity physician champions to provide training, consultative support, and technical assistance (TA) to community clinics to assess existing clinical practices and weight management efforts to identify areas to enhance and/or integrate use of various tools and resources (clinical practice guidelines, proactive office encounters, BMI as a vital sign, physical activity questions, physical activity prescription pads, set clinical strategic goals,

etc.). Includes engaging SCPMG licensed vocational nurses (LVNs) as needed to provide peer-to-peer TA to community clinic medical assistants, LVNs, or nurses.

- Provide SCPMG healthy lifestyles training, curriculum, health education material, and TA on how to integrate into community clinic setting or consulting on how to modify existing curriculum.
- Promote and make SCPMG Healthier Living/Tomando Control de su Salud (general chronic disease management) available to community clinics.

Collaboration and Partnerships

- Participate in Ontario HEAL Zone Initiative to get people to move more and eat better on a daily basis targeting a residential area of 10,000-20,000 in South Ontario.
- Participate in Healthy Communities Collaborative (23 Healthy Cities) focused on increasing healthy eating, using an array of approaches across schools, neighborhoods, workplaces, parks, etc.
- Facilitate and support efforts to promote and enhance the built environment, land use, and joint use agreements and to create space/parks in communities to improve access to physical activity.

EXPECTED OUTCOMES

- Increased healthy food choices and access to affordable fruits and vegetables
- Increased awareness
- Increased healthy eating
- Increased active living
- Increased quality weight management services for overweight/obese patients

LONG-TERM GOAL – DIABETES

- Reduce morbidity and mortality from diabetes among the general population, but especially among Native American, Latino, and African American adults and children.

INTERMEDIATE GOALS

- Increase healthy eating, physical activity, and improve weight management skills.
- Improve clinical care and management of diabetes
- Improve capacity (service infrastructure) of community clinics to more effectively manage type 2 diabetes among adults and early onset of type 1 diabetes among children.

STRATEGIES

Community Investments

- Provide grants for diabetes disease management that involve an organized, proactive, multicomponent approach towards clinical care for and management of diabetes (interventions to improve glycemic control, intensive counseling for people with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease).

Leveraging Organizational Assets

- Engage SCPMG diabetes physician, RN, or certified diabetes educator (CDE) champions to provide training, consultative support, and TA to assess existing clinical practices and diabetes management efforts and to identify improvement areas and integration of tools and resources (clinical practice guidelines, proactive office encounter, BMI as a vital sign, physical activity questions, physical activity prescription pads, set clinical strategic goals, etc.).
- Provide SCPMG diabetes training, curriculum, health education material, and TA on how to integrate these tools into community clinic settings or consulting on how to modify existing curriculum.
- Provide SCPMG Healthier Living (E/S) to community clinic patients at Kaiser Permanente Health Education locations

(create code to track community clinic patients).

- Make existing and free SCPMG CME and CEU opportunities available to community clinic physicians, nurse practitioners, physician assistants, and nurses through Kaiser Permanente diabetes symposiums, online nurse training, etc.

EXPECTED OUTCOMES

- Increased glycemic control and self-management skills
- Increased quality diabetes management services

LONG-TERM GOAL – CARDIOVASCULAR DISEASE

- Reduce morbidity and mortality from heart disease and stroke among the general population, but especially among Native American, Latino, and African American adults and children.

INTERMEDIATE GOALS

- Increase healthy eating, physical activity, and improve weight management skills among the general population, but especially among Native American, Latino, and African American adults and children.
- Improve clinical care for and management of cardiovascular disease.
- Improve capacity (service infrastructure) of community clinics to more effectively manage heart disease and stroke among adults.

STRATEGIES

Community Investments

- Provide grants for heart disease and stroke that entail an organized, proactive, multicomponent approach to prevention and risk reduction (e.g., screenings based on clinical practice guidelines, prescriptions, intensive dietary counseling, computer-based information systems designed to implement clinical guidelines at the point of care [reminders for overdue cardiovascular disease preventive services, assessment of patient risk for cardiovascular disease, and recommendations for clinical treatment or behavior change approaches], including team-based care to improve blood pressure control).

Leveraging Organizational Assets –

- Increase awareness and/or provide training about Kaiser Permanente ALL HEART, tools, and resources (cardiovascular disease manuals, health education material, clinical practice guidelines) and TA on integrating within community clinic system. Engage internal Kaiser Permanente RN to provide TA related to clinical quality.

EXPECTED OUTCOMES

- Increased management of risk factors
- Increased quality heart disease and stroke prevention services

2014 YEAR-END RESULTS

Grant Highlights			
Grantee	Grant Amount	Brief Project Description	Results to Date
American Diabetes Association	\$8,000	Por Tu Familia is a Spanish-language diabetes awareness, prevention, and management program for Latinos. It addresses the importance of healthy food choices and regular physical activity for diabetes care.	Education will be provided to 3,000 low-income Latino families by community lay workers.

American Heart Association (AHA)	\$8,000	Check.Change.Control., an evidence-based hypertension management program that uses community health workers to regularly record blood pressure and create personal health improvement plans with a focus on healthy eating and active living.	The goal is to reach 100 African American adults 18 to 64 twice a month through two-hour workshops. Participants will also be enrolled in Heart360, an AHA secure online platform to document health factors.
City of Rancho Cucamonga	\$8,000	The city's Bringing Health Home program provides fresh produce, increases awareness and access to local farmers' markets, and provides nutrition education and financial literacy workshops that promote healthy eating habits.	The goal is to reach 300 low-income seniors to increase their consumption of fruits and vegetables and access to farmers' markets. At the end of the nutrition workshop, participants receive a dollar-match subsidy (up to \$50 per month) to purchase healthy fruits/vegetables at farmer's markets.
City of Ontario	\$300,000 (DAF) ¹	Supports implementation of healthy food programs at local schools, healthy food and physical activity policies, and installation of greenhouse and outdoor equipment that provide residents opportunities to engage in healthy behaviors.	Over 45 months, the City of Ontario will reach 14,000 youth and adults by improving access and organizational policies around healthy foods and beverages and physical activity in the community and at schools.
Community Partners (CP)	\$350,000 (DAF)	Provide technical assistance and strategic support for coalition building, resident engagement, and leadership through peer-to-peer learnings, webinars, teleconferences for HEAL Zone and partnership grant communities.	CP assists grantees, their partners, and resident/youth leaders in ten HEAL Zone cities so they can apply the competencies, knowledge, and skills to successfully implement their HEAL Community Action Plan strategies.
Community Action Partnership of San Bernardino County	\$20,000 (DAF)	Supports implementation of an organizational nutrition policy that improves the quality and nutritional content of foods, and provides community nutrition education classes.	The formal organizational nutrition policy will help to improve the food distributed to low-income families and to provide nutrition education.
Non-Financial Highlights (Leverage Organizational Assets)			
Beneficiary	Description of Non-Financial Contribution		Results to Date
General public	KFH-Ontario continued to offer farmers' markets on its campus, providing access to and encouraging consumption locally grown fruits and vegetables.		In 2014, over a 50-week period, farmers' market shoppers spent \$387,490 on fruits and vegetables.
Community Clinic Association of San Bernardino County (CCASBC)	Partnered with the Community Hospital Stakeholders, led by the Southern California Hospital Association, to strategically focus on cardiovascular disease and planned to address it through various approaches throughout San Bernardino County. To assess readiness and status, CCASBC surveyed community clinics in		KFH-Ontario shared SCPMG's clinical practice guidelines for hypertension with CCASBC as a resource for its members to adapt. In addition, a KFH-Ontario physician was available to explain the guidelines and provide technical

¹ This grant was distributed from the Kaiser Permanente Southern California Charitable Contribution Fund, a donor-advised fund administered by the California Community Foundation. Accordingly, the grant amount was not included in the community benefit totals for 2014 (Tables A, B and 2).

	July 2014 to collect data on treatment protocols and activities clinics are currently conducting.	assistance on adapting to clinic settings.
Various nonprofit organizations in the KFH-Ontario service area	KFH-Ontario provides health education materials (brochures handouts, etc.) to nonprofit organizations and local governmental agencies at no cost.	Sixteen agencies in the KFH-Ontario service area received about 21,000 publications (value at approximately \$6,000) that they distributed to 7,645 people via health fairs, classes, trainings, etc.
Foothill Family Shelter, Inc., Kids Come First Community Health Center, Pomona Community Health Center, San Antonio Community Hospital Dental Center, West End YMCA	KFH-Ontario developed a DVD, <i>Drink Water, Not Sugar</i> , as a PSA-style educational segment to encourage grade school and pre-teen children to drink water instead of high-sugar drinks. Various segments feature different high-sugar drinks (soda, juice, energy drinks, sports drinks) and one extolls the benefits of drinking water.	KFH-Ontario provided five organizations, schools, and clinics with the age-appropriate DVDs for children to promote drinking water and decreased sugar consumption in fun, simple ways.
Jurupa, Ontario-Montclair, and Upland unified school districts	Kaiser Permanente’s Educational Theatre healthy eating, active living program for fourth and fifth graders includes the play, <i>Game On</i> , two supporting student workshops, and a workshop for adults, <i>From the Label to the Table</i> .	The program supports prevention of overweight and obesity. In the KFH-Ontario service area, there were four performances and 18 workshops for 1,394 students and 152 adults.
Collaboration/Partnership Highlights		
Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
City of Ontario	KFH-Ontario partners with the city on Healthy Ontario, a HEAL (healthy eating and active living) Zone initiative to encourage people to eat better and move more as part of daily life. The HEAL Zones is a clearly defined community (10,000 to 20,000 residents) with high rates of obesity and other health disparities. The HEAL Zone’s goal is to decrease calorie consumption; increase fresh fruits and vegetables consumption; increase physical activity in community (e.g., parks) and institutional settings (e.g., schools, workplaces), and increase safe routes for walking and biking.	KFH-Ontario Community Benefit staff participated in the HEAL Zone initiative by having a KFH-Ontario presence at meetings and identifying healthy eating, active living resources KFH-Ontario can provide to enhance the effort, such as health education material, classes, and trainings for HEAL Zone partners. KFH-Ontario was also a thought partner.

2015 GOALS UPDATE

The goals will remain unchanged for 2015.

2015 STRATEGIES UPDATE

The strategy under *Leveraging Organizational Assets*, related to increased awareness of ALL HEART will change to: Increase control of Hypertension by sharing the KFH-Ontario Hypertension Clinical Practice Guidelines; the KFH-Ontario protocol model for Million Hearts; and participating in the community Stronger Hearts Initiative with 2-1-1 San Bernardino County linking Congestive Heart Failure patients with resources.

PRIORITY HEALTH NEED II: ECONOMIC STABILITY

LONG-TERM GOAL

- Reduce barriers (lack of educational attainment, poverty, basic needs, un/der-employment, and homelessness) to economic stability.

INTERMEDIATE GOALS

- Improve food security.
- Improve education opportunities.
- Improve employment opportunities.
- Improve housing opportunities.

STRATEGIES

Programs and Services

- Maintain and/or expand appropriate Kaiser Permanente programs and resources (KPET’s MPOWR, Summer Youth, Hippocrates Circle, phlebotomy training, LVN Pathway, speakers, etc.) to motivate youth, parents, and adults to achieve educational attainment.

Community Investments

- Provide grants to support food distribution programs and support electronic benefit transfer (EBT) use at farmers’ markets.
- Provide grants with a strong parental engagement component to support 1) career academies, small learning communities within high schools that focus on specific vocational fields; 2) dropout prevention programs; 3) mentoring programs for at-risk students, the homeless or those in foster care; 4) targeted programs to increase college enrollment.
- Provide grants for 1) transitional employment programs that offer time-limited, subsidized, paid jobs intended to provide a bridge to unsubsidized employment; 2) career pathway and bridge programs that help low-skilled adults successfully participate in postsecondary education and the labor market; 3) youth apprenticeship programs that provide participating high school students with professional opportunities that combine academic and on-the-job training/mentorship.
- Provide grants to support for a housing first program that addresses chronic homelessness by providing rapid re-housing and support services such as crisis intervention, needs assessment, and case management; and tenant-based rental assistance programs that provide vouchers or direct cash assistance to allow low-income families more housing options than they could afford by themselves.

Collaboration and Partnerships

- Participate in key countywide initiative/collaboration targeting educational attainment.

EXPECTED OUTCOMES

- Increased self-sufficiency
- Decreased % of people with no high school diploma
- Increased educational attainment
- Improved capacity (service infrastructure)
- Increased number of people employed
- Decreased number of people becoming homeless

2014 YEAR-END RESULTS

Grant Highlights			
Grantee	Grant Amount	Brief Project Description	Results to Date
Ontario-Montclair Schools Foundation	\$8,000	Promise Scholars provides elementary, middle and High school students college campus tours, college/career presentations by business leaders, FAFSA completion workshops, True	Program reach includes college campus tours for 2,000 5th graders; and 2,300 8th graders; career presentations by business leaders for 2,500 6th graders; FAFSA

		Colors personality assessment and career exploration activity aligned with new Common Core standards, including in class college-going lesson plans, college-going storybooks for students.	completion workshops for 400 12th graders and parents/guardians; and, True Colors personality assessment for 9th graders.
Uncommon Good	\$10,000	Urban farms will create jobs, distribute organic fruits and vegetables to low-income adults and children. Adults will participate in farm based health, wellness, and environmental education program.	Half of the produce grown will be sold at Claremont Farmers Market to sustain the program. Fruits and vegetables will be distributed to 650 low-income people in Ontario, Montclair, and Upland.
Mercy House	\$13,000	Ontario Access Center, a one-stop walk-in homeless center, provides emergency services, including vouchers for food, shelter, and transportation; access to day storage lockers, showers, laundry, and emergency case management.	The goal is to serve 1,500 homeless individuals in San Bernardino County.

Non-Financial Highlights

Beneficiary	Description of Non-Financial Contribution	Results to Date
Baldy View Regional Occupational Program (ROP)	This school district (Chaffey Joint Union High, Chino Valley Unified, Claremont Unified, and Upland Unified) joint venture provides technical education and services for high school students and adults who want to prepare for higher education and/or improve their employability.	KFH-Ontario's chief nurse executive talked with 55 high school medical assistant students about careers in the medical field and related topics, including education attainment.
Chino Valley and Ontario-Montclair unified school districts	Educational Theatre's Literacy Promotion Program for grades K to 2 that focuses on healthy habits and reading fun includes the play, <i>Jay and E and the ZigZag Sea</i> , and workshops for students and adults.	In the KFHOntario service area, there were six performances and 23 workshops that reached 2,227 students and 200 adults across five school districts in San Bernardino County.

Collaboration/Partnership Highlights

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
Community Action Partnership of San Bernardino County	KFH-Ontario partnered with the Food Bank to increase access to fresh produce to low income food insecure residents from throughout San Bernardino County.	KFH-Ontario participated in the Food Policy Advisory Council; worked with the Food Bank to create a healthy vending machine policy; provided donations of emergency food bars and back to school supplies; and facilitated staff volunteerism at the Food Bank to help sort food.
San Bernardino County Workforce Investment Board (WIB)	KFH-Ontario participates on the WIB, which has a mission to create a county where those who reside and invest can prosper and achieve wellbeing. The WIB's role is to convene appropriate parties on these issues, create dialogue, and inspire community commitments to action.	KFH-Ontario Public Affairs and Community Benefit leads participated on the WIB as voting/approving members on the programs and funding allocations committee. This participation ensures that employment development strategies and efforts are linked to social determinants of health.
San Bernardino County	Along with 19 other community agencies and organizations, KFHOntario partnered with San Bernardino County in the	During Fall 2014, 32 community forums were held countywide, engaging 1,200 residents who gave input on the Community Transformation Plan. KFHOntario Public Affairs and Community

	Community Vital Signs Initiative (CVS), the county's community needs assessment.	Benefit leads provided expertise on the CVS Steering Committee and chaired the Communications Subcommittee.
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2015 GOALS UPDATE

The goals will remain unchanged for 2015.

2015 STRATEGIES UPDATE

The strategies will remain unchanged for 2015.

PRIORITY HEALTH NEED III: HEALTH CARE ACCESS AND UTILIZATION

LONG-TERM GOAL

- Increase the number of people (uninsured, underinsured, low-income older adults, and the homeless) who have access to appropriate health care services and improve the overall system of care in San Bernardino County.

INTERMEDIATE GOALS

- Increase health care coverage for uninsured, underinsured, low-income older adults and the homeless
- Increase access to primary care.
- Increase access to dental care.
- Provide case management for medically underserved patients who are frequent users of emergency room services for non-urgent cases.
- Improve access to specialty care/diagnostics.
- Improve service infrastructure and capacity of community clinics to more adequately serve the uninsured or underinsured and to be sustainable.
- Reduce workforce shortages.

STRATEGIES

Programs and Services

- Participate in government-sponsored programs for low-income individuals (i.e., Medi-Cal Managed Care and Medi-Cal Fee-For-Service).
- Provide care to low-income children under 19 in families at or below 300% of FPL who lack access to employer-subsidized coverage and do not qualify for public programs pursuant to a program that provides these children with heavily subsidized health care coverage
- Provide Kaiser Permanente Medical Financial Assistance (MFA or charity care) to help patients with limited or no resources to pay for care provided at Kaiser Permanente facilities.
- Plan, develop, and implement an emergency room patient navigator program to provide case management for medically indigent patients with high emergency room usage for non-urgent cases.
- Train new physicians (i.e., Graduate Medical Education)

Community Investments

- Provide grants and in-kind donations to community clinics community-based organizations to provide primary care, including culturally sensitive education about the use of primary care vs. emergency room and care coordination (promotoras /community health workers).
- Provide grants to support school-based dental programs (including sealant delivery programs); dental services; and

education and advocacy around overconsumption of sugar-sweetened beverages.

- Provide grants and TA to clinics to assess readiness, create a viable plan, and implement changes to achieve FQHC-lookalike status. Other FQHCs can share learnings or provide TA to clinics interested in becoming FQHC-lookalikes.
- Provide grants to non-profit medical transportation agencies to increase capacity.

Leveraging Organizational Assets

- Provide community access program (SCPMG; KFHP/HP Community Surgery Day; SCPMG pathology services).
- Expand and deepen SCPMG physician engagement to support provision of primary care at community clinics.
- Provide SCPMG training, speakers, symposium opportunities, resources (health education material, proactive office encounter tools, adult preventive clinical practice guidelines), and TA on integration.
- Expand and deepen SCPMG physician engagement to support delivery of specialty care at community clinics.
- To support Total Health, identify and convene West End social and health service providers to increase coordination and communication of available social and health services and resources (e.g., transportation, basic needs assistance, etc.).

Collaboration and Partnerships

- Facilitate a convening with local dental clinics, dental centers, etc. for dental care coordination and cross referral and to form San Bernardino County Dental Coalition.
- Participate in and support Specialty Care Coalition and related workgroups (guidelines, scope of practice, volunteer network) to improve access to and utilization of specialty care services and to improve San Bernardino County's overall specialty care system.
- Participate in key strategic partnerships (Countywide Vital Sign Initiative; County Workforce Investment Board) to build on existing health professions pipeline efforts and to support related programs. Share Kaiser Permanente youth pipeline programs (i.e., Summer Youth and INROADS).

EXPECTED OUTCOMES

- Increased number of people with coverage
- Increased number of people with a medical home
- Improved access to oral health services and prevent dental caries
- Increased awareness of resources among medically underserved patients who are frequent users of emergency room services for non-urgent cases
- Increased availability of specialty care and diagnostic services
- Increased support for FQHC-readiness in San Bernardino County
- Improved service infrastructure among dental service providers
- Increased collaboration around specialty care
- Increased availability of quality improvement resources
- Improved diversity of trained physicians
- Increased number of trained physicians working in shortage areas

2014 YEAR-END RESULTS

Grant Highlights			
Grantee	Grant Amount	Brief Project Description	Results to Date
West End YMCA	\$10,000	Provide transportation to medical and social service appointments for low-income adults in City of Ontario.	Provide an additional 480 rides for low-income adults.

		Trained as wellness advocates, drivers spend substantial time with riders and provide other resource links.	
Pomona Community Health Center	\$10,000	Increase health care access by providing primary care services to predominantly poor, underinsured, uninsured, and medically underserved individuals.	Reach 775 new patients from Chino, Montclair, Pomona, and Ontario.
Foothill Family Shelter, Inc.	\$10,000	Provide recently homeless families at the shelter, the majority of whom have never seen a dentist or have not received treatment in years, with basic dental examinations and care.	Provides various shelter-based services to families (42 adults and 57 children) from Rancho Cucamonga, Ontario, Upland, Claremont, Montclair, and Pomona.
Community Clinic Association of San Bernardino County (CCASBC)	\$115,000 (DAF)	Support development of CCASBC's infrastructure to best serve its member clinics, and the communities and patients they serve.	CCASBC educates clinic staff and is a resource on topics such as the Affordable Care Act; using certified EHR (electronic health record) technology to improve quality, safety, efficiency, and reduce health disparities; and patient-centered medical home. CCASBC will identify/implement relevant and key successful operational elements from other consortia and California Primary Care Association that focus on improving clinic operations and health outcomes.
Community Clinic Association of San Bernardino County (CCASBC)	\$75,000	Acting in a fiscal agent capacity, grant will help CCASBC plan and implement the Specialty Care Initiative for San Bernardino County.	CCASBC will develop/implement a strategic planning process to improve the county's system of specialty care. CCSBC will improve access to and utilization of specialty care services between specialists and health care providers, while creating an effective system for patient education and navigation related to specialty care.
Reach Out West End	\$50,000 (DAF)	Inland Empire Student Health Ambassador Program (IESHA) will provide an innovative approach to placing students in clinical settings as community health educators to move beyond classroom curriculum to impact learning.	Reach Out West End will identify curricula on three adult and three pediatric health care topics that student ambassadors can present in a waiting room setting. Two community clinic partners and forty high school and community college students will participate in IESHA, completing at least 36 hours of training and providing health education in clinic waiting room settings.

Non-Financial Highlights		
Beneficiary	Description of Non-Financial Contribution	Results to Date
Al-Shifa Clinic, H Street Clinic, Kids Come First Community Health Center, Well of Healing Mobile Medical Clinic	Through KFH-Ontario's SCPMG Physician Engagement Program, internal medicine and family medicine physicians volunteer at local community clinics once a month. Delivering primary care services to working poor, uninsured, underinsured, and homeless clients, they help clinics increase access and patient appointment times.	Seventeen KFH-Ontario family medicine and internal medicine physicians provided 365 volunteer hours providing direct primary care services to community clinic clients. Since 2010, physicians have volunteered a total of 1,801 hours and treated approximately 3,600 patients.
Al-Shifa Clinic, H Street Clinic; and Bloomington Community Health Center	Through KFH-Ontario's SCPMG Physician Engagement Program, specialty physicians volunteer once a month at local community clinics. They provide various specialty care services (psychiatry, ophthalmology, etc.) services to working poor, underinsured, uninsured, and homeless clients and help address the shortage of specialty care services in San Bernardino County.	Eleven KFH-Ontario specialists and surgeons provided 210 volunteer hours providing specialty care services. Their efforts align with and are part of the Community Clinic Association of San Bernardino County's Specialty Care Initiative designed to address specialty care gaps and needs. As part of the initiative, KFH-Ontario physicians and staff participate on a number access, quality, and capacity building sub-committees.
H Street Clinic, Inland Behavioral and Health Services, Pomona Community Health Center, SAC Health Systems, and Bloomington Community Health Center	KFH-Ontario physicians and staff partner with these community clinics to offer Community Saturday Surgery Day where low-income uninsured clinic clients referred into the program receive surgeries at no cost. KFH-Ontario's Ontario-Vineyard Ambulatory Surgery Center provides operating space and covers supplies, surgeons, anesthesiologist, nurses, and other ancillary staff costs.	In 2014, KFH-Ontario hosted the seventh Community Surgery Day. Seven surgeries, including cataract removal, hernia repair, and knee arthroscopy were performed. Since 2010, approximately 50 KFH-Ontario physicians and staff have volunteered their time and expertise.
Chaffey Joint Union, Pomona Unified, and Upland Unified school districts	Educational Theatre's STI (sexually transmitted infections) prevention program for grades 9 to 12, <i>What Goes Around</i> , provides information about HIV, AIDS, and other STIs. The play looks at the lasting impact one person's health choice can have on the lives of others. At the end of each performance, the actor-educators facilitate a Q&A session	The program focuses on abstinence as an option and the importance of testing and prevention. In the KFH-Ontario service area, performances were given at four high schools for 3,260 students and 72 adults.
Collaboration/Partnership Highlights		
Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
San Bernardino County Sheriff's Department- Homeless Outreach Proactive Enforcement, 2-1-1 San Bernardino County, Clinic Association of San Bernardino County	KFH-Ontario's staff and Social Services Department engaged in assessment and brainstorming with community stakeholders that work with the homeless to respond to their various needs.	KFH-Ontario's Public Affairs and Community Benefit leads assessed inpatient/outpatient costs, social and non-medical needs associated with homeless people, and ER utilization. Staff participated with key homeless organizations to explore opportunities to work collaboratively. This resulted in a convening of nonprofit community hospitals to discuss how to better support and

		connect with the county's homeless, and how health care providers can partner.
Center for Oral Health	Partnership with the Center for Oral Health to convene local dental service providers, dental advocates, associations, and others to engage in a dialogue on dental care coordination, cross referrals, and to brainstorm about how the group would like to form itself to maximize its impact on dental health.	KFH-Ontario's Community Benefit lead contributed project management, space, and logistics for three meetings that included discussions about dental best practices; existing assets/resources; developing mission and vision statements and a vision for an organizing group to lead further action; and the desire to impact the oral health status of vulnerable populations in the Inland Empire. The consensus was to form Inland Empire Oral Health Coalition and engage other stakeholders from both San Bernardino and Riverside counties.
Community Clinic Association of San Bernardino County (CCASBC)	KFH-Ontario was a catalyst in the initial formation of CCASB in 2009, and is now an affiliate member. Membership includes 19 safety net clinic systems, representing 45 clinic sites throughout San Bernardino County.	As an affiliate member, KFH-Ontario participated in CCASBC educational sessions and board meetings, actively supporting ongoing safety net clinic joint projects and communications, sharing clinical resources and maintaining relationships with various member clinics for deeper partnerships and.

2015 GOALS UPDATE

The goals will remain unchanged for 2015.

2015 STRATEGIES UPDATE

Under *Programs and Services*, the strategy related to an emergency room patient navigator program will change to: Collaborate with local community hospitals and the county to develop more effective methods for serving the immediate, basic needs of the homeless.

PRIORITY HEALTH NEED IV: MENTAL HEALTH

LONG-TERM GOAL – MENTAL HEALTH

- Reduce and prevent mental illness in vulnerable populations.

INTERMEDIATE GOALS

- Decrease mental health symptoms.
- Increase emotional and behavioral stability among adults, teens, and children.
- Improve access to mental health care.
- Improve capacity (service infrastructure) of mental health providers.

STRATEGIES

Community Investments

- Provide grants that focus on one of the following:
 - collaborative care for the management of depressive disorders, a multicomponent, health care system-level intervention that uses case managers to link primary care providers, patients, and mental health specialists
 - home-based depression care management among older adults that includes active screening for depression,

measurement-based outcomes, trained depression care managers, case management, patient education, and a supervising psychiatrist

- clinic-based depression care management among older adults that includes active screening for depression, measurement-based outcomes, trained depression care managers providing case management, primary care provider and patient education, antidepressant treatment and/or psychotherapy, and a supervising psychiatrist
- individual and group cognitive behavioral therapy to reduce psychological harm among children and adolescents who have physiological symptoms resulting from exposure to traumatic events.
- Provide grants that focus on knowledge, attitudes, and skills related to one or more of the following approaches:
 - home visiting programs starting during pregnancy that provide parenting education, child development information, social support to parents, and encouragement of positive parent–child interactions
 - interventions focused on parenting skills to encourage parents to use praise and rewards to reinforce desirable behavior; replace criticism and physical punishment with mild and consistent negative consequences, and increase positive involvement with their children
 - preventive interventions for divorcing families
 - school-based interventions that involve social skills training to change behaviors to improve social relationships or promote non-response to provocative situations
 - combined school and family interventions focused on building skills and communication
 - cognitive behavioral prevention/intervention programs in a group setting focused on coping with stress for adolescents.

Leveraging Organizational Assets

- Through SCPMG physician engagement, identify bilingual psychiatrist to provide psychiatric services on a volunteer basis to addressing cultural barriers to mental health (language, cultural competence, culturally sensitive, increasing number of minority mental health providers).

Collaboration and Partnerships

- Participate and support the mental health collaborative and provide health educational materials to partners.

EXPECTED OUTCOMES

- Improved management of mental health symptoms among Latinos, African-American, Asians-Americans, homeless, foster children, teens, seniors, veterans, men
- Improved family and social environments of children and youth
- Increased access to and availability of mental health care
- Increased quality and availability of mental health providers

LONG-TERM GOAL – SUBSTANCE USE

- Reduce substance abuse among high-risk populations.

INTERMEDIATE GOALS

- Reduce excess alcohol consumption among veterans struggling with PTSD, males, pregnant women, Native Americans, and Latinos.

STRATEGIES

Community Investments

- Provide grants to conduct media campaigns to reduce alcohol-impaired driving; conduct multicomponent interventions with community mobilization to reduce alcohol-impaired driving (includes sobriety checkpoints, responsible beverage service training, education and awareness-raising efforts, and limiting access to alcohol).

Collaboration and Partnerships

- Support advocacy efforts lead by Healthy Cities partners that look at policies and practices that regulate alcohol outlet density; maintain limits on hours and days of alcohol sales; increase alcohol taxes; and vigorously enforce existing underage drinking laws and minimum legal drinking age.

EXPECTED OUTCOMES

- Decreased access to alcohol in community
- Decreased alcohol dependency and abuse
- Changing attitudes and beliefs around alcohol-impaired driving

2014 YEAR-END RESULTS

Grant Highlights			
Grantee	Grant Amount	Brief Project Description	Results to Date
Project Sister Family Services	\$10,000	Provide individual and group counseling to children and adult survivors of sexual violence and child abuse to prevent self-destructive behaviors from developing such as substance/drug abuse, promiscuity, depression, teen pregnancy, post-traumatic stress disorder, and domestic violence.	Serve 200 survivors of sexual violence and child abuse from Chino, Chino Hills, Montclair, Rancho Cucamonga, Upland, Pomona, Claremont and La Verne
Samaritan Counseling Center	\$10,000	Provide individual and family therapy for teenage boys, young men, and underserved adults ages 25-44 to help resolve behavior issues and conflicts in a positive manner while addressing other mental health or substance abuse problems.	Serve 45 males, providing a 540 counseling/therapy sessions to individuals from Chino, Chino Hills, Claremont, La Verne, Montclair, Pomona, Diamond Bar, Rancho Cucamonga, and Upland.
Ontario-Montclair School District	\$10,000	Provide onsite school counseling to low - income elementary and middle school children who are English language learners to address dropout rates, poor school performance, strained family relationships, depression, anger, substance abuse, panic attacks, posttraumatic stress disorder, and/or suicide attempts.	Provide onsite counseling to 100 students.
Non-Financial Highlights			
Beneficiary	Description of Non-Financial Contribution	Results to Date	
Ontario-Montclair and Pomona unified school districts	Educational Theatre's bullying awareness program for grades 6 to 8 includes the play, <i>Someone Like Me</i> , which addresses rumors and gossip as a form of bullying; the prevalence of social media in bullying; and the developmentally appropriate choice of abstinence in middle school. At the end of each performance, the actor-educators are available for one-on-one	The program is a springboard for discussions between students and their teachers, parents, and trusted adults. In the KFH-Ontario service area, there were 12 performances for 2,555 students and 108 adults from nine schools.	

	sessions with students and can connect them to school personnel, if necessary.	
Ontario-Montclair Unified School District Pomona Unified School District	Kaiser Permanente's Educational Theatre conflict management program for grades 3 to 5 includes the play <i>Drummin' Up Peace</i> and a student workshop. Key topics include steps to managing conflict, empathy, cooperation and communication.	The program is designed to complement conflict resolution and violence prevention efforts in schools. In the KFH-Ontario service area, three performances were held for 1,003 students and 43 adults at two school locations.
Collaboration/Partnership Highlights		
Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
Kids Come First Community Health Center	Because psychiatry is high-demand specialty and most low-cost psychiatry services in the South Ontario area present a transportation barrier, Kaiser Permanente partnered with Kids Come First, which serves low-income, uninsured, and underinsured children in the area, to set up a pediatric psychiatry clinic to respond to the mental health needs.	The SCPMG Physician Engagement Champion recruited a pediatric psychiatrist.

PRIORITY HEALTH NEED V: WORKFORCE

LONG-TERM GOAL

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

INTERMEDIATE GOAL

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

STRATEGIES

- Implement health care workforce pipeline programs to introduce diverse, underrepresented, school-age youth and college students to health careers
- Provide workforce training programs to train current and future health care providers with the skills, linguistic, and cultural competence to meet the health care needs of diverse communities
- Disseminate knowledge to educational and community partners to inform curricula, training, and health career ladder/pipeline programs
- Leverage CB-funded programs to develop strategies to increase access to allied health, clinical training, and residency programs for linguistically and culturally diverse candidates
- Increase capacity in allied health, clinical training, and residency programs to address health care workforce shortages through the provision of clinical training and residency programs
- Leverage Kaiser Permanente resources to help organizations and research institutions collect, standardize, and improve access to workforce data to enhance planning and coordination of workforce 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
Health Professions Education Foundation	\$125,000 (DAF)	A loan repayment program for allied health care professions serving in medically underserved areas.	HPEF awarded a minimum of 26 loan repayments for allied health professionals providing direct patient care in eligible facilities located in Southern California.

2015 GOALS UPDATE

The goals will remain unchanged for 2015.

2015 STRATEGIES UPDATE

The strategies will remain unchanged for 2015.

PRIORITY HEALTH NEED VI: RESEARCH

LONG-TERM GOAL

- Increase awareness of the changing health needs of diverse communities

INTERMEDIATE GOAL

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

STRATEGIES

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

EXPECTED OUTCOMES

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

2014 YEAR-END RESULTS

Collaboration/Partnership Highlights		
Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
Individuals and organizations in the health care and medical community.	Kaiser Permanente Southern California Region's Department of Research and Evaluation works closely with national and regional research institutions and universities to provide high-quality health research that is disseminated to contribute to the knowledge and practice of health care and medicine.	In the KFH-Ontario service area, one research projects were active as of year-end 2014.
Individuals and organizations in the health care and medical community.	Kaiser Permanente Southern California Region's Nursing Research Program provides administrative and technical support for nurses to conduct, publish and disseminate research studies and evidence based practice projects that improve patient care and practices as well as contribute to the knowledge base on nursing.	In the KFH-Ontario service area, four research projects were active as of year-end 2014.

2015 GOALS UPDATE

The goals will remain unchanged for 2015.

2015 STRATEGIES UPDATE

The strategies will remain unchanged for 2015.