



Kaiser Foundation Hospital – Southern California Region

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

SOUTH BAY



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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)-SOUTH BAY

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

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	30.35%
Black/African American	11.47%
Asian	15.54%
Native American/ Alaskan Native	0.22%
Pacific Islander/ Native Hawaiian	0.64%
Some Other Race	0.25%
Multiple Races	3.5%

Hispanic/Latino	38.03%
Total Population	1,326,375
Living in Poverty (<200% FPL)	34.84%
Children in Poverty	22.32%
Unemployed*	9
Uninsured	17.8%
No High School Diploma	17.48%

KEY FACILITY STATISTICS

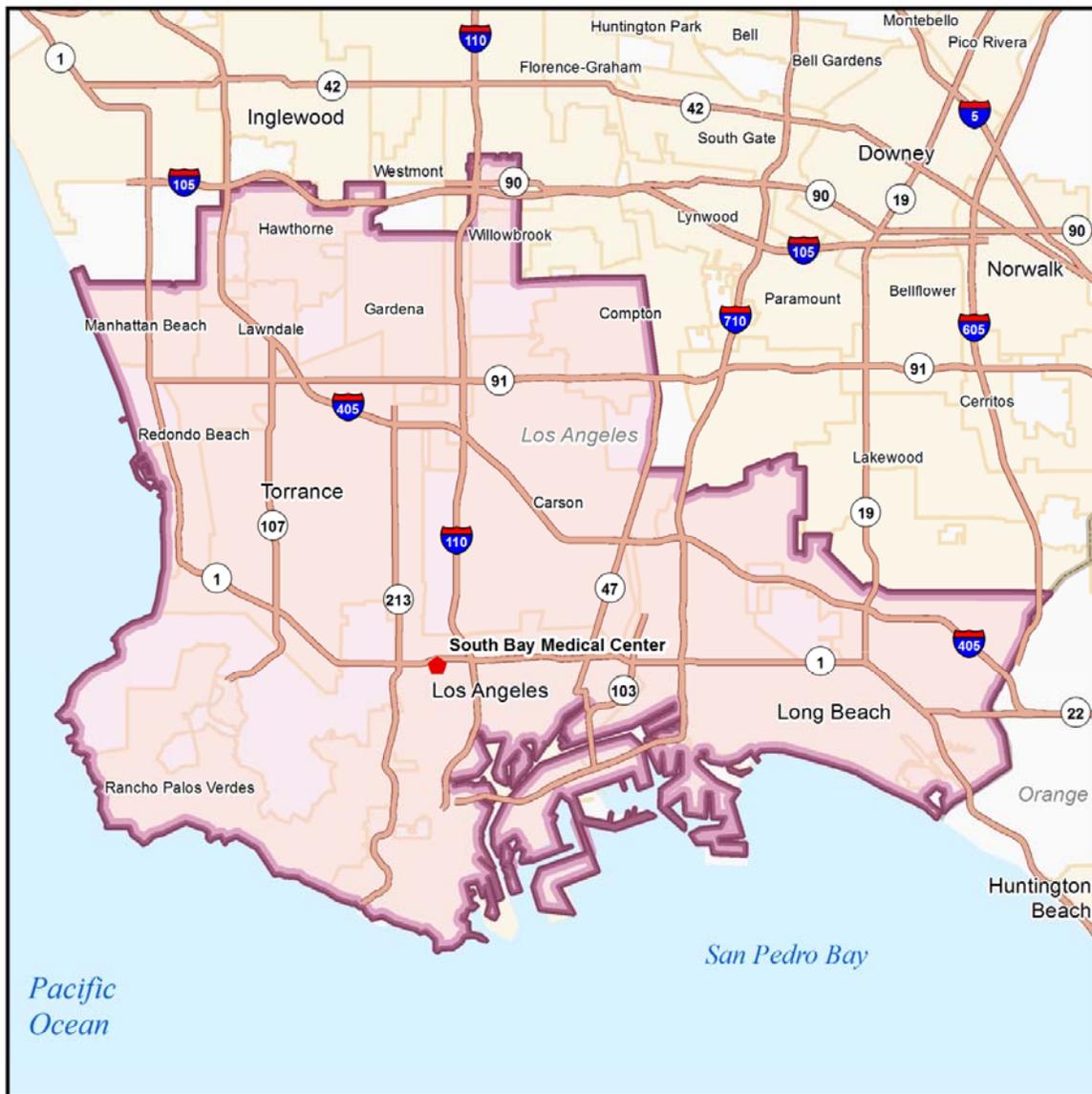
Year opened:	1957
KFH full-time equivalent personnel:	1,986
KFHP members in KFH service area:	537,441

Total licensed beds:	229
Inpatient days	45,341
Emergency room visits:	100,096

KEY LEADERSHIP AT KFH-SOUTH BAY

Lesley Wille, RN	Executive Director
Mark Urquhart	Chief Operating Officer
Karen Kretz	Chief Finance Officer
Barbara Carnes, MD	Area Medical Director
Oswaldo Martinez	Chief Administrative Officer
Tara O'Brien	Director, Public Affairs and Brand Communications
Janae Oliver	Community Benefit Health Manager

KFH South Bay Medical Center Area



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

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



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

Table 1

KAISER FOUNDATION HOSPITAL-SOUTH BAY

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	3,945
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Other Plan members	1,499
Medi-Cal managed care members	12,991
Community Surgery Day patients	15
Health Research projects (new, continuing, and completed)	17
Nursing Research projects (new, continuing, and completed)	4
Educational Theatre – number of performances and workshops	76
Educational Theatre – number of attendees (students and adults)	13,269
Graduate Medical Education – number of programs	4
Graduate Medical Education – number of affiliated and independent residents	82
Deloras Jones nursing scholarship recipients	7
Other health professional training and education (non-MD) beneficiaries	23
Hippocrates Circle students	96
Summer Youth and INROADS programs participants	20
Number of 2014 grants and donations made at the local and regional levels ¹	146

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-SOUTH BAY

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2014

	2014 Totals
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$9,232,683
Charity care: Charitable Health Coverage programs ²	738,839
Charity care: Medical Financial Assistance Program ³	6,772,208
Grants and donations for medical services ⁴	601,109
Subtotal	\$17,344,839
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁵	\$0
Educational Outreach Program	0
Summer Youth and INROADS programs ⁶	57,711
Grants and donations for community-based programs ⁷	626,890
Community Benefit administration and operations ⁸	456,508
Subtotal	\$1,141,109
Benefits for the Broader Community⁹	
Community health education and promotion programs	\$57,621
Educational Theatre	301,207
Community Giving Campaign administrative expenses	9,609
Grants and donations for the broader community ¹⁰	43,188
National board of directors fund	16,295
Subtotal	\$427,920
Health Research, Education, and Training	
Graduate Medical Education	\$465,132
Non-MD provider education and training programs ¹¹	505,186
Grants and donations for the education of health care professionals ¹²	8,585
Health research	497,067
Continuing Medical Education	27
Subtotal	\$1,475,997
Total Community Benefits Provided	\$20,389,865

TABLE 2 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-South Bay 2013 Community Health Needs Assessment (CHNA) is posted on the Internet at <http://share.kaiserpermanente.org/article/community-health-needs-assessments-3/>. A detailed explanation of the CHNA process is included in the introductory section (Chapter IV) of the full SB 697 report.

IDENTIFIED HEALTH NEEDS FOR THE KFH-SOUTH BAY SERVICE AREA

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

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

HEALTH NEEDS THAT KFH-SOUTH BAY PLANS TO ADDRESS

1. ACCESS TO CARE

Increasing access to appropriate and effective health care services addresses a wide range of specific health needs. Achieving the goal of increased access to care requires reducing barriers to preventive screening, primary care, and specialty care by deploying a wide range of strategies encompassing programs, outreach, training, and policies.

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

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

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

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

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

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

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

2. NUTRITION/HEALTHY EATING

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

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

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

3. PHYSICAL ACTIVITY

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

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

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

4. PREVENTIVE HEALTH CARE

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

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

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

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

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

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

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

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

5. VIOLENCE PREVENTION AND COMMUNITY SAFETY

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

Crime and Violence – Violent crimes include homicide, rape, and assault. In the KFH-South Bay service area, Compton (1,375.8), Hawthorne (774.7), and Lawndale (695.8) have the highest violent crime rates per 100,000 persons. The service area's homicide rate is 10.2 per 100,000 persons (age-adjusted, averaged over three years, 2008-2010), nearly double the California rate (5.2) and the Healthy People 2020 objective (5.5) (California Department of Public Health, 2008-2010). According to the CDC, there are a number of individual, family, peer, and community risk factors that can foster violence, including low-income, poor academic performance, diminished economic opportunities, and involvement with alcohol or drugs.

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

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

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

6. BROADER HEALTH CARE DELIVERY SYSTEM NEEDS IN OUR COMMUNITIES

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

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

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

2014 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-South Bay anticipates that successful implementation of the identified strategies will result in or contribute toward a set of expected outcomes that can help support overall improvement of the priority health need in the community. To track strategy implementation and to document anticipated impact, KFH-South Bay 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-South Bay requires grantees to propose, track, and report outcomes, including behavior and health outcomes as appropriate.

PRIORITY HEALTH NEED I: ACCESS TO CARE

LONG-TERM GOAL

- Increase of the number of medically underserved who have access to appropriate health care services.

INTERMEDIATE GOALS

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

STRATEGIES

Programs and Services

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

Community Investments

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

Leveraging Organizational Community Assets

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

EXPECTED OUTCOMES

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

2014 YEAR-END RESULTS

Grant Highlights			
Grantee	Grant Amount	Brief Project Description	Results to Date
California Aquatic Therapy & Wellness Center, Inc.	\$10,000	Aquatic therapy program improving health outcomes for pediatric and geriatric clients with special needs. Services made available to low-income, underserved residents who are aging and/or living with disabilities, including those who are uninsured or underinsured (insurance does not cover this service).	Two hundred seniors, adults and children with disabilities, injuries or chronic disease will benefit from physical therapy sessions. Participants will exhibit improved physical function including increased mobility and range of motion, increased strength, reduced pain, and better overall health and wellness as measured by pre- and post-program examinations and patient and therapist feedback.
Children's Dental Foundation	\$12,500	Supports staffing costs associated with providing core multi-specialty programs and services, oral surgery procedures and oral hygiene education.	A total of 7,000 underserved children and young adults in the Long Beach and South Bay area will be served through this program. Anticipated outcomes include improved oral health awareness and health literacy and increased access to preventive and specialty dental care services.
Harbor Community Clinic	\$15,000	Core operating support grant to provide a medical home to underserved Harbor/San Pedro area residents. The grant will help HCC sustain and increase access to primary care, mental health counseling, health	Outreach to 2,400 local residents at health fairs, or networking events; comprehensive primary and preventive care services to 6,500 unduplicated, low-income residents through 20,000 patient visits annually; and 730 mental health patient visits per year.

		education, and no-cost/low-cost referrals to complementary and specialty care.	
St. John's Well Child Center	\$10,000	Expands the Integrated Behavioral Health Program at its Compton Health Center location. Funding supports a portion of the salary for a full-time, bilingual Spanish/English behavioral health clinician to provide counseling for individuals and groups targeting low-income adolescent and adult patients.	Increases access to behavioral health services for at least 1,500 low income adolescents and adults. Expected outcomes include: depression screenings for 95% of patients (7,500) over the age of 12 during routine medical visits. Six mental health provider-led support groups (in English and Spanish) per month for 350 unduplicated adolescent and adult patients.
United States Veterans Initiative	\$20,000	Weekly individual and group counseling and wrap around services for veterans residing at the Villages at Cabrillo, the largest transitional and permanent housing facility for homeless veterans in the country. Wrap around services include: transportation assistance, financial assistance; referrals to VA benefits and the care they need, and life skills classes and case management to secure permanent housing and employment.	Serving 350 veterans per year, 100% of participating veterans will have access to transportation to the VA and other local providers for healthcare for medical, psychiatric, dental, and addiction treatment appointments; 90% of veterans who enter the program will be enrolled in VA or community healthcare; 75% of clients reporting improved trauma-related symptomology, stress management, and coping skills; and 80% of veterans with addictions maintaining sobriety.
County of Los Angeles	\$150,000 (DAF) ¹	Quality Improvement Initiative: Improve Delivery System Reform Incentive Pool (DSRIP) Category IV measures: Serve Sepsis Detection and Management and Central Line Association.	County of Los Angeles-Harbor UCLA Medical Center provides infrastructure to support Category IV waiver teams for this county hospital to demonstrate improved staff knowledge of waiver initiatives, as well as improvement in process and outcome measures.
Non-Financial Highlights			
Beneficiary	Description of Non-Financial Contribution		Results to Date
Harbor Community Clinic	Nancy Hays, Compliance Officer, met with community clinic executive director to assess compliance training needs for the clinic staff.		On December 15, 2014, Nancy conducted a walk-thru of the clinic to observe any areas of concern and/or improvement. Staff training scheduled for 2015.
Wilmington Community Clinic	Provided input on strategic planning process.		Karen Sielbeck, Assistant Medical Center Administrator volunteered time to review and provide input of strategic plan.

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).

Collaboration/Partnership Highlights		
Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
South Bay Family Health Care Center The Children's Clinic	Improve timely access to medical care.	Hosted a community access day providing free surgical services on Saturday, November 1, 2014. Eight patients were served. Procedures included four hernia repairs, two cataracts, a laparoscopic cholecystectomy, and a ganglion cyst.
South Bay Family Health Care Center The Children's Clinic Wilmington Community Clinic	Increase access to specialty care diagnostic tests and procedures.	Colonoscopy screening day hosted on Saturday, November 15, 2014. A total of four patients were screened.
Harbor-UCLA Department of Family Medicine Medical Mission Adventures	The goal of this partnership is to increase access to primary care services, including medical, dental and vision screenings.	Medical Mission Adventures partnership resulted in 12 dental patients and 15 optical patients receiving services on November 20; and, six dental, 12 optical patients on December 18.
South Bay Coalition for the Homeless	A network that addresses the needs of the homeless to ensure human dignity and compassion through advocacy, service and referrals. Activities include encouraging communication and networking; training and education; and identify service gaps and "programs that work"	KFH-South Bay's community benefit manager attended coalition meetings and KFH-South Bay's internal Homeless Workgroup hosted the coalition meeting on February 12, 2014.

2015 GOALS UPDATE

The goals will remain unchanged for 2015.

2015 STRATEGIES UPDATE

The strategies will remain unchanged for 2015.

PRIORITY HEALTH NEED II: HEALTHY EATING AND PHYSICAL ACTIVITY

LONG-TERM GOAL

- Decrease overweight and obesity and chronic disease.

INTERMEDIATE GOALS

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

STRATEGIES

Community Investments

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

Leveraging Organizational Assets

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

Collaboration and Partnerships

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

EXPECTED OUTCOMES

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

2014 YEAR-END RESULTS

Grant Highlights			
Grantee	Grant Amount	Brief Project Description	Results to Date
City of Carson	\$10,000	Supports the implementation of the City of Carson's Active Transportation Plan through the development of a complete streets policy including planned infrastructure improvements, a Safe Routes to School program, and activities to promote walking and biking.	The city will develop a community supported Complete Streets Policy, 13 School Travel Plans based on new active transportation plan infrastructure (new bike lanes and crosswalks) and implement the Active Transportation Plan programs.
The Foodbank of Southern California	\$12,000	Increases access to fresh fruits and vegetables for low-income individuals and promotes healthy food choices for more than 200 community-based partner agencies in the Long Beach and South Bay area. Funds will cover a portion of the cost to distribute over 8.5 million pounds of fresh produce to nonprofit partner agencies each year.	Each year the Foodbank will distribute over 8.5 million pounds of fresh produce to its nonprofit partner agencies; create new partnership relationships with at least two new fresh produce donors; and, promote 25,000 new viewings of the Good Food vs. Junk Food Chart and 12 Healthy Eating Tip videos on Foodbank's website.

United Charitable Programs	\$10,000	Black Beauty Shop Health Outreach Program is a six-month health education program to empower women 18 to 64 with the knowledge to choose healthier lifestyles and to meet the need for culturally sensitive nutrition education in underserved communities.	This program will recruit 20 women to participate resulting in a 70% completion rate. Program activities will be held at beauty shops in the cities of Long Beach and Hawthorne. Program components include fitness, nutrition education, screenings for obesity, and diabetes, heart disease and breast cancer.
Young Men's Christian Association of Metropolitan Los Angeles	\$10,000	Offered four times a year, Salsa, Sabor y Salud is an eight-week nutrition education and physical activity program for Latino families. It is designed to promote awareness with culturally appropriate information, follow up and reinforcement at home/school, and community events.	In the Wilmington and San Pedro areas, a minimum of 120 participants will result in: 85% of participants indicate their family has tried one new food or recipe per week; 85% of participants will incorporate regular physical activity for 20 minutes (at least three days per week); and 80% of participants will show a decrease in waist measurements and/or weight.
City of Long Beach Department of Health and Human Services	\$300,000 (DAF)	Improve access to healthy foods and beverages at schools and in the community. Improve physical activity zones in parks and open spaces.	This improvement will help provide 20,831 individuals (over 45 months) with increased access to healthy foods and beverages in the school and community environment along with increased access to physical activity opportunities.
Lawndale Elementary School District	\$50,000 (DAF)	Provide a revised district wellness policy, physical education specialists at school campuses, and training to student leaders to increase physical education efficiency.	Lawndale Elementary School District will reach 2,300 students and staff over two years with a revised district wellness policy and improved physical education classes.

Non-Financial Highlights

Beneficiary	Description of Non-Financial Contribution	Results to Date
Robert F. Kennedy Institute of Community and Family Medicine (RFKI)	KFH-South Bay health educators and RFKI Promotoras met for a day-long Promotora Learning Exchange. The exchange was developed to share knowledge and expertise on models of health education and intervention; identify knowledge and resource gaps; explore partnership opportunities to address services/care gaps; and, develop a plan and timeline to implement partnership goals/objectives.	RFKI promotoras identified knowledge and resource gaps in providing chronic disease prevention and management education services to low-income people. This included cultural myths and fears that prevent access to appropriate and timely health care services or lack of information on public benefit programs. The discussions resulted in subsequent trainings on Intimate Partner Violence and job-shadowing of a KFH-South Bay health educator during a Spanish diabetes class.
City of Carson - 5,000 lb. Challenge	The City of Carson has issued a city-wide challenge to collectively lose 5,000 pounds. KFH-South Bay health educators provided technical assistance and resources to planners and participants.	This is an ongoing city-wide initiative and results will be tallied in 2015. In 2014, health educators hosted a vendor booth with nutrition materials and demos, lifestyle weight management classes, samples of healthy snacks, and fitness information. Alan Toben, M.D., hosted

		“Ask the Doctor” table to answer general questions about diet, exercise and chronic disease prevention and management.
The Foodbank of Southern California	January 11, 2014, KP physicians and employees volunteered to fill boxes of nonperishable foods.	More than 50 volunteers filled 1,200 boxes of nonperishable foods. Donations will be distributed to community partners serving low-income individuals in the greater Long Beach area.
Collaboration/Partnership Highlights		
Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
Coalition for a Healthy North Long Beach	The Coalition is a community collaborative focused on advocating for the health and wellness of all North Long Beach residents. It is involved with the North Long Beach’s healthy eating active living project (also known as Kaiser Permanente’s HEAL Zone Initiative), a multi-year grant funded place-based effort designed to help make healthy choices accessible to more people in underserved communities through environmental changes.	KFH-South Bay’s community benefit manager attended bi-monthly Coalition meetings. And, Jennifer Sluder, MD, spoke at the grand opening celebration of Coolidge Park in North Long Beach.
Model Neighborhood Programs (MNP)	KFH-South Bay in partnership with MNP serves as a distribution location for low-income women eligible for the Women, Infants and Children (WIC) program at its weekly on-campus farmer’s market. The market is one of about 40 markets in the state that is eligible to accept year-round WIC Fruit and Veggie, summer Farmers’ Market WIC, and Senior WIC checks.	Since July 2014 approximately 1,070 WIC participants benefited from the KFHSouth Bay Farmers’ Market. Participants pick up WIC vouchers and receive matching farmer’s market dollars to purchase fresh fruits and vegetables.

2015 GOALS UPDATE

The goals will remain unchanged for 2015.

2015 STRATEGIES UPDATE

Under *Leveraging Organizational Assets*, the strategy for farmers’ markets will be modified to: Continue to offer our farmers’ market program on the hospital campus to: 1) Provide access to largely locally produced fresh fruits and vegetables; 2) Educate the public on the benefits of healthy eating and active living; 3) Serve as a distribution site for Supplemental Nutrition Assistance Programs (SNAP) e.g. Women, Infants, and Children (WIC), Electronic Benefit Transfer (EBT), and Senior Farmer’s Market Nutrition Programs (SFMNP); 4) Outreach to low-income individuals and/or families to increase participation and access to SNAP; and/or 5) Share farmers’ market model and resources with local cities and/or community partner/s interested in establishing a farmers’ market in a low-income area or food desert.

PRIORITY HEALTH NEED III: PREVENTIVE HEALTH CARE

LONG-TERM GOAL

- Reduce preventable health problems.

INTERMEDIATE GOAL

- Increase access to preventive care in the community.

STRATEGIES

Community Investments

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

Leverage Organizational Assets

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

EXPECTED OUTCOMES

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

2014 YEAR-END RESULTS

Grant Highlights			
Grantee	Grant Amount	Brief Project Description	Results to Date
Wilmington Community Clinic	\$15,000	Provides screenings, risk assessments, and health education to prevent and manage diabetic and pre-diabetic conditions for low-income, underserved individuals.	Expected outcomes for the 2014-15 funding year include: screening 750 patients for diabetes; one-to-one health training and assistance for 125 diabetic and pre-diabetic patients; and, nutrition classes for 75 pre-diabetic patients with additional hours for case management and follow up.
City of Long Beach Department of Health and Human Services (LBDHHS)	\$20,000	Supports a citywide outreach, education, screening, and referral project for individuals with diabetes and pre-diabetes. This will expand upon the LBDHHS' existing six-week, curriculum-based diabetes course in English and Spanish.	150 individuals will participate in the LBDHHS Diabetes Prevention and Management Program (DPMP); 10% of screened individuals will be connected with DPMP, a health care provider, health insurance, and other LBDHHS services/resources; and 100 individuals will attend the community diabetes presentations provided by the DPMP.
Community Clinics Health Network (CCHN)	\$225,000 (DAF)	Spread the ALL HEART program across Southern California Region.	CCHN will lead planning/implementation of hypertension, psychosocial assessment and care, and clinic-to-community integration of ALL HEART; provide varied training and technical assistance support to meet the needs of community clinics and health centers; and pilot test the integration of behavioral health with provider visits.

California Primary Care Association (CPCA)	\$150,000 (DAF)	To provide training, support, and technical assistance so that California community health centers (CCHCs) can function as leading providers of primary and preventive services within an integrated healthcare environment.	CPCA will provide training, support, and technical assistance so CCHCs can serve as leading providers of primary and preventive services within an integrated health care environment. In addition, CPCA will help CCHCs leverage state and federal health care reform opportunities and thrive under the first year of full ACA implementation
Non-Financial Highlights			
Beneficiary	Description of Non-Financial Contribution		Results to Date
Robert F. Kennedy Institute of Community and Family Medicine (RFKI)	RFKI Promotoras shadowed KFHS-South Bay health educators during Spanish diabetes classes.		Two RFKI promotoras shadowed KFHS-South Bay diabetes classes in July/August in an effort to strengthen their knowledge and presentation skills to conduct diabetes and nutrition workshops in the community.

2015 GOALS UPDATE

The goals will remain unchanged for 2015.

2015 STRATEGIES UPDATE

The strategies will remain unchanged for 2015.

PRIORITY HEALTH NEED IV: VIOLENCE PREVENTION AND COMMUNITY SAFETY

LONG-TERM GOAL

- Reduce violence among high-risk populations.

INTERMEDIATE GOALS

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

STRATEGIES

Programs and Services

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

Community Investments

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

Leverage Organizational Assets

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

EXPECTED OUTCOMES

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

2014 YEAR-END RESULTS

Grant Highlights			
Grantee	Grant Amount	Brief Project Description	Results to Date
Centinela Youth Services, Inc.	\$12,500	Reach for the STARS: Reducing Violence in Schools through Mediation trains student mediators to develop leadership, communication and conflict resolution skills, and conducts conflict resolution workshops for those at-risk for school drop-out or participation in community violence.	Fifteen student mediators will be trained at participating schools to conduct peer mediations; 1,300 at-risk students will participate in conflict resolution workshops; and, student peer mediation programs will be expanded to 15 new schools. Expected outcomes include: 75% of peer mediators will report greater involvement in school success and acquisition of new conflict resolution skills; reduction of youth suspensions or detentions for participants by 25%; and, 75% of conflict resolution workshop participants will report learning new skills.
Harbor Area Gang Alternatives	\$10,000	My Gangfree Life is a nationally recognized, evidence-based 6- to 8-week gang prevention education program that targets 4th and 6th graders. Lessons include the history of gangs, dress, graffiti and behaviors. Other lessons examine the consequences of gang involvement, effects on the individual, the family and the community as a whole.	In Year 1, 700 4th grade and 300 6th grade students at schools in Carson, Compton, Gardena, Harbor City/Harbor Gateway, Long Beach, San Pedro and Wilmington will pledge to be gang free and graduate in a commencement ceremony at the culmination of the program.
Long Beach Bar Foundation, Inc.	\$12,500	SHORTSTOP, a juvenile crime deterrent program led by volunteer attorneys, aims to improve the lives of youth and guide them toward productive citizenship. Youth and their parents attend two three-hour sessions in a Long Beach courtroom to understand the legal consequences of their choices.	Grant objectives are to provide a minimum of 49 SHORTSTOP sessions for 800 unduplicated youth and their parents. Expected outcomes are: 90% of youth enrolled will successfully complete both sessions; 80% of participants will increase their understanding of their legal rights and responsibilities; 85% of youth completing the program will not re-offend; and all participants will have goal setting skills.
The Positive Results Corporation	\$7,500	This program uses a Real Talk workshop format to educate low-income, at-risk youth (foster care, transitional age, or homeless) on dating, domestic and sexual violence in Carson, Compton, and Hawthorne. Participants develop violence prevention strategies and leadership skills to make wise	Three hundred youth and their families will receive violence awareness and education, 60 youth will be trained Peer Advocates on teen dating violence prevention and assault.

		choices about personal safety and Peer Advocates are trained on the signs and triggers, what to do, where and how to get help.	
Toberman Neighborhood Center, Inc.	\$15,000	Funding supports mentor component of the Gang Intervention Program targeting at least 25 additional high risk or actively gang-involved youth with trained adult mentors to establish positive relationships and improve academic performance.	Toberman will build upon their success—152 case-managed family members and 24 mentored youth—by expanding to an additional 25 youth mentored and having consistent school attendance. Other anticipated outcomes are: 80% of youth achieve at least a 2.0 grade point average; experience an increase in developmental assets; no youth being mentored will be arrested over one year; and, all youth will meet probation requirements in place.
Non-Financial Highlights			
Beneficiary	Description of Non-Financial Contribution		Results to Date
Robert F. Kennedy Institute of Community and Family Medicine (RFKI)	Kaiser Permanente Watts Counseling and Learning Center (WCLC) provided half-day training for RFKI Promotoras on the signs and symptoms of Intimate Partner Violence (IPV).		On September 19, 2014, 15 Promotoras received IPV training by a WCLC licensed clinical social worker.

2015 GOALS UPDATE

The goals will remain unchanged for 2015.

2015 STRATEGIES UPDATE

The strategies will remain unchanged for 2015.

PRIORITY HEALTH NEED V: WORKFORCE

LONG-TERM GOAL

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

INTERMEDIATE GOAL

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

STRATEGIES

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

- Leverage CB-funded programs to develop strategies to increase access to allied health, clinical training, and residency programs for linguistically and culturally diverse candidates
- Increase capacity in allied health, clinical training, and residency programs to address health care workforce shortages through the provision of clinical training and residency programs
- Leverage Kaiser Permanente resources to support organizations and research institutions to collect, standardize, and improve access to workforce data to enhance planning and coordination of workforce training and residency training programs

EXPECTED OUTCOMES

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

2014 YEAR-END RESULTS

Grant Highlights			
Grantee	Grant Amount	Brief Project Description	Results to Date
California Institute for Nursing and Health Care (CINHC)	\$100,000 (DAF)	To provide expert technical assistance to registered nursing programs at California State Universities (CSUs) and their identified California Community College (CCC) partners in Southern California. It will also help schools implement an associate degree to a bachelor of science in nursing pathway, facilitating fast tracking and efficient implementation of the California Collaborative Model of Nursing Education (CCMNE).	CINHC will facilitate engagement and partnership to develop, implement, and sustain the CCMNE across all 10 CSUs and respective CCCs. CINHC will engage interested private universities and colleges within the region, including deans, directors, and faculty. Lastly, CINHC will conduct a curriculum review, mapping process, and development of integrated pathways based on prior success strategies that are consistent with evidence based models.
George Washington University (GWU)	\$25,000	For GWU's School of Public Health to develop programs that raise social mission and health policy knowledge in medical education.	GWU will develop a national faculty fellowship in the social mission of medical education for rising medical school faculty to prepare them to teach social mission fundamentals.

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-South Bay service area, 17 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 and contribute to the nursing knowledge base.	In the KFH-South Bay 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.