



# Kaiser Foundation Hospital – Southern California Region

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

## WOODLAND HILLS



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

See endnotes on the following page.

## ENDNOTES

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

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 <sup>1</sup>	11,259,876		
Vallejo	23,644,399		
Walnut Creek	17,092,850		
<b>Northern California Total</b>	<b>\$406,684,308</b>	<b>Southern California Total</b>	<b>\$323,569,785</b>



## 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](http://www.chna.org/kp)) to facilitate access to and analysis of relevant secondary data. The platform provided local data on demographics, social and economic factors, the physical environment, clinical care, health behaviors, and health outcomes. Sources for data available on the platform include, but are not limited to:

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

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

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

The CHNA report for each KFH hospital is posted on 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)-WOODLAND HILLS

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

### 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	56.77%
Black/African American	2.92%
Asian	11.37%
Native American/ Alaskan Native	0.2%
Pacific Islander/ Native Hawaiian	0.16%
Some Other Race	0.14%
Multiple Races	2.92%

Hispanic/Latino	25.52%
Total Population	921,028
Living in Poverty (<200% FPL)	24.21%
Children in Poverty	12.87%
Unemployed*	8.4
Uninsured	14.35%
No High School Diploma	10.87%

### KEY FACILITY STATISTICS

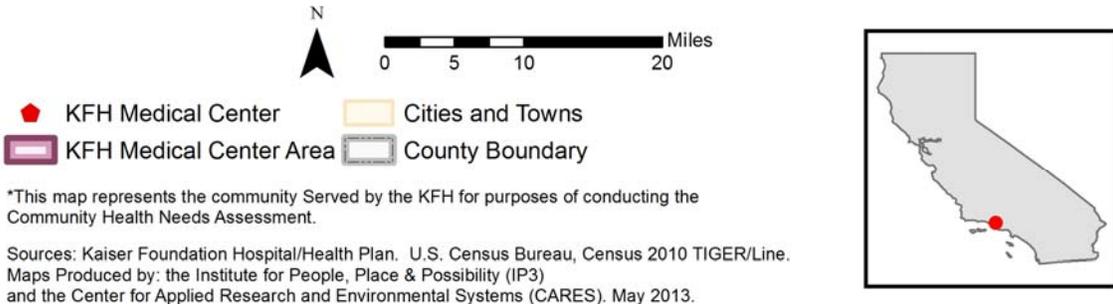
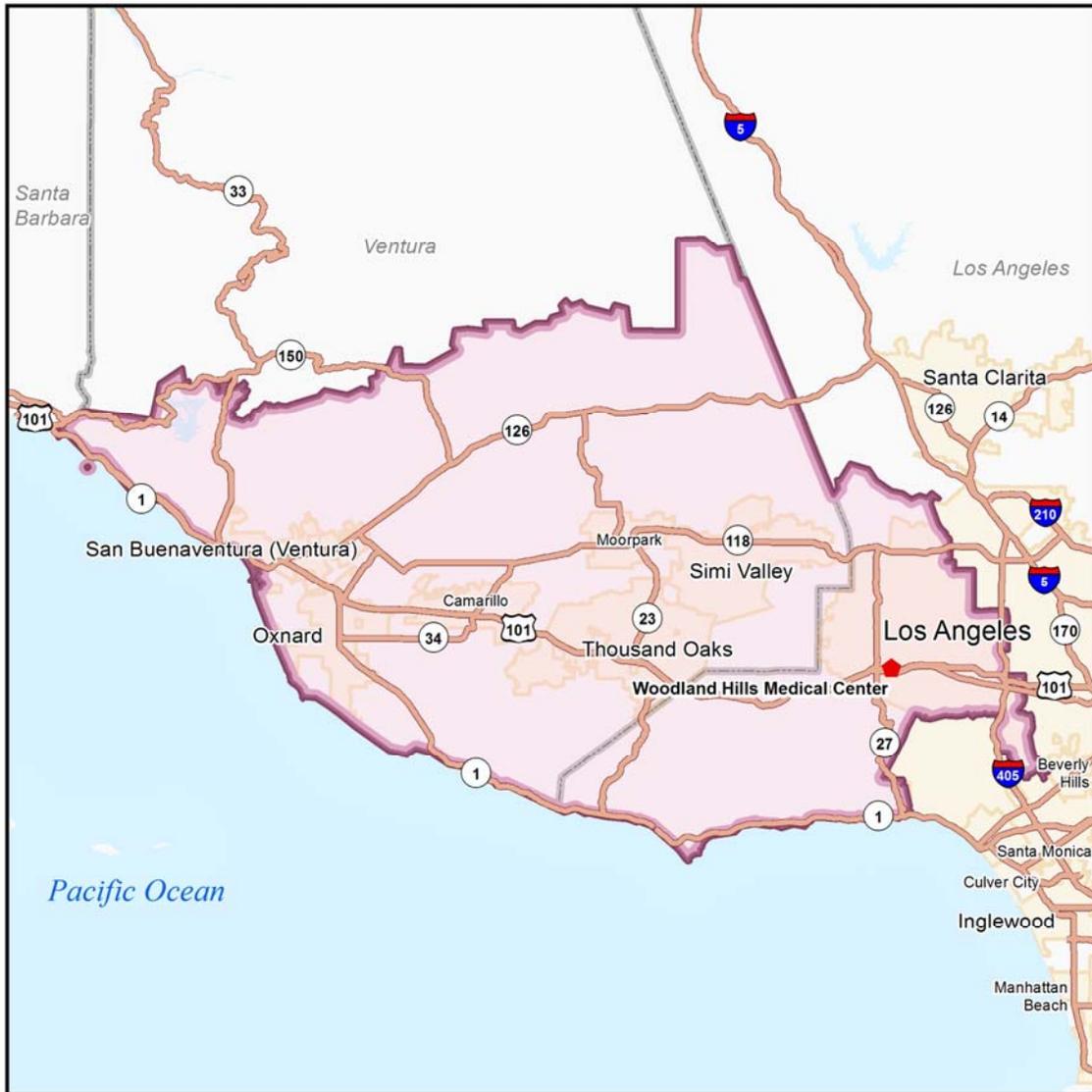
Year opened:	1986
KFH full-time equivalent personnel:	874
KFHP members in KFH service area:	222,374

Total licensed beds:	262
Inpatient days:	41,562
Emergency room visits:	39,945

### KEY LEADERSHIP AT KFH-WOODLAND HILLS

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

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



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

**Table 1**

**KAISER FOUNDATION HOSPITAL-WOODLAND HILLS**

**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	3,907
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Other Plan members	2,003
Medi-Cal managed care members	9,525
Health Research projects (new, continuing, and completed)	15
Nursing Research projects (new, continuing, and completed)	6
Educational Theatre – number of performances and workshops	71
Educational Theatre – number of attendees (students and adults)	15,851
Graduate Medical Education – number of programs	1
Graduate Medical Education – number of affiliated and independent residents	18
Deloras Jones nursing scholarship recipients	2
Other health professional training and education (non-MD) beneficiaries	12
Hippocrates Circle students	122
Summer Youth and INROADS programs participants	15
Number of 2014 grants and donations made at the local and regional levels <sup>1</sup>	158

<sup>1</sup>The vast majority of regional grants impact three or more hospitals. As such, a single regional grant may be included in the “Number of 2014 grants and donations” count for multiple hospitals.

Table 2

## KAISER FOUNDATION HOSPITAL-WOODLAND HILLS

### COMMUNITY BENEFIT RESOURCES PROVIDED IN 2014

	2014 Totals
<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$5,117,835
Charity care: Charitable Health Coverage programs <sup>2</sup>	938,959
Charity care: Medical Financial Assistance Program <sup>3</sup>	5,161,102
Grants and donations for medical services <sup>4</sup>	599,993
<b>Subtotal</b>	<b>\$11,817,889</b>
<b>Other Benefits for Vulnerable Populations</b>	
Watts Counseling and Learning Center <sup>5</sup>	\$0
Educational Outreach Program	0
Summer Youth and INROADS programs <sup>6</sup>	48,861
Grants and donations for community-based programs <sup>7</sup>	658,705
Community Benefit administration and operations <sup>8</sup>	498,223
<b>Subtotal</b>	<b>\$1,205,789</b>
<b>Benefits for the Broader Community<sup>9</sup></b>	
Community health education and promotion programs	\$62,886
Educational Theatre	281,388
Community Giving Campaign administrative expenses	10,487
Grants and donations for the broader community <sup>10</sup>	31,665
National board of directors fund	17,784
<b>Subtotal</b>	<b>\$404,210</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education	\$898,314
Non-MD provider education and training programs <sup>11</sup>	418,044
Grants and donations for the education of health care professionals <sup>12</sup>	9,369
Health research	542,488
Continuing Medical Education	28
<b>Subtotal</b>	<b>\$1,868,243</b>
<b>Total Community Benefits Provided</b>	<b>\$15,296,131</b>

## 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.

# 2013 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY

## 2013 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY

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

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

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

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

## HEALTH NEEDS THAT KFH-LOS ANGELES PLANS TO ADDRESS

### 1. ACCESS TO CARE

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

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

### 2. OBESITY PREVENTION

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

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

### **3. ORAL HEALTH**

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

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

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

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

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

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

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

## 2014 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-Woodland Hills anticipates that successful implementation of the identified strategies will result in or contribute toward a set of expected outcomes that can help support overall improvement of the priority health need in the community. To track strategy implementation and to document anticipated impact, KFH-Woodland Hills 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-Woodland Hills 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 the number of individuals who have access to and receive appropriate health care services in the KFH-Woodland Hills service area.

#### INTERMEDIATE GOALS

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

#### STRATEGIES

##### *Programs and Services*

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

##### *Community Investments*

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

*Leveraging Organizational Assets*

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

**EXPECTED OUTCOMES**

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

**2014 YEAR-END RESULTS**

<b>Grant Highlights</b>			
<b>Grantee</b>	<b>Grant Amount</b>	<b>Brief Project Description</b>	<b>Results to Date</b>
Hope of the Valley Rescue Mission	\$20,000	A recuperative care center to help homeless individuals recovering from an illness or medical emergency.	The recuperative care center is being constructed to open in June 2015. Six hospitals have agreed to sign Recuperative Care Agreements in order to have their patients cared for in this facility when it opens.
Caregivers Volunteers Assisting the Elderly	\$20,000	Sustain in-home support and transportation services for more than 550 homebound seniors as well as expand free services for isolated, frail seniors.	Caregivers provided free access to healthcare for 840 seniors throughout Ventura County. This included 47,649 hours and 492,750 miles for 479 seniors who are enrolled in Caregivers and served by 377 volunteers.
Turning Point Foundation	\$20,000	Homeless to Home Project provides a peer health navigator to assist persons who are homeless and mentally ill.	Of 121 street outreach clients served, 47 were connected with medical insurance; 156 primary medical appointments; and 106 mental health appointments. Medical care transportation was provided 237 times and pharmacy connections were made 133 times. There was a 75% decrease in client's use of emergency medical services post health navigation.

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 that CCHCs can function as leading providers of primary and preventive services within an integrated healthcare environment. In addition CPCA will support CCHCs in leveraging opportunities of state and federal health care reform in order to thrive under the first year of full ACA implementation
United Homeless Healthcare Partners (UHHP)	\$25,000 (DAF) <sup>1</sup>	UHHP received funds to build the capacity of homeless services providers throughout Los Angeles County to ensure equitable implementation of the ACA and to help clients' access appropriate services.	UHHP will facilitate at least three meetings with health plans, providers and enrollment agencies to develop written recommendations and strategies for serving homeless residents. In addition, UHHP will conduct at least four trainings on Medi-Cal enrollment and the use of managed care and benefits (i.e. SSI, CalFresh, CalWorks, etc.) to reach at least 50 homeless services provider agencies and Homeless Coalition chairs (25+) from across the county for training and support of Medi-Cal enrollment.

**Non-Financial Highlights**

Beneficiary	Description of Non-Financial Contribution	Results to Date
Westminster Free Clinic	KFH-Woodland Hills physicians, nurses and ancillary staff created a vision clinic with eye exams, prescriptions and eye glasses.	Thirty patients received the vision care and glasses they needed to succeed.
Ventura Education Partnership	KFH-Woodland Hills physicians, nurses and ancillary staff coordinated sports physicals and vaccines for students as part of Summerfest.	Services provided included 253 sports physicals and 47 vaccines for students as part of Summerfest, a community celebration of healthy living.
Reseda Church of Christ	KFH-Woodland Hills Family Medicine residents managed blood pressure screenings and health education materials at the Reseda Church of Christ Health Fair	One-hundred and fifty low income community residents who participated in the health fair received health information in Spanish and English and received free blood pressure

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

		screenings to increase awareness hypertension prevention.
El Salvador Foundation	KFH-Woodland Hills nursing staff organized blood pressure screenings and health education materials provided at this Navidad en el Valle (Christmas in the Valley) event.	350 low income Winnetka residents attended. They received free blood pressure screenings, along with diabetes and asthma prevention information in Spanish.
Collaboration/Partnership Highlights		
Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
Mobility Management Catch-A-Ride Eligibility Determination Committee	This collaborative works to provide resources for community residents who need transportation assistance to their medical providers but cannot afford it.	KFH-Woodland Hills helped create a Mobility Management Mileage Reimbursement Program and approved the first 10 applicants.
Free Clinic Vaccine Partnership	Rotary Club of Thousand Oaks provides vaccines, administered by KFH-Woodland Hills staff, at Westminster Free Clinic and Food Share provides donated fruits and vegetables to those who are vaccinated.	Two-hundred and ninety vaccines were administered by KFH-Woodland Hills staff to children and adults at the Westminster Free Clinic.
Homeless Navigation Partnership	Work with community organizations to place homeless patients in housing and recovery programs once they are discharged from the hospital.	Placed 357 homeless patients into shelters, transitional and permanent housing, and substance abuse treatment programs.
Greater Los Angeles Homeless Count Coordinating Committee	KFH-Woodland Hills Medical Center served as a site for the homeless count to highlight the need for more resources to treat our most vulnerable neighbors living on the street.	Recruited eight additional homeless count deployment sites: Chatsworth, Northridge, North Hills, Mission Hills, as well as KFH Medical Centers in Panorama City, Los Angeles, Baldwin Park, and South Bay.

**2015 GOALS UPDATE**

The goals will remain unchanged for 2015.

**2015 STRATEGIES UPDATE**

The strategies will remain unchanged for 2015.

**PRIORITY HEALTH NEED II: OBESITY PREVENTION**

**LONG-TERM GOAL**

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

**INTERMEDIATE GOALS**

- Improved environments and policies resulting from community leaders' advocacy efforts that make it easier for residents to eat healthy and be physically active in the KFH-Woodland Hills service area.

- Increased opportunities for community residents in the KFH-Woodland Hills service area to advocate for healthier communities utilizing Kaiser Permanente-sponsored tools.
- Increased opportunities for community residents in the KFH-Woodland Hills service area to participate and engage in healthy eating and active living behaviors through Kaiser Permanente-sponsored programs.

**STRATEGIES**

*Community Investments*

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

*Leveraging Organizational Assets*

- Make Kaiser Permanente-sponsored tools and programs to improve eating and physical activity environments and policies widely available to community residents (e.g. Weight of the Nation, Kaiser Permanente Thriving Schools, Fire Up Your Feet, Educational Theatre, health education materials, Everybody Walk, Healthy Workforce, Video Voice Mapping).
- Continue to offer our farmers’ market program on the hospital campus to provide access to largely locally produced fresh fruits and vegetables and to educate the public on the benefits of healthy eating and active living.
- Share best practices and invite community residents and partners to participate in Kaiser Permanente-sponsored environmental change efforts that make it easier to eat healthy and be physically active (e.g., Thrive Path, farmers’ markets).

**EXPECTED OUTCOMES**

- Increased leadership capacity among residents to advocate for policies and environments that make it easier for them to access healthy food and be physically active.
- Increased awareness among residents and employers in the KFH-Woodland Hills service area of Kaiser Permanente’s best practices and efforts in environmental change and their impact in the community.
- Increased participation and utilization of Kaiser Permanente-sponsored obesity prevention programs and tools by community residents, cities, schools, employers.

**2014 YEAR-END RESULTS**

Grant Highlights			
Grantee	Grant Amount	Brief Project Description	Results to Date
Central Coast Alliance United for a Sustainable Economy	\$20,000	Improve health outcomes by empowering residents through a leadership pipeline to advocate in their community for environmental changes that reduce childhood obesity.	The initial resiliency survey was given to the first leadership cohort made up of 20 participants. The participants assessed their self-esteem and committed to helping improve their perception and learning about community issues. Initial survey results show 80% classified as having low self-esteem; 50% had not participated in community related efforts to improve their physical environment; and, 30% had been active in a community leadership role.
The Foundation for Educational and Employment Resources Development Inc.	\$8,256.40	Provide swim lessons and certified junior lifeguard training and employment.	Provided 126 youth and their family members with entry-level swim lessons and evaluations by poolside lifeguards for swimming competency certification. Four

			youth were identified to complete junior lifeguard training. In addition, 38 youth and family members participated in presentations before decision-making bodies, and key officials including members of the city council, police chief, fire chief and board of supervisors to advocate for greater pool access for low-income communities.
North Valley Family Young Men's Christian Association at Porter Ranch	\$20,000	Create school-based parent advocacy councils that help identify, inform and implement policies to improve the physical and nutritional health of students, staff and administration.	Established four Parent Advisory Councils and trained 86 child care staff across 16 school sites on how to implement healthy practices. Results included over 5,000 students, faculty and families across 15 school sites measuring their activity with pedometers and 130 families who accumulated the most steps celebrating at Healthy Family Night.
SOSMentor – Socrates Opportunity Scholarship Foundation	\$20,000	Provide the tools for middle school students to create environmental and policy changes that improve their schools, making it easier to eat healthy, and be physically active.	In the Take Action program, students at four middle schools created a school garden, hosted a healthy food tasting fair, and launched two poster campaign contests. SOSMentor provided 88 hours of nutrition education and physical activity. The nutrition portion of the program served 72 students and the popular physical activity skill-building program served 107 students.
County of Ventura Public Health	\$150,000 (DAF)	Develop and implement healthy food/beverage school policies, implement school policies promoting active transportation, and improve safety of parks and recreation facilities.	Over 45 months, County of Ventura Public Health will provide 10,000 students, parents, and residents with policy and environment changes at schools and in the community around healthy eating and active living.
Non-Financial Highlights			
Beneficiary	Description of Non-Financial Contribution		Results to Date
Los Angeles Regional Food Bank	The KFH-Woodland Hills Pediatric Department and Teen Center organized a Peanut Butter and Jam Slam.		This food drive was conducted April 21 – May 9 to benefit young people whose families are in need of healthy food.
American Cancer Society	The KFH-Woodland Hills Pediatric Department coordinated BMI screenings and health education materials at Pierce College Relay For Life		One-hundred Relay For Life participants received health information and free BMI screenings to increase awareness of healthy eating and active living's role in cancer prevention.
Ventura Climate Care Options Organized Locally (VCCOOL)	KFH-Woodland Hills staff provided video voice mapping training, a community based participatory research approach to help low-income residents advocate for changes that make it easier to walk and bike ride; increases results validation; and enhances translation of findings into action.		Trained 60 low income community residents who created 12 videos advocating for infrastructure and other changes to the built environment that would make it easier to walk, bike ride and be physically active on a neglected portion of Ventura Counties West Side.

Los Angeles Unified School District	KFH-Woodland Hills’ Patricia De La Riva, MD, was the keynote speaker at a Principals Appreciation Luncheon.	Dr. De LA Riva spoke about children’s health advocacy to 85 principals, teachers, parents and PTA members.
Collaboration/Partnership Highlights		
Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
Kellogg Park Working Group	KFH-Woodland Hills worked with low income community residents, the city of Ventura, schools and non-profit organizations on the West Side of Ventura County to design and develop a new park.	Collaborative provided a space for families to advocate for the successful acquisition of land for a park as well as design it and plan an amphitheater, community garden, adventure playground and walking path.
Meet Each Need With Dignity (MEND) Poverty Conference Planning Committee	KFH-Woodland Hills participated in the convening of nonprofit agency executives, poverty experts, media experts and funders from across Los Angeles area to network and hear speakers focused on improving services for people living in poverty.	KFH-Woodland Hills staff brought a bus of 25 youth to the MEND conference. It was the first time youth attended. Six youth were speakers on three panel workshops – Food and Community: Gardening as a Catalyst for Social Change; Making it Easier to Eat Healthy; and Enhancing Good Nutrition and Reducing Hunger Through Advocacy.

**2015 GOALS UPDATE**

The goals will remain unchanged for 2015.

**2015 STRATEGIES UPDATE**

The strategies will remain unchanged for 2015.

**PRIORITY HEALTH NEED III: ORAL HEALTH**

**LONG-TERM GOAL**

- Improve oral health among residents in low socioeconomic areas.

**INTERMEDIATE GOAL**

- Improved access to oral health education and dental services.

**STRATEGIES**

*Community Investments*

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

**EXPECTED OUTCOMES**

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

**2014 YEAR-END RESULTS**

<b>Grant Highlights</b>			
<b>Grantee</b>	<b>Grant Amount</b>	<b>Brief Project Description</b>	<b>Results to Date</b>
United Cancer Advocacy Action Network	\$8,289.80	Prevent and manage dental caries caused by radiation and chemotherapy through education and collaboration with local non-profit dental programs.	Information and engagement packets were distributed to 50 doctors in Ventura County and San Fernando Valley to recruit 70 patients. Advocated before Dental Association and National Institute of Health for cancer treatment protocols to include preventive dental information.
United Way of Ventura County	\$20,000	Implement a referral system for children in need of dental providers. To include a process for determining eligibility; vetting access needs; and pairing patients with providers. Assure follow-up and case management and identify available funding sources.	This Port Hueneme pilot program identified eight dentists and two oral surgeons to provide pro bono and or reduced fee services for children. In addition, secured funding for sedation/general anesthesia services for children 0-5.
Valley Village	\$15,000	Provide oral health care to people with developmental disabilities.	Provided restorative care, including one flexible bridge and two crowns, to ten clients resulting in increased confidence and lower risk for disease.
Ventura County Medical Resource Foundation	\$20,000	Coordinate culturally and linguistically responsive access to donated dental treatment for underserved children ages 0-18 from low-income households.	The Children's Resource Program provided an additional 43 low-income children with more than 215 dental services and treatments, resulting in decreased wait times for children in pain.

**2015 GOALS UPDATE**

The goals will remain unchanged for 2015.

**2015 STRATEGIES UPDATE**

The strategies will remain unchanged for 2015.

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

**LONG-TERM GOAL**

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

**INTERMEDIATE GOAL**

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

**STRATEGIES**

*Programs and Services*

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

*Community Investments*

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

*Leveraging Organizational Assets*

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

**EXPECTED OUTCOMES**

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

**2014 YEAR-END RESULTS**

<b>Grant Highlights</b>			
<b>Grantee</b>	<b>Grant Amount</b>	<b>Brief Project Description</b>	<b>Results to Date</b>
Center for Living and Learning	\$8,896.80	Provide a support group with peer facilitators for those transitioning from drug treatment and incarceration into the workforce.	The Center provided 19 peer mentor employment support groups, at three partnering agencies, for 81 individuals, leading to increased employment search preparation and increased mental outlooks regarding barriers to employment. A total of 29 individuals accessed more intensive career counseling services, with the others receiving all services at their locations.
El Centrito Family Learning Centers	\$20,000	Engage Latino and immigrant parents through peer-to-peer support and trainings.	Trained 437 low-income immigrant and English learning parents on the pathways to higher education, strengthening their understanding of requirements for college admission, financial aid options, and the importance of being involved in their child's educational journey. The Promotores offer a unique and effective peer-to-peer approach that harnesses personal power and confidence by building concrete knowledge in a supportive, community setting.
Grandparents as Parents, Inc. (GAP)	\$20,000	Provide peer advocacy for kinship families via support groups and mental health services to create stronger and healthier kinship families.	The Strengthening Families and Community Initiative reached out to 50-60 children, youth and their kinship families in four support group locations to further refine programs.
The Village Family Services	\$20,000	Provide supportive services to homeless and at-risk youth.	The Transitional Age Youth Drop-In Center reached 195 new clients with 277 returning

		clients for a total of 472 clients and 975 visits. Twenty-five youth have shared their life experiences and participated as mentors to others. In addition, the Youth Leadership Board has provided mentoring to 21 clients each month, for a total of 105.
Non-Financial Highlights		
Beneficiary	Description of Non-Financial Contribution	Results to Date
Mary S Easton Center for Alzheimer's Disease	KFH-Woodland Hills' Human Resources Department organized an iPod, MP3 Player and iTunes gift card drive with accessories.	The donations were provided to patients in nursing homes, board and care and assisted living facilities to create a playlist of popular music during their youth. People with severe Alzheimer's respond to music, eliciting memories and socialization.
National Alliance on Mental Illness (NAMI)	KFH-Woodland Hills served as a Spanish "Train the Trainer" site for NAMI's Familia a Familia (Family to Family) program	Twelve trainers completed the three day curriculum at the medical center campus to increase the capacity for Familia a Familia classes, a peer to peer approach for family members to help care for loved ones with mental illness.
Habitat For Humanity San Fernando Valley	KFH-Woodland Hills' staff serves on the Board of Directors of this organization and participated in the Women's Empowerment Build to help construct housing for veterans.	On 5/10/14 300 women completed over \$80,000 worth of construction work including building walls, plastering, fencing and planting trees as part of the construction of a new home for a United States Army Veteran.
Collaboration/Partnership Highlights		
Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
Village Family Service Hope of the Valley LA Family Housing Latino Behavioral Health Institute LGBTQ Design Team	LGBTQ design team partnership for a LGBTQ conference to improve care of homeless and at risk members of the community.	The June conference held on the KFH-Woodland Hills campus drew about 200 people, representing nonprofit agencies from across the San Fernando Valley and Ventura County who each received an evidence based curriculum facilitated by members of the LGBTQ community to inspire policy and environmental changes that create safe and welcoming spaces.
Action Ventura County	A collaborative of faith organizations brought together to address pressing community needs.	KFH-Woodland Hills staff coordinated toy drive collection boxes to benefit families of veterans and those with disabilities during the holiday season.

**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,	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

		facilitating fast tracking and efficient implementation of the California Collaborative Model of Nursing Education (CCMNE).	strategies that are consistent with evidence based models.
George Washington University (GWU)	\$25,000 (DAF)	GWU School of Public Health will 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.
Non-Financial Highlights			
Beneficiary	Description of Non-Financial Contribution		Results to Date
Westminster Free Clinic	KFH-Woodland Hills staff coordinated a Woodland Hills Medical Center Tour for Middle and High School Students interested in health care to expose them to this field of interest in action and inspire them to become a future part of the workforce.		60 students visited the KFH-Woodland Hills pediatrics department, experienced a CPR simulation and participated in a visual hand hygiene workshop.
West Valley Boys and Girl Club	KFH-Woodland Hills staff were featured speakers at both the College Bound Women's Panel on March 27 <sup>th</sup> and College Bound Career Expo on May 22 <sup>nd</sup> .		Medical Center employees spoke before 75 middle and high school students who attended the events to inspire them to consider joining the healthcare workforce.
Ventura County High Schools	Beverly Torres, MD, KFH-Woodland Hills physician in charge of the Oxnard Medical Office Building created a Summer Youth Program.		28 high school students participated in four Lunch and Learn trainings with physicians and volunteered as "way finders" and "greeters" at area medical office buildings.
California State University, Northridge	KFH-Woodland Hills Radiology and Diagnostic Imaging Department provided internship and job shadowing opportunities.		Two students completed a 180 hour internship taking on important improvement projects to provide a better understanding of patient care and the skills needed to accomplish complex tasks.

**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**

<b>Non-Financial Highlights</b>		
<b>Beneficiary</b>	<b>Description of Non-Financial Contribution</b>	<b>Results to Date</b>
League of United Latin American Citizens	KFH-Woodland Hills staff provided Video Voice Mapping training, a community based participatory research approach to a statewide youth council to help them learn how to capture qualitative data highlighting needs and change strategies they would like to work on in their local communities.	Trained 30 youth who created four videos advocating for things they want to see more of and things they want to see changed to make it easier for their local communities to be healthier. This data collection and analysis method aims to generate findings with practical results and increase alignment with critical issues experienced from the community, empowering communities to take action and provide motivation to participate in the process.
Ventura County Unified School District	KFH-Woodland Hills staff provided Video Voice Mapping training, a community based participatory research approach for Kick Ash Youth Conference attendees to help them learn how to capture qualitative data highlighting needs and change strategies on tobacco issues in their local communities.	Trained 150 youth who created five videos advocating for things they wanted to see more of and things they wanted to see changed around tobacco use by students. This community engaged approach with those most affected works to ground the research in their unique perspectives and experiences.
<b>Collaboration/Partnership Highlights</b>		
<b>Organization/Collaborative Name</b>	<b>Collaborative/Partnership Goal</b>	<b>Results to Date</b>
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-Woodland Hills service area, 15 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	In the KFH-Woodland Hills service area, six research projects were active as of year-end 2014.

	disseminate research studies and evidence based practice projects that improve patient care and practices as well as contribute to the knowledge base on nursing.	
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**2015 GOALS UPDATE**

The goals will remain unchanged for 2015.

**2015 STRATEGIES UPDATE**

The strategies will remain unchanged for 2015.