Kaiser Foundation Hospital – Southern California Region
2013 COMMUNITY BENEFIT YEAR-END REPORT AND 2014-2016 COMMUNITY BENEFIT PLAN

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INTRODUCTION

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

DEVELOPMENT OF A CONSOLIDATED COMMUNITY BENEFIT PLAN

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

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

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

CONTENTS OF THE COMMUNITY BENEFIT PLAN

CHAPTER I: HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE
• History of Kaiser Permanente and a description of its organizational structure at the regional and national level

CHAPTER II: MISSION STATEMENT AND COMMITMENT TO THE COMMUNITY
• Mission statement of KFH and Kaiser Foundation Health Plan, Inc. (KFHP), and information on Kaiser Permanente’s commitment to the communities it serves

CHAPTER III: COMMUNITY BENEFIT PROVIDED IN 2013
• Statewide and individual hospital Community Benefit provided by KFH in 2013, including descriptions of related activities and programs, as well as financial information based on the SB 697 reporting categories (Tables A and B).

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

HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

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

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

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

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

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

NATIONAL STRUCTURE

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

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

REGIONAL STRUCTURE IN CALIFORNIA

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

Four separate legal entities are responsible for managing the integrated health care system in California: KFHP; KFH; The Permanente Medical Group, Inc. (TPMG), which contracts with KFHP in Northern California; and Southern California Permanente Medical Group (SCPMG), which contracts with KFHP in Southern California. Kaiser Permanente also provides
medical services to members in one non-hospital service area, Kern County, where SCPMG physicians provide primary and specialty care for members, and KFH contracts for hospital services.

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

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

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

Kaiser Foundation Hospitals in California

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

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

Medical Office Buildings

In California, KFHP/H owns and leases 442 medical offices where members receive outpatient health care. Each Kaiser Permanente medical office building is affiliated with a KFH medical center.
CHAPTER II: MISSION STATEMENT AND COMMITMENT TO THE COMMUNITY

MISSION STATEMENT

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

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

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

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

NATIONAL COMMITMENT TO COMMUNITY BENEFIT

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

We focus our work on three broad areas:

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

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

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

For many years, we have worked collaboratively with other organizations to address serious public health issues such as obesity, access to care, and violence. We have conducted CHNA’s to better understand each community’s unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term,
sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health.

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

KAISER PERMANENTE’S COMMITMENT TO COMMUNITY BENEFIT IN CALIFORNIA

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

- Regional Community Benefit Governance Teams include senior-level executives representing KFHP/H and SCPMG or TPMG. Each team is responsible for setting strategic direction for Community Benefit activities, approving new initiatives, setting annual spending targets, and monitoring Community Benefit outcomes and results in the region.

- Regional Community Benefit leaders and staff coordinate and implement Community Benefit programs and initiatives with program managers, staff the Community Benefit governance team, and frame policy directives in Northern and Southern California.

- Local staff at the hospital and/or Area level are responsible for implementing and reporting on Community Benefit programs and services that address local needs.
CHAPTER III: COMMUNITY BENEFIT PROVIDED IN 2013

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

METHODOLOGY

DEFINITION OF COMMUNITY

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

CATEGORIZATION OF SERVICES

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

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

DOCUMENTATION AND ALLOCATION OF EXPENDITURES

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

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

Resource allocations are reported, as follows:

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

SUMMARY OF KAISER FOUNDATION HOSPITALS COMMUNITY BENEFIT

STATEWIDE BENEFITS

In 2013, KFH provided a total of $776,303,922 in Community Benefit for Californians, supporting a wide range of community projects, medical care services, and research and training for health and medical professionals. As shown in Table A (page
19), most Community Benefit funds were used to subsidize inpatient medical care services for vulnerable populations ($588,236,946) and for health research, education, and training programs ($111,927,357). KFH also expended $59,300,998 on other benefits for vulnerable populations and $16,838,622 on projects benefiting the broader community.

**BENEFITS BY HOSPITAL SERVICE AREA**

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

**DESCRIPTION OF COMMUNITY BENEFIT PROGRAMS AND SERVICES**

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

**MEDICAL CARE SERVICES FOR VULNERABLE POPULATIONS**

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

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

**MEDI-CAL**

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

- **Medi-Cal Managed Care**: KFH provides comprehensive inpatient and outpatient care to Medi-Cal managed care members in California through various local and state government entities. In Northern California, the local initiatives and county-organized systems are Alameda Alliance, Contra Costa Health Plan, SF Health Plan, Santa Clara Family Health Plan, Partnership Health Plan of CA, Health Plan of San Mateo, Health Plan of San Joaquin, and CalViva Health. In Southern California, KFHP subcontracts with local initiatives in Los Angeles, Riverside, San Bernardino, Ventura, and Orange counties, and contracts directly with the state of California through the Geographic Managed Care Plan in San Diego County. In 2013, KFHP/H provided comprehensive inpatient and outpatient care to approximately 352,034 Medi-Cal managed care members.

- **Medi-Cal Fee-For-Service**: KFH provides subsidized health care on a fee-for-service basis for Medi-Cal beneficiaries not enrolled as KFHP members. Reimbursement for some services usually is significantly below the cost of care and is considered subsidized care to non-member Medi-Cal fee-for-service patients.

**HEALTHY FAMILIES PROGRAM**

In 2013, KFHP successfully transitioned its Healthy Families Program members into Medi-Cal, as required by the state of California. Healthy Families, California’s version of the State Children’s Health Insurance Program (SCHIP), is a federally and state-funded insurance program that provides low- and moderate-income families with health insurance for their children.
under age 19. The program provides comprehensive health benefits, including dental and vision care. To qualify, families must have a total income between 100% and 250% of the federal income guidelines, and the children must be ineligible for Medi-Cal coverage.

**Charitable Health Coverage Programs**

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

- In California in 2013, the Kaiser Permanente Child Health Plan (KPCHP) provided subsidized health coverage to 77,135 children 0 to 19 whose family income was up to 300% of the federal poverty level and who lacked access to other coverage due to their immigration status or family income. They received comprehensive benefits, including preventive care, inpatient and outpatient services, prescriptions, and vision and dental care. Premiums in 2013 were $8 or $15 per child per month, depending on family income, for up to three children with no charge for additional children.

- Healthy San Francisco, operated by the San Francisco Department of Public Health (SFDPH), provides health care services to uninsured San Francisco residents regardless of immigration status, employment status, or pre-existing medical conditions. The 2013 Healthy San Francisco Medical Home Network consisted of SFDPH and San Francisco Community Clinic Consortium clinics, private physician groups, and other providers, including Kaiser Permanente. In 2013, Kaiser Permanente provided health coverage to 2,904 Healthy San Francisco members.

**Medical Financial Assistance**

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

**Grants and Donations for Medical Care Services**

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

**Other Benefits for Vulnerable Populations**

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

**Kaiser Permanente Educational Outreach Program**

Educational Outreach Program (EOP) provides education and support services, primarily for Latino families, in the San Gabriel Valley section of Los Angeles County. The focus of EOP is to provide programs and activities that improve school performance, promote family communication, teach skills that are needed to meet various life tasks and alleviate stress,
create opportunities for the development of leadership skills for both youth and their parents so they can address issues that impact their community, and increase awareness of professional opportunities in the health field for young people. Programs offered include homework assistance and study skills classes, reading improvement classes, mother-daughter workshops, assessment of mental health needs in the community, and summer enrichment sessions. EOP provided services to a total of 1,386 clients.

**Kaiser Permanente Watts Counseling and Learning Center**

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

**Youth Employment Programs**

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

- **Kaiser Permanente L.A.U.N.C.H. SYEP:** Kaiser Permanente L.A.U.N.C.H. SYEP offers paid summer work to underrepresented youth at Kaiser Permanente facilities throughout California. Interns participate in a variety of administrative and operational support positions. In addition to their work assignments, SYEP Interns participate in educational sessions and motivational workshops to enhance job skills and work performance, and to learn about careers in health care.

- **Kaiser Permanente L.A.U.N.C.H. INROADS:** Since 1987, Kaiser Permanente has worked with the INROADS organization to offer L.A.U.N.C.H., a unique program designed to provide students with practical experience in the health care field and to offer successful participants exciting career opportunities following graduation. Together, we remain dedicated to helping underrepresented college students of color develop into a powerful, multicultural workforce that delivers quality, cost-effective, and culturally responsive care to the diverse communities we serve. Through Kaiser Permanente L.A.U.N.C.H. INROADS, we are making a solid investment in developing health care leaders capable of guiding us into the future. Kaiser Permanente L.A.U.N.C.H. INROADS interns discover a chance to develop their skills in a supportive environment. We offer a variety of health care internships that are designed to provide the practical background, support network, and knowledge that interns will need to succeed in their chosen field.

**Grants and Donations for Community-Based Programs**

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

**Benefits for the Broader Community**

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

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

KAISER PERMANENTE EDUCATIONAL THEATRE (KPET)

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

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

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

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

In SCR in 2013, 213,635 children and adults attended one of 1,377 KPET performances. For the past several years, KPET has provided 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 and Madison Middle School in North Hollywood; new partnerships include 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 Literacy Promotion Program (grades K-2) includes the play, Jay and E and the ZigZag Sea and a student workshop in which the actor-educators engage students in a LEA (language experience approach)-based activity. The program is designed to inspire and encourage students to read. Key concepts include reading is fun and sounding out words one letter at a time
• The Obesity Prevention Program (grades 4-5) includes the play, Game On, and two supporting student workshops. Key topics include eating a balanced meal, choosing water over sugary beverages, the importance of active play, and the power of media advertising.

• The Conflict Management Program (grades 3-5) the play, Drummin’ Up Peace, and a student workshop. The program is designed to complement conflict resolution and violence prevention efforts in schools and community locations. Key topics include steps to managing conflict, empathy, cooperation, and communication.

GRANTS AND DONATIONS FOR THE BROADER COMMUNITY
KFH donated $3,945,573 to nonprofit organizations to help educate health care consumers about managing their own health and making informed decisions when obtaining services; to develop, produce, and communicate health care-related public policy; and to support a variety of other programs and services aimed at the general well-being of the community.

FACILITY USAGE, SURPLUS EQUIPMENT, SUPPLIES, AND OTHER IN-KIND DONATIONS
Many community organizations use meeting rooms at KFH facilities free of charge. KFH also donates surplus hospital and office equipment, furniture, health education materials, linens, and other items and materials to nonprofit organizations throughout California.

HEALTH RESEARCH, EDUCATION, AND TRAINING PROGRAMS
KFH is committed to improving the health and well-being of community members by educating and training physicians and other health care professionals, conducting medical and health services research, and disseminating information. In 2013, KFH spent $111,927,357 on education and training for nurses, physicians, other health care professionals, and health and nursing research.

PROVIDER EDUCATION AND TRAINING
KFH provides education and training for medical interns and residents, as well as for nurses and other health care professionals, and offers continuing medical education for SCPMG, TPMG, and general community physicians.

GRADUATE MEDICAL EDUCATION (GME)
In 2013, KFH contributed $69,635,244 to educate more than 2,557 interns and residents in California. GME programs develop a pool of highly skilled physicians for Kaiser Permanente and the broader community. Most medical residents study within the primary care medicine areas of Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Preventive Medicine, and Psychiatry. As part of their training, residents participate in rotations at school-based health centers, community clinics, and homeless shelters.

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

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

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

Kaiser Permanente School of Anesthesia for Nurses

Founded in 1972, the school provides graduate-level education for nurse anesthetists. In partnership with California State University, Fullerton, the school offers a two-year sequential academic and clinical graduate program for nurses with a baccalaureate degree. Students earn a master of science in nursing with a clinical specialty in anesthesia. In 2013, there were 68 student participants. In SCR, the school has partnerships with a number of public and community hospitals to provide additional clinical rotation opportunities for students. Scholarships for students are available through National Black Nurses Association and American Association of Nurse Anesthetists Foundation. In addition, the school partnered with Pasadena City College to develop the first anesthesia technician associate degree program in the nation. The anesthesia technician program prepares students for eligibility to take and pass the American Society of Anesthesia Technologists and Technicians (ASATT) National Certification Examination to become certified as an anesthesia technologist. A certificate of achievement and an associate of science degree are awarded upon successful completion of the curriculum. Thirteen students participated in the program in 2013.

California Nursing Anesthesia Collaborative Program – (CNACP)

CNACP provides education and financial assistance to students pursuing a master’s degree in nurse anesthesia. CNACP faculty (clinical and academic) are graduates of the Samuel Merritt University (SMU) program and serve as resources for lifelong learning within perioperative medicine departments throughout NCR. In 2013, 373 students participated in the program.

Kaiser Permanente Deloras Jones Nursing Scholarship Program

Kaiser Permanente provides financial assistance to students enrolled in California nursing programs. The scholarships encourage and support recipients to become registered nurses or to pursue advanced nursing degrees. Scholarships are based primarily on financial need and are awarded in several categories: underrepresented minorities, academic excellence, nursing as a second career, and graduate nursing degrees. In 2013, 189 scholarships totaling $323,000 were awarded.

Board of Registered Nursing and Clinical Training Programs – (BRN-CTA)

The BRN-approved Nursing Work Study Program provides nursing students with clinical experience though nurse work study courses and internships at Kaiser Permanente medical facilities. Nurse interns are exposed to Kaiser Permanente’s evidence-based practices, reinforcing the nursing curriculum and supporting them to BSN matriculation. Interns receive support and mentorship from BRN faculty and work under the direct supervision of Kaiser Permanente staff and RNs. In 2013, 83 students participated in the BRN Work Study program.

In SCR, the program is administered jointly by affiliated nursing programs and hospital education departments. In 2013, a total of 20 students were assigned to KFH facilities. Academic partners were Point Loma Nazarene University, San Diego State University, San Diego City College, and Santa Monica Community College.

Technical Provider Education and Training

KFH provides postgraduate education and training, including internships, to non-physician health care professionals in medical technology, pharmacy, physical therapy, psychology, and radiology. The programs are administered regionally. Some programs offer students a small monthly stipend.

Kaiser Permanente School of Allied Health Sciences – (KPSAHS)

KPSAHS is located in Richmond, California and was established in 1989 as a radiology program in response to the severe shortage of radiologic technologists. KPSAHS eventually expanded the school to include 18-month programs in sonography, nuclear medicine, and radiation therapy. In addition, the school provides courses in anatomy and physiology and
advanced/basic phlebotomy. KPSAHS offers educational programs and promotes learning to develop a skilled allied health workforce and to improve the quality of and access to health care services in the communities we serve.

**Kaiser Permanente Mental Health Training Program**

In Northern California, Kaiser Permanente’s Mental Health Training Programs train mental health professionals and provide internships and residencies in a variety of postgraduate specialty areas. Internships in pre and post-master’s level mental health services include Clinical Social Work and Marriage & Family Therapy (MFT). Participating interns are enrolled in or have completed either a master degree program in Social Work (MSW), or a master’s degree program in Counseling Psychology, leading to an MFT license. Internships in Psychology require enrollment in American Psychological Association (APA)-accredited Ph.D., Psy.D. or Ed.D. programs in Counseling or Clinical Psychology. Postdoctoral residencies in Psychology require completion of Ph.D., Psy.D., or Ed.D. degrees in APA-accredited programs. Interns and residents receive individual and group supervision, participate in didactic seminars, and receive training in the delivery of outpatient mental health and chemical dependency services.

**Kaiser Permanente Pharmacist Residency Programs**

Pharmacy residency programs provide one- and two-year postgraduate education and training programs to licensed pharmacists to gain additional experience and training in pharmaceutical care and administrative pharmacy services. Kaiser Permanente annually accepts students into its American Society of Health System Pharmacist or Academy of Managed Care Pharmacy accredited pharmacy residency programs, including standard post-graduate year-one programs to specialized programs in managed care, drug information, and drug distribution. The programs enable residents to meet the legal requirements in California for collaborative practice for initiating and adjusting prescription medication therapy under physician approved protocols and patient referrals. In 2013, Kaiser Permanente trained 117 students.

**Kaiser Permanente Physical Therapy Fellowship in Advanced Orthopedic Manual Therapy Program**

Established in 1979 at KFH-Hayward in Northern California, this is the oldest program of its kind in the country and attracts therapists from across the nation to participate in advanced specialty training in orthopedic physical therapy. Graduates serve as clinical specialists, academic faculty, instructors for community courses, and consultants to industry.

**Kaiser Permanente Physical Therapy Neurology Residency**

The Neurology Physical Therapy (PT) program trains neurologic residents to acquire the advanced clinical skills required to treat and manage patients with complex neurological diagnoses across the continuum of care. Neurologic PT residents participate in rotations at acute hospital inpatient, rehabilitation centers, and outpatient departments, and community clinics.

**Kaiser Permanente Physical Therapy Clinical Internships**

This program delivers training and education to students by providing space in Kaiser Permanente-sponsored clinical training seminars and by partnering with established university training programs. Students receive education on pediatrics, sports medicine, women's health, chronic pain, autism, speech disorders, neurological physical therapy, geriatrics and orthopedics. In 2013, 279 physical therapy, occupational therapy, and speech therapy students received clinical training.

**Kaiser Permanente Physical Therapy Orthopedic Fellowship Program**

This residency program provides education in the specialty area of orthopedic physical therapy. In 2013, the program offered 25 physical therapy residency slots at KFH hospitals in Southern California. Residents, fellows, and clinical faculty of our program continue to provide physical therapy services for patients at Graduates are eligible to sit for their board certification examination in orthopedic physical therapy, and apply to participate in a physical therapy fellowship program.

**Kaiser Permanente Movement Science Fellowship**

This fellowship program provides education in the specialty area of movement science, with a focus on advanced training in movement analysis, therapeutic exercise, and ergonomic instruction for patients with musculoskeletal conditions. Each year, there are six Movement Science fellowship slots at KFH hospitals in Southern California.
KAISER PERMANENTE ORTHOPEDIC FELLOWSHIP IN SPORTS REHABILITATION
This fellowship program provides education in the specialty area of sports physical therapy and rehabilitation, with a focus on advanced training in examination techniques and treatment procedures for extremity injuries in an active and postsurgical patient population with musculoskeletal conditions. There are four Orthopedic/Sports Rehabilitation Fellow slots at KFH hospitals in Southern California.

KAISER PERMANENTE SPINE REHABILITATION FELLOWSHIP PROGRAM
This fellowship program provides education in the specialty area of spine physical therapy and rehabilitation, with a focus on advanced training in examination and treatment techniques procedures and management of acute through chronic spine injuries in a patient population with musculoskeletal conditions. There are three Spine Rehabilitation fellow slots at KFH hospitals in Southern California.

KAISER PERMANENTE CLINICAL PSYCHOLOGY INTERNSHIP TRAINING PROGRAMS
This program is conducted through the Department of Psychiatry and Addiction Medicine in SCR. Pre-doctoral students enroll in the internship training programs to augment their educational experience by working in a high-quality educational environment, by having direct responsibility (under the supervision of licensed staff) for patients selected from a large and varied patient base, and by working with a multidisciplinary staff. The goal is to transition the intern from student to professional by providing training in the roles and functions of clinical psychologists. Accredited by the American Psychiatric Association’s Committee on Accreditation, the program employs a multi-supervisor training process that gives interns training, supervisory, and mentoring experiences with licensed staff members of varying theoretical backgrounds and areas of expertise. KFH-Los Angeles and KFH-San Diego participate in the program with eight interns at each location.

KAISER PERMANENTE RADIOLOGY TRAINING PROGRAM
Students enrolled in local community college radiology technology programs can complete their one-year clinical rotation, a requirement for certification, at KFH facilities in Southern California. The program served 185 students in 2013.

ADVANCED PRACTICE AND ALLIED HEALTH CARE EDUCATIONAL PROGRAMS
The Southern California Department of Professional Education offers educational programs designed to meet many of the primary and continuing educational needs of certified nurse anesthetists, nurse practitioners, physician assistants, certified nurse-midwives, physical therapists, occupational therapists, clinical laboratory specialists, radiology technologists, registered nurses, speech pathologists, social workers, and marriage and family counselors. In 2013, approximately 551 community participants attended one of 11 Continuing Education programs and/or symposia.

HIPPOCRATES CIRCLE
This program was designed to increase the number of minority physicians in the medical field, especially in underserved communities, by building awareness in young men and women who are members of underrepresented minority groups that a career in medicine, especially as a physician, is possible. Through the collaborative efforts of school districts, medical schools, and Kaiser Permanente physicians and staff, Hippocrates Circle strengthens the self-esteem of young people and empowers them to pursue their goals through mentorship, education, and facilitated experience. In 2013, 732 students participated in the program at various KFH locations in Southern California.

GRANTS AND DONATIONS FOR THE EDUCATION OF HEALTH CARE PROFESSIONALS
KFH spent $3,052,844 to support the training and education of health care professionals in California. Contributions were made to a variety of nonprofit agencies and academic institutions.

HEALTH RESEARCH
Kaiser Permanente has a long history of conducting health services and medical research that address issues regarding health care policy, quality of care, and quality of life. The results have yielded findings that affect the practice of medicine within the broader health care community.
In California, KFH operates three large research departments: NCR’s Division of Research, established in 1961; SCR’s Department of Research and Evaluation, founded in the early 1980s; and Kaiser Foundation Research Institute. In addition, KFH funds other research-related projects and programs such as nursing research.

**DIVISION OF RESEARCH (DOR)**

DOR, Kaiser Permanente Northern California’s highly regarded research center, conducts, publishes, and disseminates high-quality epidemiological and health services research to improve the health and medical care of Kaiser Permanente members and society at large. DOR conducts research among the three million plus Kaiser Permanente members of Northern California, using interviews, automated data, medical records, and clinical examinations. DOR researchers have contributed more than 3,000 papers to the medical and public health literature; 313 studies were published in 2013. Research projects include epidemiologic and health services studies as well as clinical trials and program evaluations. They cover a wide range of topics, including cardiovascular disease, cancer, diabetes, substance abuse, mental health, maternal and child health, women's health, health disparities, pharmacoepidemiology, and studies of the impact of changing health care policy and practice. DOR has more than 50 research scientists who work closely with local research institutions and organizations, including California State Department of Health Services; University of California at Berkeley, San Francisco, and Davis; and Stanford University. DOR also works with Kaiser Permanente Community Benefit to enhance communication and collaboration between DOR and Kaiser Permanente members, community residents, and other key stakeholders. Financial and other CB support enables DOR to attract additional private funding and ensures more community engagement and participation in DOR activities.

**DEPARTMENT OF RESEARCH AND EVALUATION**

The Department of Research and Evaluation supports Kaiser Permanente physicians and employees in conducting research through the provision of consultative, educational, and administrative services. Research and Evaluation conducts research projects initiated by team members working within the unit and in collaboration with scientists affiliated with other institutions. In 2013, there were 981 active projects and 315 published studies of regional and/or national significance.

**KAISER FOUNDATION RESEARCH INSTITUTE (KFRI)**

KFRI provides administrative services for medical research conducted in all Kaiser Permanente regions and is responsible for compliance with federal regulations that govern the administration and implementation of research.

**NURSING RESEARCH PROGRAM**

NCR’s program was established to improve the health and well-being of Kaiser Permanente members and the community at-large. The nurse scientist-director supports these goals by developing and maintaining the structure and function of the Nursing Research Program to:

- Advance clinical research and evidence-based nursing practice
- Expand partnerships and program visibility
- Promote projects that are aligned with Community Benefit work stream priorities
- Maintain compliance with Protection of Human Subjects Federal Regulations and HIPPA

The Nursing Research Program provides outreach to the community at large through a website, bimonthly WebEx meeting programs, bimonthly newsletters, and the Northern California Nursing Research blog. In addition, nurses receive consultation, administrative, and technical support to conduct, publish, and disseminate research findings that improve patient care and nursing practices and contribute to the knowledge of nursing science.

In Southern California, there were 103 new, continuing, and/or completed Nursing Research Program projects and two studies published in 2013. Current areas of research include nursing workforce and leadership, instrument development and validation, and quality of life issues.
# Table A

## KAISER FOUNDATION HOSPITALS IN CALIFORNIA

### COMMUNITY BENEFITS PROVIDED IN 2013

<table>
<thead>
<tr>
<th>Medical Care Services for Vulnerable Populations</th>
<th>2013 Total</th>
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</thead>
<tbody>
<tr>
<td>Medi-Cal¹</td>
<td>$305,204,709</td>
</tr>
<tr>
<td>Healthy Families²</td>
<td>17,947,889</td>
</tr>
<tr>
<td>Charity care: Charitable Health Coverage Programs³</td>
<td>51,941,862</td>
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<tr>
<td>Charity care: Medical Financial Assistance program⁴</td>
<td>145,170,014</td>
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<tr>
<td>Grants and donations for medical services</td>
<td>67,972,472</td>
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<tr>
<td><strong>Subtotal</strong></td>
<td><strong>$588,236,946</strong></td>
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<table>
<thead>
<tr>
<th>Other Benefits for Vulnerable Populations</th>
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<tbody>
<tr>
<td>Watts Counseling and Learning Center</td>
</tr>
<tr>
<td>Educational Outreach Program</td>
</tr>
<tr>
<td>Summer Youth and INROADS programs</td>
</tr>
<tr>
<td>Grants and donations for community-based programs</td>
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<tr>
<td>Community Benefit administration and operations</td>
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<td><strong>Subtotal</strong></td>
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</table>

<table>
<thead>
<tr>
<th>Benefits for the Broader Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community health education and promotion programs</td>
</tr>
<tr>
<td>Kaiser Permanente Educational Theatre</td>
</tr>
<tr>
<td>Facility, supplies, and equipment (in-kind donations)⁵</td>
</tr>
<tr>
<td>Community Giving Campaign administrative expenses</td>
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<tr>
<td>Grants and donations for the broader community</td>
</tr>
<tr>
<td>National Board of Directors fund⁶</td>
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<tr>
<td><strong>Subtotal</strong></td>
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<table>
<thead>
<tr>
<th>Health Research, Education, and Training</th>
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<tbody>
<tr>
<td>Graduate Medical Education⁷</td>
</tr>
<tr>
<td>Non-MD provider education and training programs⁸</td>
</tr>
<tr>
<td>Grants and donations for the education of health care professionals</td>
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<tr>
<td>Health research</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
</tr>
</tbody>
</table>

**Total Community Benefits Provided** | **$776,303,922**

See endnotes on the following page.
ENDNOTES

1. Amount reported is the sum of the cost of unreimbursed inpatient care provided to Medi-Cal managed care members and the unbillable, unreimbursed inpatient care provided to Medi-Cal Fee-For-Service beneficiaries.

2. Amount includes the cost of unreimbursed inpatient expenditures for Healthy Families members.

3. Amount includes the cost of unreimbursed inpatient expenditures for Kaiser Permanente Child Health Plan members.

4. Amount includes the cost of unreimbursed inpatient and outpatient care provided through the Medical Financial Assistance Program.

5. Amount represents the estimated value of, but is not limited to, donated surplus office and medical supplies, equipment and furniture, promotional giveaways, in-kind services, and conference meeting room usage, as recorded in the MicroEdge GIFTS database.

6. Each Kaiser Permanente hospital-based region contributes funds to the national Program Office for community projects in California and across the United States.

7. Amount reflects the net direct expenditures.

8. Amount reflects the net expenses after tuition reimbursements for health profession education and training programs.
Table B

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

HOSPITAL SERVICE AREA SUMMARY TABLE

COMMUNITY BENEFITS PROVIDED IN 2013

<table>
<thead>
<tr>
<th>NORTHERN CALIFORNIA HOSPITALS</th>
<th>SOUTHERN CALIFORNIA HOSPITALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antioch $19,007,986</td>
<td>Anaheim $24,170,337</td>
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<tr>
<td>Fremont 11,527,837</td>
<td>Baldwin Park 21,321,094</td>
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<tr>
<td>Fresno  15,385,500</td>
<td>Downey 34,726,216</td>
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<td>Hayward 19,872,647</td>
<td>Fontana 33,162,488</td>
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<tr>
<td>Manteca 10,845,598</td>
<td>Irvine 9,417,849</td>
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<tr>
<td>Modesto 10,900,339</td>
<td>Los Angeles 51,195,672</td>
</tr>
<tr>
<td>Oakland 41,741,824</td>
<td>Moreno Valley 13,796,642</td>
</tr>
<tr>
<td>Redwood City 9,857,478</td>
<td>Ontario 15,223,123</td>
</tr>
<tr>
<td>Richmond 18,447,312</td>
<td>Panorama City 28,867,612</td>
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<tr>
<td>Roseville 24,535,607</td>
<td>Riverside 20,008,909</td>
</tr>
<tr>
<td>Sacramento 34,451,721</td>
<td>San Diego 28,108,969</td>
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<tr>
<td>San Francisco 24,240,596</td>
<td>South Bay 21,067,856</td>
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<tr>
<td>San Jose  18,270,880</td>
<td>West Los Angeles 26,342,786</td>
</tr>
<tr>
<td>San Rafael 11,897,664</td>
<td>Woodland Hills 18,367,702</td>
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<tr>
<td>Santa Clara 29,514,186</td>
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<tr>
<td>Santa Rosa 22,137,388</td>
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<tr>
<td>South Sacramento 39,380,534</td>
<td></td>
</tr>
<tr>
<td>South San Francisco 8,057,312</td>
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</tr>
<tr>
<td>Vacaville 14,368,974</td>
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</tr>
<tr>
<td>Vallejo 26,644,037</td>
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<tr>
<td>Walnut Creek 19,441,247</td>
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<tr>
<td><strong>Northern California Total</strong> $430,526,667</td>
<td><strong>Southern California Total</strong> $345,777,255</td>
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INTRODUCTION

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

COMMUNITY HEALTH NEEDS ASSESSMENT

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

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

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

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

- **Focus groups:** This is a form of qualitative research in which a select group of people (providers, community members, community stakeholders, etc.) are asked about their perceptions, opinions, beliefs, and attitudes regarding a specific issue, service, concept, idea, etc. In the CHNA process, focus groups are typically designed to solicit information about health care issues, needs, concerns, and services in the community and are sometimes conducted in more than one language.

- **Telephone surveys or one-on-one interviews:** Whether conducted by telephone, electronically, or in person, these interviews—often with community health providers, county health officers, or other key stakeholders—are designed to gather input from those with the requisite experience and/or expertise about health care issues, needs, concerns, and services in the community. In some cases, participants receive a questionnaire in advance of the interview.

- **Site visits with grantees:** Community Benefit grantees can provide valuable input and insight about the vulnerable populations they serve, including high-risk teens, refugees and immigrants, seniors, and HIV-positive individuals. As
such, grant makers often schedule onsite visits with grantees to get a first-hand look at how grant funds are making an impact. They meet with the grantee’s administrators, staff, volunteers, and/or clients/patients.

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

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

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

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

The CHNA report for each KFH hospital is posted on Kaiser Permanente’s website (Kaiser Permanente Share Site).

COMMUNITY BENEFIT PLAN DEVELOPMENT

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

- Magnitude/scale of the problem
- Severity of the problem
- Degree of racial/ethnic disparity
- Kaiser Permanente assets and expertise available
- Existing or promising approaches exist to address the need
Once health needs are selected, local CB staff and committees develop a community benefit plan. As part Kaiser Permanente’s integrated health system, KFH hospitals have a long history of working with KFHP, TPMG, SCPMG, and other KFH hospitals, as well as external stakeholders to identify, develop, and implement strategies to address community health needs. These strategies are developed so that they:

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

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

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

OUTLINE OF HOSPITAL SECTION

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

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

Additional information about each hospital may be obtained by contacting the local Kaiser Permanente Public Affairs Department or Regional Community Benefit staff in either Northern California (510-625-6188) or Southern California (626-405-6271).
KAISER FOUNDATION HOSPITAL (KFH)-DOWNEY
9333 East Imperial Highway
Downey, CA 90241
(562) 657-4019

The KFH-Downey service area includes Artesia, Bell, Bell Gardens, Bellflower, Cerritos, Commerce, Compton, Cudahy, Downey, Florence-Graham, Hawaiian Gardens, Huntington Park, Lakewood, Lynwood, Maywood, North Long Beach, Norwalk, Paramount, Pico Rivera, Santa Fe Springs, South Gate, South Los Angeles, Vernon, Watts, Whittier, and Willowbrook.

COMMUNITY SNAPSHOT (2010 COMMUNITY HEALTH NEEDS ASSESSMENT FOR KFH-DOWNEY)

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<td>Percentage living in poverty</td>
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<tr>
<td>Percentage unemployed</td>
<td>12.9%</td>
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<tr>
<td>Percentage uninsured</td>
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<tr>
<td>White</td>
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<td>African American</td>
<td>8%</td>
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<tr>
<td>Asian and Pacific Islander</td>
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<td>Other</td>
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KEY FACILITY STATISTICS

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<td>Total licensed beds:</td>
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<td>Inpatient days:</td>
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<td>Emergency room visits:</td>
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KEY LEADERSHIP AT KFH-DOWNEY

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<tr>
<td>Jim Branchick&lt; RN</td>
<td>Senior Vice President and Executive Director</td>
</tr>
<tr>
<td>Gregg Durkee</td>
<td>Chief Operating Officer</td>
</tr>
<tr>
<td>Kevin Chen</td>
<td>Area Finance Director</td>
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<tr>
<td>Binesh Batra, MD</td>
<td>Area Medical Director</td>
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<tr>
<td>Mark Zuiderveen</td>
<td>Chief Administrative Officer</td>
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<tr>
<td>Elizabeth Trombley, MPH</td>
<td>Director, Public Affairs and Brand Communications</td>
</tr>
<tr>
<td>Sheri Bathurst</td>
<td>Senior Community Benefit Specialist</td>
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THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

KFH-Downey conducted the 2010 CHNA in partnership with Healthy City and Special Service for Groups. The CHNA report uses both primary and secondary data to present a profile of community conditions in the service area, the surrounding county, and California overall. While the emphasis is on health care data, community health is defined broadly and therefore includes a variety of social, economic, educational, and demographic indicators in the needs assessment.

Primary data collection was used to identify the unmet health needs of the broader community and underserved populations in particular. It also sought community guidance in prioritizing these needs in the context of a changing community. The primary data collection covered three areas: (1) community health needs, (2) barriers to health and wellness, and (3) community assets. Utilizing focus group and stakeholder interviews, community participants were selected based on several factors, including prior engagement in the CHNA process, subject area expertise, and experience or role in addressing key health needs of vulnerable populations in the service area. Numerous community groups collaborated in providing critical information about health needs, assets, and barriers, and their participation is an essential part of the analysis that follows.

Secondary quantitative data analysis for the 2010 CHNA consisted of data collection, processing, and analysis. Emphasis was placed on making the data as widely available as possible. Toward this end, the data was uploaded to the Healthy City web-based data and mapping platform (http://www.healthycity.org). Much of the data was collected at the zip code level, when available. Where comparisons for the indicators were possible using Healthy People 2010 benchmarks, service area or county health information is presented together. In addition, statewide figures, when available, are shown as comparison points for local indicators. Trend data and assessment by race/ethnicity, poverty level, and gender are provided for selected indicators.

KEY FINDINGS FROM THE 2010 CHNA

Based on a careful review of the primary and secondary data collected for the 2010 CHNA, the key findings are as follows:

Access to Care:
- With regard to health access indicators, the service area did not meet Healthy People 2010 objectives related to health insurance and source of ongoing care. In Service Planning Area (SPA) 6, 38.9% of adults are uninsured. In SPA 7, the uninsured rate is 27.9%.
- 53% of those with insurance in SPA 7 have coverage through an employer or coverage that is privately purchased.
- 69.9% of those with insurance in SPA 6 have coverage through Medi-Cal or Healthy Families.

Chronic Diseases:
- In 2007, about one in three adults in SPA 6 felt they were in poor to only fair health, much higher than in SPA 7, Los Angeles, and California overall (about one in five adults).
- Diabetes was a top concern raised by community participants and statistics suggest that diabetes rates continue to climb across SPAs 6 and 7, as well as Los Angeles County and the state in general. Diabetes prevalence is higher in the western part of the service area, but pockets of concern were also noted in sections of the northwestern part of the service area.
- Hospitalization rates for diabetes in the service area are higher than rates in Los Angeles or California overall. Higher rates of diabetes are visible in Latino and African American populations, when compared with whites or Asians.
- High blood pressure rates continue to rise in SPA 6 and SPA 7, with much higher rates being seen in SPA 6. The overall trend is consistent with rising trends in Los Angeles County and California overall.
Obesity:

- In SPA 6, estimates of overweight or obese children have continued to rise steadily since 2003. In 2007, an estimated 29.2% of children were obese.

- California Health Interview Survey (CHIS) estimates that 972,000 (27.7%) children 12 to 17 were at risk for obesity across the state in 2007. CHIS also estimates that 669,000 (11.2%) children under 12 were overweight for their age. All geographic areas missed the Healthy People 2010 target of 5% for children 12 to 19, and SPA 6 continued to worsen relative to this goal.

- Obesity prevalence in both SPA 6 and SPA 7 was higher than in Los Angeles and California overall, with much higher rates in SPA 6.

- In SPA 7, the estimated percent of teens engaging in vigorous exercise dropped from 73% in 2005 to 57.3% in 2007.

Adolescent Health:

- In SPA 6, an estimated 30.4% of teens (nearly one in three) were at risk for depression, compared to 20.8% (about one in five) teens in SPA 7. In Los Angeles County, 23.1% of teens were at risk for depression, somewhat higher than the overall California rate (21%).

- SPA 6 estimates for the populations (those 12 and older and those 18 and older) likely to be experiencing psychological distress were almost twice (6.8% and 7%) the estimates for Los Angeles County (3.7% and 3.8%) and California overall (3.8% for both age groups).

- Overall, rates of sexually transmitted infections, with respect to chlamydia, gonorrhea, primary and secondary syphilis, latent syphilis, and congenital syphilis, were higher in Los Angeles County compared to the state.

- While the overall rate of teen births in the service area has not changed much from previous years, the rate remains high in comparison to the county and state, with the highest rates to be found among African American (16.9%) and Latino (13.7%) teens.

Prioritized Needs Identified for the KFH-Downey Service Area

1. Access to health insurance coverage and health care services
2. Awareness, prevention, and management of chronic diseases
3. Obesity prevention programs and policy advocacy
4. Interventions and education for at-risk youth
2013 YEAR-END RESULTS

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

Lack of health insurance and limited access to health care services continue to be the most important health care issues for the KFH-Downey community. Health insurance is a complex issue and includes considerations such as availability, cost, ease of completing applications for government-sponsored programs, maintaining eligibility and enrollment, and the extent of coverage provided. Many critical barriers, including transportation, the high cost of medical care, language barriers (particularly Spanish, but Asian languages as well), culturally appropriate care, documentation status, lack of insurance, and system inefficiencies to care, were identified as a concern by CHNA participants. In addition, community participants consistently indicated a significant need for primary and specialty care. For primary care providers in particular, participants indicated that too few providers accepted Medi-Cal because of the low reimbursement rate. For specialty care, participants pointed to long waiting periods, if there was access at all.

2013 GOALS
1. Increase the number of low-income people who enroll in or maintain health care coverage.
2. Increase access to health care services for low-income and uninsured individuals.
3. Provide financial and other support to improve health care coverage and access to health care services for children and adults.

2013 STRATEGIES
1. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and Kaiser Permanente Child Health Plan); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.
2. Provide charity care through the Medical Financial Assistance (MFA) program and maximize efficiencies.
3. Provide grant funding and/or technical assistance (TA) to organizations that provide and/or support effective enrollment in public programs.
4. Provide grant funding and/or TA for safety-net clinics to increase primary care and specialty services.

2013 YEAR-END RESULTS
- KFH-Downey has a longtime partnership with Family Health Care Centers of Greater Los Angeles (FHCCGLA), a federally qualified health center (FQHC) with sites in Bell Gardens, Hawaiian Gardens and Downey, all high-need portions of the service area. FHCCGLA received a $25,000 grant from KFH-Downey to increase operating hours in Downey, which demonstrates a significant expansion of primary and preventive care services to uninsured and underinsured residents in the Downey area. In addition to this grant, KFH-Downey Area Medical Director Binesh Batra, MD, has served on the FHCCGLA Board of Directors for the past three years.
- School-based well-child clinics were supported in the Bellflower, Montebello, and Downey school districts, which have long-standing partnerships with KFH-Downey. These volunteer clinics have strong programs that give KFH-Downey physicians the opportunity to volunteer at school sites and treat uninsured children. In addition to providing volunteer physicians, KFH-Downey supports the clinics by covering the costs associated with needed lab work and prescribed medications. In 2013, KFH-Downey provided $14,000 in grants to support staffing and lab work to ensure comprehensive clinic services. Physicians who supported these programs included Shi-chin (Yvonne) Tsai, MD; Geraldine Chen MD; Eunice Kong, MD; Jeff Mallin, MD; Carol Ishimatsu, MD; Victor Wong, MD; Diane Troung, MD; Alan Alter, MD; Geraldine Chen, MD; Nancy Ramos, MD; Marvin Tan, MD; and Tad Traina, MD.
- KFH-Downey has a long history of partnering with school districts to meet community health needs. In 2013, KFH-Downey provided grants to support access to health insurance, direct health care services, vision care, and mental health services for children. Downey School District received a $25,000 grant to, in part, provide vision care and mental
health services for more than 2,000 students through TLC Family Resource Center. In Bellflower School District, Community Agencies for Caring Connections, a school-based nonprofit, received a $9,500 grant to ensure that students had access to vision care and counseling assistance on the school campus and through a network of local referral agencies. In addition, Norwalk La Mirada Unified School District’s Health on Wheels mobile clinic received ongoing TA from Juan Ruiz, MD, a KFH-Downey pediatrician, who for the past 17 years has made himself available on a monthly basis for consultation with the mobile clinic’s nurse practitioners. The mobile clinic, which serves about 80 children per month in Norwalk, is managed in partnership with the City of Norwalk and the California State University, Long Beach Department of Nursing.

- Whittier First Day Shelter, a 45-bed emergency and transitional shelter, serves nearly 1,200 individuals per year. KFH-Downey provided a $15,000 grant to help support the cost of a nurse practitioner to provide health outreach to the chronic homeless in the Whittier area. The nurse practitioner works at soup kitchens and churches in the community to meet the health needs of the homeless by connecting them to the shelter and the shelter’s free community clinic where they can receive ongoing care to manage their health conditions.

- Kaiser Permanente Southern California Region’s safety net partnerships increase the capacity of safety-net providers to operate efficiently, enhance quality of care, and improve access to care for the underserved by supporting capacity of clinic and hospital networks/consortia and other statewide organizations to support clinical and management infrastructure and policy advocacy for safety-net providers. California School Health Center Association received a $60,000 core support grant from the donor-advised fund to develop and sustain school-based health centers by increasing awareness of the benefits on health and education; providing TA; and assisting school districts and community clinics in the start-up, implementation, and operation of school-based health centers.

- Charles Drew University of Medicine & Science was awarded $250,000 to continue a scholarship fund to increase access to health professions education for low-income, underserved students. The fund provides scholarships to students enrolled in Charles Drew University's College of Medicine, College of Science and Health, or in the Mervyn M. Dymally School of Nursing.

- Center for Nonprofit Management was awarded $120,000 from the donor-advised fund to provide an organizational assessment, management training, and community-based capacity building for a cohort of community leaders working in SPAs 6 and 7.

PRIORITIZED NEED II: AWARENESS, PREVENTION, AND MANAGEMENT OF CHRONIC DISEASES

In the KFH-Downey service area, the highest percent of deaths on average from 2003 to 2005 were due to heart disease (20.1%) and cancer (14.9%). These proportions were similar to those seen in the two-year averages (2006–2008) for Los Angeles County, where heart disease was also the leading cause of death (24.0%), followed by cancer (23.1%). Adult and childhood obesity was one of the top health concerns voiced by community participants, who also discussed significant barriers to reducing obesity. SPA 6 experienced the most significant growth in the percent of adults who are obese. While obesity rates are high within the service area overall, the highest rates are concentrated in the northern areas. Diabetes was another top concern raised by community participants. Statistics suggest diabetes rates continue to climb across SPA 6 and SPA 7, as well as Los Angeles County and the state. Diabetes prevalence is higher in the western part of the service area, but pockets of concern were also noted in the northwest. In California, there are significant racial/ethnic and income differences, with rates almost twice as high for those living at or below 300% of the federal poverty level (FPL).

2013 GOALS

1. Improve care management of diabetes, heart disease, and cancer patients with an emphasis on low-income, underserved populations.

2. Expand cancer and mammography screenings through community safety-net providers for vulnerable populations with limited access to preventive care.

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1 This grant was distributed from the Kaiser Permanente Southern California Charitable Contribution Fund, a donor-advised fund administered by the California Community Foundation. Accordingly, the grant amount was not included in the community benefit totals for 2013 (Tables A, B and 2).
3. Develop partnerships with community organizations that focus on detection, education, and management of chronic diseases.

2013 STRATEGIES

1. Provide grant funding and/or TA for prevention, education, and care management of underserved individuals with diabetes, cancer, and heart disease with an emphasis on serving the Latino population.

2. Provide grant funding and/or TA to improve detection, education, and management of chronic diseases.

3. Partner with community clinics or organizations that seek to improve management of chronic conditions for the underserved.

2013 YEAR-END RESULTS

• The need for specialty care services for those with diabetes in the KFH-Downey service area continues to be high. One of the identified needs was for increased education for patients managing chronic conditions. In response, KFH-Downey awarded St. John’s Well Child and Family Center a $15,000 grant to provide individual visits and group education with a registered dietician at St. John’s Clinic in Compton. Patients diagnosed with diabetes, hypertension, and obesity-related conditions are referred by their primary care physician. Education and case management take place onsite at the clinic.

• Esperanza Community Housing in South Los Angeles has a strong track record of training and using promotores to educate community members about chronic diseases. With a $15,000 grant from KFH-Downey, Esperanza placed trained promotores at Lynwood Health Resource Center to conduct health education trainings focused on disease prevention, good nutrition, and physical activity for individuals. These trainings are free and open to all.

• Our Place Housing Solutions (OPHS) is a Bellflower-based nonprofit dedicated to meeting the health and social needs of the homeless in the communities of Bellflower, Norwalk, Artesia, Downey, Compton, and Paramount. With a $12,500 grant from KFH-Downey, OPHS linked homeless individuals with chronic conditions to a local (FQHC) federally qualified health center, thereby removing the barriers standing in the way of these individuals finding a medical home and getting the ongoing care needed to support their disease management efforts.

• Kaiser Permanente Southern California Region funded quality improvement (QI) projects for safety-net organizations to build stronger programs and infrastructure that improve service for patient populations at risk of racial and ethnic health disparities, with a special focus on improved management of chronic conditions, patient outcomes, and health care reform. Community Clinics Health Network received $300,000 from the donor-advised fund to continue disseminating the ALL HEART clinical protocol to community clinics, providers, and patients throughout Southern California.

PRIORITIZED NEED III: OBESITY PREVENTION PROGRAMS AND POLICY ADVOCACY

Community participants in the 2010 focus group sessions indicated that lack of physical activity was a critical issue in the service area. In SPA 7, the estimated percent of teens engaging in vigorous exercise dropped from 73% in 2005 to 57.3% in 2007. Children at 300% FPL or below are much more likely to report lower levels of vigorous physical activity. Latino and Asian adolescents are also less likely to report vigorous physical activity. In addition, the number/percent of adults reporting no physical activity worsened in both SPA 6 and SPA 7 between 2005 and 2007. Community participants indicated that there are important barriers to physical activity and health, including lack of safe, open recreational spaces and physical activity opportunities, and poor access to nutrition information and healthy affordable food (particularly when compared to unhealthy food options).

2013 GOALS

1. Increase consumption of fresh fruits and vegetables.

2. Increase physical activity in community settings (e.g., safe walking and biking routes, parks and hiking trails, joint use agreements).

3. Increase physical activity in institutional settings (e.g., schools, after-school programs, work sites).
2013 STRATEGIES

1. Provide grant funding to support advocacy for changes in organizational practices and policies related to physical activity and healthy eating.

2. Explore and develop collaborative opportunities to work with communities to implement innovative means of increasing physical activity.

3. Provide grant funding to encourage physical activity and to promote safe places to walk, bike, and play in low-income neighborhoods.

4. Provide health education materials to schools, clinics, and nonprofit organizations.

2013 YEAR-END RESULTS

- The YMCA is well-versed in many community health interventions, including its own Health Intervention Program (HIP) Kids, was designed for overweight/obese children and their families. The curriculum, delivered by a registered dietician, focuses on nutrition education for adults and children and exposure to physical activity opportunities offered through the YMCA. A $15,970 grant supported HIP Kids at Downey Family YMCA and targeted families referred by school nurses in Downey Unified School District.

- Enrich LA has a mission and expertise in creating sustainable school-based gardens and delivering healthy eating curriculums in Los Angeles schools. A $14,000 grant helped further its work in the KFH-Downey service area. The grant funded development of a school-based garden at two South Gate schools and helped sustain ongoing programs in Watts and Bell. The grant supported staff salaries, and the cost of building an outdoor kitchen and other gardening supplies that enhanced the curriculum delivered by Enrich LA staff and school teachers.

- Healthy Downey, which includes school district leaders, elected city officials, community hospital leaders, and representatives from the nonprofit sector, is a community collaborative dedicated to improving the health and wellness of children and families in Downey. KFH-Downey began working with the group in 2013 and in March provided a $10,000 grant to support the collaborative’s work. In addition, KFH-Downey donated health education materials for use in conjunction with community health fairs and events in the city. Donated materials, most provided in English and Spanish, included The Healthy Plate flyer, How to Manage Diabetes and Healthy Weight for Your Child brochures.

- Kaiser Permanente Southern California Region’s HEAL partnership grants are an extension of the HEAL Zone initiative. Like the HEAL Zones, partnership grants are site-specific collaborative projects led by community stakeholders and focused on improving community environments (e.g., parks, stores, and schools) to increase consumption of healthy food and beverages, decrease calorie consumption, and increase physical activity in an effort to combat obesity. During 2013, HEAL partnership grants supported capacity building, planning, and the implementation of school-based strategies to improve school wellness policies that increase access to healthy food and physical activity opportunities during and after school. In 2013, YMCA of Greater Whittier received $75,000 from the donor-advised fund.

- Healthy Options, Healthy Meals (HOHM) is a funding strategy focused on healthy food banking, which is characterized by food banks increasing donations/purchases/distribution of more health promoting foods and decreasing donations/purchases/distribution of less healthful foods, such as snacks, sweets, and sugar-sweetened beverages. HOHM’s primary goal is to support sustainable policy and practice changes to assist food banks in gathering and distributing healthier foods. In the KFH-Downey service area, Los Angeles Regional Food Bank received $95,000 over two years ($47,500 from the donor-advised fund in 2013).

- Kaiser Permanente Southern California Region invests in parks and green spaces in neighborhoods with little to no access to open spaces for recreation and community engagement. The Trust For Public Land received a $100,000 grant from the donor-advised fund for Parks for People—Los Angeles Program to work on park projects at various stages and to identify potential green alleys, Fitness Zones, and greening neighborhood alleys. Los Angeles County Bicycle Coalition received a $20,000 grant from the donor-advised fund for core support of its efforts in policy work, coalition building, and outreach to transportation decision-makers to increase funding for active transportation in Los Angeles County.
PRIORITIZED NEED IV: INTERVENTIONS AND EDUCATION FOR AT-RISK YOUTH

Compared to both Los Angeles and California, the KFH-Downey service area has a significant youth population as a proportion of the total population. In 2010, the percentage of families living below the federal poverty level in the KFH-Downey service area was 14.5%. In comparison to the state rate of 9.8%, this presents challenges to the large number of youth residing in the service area. Being raised in poverty places children at higher risk for environmental toxins, inadequate nutrition, maternal depression, parental substance abuse, trauma and abuse, and exposure to violent crime. Poor children are more likely to have poor health and chronic health conditions. As adolescents, poor youth are more likely to suffer from mental health problems, including depression.

In comparison to all adolescents, those raised in poverty report greater frequencies of experimentation with smoking and sexual activity at very young ages. In addition to having higher physical and mental health risks, poverty in childhood and adolescence is associated with a higher risk for poor academic outcomes, poor school attendance, and early high school dropout. Many children attending KFH-Downey service area public schools participate in free- or reduced-fee meal programs, an indicator of low family socioeconomic status. In 2008, the rate of children entering the foster care system in the service area was slightly higher than that of Los Angeles County and California.

Overall the rate of teen births in the Downey service area remains high in comparison to the county and state. The teen birthrate in Compton is 19.74%, more than double the state average of 9.49%. Children 12 and older in SPA 6 experienced psychological distress at a rate twice that of Los Angeles County and the state. Although the data are not specific to the Downey service area, it is clear that sexually transmitted infections (STIs) are higher in Los Angeles County compared to the state overall, with respect to chlamydia, gonorrhea, primary and secondary syphilis, latent syphilis, and congenital syphilis.

2013 GOALS
1. Reduce teen pregnancy.
2. Increase access to mental health services and programs that support youth success.
3. Strengthen programs that support the success of youth through academic achievement, workplace readiness, social skills development, and character building.

2013 STRATEGIES
1. Partner with schools and community-based organizations to address issues surrounding teen pregnancy, pregnancy prevention, healthy pregnancies for teen mothers, and education for teens who are parenting.
2. Provide grant funding and/or TA to organizations that conduct outreach and education to increase screening for STIs.
3. Support community clinics that provide screenings for STIs.
4. Provide grants and/or TA to school-based and other organizations working to decrease teen pregnancy through education and family planning services.
5. Provide grant funding to programs that support academic growth and youth development.
6. Support schools and child-serving nonprofits dedicated to the mental health needs and youth development outcomes of at-risk youth.

2013 YEAR-END RESULTS
- Elevate Your Game is a youth intervention program, with a positive track record of meaningful one-to-one mentoring initiatives that result in increased grades, better school attendance, youth empowerment, and job skills readiness among participants. KFH-Downey supported this program with a $8,800 grant to increase the number of youth served by Elevate Your Game in Compton schools. Sixth through 12th grade student participants receive one hour of mentoring each week during the school year, participate in community service projects, and have the opportunity to take part in a summer internship program that prepares them for the workforce through intensive trainings and paid internships at local businesses.
• KFH-Downey awarded a $25,000 grant to INMED Partnerships for Children for MotherNet LA’s Teen Pregnancy and STI Prevention Mentoring Program. INMED has long-standing expertise in this kind of programming, which focuses on preventing repeat teen pregnancy and educating girls 14 to 19 on how to protect themselves against STIs. Completion of high school or the equivalent is strongly encouraged and promoted with the assistance of an adolescent care coordinator who serves as a mentor for low-income pregnant and parenting teens. Intensive case management and education are key program components and have resulted in positive outcomes for program participants who are mostly from the Lynwood and Compton areas. Important collaborative partners include St. John’s Well Child and Family Center, Watts Health Center, St. Francis Medical Center, South Los Angeles Health Project, and SHIELDS for Families.

• KFH-Downey continued work that began in 2010 with ABC Unified School District (ABCUSD) to create a leadership academy for at-risk youth. The Youth Leadership Initiative has demonstrated positive results by developing a critical mass of adult mentors at school sites to assist students in learning antibullying strategies, building positive peer relationships, and promoting cultural sensitivity among diverse groups of youth. A $12,000 grant supported this work and assisted ABCUSD in promoting the fifth year of its Youth Summit, a full day of training for more than 300 students representing every school in the district. The summit’s goals are to train youth in leadership development, promote resiliency, strengthen school connectedness, and engage youth in constructive community-building activities.

• In 2013, a new partnership was formed with Human Services Association to provide mental health services and STI education and awareness programs for at-risk youth in South Gate. With a $10,000 grant, Human Services Association placed counselors at South Gate High School to work directly with administrators to identify students at risk and get them connected to onsite support programs in the area of teen dating violence, pregnancy prevention, STI awareness, drug use prevention, and stress management.
### Table 1

**Kaiser Foundation Hospital-Downey**

#### 2013 Key Community Benefit Program Metrics

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charity Care: Medical Financial Assistance Program recipients</td>
<td>4,302</td>
</tr>
<tr>
<td>Charity Care: Charitable Health Coverage Program – Kaiser Permanente Other Plan members</td>
<td>128</td>
</tr>
<tr>
<td>Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members</td>
<td>3,602</td>
</tr>
<tr>
<td>Medi-Cal managed care members</td>
<td>23,255</td>
</tr>
<tr>
<td>Healthy Families Program members</td>
<td>3,226</td>
</tr>
<tr>
<td>Health Research projects (new, continuing, and completed)</td>
<td>82</td>
</tr>
<tr>
<td>Nursing Research projects (new, continuing, and completed)</td>
<td>5</td>
</tr>
<tr>
<td>Educational Theatre – number of performances and workshops</td>
<td>228</td>
</tr>
<tr>
<td>Educational Theatre – number of attendees (students and adults)</td>
<td>26,214</td>
</tr>
<tr>
<td>Graduate Medical Education – number of programs</td>
<td>7</td>
</tr>
<tr>
<td>Graduate Medical Education – number of affiliated and independent residents</td>
<td>70</td>
</tr>
<tr>
<td>Nurse practitioner and other nursing training and education beneficiaries</td>
<td>5</td>
</tr>
<tr>
<td>Deloras Jones nursing scholarship recipients</td>
<td>4</td>
</tr>
<tr>
<td>Other health professional training and education (non-MD) beneficiaries</td>
<td>18</td>
</tr>
<tr>
<td>Hippocrates Circle students</td>
<td>55</td>
</tr>
<tr>
<td>Summer Youth and INROADS programs participants</td>
<td>34</td>
</tr>
<tr>
<td>Community Learning Program – Educational Outreach Program beneficiaries</td>
<td>539</td>
</tr>
<tr>
<td>Number of 2013 grants and donations made at the local and regional levels¹</td>
<td>140</td>
</tr>
</tbody>
</table>

¹The vast majority of regional grants impact three or more hospitals. As such, a single regional grant may be included in the “Number of 2013 grants and donations” count for multiple hospitals.
Table 2

**Kaiser Foundation Hospital-Downey**

**Community Benefit Resources Provided in 2013**

<table>
<thead>
<tr>
<th>2013 Totals</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Care Services for Vulnerable Populations</strong></td>
<td></td>
</tr>
<tr>
<td>Medi-Cal shortfall&lt;sup&gt;1&lt;/sup&gt;</td>
<td>$17,496,981</td>
</tr>
<tr>
<td>Healthy Families&lt;sup&gt;2&lt;/sup&gt;</td>
<td>840,532</td>
</tr>
<tr>
<td>Charity care: Charitable Health Coverage programs&lt;sup&gt;3&lt;/sup&gt;</td>
<td>1,498,439</td>
</tr>
<tr>
<td>Charity care: Medical Financial Assistance Program&lt;sup&gt;4&lt;/sup&gt;</td>
<td>9,107,123</td>
</tr>
<tr>
<td>Grants and donations for medical services&lt;sup&gt;5&lt;/sup&gt;</td>
<td>396,938</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>$29,340,013</strong></td>
</tr>
<tr>
<td><strong>Other Benefits for Vulnerable Populations</strong></td>
<td></td>
</tr>
<tr>
<td>Watts Counseling and Learning Center&lt;sup&gt;6&lt;/sup&gt;</td>
<td>$1,030,923</td>
</tr>
<tr>
<td>Educational Outreach Program</td>
<td>0</td>
</tr>
<tr>
<td>Summer Youth and INROADS programs&lt;sup&gt;7&lt;/sup&gt;</td>
<td>75,995</td>
</tr>
<tr>
<td>Grants and donations for community-based programs&lt;sup&gt;8&lt;/sup&gt;</td>
<td>401,909</td>
</tr>
<tr>
<td>Community Benefit administration and operations&lt;sup&gt;9&lt;/sup&gt;</td>
<td>777,482</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>$2,286,309</strong></td>
</tr>
<tr>
<td><strong>Benefits for the Broader Community</strong>&lt;sup&gt;10&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Community health education and promotion programs</td>
<td>$98,968</td>
</tr>
<tr>
<td>Educational Theatre</td>
<td>942,579</td>
</tr>
<tr>
<td>Facility, supplies, and equipment (in-kind donations)&lt;sup&gt;11&lt;/sup&gt;</td>
<td>0</td>
</tr>
<tr>
<td>Community Giving Campaign administrative expenses</td>
<td>13,570</td>
</tr>
<tr>
<td>Grants and donations for the broader community&lt;sup&gt;12&lt;/sup&gt;</td>
<td>58,372</td>
</tr>
<tr>
<td>National board of directors fund</td>
<td>26,122</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>$1,139,611</strong></td>
</tr>
<tr>
<td><strong>Health Research, Education, and Training</strong></td>
<td></td>
</tr>
<tr>
<td>Graduate Medical Education</td>
<td>$467,187</td>
</tr>
<tr>
<td>Non-MD provider education and training programs&lt;sup&gt;13&lt;/sup&gt;</td>
<td>743,803</td>
</tr>
<tr>
<td>Grants and donations for the education of health care professionals&lt;sup&gt;14&lt;/sup&gt;</td>
<td>52,870</td>
</tr>
<tr>
<td>Health research</td>
<td>696,422</td>
</tr>
<tr>
<td>Continuing Medical Education</td>
<td>0</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>$1,960,282</strong></td>
</tr>
<tr>
<td><strong>Total Community Benefits Provided</strong></td>
<td><strong>$34,726,216</strong></td>
</tr>
</tbody>
</table>
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 Healthy Families members on a cost basis. Healthy Families program represents partial year as program ended in 2013, and children transferred into Medi-Cal.

3. 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.

4. 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.

5. 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.

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

7. 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.

8. 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.

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

10. 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.

11. Amount represents the estimated value of donated surplus office and medical supplies, equipment and furniture, promotional items and giveaways, in-kind services such as printing, mailings, multimedia production, etc., and conference and meeting room usage, as recorded in the MicroEdge GIFTS database.

12. 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.

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

14. Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, etc. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2013 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY

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

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

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

- Youth safety/community violence
- Mental health
- Overweight/obesity
- Access to care
- Diabetes
- Physical activity
- Preventive health
- Nutrition/healthy eating
- Dental health
- Cardiovascular disease
- Teen births
- STIs
- Asthma

HEALTH NEEDS THAT KFH-DOWNEY PLANS TO ADDRESS

1. ACCESS TO CARE

Access to comprehensive, quality health care services is important for health equity and for increasing the quality of a healthy life. Increasing access to appropriate and effective health care services addresses a wide range of specific health needs. Health care access is a key requirement for early detection of illnesses, chronic disease management, and reduction of emergency room usage. Achieving the goal of increased access to care requires reducing barriers to preventive screening, primary care, and specialty care through deploying a wide range of strategies encompassing programs, outreach, training, and policies.

In the KFH-Downey service area, 26% of residents are uninsured. In California, the rate of uninsured is 17.9% (American Community Survey, 2008-2010).

- Insurance Coverage – In the KFH-Downey service area, 74% of residents have health insurance, which can include Medi-Cal, employer-based insurance and other public and private coverage (American Community Survey, 2008-2010).
- Health Professional Shortage Area (HPSA) – 15% of the KFH-Downey service area population lives in a HPSA (which includes shortages of medical, dental, and mental health providers) compared to 13.8% of the state population (Health Resources and Services Administration, 2012).

Residents who have a medical home have access to a primary care provider. Among the residents in the KFH-Downey service area, more than 90% of children and youth have a usual source of care. Among adults, 68.7% in SPA 6 and 77.5% in SPA 7 have a usual source of care. Among seniors, 86.3% in SPA 6 and 95.4% in SPA 7 have a usual source of care (California Health Interview Survey [CHIS], 2009). Low-income populations face increased barriers to accessing health care; 43.1% of the population in the service area is categorized as low-income and 17.1% are living in poverty. In 2010, the poverty level income for a family of four was $22,050 (American Community Survey, 2006-2010).
Access to care enhances prevention of disease and disability. Therefore, KFH-Downey plans to address access to care by increasing access to primary and specialty care services throughout the service area.

2. **OVERWEIGHT/OBESITY**

Being overweight or obese affects a wide range of health issues and is a major risk factor for diabetes, cardiovascular disease, and other chronic diseases.

- **Overweight:** More than one-third of adults in the KFH-Downey service area are overweight. Among teens, 11.3% in SPA 6 and 18.8% in SPA 7 are overweight. 11.8% of children in SPA 6 and 15.2% in SPA 7 are overweight (CHIS, 2009).

- **Obesity:** When adult obesity levels were tracked over time (2005 to 2011), there was a 9% increase in obesity in SPA 6, and a 10.3% increase in SPA 7. In 2011, 32.7% of adults in SPA 6 and 30.1% of adults in SPA 7 were obese, higher than the County rate of 23.6% (Los Angeles County Department of Public Health [DPH], 2012).

Unhealthy eating has been found to be a risk factor for overweight and obesity.

- **Diets high in fat:** 21.9% of SPA 6 residents and more than one-third (33.5%) in SPA 7 consume fast food 3-4 times a week. The state rate is 19.6% (CHIS, 2009).

- **Soda consumption:** In comparison to a 14.7% rate of soda consumption in California, children and teens consume much higher rates of soda and sweetened drinks in SPA 6 (21.7%) and SPA 7 (23.5%) (CHIS, 2009).

Physical activity also plays a key role in levels of overweight and obesity.

- **Adult physical activity:** In the KFH-Downey service area, 78.8% in SPA 6 and 81.4% in SPA 7 walked for transportation, fun, or exercise, compared to 77.2% of adults statewide (CHIS, 2009).

- **Child physical activity:** 15.2% of children in SPA 6 and 17% in SPA 7 were sedentary during the week, higher than the state rate of 11.8% (CHIS, 2009).

- **Teen physical activity:** 14.4% of teens in SPA 6 and 14.1% in SPA 7 were sedentary during the week, less than the state rate of 16.2% (CHIS, 2009).

To address these health needs, efforts will be targeted to reduce and treat overweight and obesity, and focus on prevention through healthy eating and physical activity programs and initiatives.

3. **PREVENTIVE CARE**

Preventive care reduces death and disability and improves health. Health care preventive services prevent and detect illnesses and diseases in earlier, more treatable stages, significantly reducing the risk of illness, disability, early death, and medical care costs for individuals and the community (Healthy People 2020). KFH-Downey will address preventive care services, including screenings for cancer, STDs and chronic diseases, and will target mental health services and issues specific to at-risk youth, including community violence.

Residents who have a medical home are able to access preventive care services. Among KFH-Downey service area residents, more than 90% of children and youth have a usual source of care. Among adults, 68.7% in SPA 6, and 77.5% of adults in SPA 7 have a usual source of care. Among seniors, 86.3% in SPA 6 and 95.4% in SPA 7 have a usual source of care, compared to 85.8% statewide (CHIS, 2009). Low-income populations face barriers obtaining preventive care: 43.1% of the population in the service area is categorized as low-income, compared to 32.8% in the state (American Community Survey, 2006-2010).

Mammograms: In SPA 6, the percentage of women 40+ who have had a mammogram in the past two years is 72%. The rate in SPA 7 is 77%. Both fall short of the Healthy People 2020 objective of 81.1% (Los Angeles County DPH, 2007).
Colorectal Cancer Screening: Among adults, 67.1% in SPA 6 and 71.1% in SPA 7 have had the recommended screening for colorectal cancer. Both rates exceed the Healthy People 2020 objective of 70.5%. Of adults advised to obtain screening, 57.9% in SPA 6 and 59.2% in SPA 7 were compliant at the time of the recommendation (CHIS, 2009).

4. **BROADER HEALTH CARE SYSTEM NEEDS IN OUR COMMUNITIES**

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

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

Deploying a wide range of research methods contributes to building general knowledge for improving health and health care services, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared. Conducting high-quality health research and disseminating findings from it increases awareness of the changing health needs of diverse communities, addresses health disparities, and improves effective health care delivery and health outcomes.
2014-2016 COMMUNITY BENEFIT PLAN

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

PRIORITY HEALTH NEED I: ACCESS TO CARE

LONG-TERM GOAL
• Increase access to health care for medically underserved.

INTERMEDIATE GOALS
• Expand access to free and low-cost services.
• Increase health care coverage among vulnerable populations.
• Improve timely access to needed medical care.
• Reduce workforce shortages.

STRATEGIES
Programs and Services
• Participate in government-sponsored programs for low-income individuals (i.e., Medi-Cal Managed Care and Medi-Cal Fee-For-Service).
• Provide 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, i.e., charity care) and financial counseling services to connect patients with available sources of coverage.
• Continue to support youth pipeline programs (i.e., Summer Youth and INROADS) to introduce diverse, under-represented school-age youth and college students to careers in health care.
• Continue to support physician training programs (i.e., Graduate Medical Education).

Community Investments
• Provide grants and in-kind donations to community clinics and health care providers to build safety net capacity and expand access to care.

Leveraging Organizational Assets
• Explore partnership with community clinic(s) to implement KP Cares, a physician community engagement program.
• Provide access to health care and preventive services at school-based clinics.
• Partner with Southern California Permanente Medical Group to continue community access program providing free surgical and/or specialty care services.
EXPECTED OUTCOMES

- Increased capacity for community and school based clinics who serve the medically underserved.
- Increased availability of specialty care and diagnostic services for the medically uninsured or underinsured.
- Increased number of eligible individuals enrolled in government-sponsored and/or subsidized health care coverage programs.
- Increased number of underserved populations who receive needed primary and/or specialty care medical services.
- Increased safety net capacity of the community
- Improved diversity of trained physicians.

PRIORITY HEALTH NEED II: HEALTHY EATING

LONG-TERM GOAL

- Reduce incidence of overweight and obesity in the community.

INTERMEDIATE GOALS

- Increase healthy eating among service area residents.
- Increase active living among residents of the service area.

STRATEGIES

Community Investments

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

Leveraging Organizational Assets

- Connect Healthy Lifestyles for Families Program (train-the-trainer) from Regional Health Education to appropriate clinics, schools, and community-based organizations.
- Explore opportunities to provide Continuing Medical Education classes for obesity prevention and treatment to community health providers.
- Support efforts to increase physical activity in the community and schools through Kaiser Permanente volunteerism at community events and program support (e.g. Walk with a Doc; Walking School Bus; Kaiser Permanente’s Everybody Walks).
- Implement Thriving Schools, a Kaiser Permanente initiative that aligns and targets resources to schools in low-income neighborhoods to improve the health and wellness of students and employees through improved nutrition and increased physical activity.

Collaboration and Partnerships

- Participate in community partnerships, and serve on and support boards that are focused on reducing overweight and obesity.

EXPECTED OUTCOMES

- Increased awareness about healthy eating.
- Healthy food options will be increased in community settings.
- Increased availability of community-based physical activity opportunities.
PRIORITY HEALTH NEED III: PREVENTIVE PRACTICES

LONG-TERM GOAL
• Improve community health and wellness through preventive practices.

INTERMEDIATE GOALS
• Increase access to preventive care in the community.
• Improve access to preventive interventions for at-risk youth.

STRATEGIES

Community Investments
• Provide grants to community organizations offering free or low-cost mental health services, mentoring programs, violence prevention, and school-based interventions.

Leveraging Organizational Assets
• Explore opportunities to provide health screenings (e.g., retinal screening, mammograms, FIT-fecal immunochemical testing, STIs) in the community for targeted populations.
• Partner with Southern California Permanente Medical Group physicians to support uninsured students with attention deficit disorder/attention deficit hyperactivity disorder.

Collaboration and Partnerships
• Explore opportunities to partner with FQHC (federally qualified health center) school-based clinics to support mental health and health and wellness efforts.

EXPECTED OUTCOMES
• Increased identification and treatment of adult health needs.
• Increased opportunities for youth to improve social behaviors, mental health, and health and wellness.

PRIORITY HEALTH NEED IV: WORKFORCE

LONG-TERM GOAL
• Address health care workforce shortages and cultural and linguistic disparities in the health care workforce

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

STRATEGIES
• Implement health care workforce pipeline programs to introduce diverse, underrepresented, school-age youth and college students to health careers
• Provide workforce training programs to train current and future health care providers with the skills, linguistic, and cultural competence to meet the health care needs of diverse communities
• Disseminate knowledge to educational and community partners to inform curricula, training, and health career ladder/pipeline programs
• Leverage CB-funded programs to develop strategies to increase access to allied health, clinical training, and residency programs for linguistically and culturally diverse candidates
• Increase capacity in allied health, clinical training and residency programs to address health care workforce shortages through the provision of clinical training and residency programs
• Leverage Kaiser Permanente resources to support organizations and research institutions to collect, standardize, and improve access to workforce data to enhance planning and coordination of workforce training and residency training programs

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

PRIORITY HEALTH NEED VI: RESEARCH

LONG-TERM GOAL
• Increase awareness of the changing health needs of diverse communities

INTERMEDIATE GOAL
• Increase access to and availability of relevant public health and clinical care data and research

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

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