

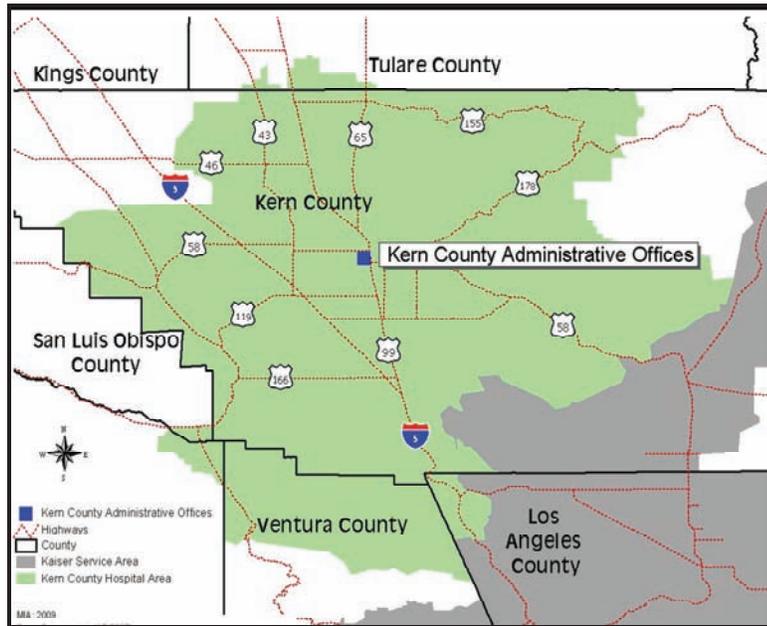
KERN COUNTY

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KAISER PERMANENTE (KP)-KERN COUNTY

Kern County Administrative Office
 5055 California Avenue, Suite 240
 Bakersfield, CA 93309
 (661) 334-2008



The KP-Kern County medical care service area includes Arvin, Bakersfield, Buttonwillow, Delano, Kernville, Lake Isabella, Lamont, McFarland, Oildale, Shafter, Taft, Tehachapi, Wasco, and Wofford Heights.

COMMUNITY SNAPSHOT (2010 Community Health Needs Assessment for KP-Kern County)

Total population:	807,407	Latino:	47%
Median age:	30	White:	40%
Median household income:	\$44,716	African American:	6%
Percentage living in poverty:	20.5%	Asian and Pacific Islander:	4%
Percentage unemployed:	15.4%	Other and two or more races:	2%
Percentage uninsured:	25.4%	Native American:	1%

KEY FACILITY STATISTICS

Year opened:	1988
KFH full-time equivalent personnel:	133
KFHP members in KFH service area:	98,607

KEY LEADERSHIP AT KP-KERN COUNTY

David Womack	Executive Director
Gigi Thurmond	Director of Hospital and Health Plan Operations
Dan McReynolds	Area Chief Financial Officer
Julia Bae, MD	Area Medical Director
Sharon Peters	Medical Group Administrator
Leslie Golich	Public Affairs Director
Kristin Weber	Senior Community Benefit Health Specialist

THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

The 2010 CHNA is a collaborative effort of Bakersfield Memorial Hospital, Delano Regional Medical Center, KP-Kern County, Kern County Department of Public Health, Mercy Hospitals of Bakersfield, San Joaquin Community Hospital, and other local partners. The 2010 assessment is a Web-based, living CHNA, which uses the Healthy Communities Network (HCN) web tool to display health status and track progress in the community. The technology allows the CHNA to refresh and stay current each year by highlighting important issues in the community and is now available to the public at www.healthykern.org, which provides more than 120 health and quality-of-life indicators for Kern County. Rather than focus on one isolated area of need, the CHNA sought to create a comprehensive county overview using multiple health and quality-of-life indicators. The CHNA process involves assessment and understanding of demographics, health access, health care usage, health behaviors, health status, as well as social and environmental factors that ultimately affect health outcomes. Review and evaluation of this quantitative data combined with community consultation and feedback have enabled us to identify key priority areas in the community that require attention.

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 Health Care:

- 57% of adults have private health insurance.
- 87.5% of people have a usual source of health care.
- 91% of children have health insurance.
- African American (47.9%) and Latinos (36.3%) have the lowest rates of health coverage.

Obesity:

- 29.3% of Kern County adults are obese.
- Latinos are leading at 34% with Whites next at 26%.
- Males 45 to 65 have the highest obesity rates.

Diabetes:

- Kern County places in the bottom quartile of California counties for *all* diabetes-related indicators.
- During the 2006–2008 measurement period, the hospitalization rate due to diabetes was 28.4 hospitalizations per 10,000 population and ranked 55 out of 58 California counties.

Mortality Rates:

- Kern County was rated 58th out of 58 California counties for age-adjusted rate of death due to heart disease; 25% higher than the national average.
- Kern County was rated 57th out of 58 California counties for age-adjusted rate of death due to diabetes complications.
- Kern County was rated 45th out of 58 California counties for infant mortality.

Adolescent Health:

- In 2006–2008, Kern County had the highest teen birthrate of all California counties at 63.7 births per 1,000 females 15 to 19, compared to 36.6 per 1,000 females 15 to 19 statewide.

- The HIV prevalence rate is 62.5 cases per 100,000 population, ranking 49th out of 58 California counties.
- The chlamydia incidence rate ranks 58th of 58 counties in California; the gonorrhea incidence rate ranks 55th.
- In 2009, the gonorrhea incidence rate in Kern County was 98.8 per 100,000 population; the Healthy People 2010 target is 19. However, unlike chlamydia rates, gonorrhea rates have been in steady decline since 2006.
- From 2005 to 2008, the number of students who completed high school decreased from 81.6% to 73.5%.
- The dropout rate during this period was 5.5%, placing Kern County 42nd out of 56 reporting counties.
- Students who do not finish high school are more likely than people who finish high school to lack the basic skills required to function in an increasingly complicated job market and society.

Infant Health:

- In California, 6.9% of infants have a low birth weight. Kern County ranks 50th among the 58 counties in California at 7.4%.
- In 2009, 1.4% of babies in Kern County were born with a very low birth weight.

Basic Needs - Poverty and Unemployment:

- Based on the U.S. 2000 Census, 28.2% of children live below the federal poverty level.
- 16.8% of families live below the federal poverty level.
- 20.8% of people live below the federal poverty level.
- 10.5% of people 65 and older live below the federal poverty level.

Air Quality:

- During 2006–2008, the annual ozone air quality was rated an F (a 5 in the numeric scale) in Kern County, whereas the U.S. standard is a B or better (a 1 or 2 in the numeric scale).
- Annual particle pollution is also very high, rating an F or 5, during 2006–2008.

Public Safety:

- In 2008, Kern County ranked 27th of 35 reporting counties in California, with a violent crime rate of 562.3 crimes per 1,000 population.
- The child abuse rate in Kern County ranks 52nd of the 58 California counties. From 2004 to 2008, child abuse in Kern County steadily increased.
- The Healthy People 2010 national health target is to reduce the child maltreatment rate to 10.3 cases per 1,000 children under 18. The current rate in Kern County is nearly two times the target value.

PRIORITIZED NEEDS IDENTIFIED FOR THE KP-KERN COUNTY SERVICE AREA

1. Access to health insurance coverage and health care services
2. Prevention and management of obesity, diabetes, and heart disease
3. Teen birthrate and infant health rates

2011 YEAR-END RESULTS

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

Although access to health care indicators are not showing in the red for Kern County, there is still concern among Kern County health care experts that this issue needs to be addressed. Based on 2007 data, Kern County indicators show that adults with private health insurance and people with a usual source of health insurance are 57% and 87.5%, respectively, and children with health insurance are at 91%. African American and Latinos who have health insurance are lowest at 47.9% and 36.3%, respectively. Anecdotal evidence suggests that the 2010 data, which will be released in 2011, will reflect a much grimmer picture, especially for the adult population.

2011 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.

2011 STRATEGIES

1. Participate in medical care/coverage programs such as Medi-Cal Managed Care, Medi-Cal Fee for Service, Healthy Families, as well as Kaiser Permanente-sponsored programs Medical Financial Assistance (MFA, charity care), Kaiser Permanente Child Health Plan, and STEPS.
2. Provide grants to organizations that provide access to primary and/or specialty care to the uninsured/underinsured or to organizations working toward providing health care coverage to children and/or adults.
3. Share Kaiser Permanente intellectual assets through physician and staff engagement efforts to partner with local health delivery systems to improve the quality and efficiency of care provided in the community.

TARGET POPULATION

Uninsured/underinsured residents of Kern County with limited access to care or coverage.

COMMUNITY PARTNERS

Community partners include Clinica Sierra Vista, National Health Services, Inc.; Kern Medical Center; Kern County Department of Public Health; Community Action Partnership of Kern Family Health Center; Bakersfield Homeless Center; school-based clinics; and Children's Health Initiative of Kern County (CHI).

2011 YEAR-END RESULTS

- KP-Kern County participates in government-subsidized and special health care coverage programs to provide access to medical care services for vulnerable populations. In 2011, the service area was the medical home for Medi-Cal (managed care and fee-for-service) members and nearly 5,000 Healthy Families Program members.
- Mercy Foundation-Bakersfield received a \$20,000 grant for CHI to make application health insurance assistance available in every Kern County community. CHI raises awareness of the options for low-income families and stresses the importance of health care through public presentations and the news media. It also trains certified application assisters (CAAs) to help family's complete applications that result in successful enrollments. When the program started, the California Health Interview Survey (CHIS) showed that 13.1% of Kern County children were uninsured. By 2009, the total number of children in the county had grown by one-third, but the number of uninsured children dropped to 6.2% due to the successful coalition effort guided by the CHI.
- Bethany Services received a \$20,000 grant for Bakersfield Homeless Center to reduce health care disparities and improve health outcomes among the homeless by providing free preventive care, medications, education, and linkage to services and benefits.

- Clinica Sierra Vista received a \$20,000 grant to implement a new strategy called “HIV+ and Ready for Treatment” that targets 100 newly infected HIV+ individuals (those who have tested positive within the last 12 months) and provides intensive case management and support services.
- KP-Kern County provided in-kind donations to community-based organizations. California State University Bakersfield Nursing Program received medical supplies totaling \$1,816 that were used to train nursing students. Community Action Partnership of Kern received medical and office supplies totaling \$1,865 for its Family Health Center.
- KP-Kern County Compliance Officer Patty Hefner and Executive Director David Womack led an initiative to share corporate compliance best practices with Clinica Sierra Vista, the largest community clinic system in Kern County. Clinica Sierra Vista received used the information to create a more robust corporate compliance program to help the ensure its ability to pass health care regulatory agency audits.
- Kaiser Permanente Southern California Region has funded care- and coverage-related grants to increase access to affordable, quality health care and health insurance coverage for low-income and uninsured individuals and families in our communities. Grants are made to support the potential and future enrollment of eligible individuals into publicly funded health insurance products. In 2011, the Tides Center received a \$200,000 grant (\$100,000 from Southern California Region and \$100,000 from Northern California Region) to address universal enrollment needs of state and federal health insurance exchanges mandated by the passage of the Affordable Care Act. It will ensure that the user experience is efficient and appropriate along federally required dimensions with tools that allow for state-specific situations and needs. In addition, it will introduce efficiencies into the design process through the centralization of design standards that allow for reuse of key elements, broad distribution, and usage at scale.
- 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. The 2011 QI Initiative for public hospitals focused on the 1115 Medicaid waiver’s Delivery System Reform Incentive Pool (DSRIP), which supports the efforts of California’s public hospitals to meaningfully enhance the quality of care and the health of patients and families they serve. Kern County Medical Center received a \$300,000 grant over two years (\$150,000 in 2011). Funds support a clinical pharmacist who will serve as lead on DSRIP for urgent improvement in care elements by developing and overseeing subcommittees for each element. The pharmacist will also utilize pharmacy, medical, and nursing students and residents for research projects.
- Kaiser Permanente’s Southern California Safety Net Partnerships increases the capacity of safety net providers to operate efficiently, enhance quality of care, and improve access to care for the underserved by aiding clinic and hospital networks/consortia and other statewide organizations as they support clinical and management infrastructure and policy advocacy for safety net providers. Central Valley Health Network (CVHN) received a \$90,000 joint grant (Southern California Region, \$10,000; Northern California Region, \$80,000) over one year for core operating support. Network members operate in 21 counties across the state and provide more than 2.5 million encounters to more than 600,000 patients annually. CVHN will utilize this grant to continue pursuing its priorities to enhance members’ capacity and to improve access to primary care services through the Central Valley Region. CVHN will also increase clinician capacity by participating in Institute for Healthcare Improvement programs and in all health reform implementation activities with California Primary Care Association and the National Association of Community Health Centers.

2012 GOALS UPDATE

The goals will remain unchanged for 2012.

2012 STRATEGIES UPDATE

The strategies will remain unchanged for 2012.

MONITORING PROGRESS OF 2012 STRATEGIES

Progress will be monitored by number of members who participate in care and coverage programs through Kaiser Permanente, percentage of grant dollars allocated to organizations that provide access to primary and specialty care,

percentage of grant dollars allocated to organizations that provide access to health care coverage to children and/or adults, number of KP-Kern County physicians and staff who participate, and type of engagement and assistance provided.

PRIORITIZED NEED II: PREVENTION AND MANAGEMENT OF OBESITY, DIABETES, AND HEART DISEASE

Obesity increases the risk of many diseases and health conditions including heart disease, type 2 diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems, and osteoarthritis. Losing weight and maintaining a healthy weight help to prevent and control these diseases. Being overweight or obese also carries significant economic costs due to increased health care spending and lost earnings. With an overall adult obesity rate of 29.3%, Kern County is far above the 15% Healthy People 2010 goal. The high mortality rates in Kern County point to multiple systemic problems in the health care system. Mortality rates in Kern County rank in the bottom third of all California counties. In addition, the rates for nearly all causes of death are increasing over time. The age-adjusted death rates due to coronary heart disease, diabetes, and stroke all place Kern County in the bottom quartile of California's 58 counties. Significant racial and ethnic disparities exist for many death rates, especially for African Americans.

2011 GOALS

1. Increase consumption of fresh fruits and vegetables.
2. Increase physical activity in community and institutional settings.
3. Decrease mortality rates for heart disease, diabetes, and stroke.

2011 STRATEGIES

1. Provide grants to community-based organizations that address access to healthy food choices, environmental changes that lead to an increase in physical activity, and/or public policy issues that will result in a more healthy and active community.
2. Provide technical assistance (TA) and clinical expertise to community-based organizations in the form of shared best practices and intellectual assets.
3. Provide grants to community-based organizations that address preventing and successfully managing obesity, heart disease, diabetes, and stroke.

TARGET POPULATION

Low-income residents of Kern County who are at risk for obesity, heart disease, diabetes, and/or stroke, especially those who reside in areas of the county where there is limited access to outdoor recreation or fresh fruits and vegetables.

COMMUNITY PARTNERS

Community partners include parks and recreation departments throughout Kern County, Kern County Department of Public Health, local school districts, and community-based organizations.

2011 YEAR-END RESULTS

- Stop the Violence Movement, Inc. received a \$7,000 planning grant to assess and organize the southeast Bakersfield community to establish a successful farmers' market capable of accepting EBT, WIC, and Senior Nutrition Vouchers.
- Boys & Girls Clubs of Kern County received a \$20,000 grant for the Triple Play program. Triple Play's curriculum consists of 10 sessions for each of three age groups, 6 to 8, 9 to 12, and teens, that are conducted after-school and during the summer. Triple Play includes daily fitness challenges that give youth at every age the chance to play longer and harder at different games—from jumping rope to basketball and creating games of their own. Also included is the Healthy Habits curriculum, which has the central themes of good nutrition, regular physical activity, and improving overall well-being.

- California State University, Bakersfield (CSUB) Foundation received a \$20,000 grant to implement the Community Preventive Health Collaboration (CPHC). Under nursing faculty supervision, CSUB nursing students participated in CPHC, an innovative and cost-effective program that provides health education, health screenings, referrals, and follow-up on referrals for primary care and case management services for diagnosed conditions. CPHC representatives conduct health interviews to determine high-risk conditions or behaviors such as a family history of diabetes, smoking, lack of immunizations, or lack of a primary care provider. The representatives then provide education on healthy nutrition, exercise, and topics revealed as high risk that relates to the history given by the patient during the interview.
- KP-Kern County staff participated as part of the committee to support the Kern County Department of Public Health's Federally Funded Community Transformation Grants proposal. Kern County was selected to receive funding for the planning phase and is well positioned to receive implementation phase funding by the end of 2012.
- Kaiser Permanente Southern California Region's HEAL (Healthy Eating, Active Living) partnership grants are an extension of the HEAL Zone initiative. Like the HEAL Zones, partnership grants are a targeted investment in communities of 10,000 to 20,000 residents with a high prevalence in obesity and other health disparities. The grants support projects led by community stakeholders that focus 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 to combat obesity. In the KP-Kern County service area, Kern County Department of Public Health received \$50,000 to assess the wellness policies of Oildale's public schools and develop a plan of action that will lead to improved eating and physical activity policies and environments within Oildale's school districts.
- Southern California Region's Healthy Eating in Hard Times (HEHT) initiative helps to ensure that eligible low-income families are participating in federal nutrition programs such as food stamps and free school meals, and that food bank/pantry patrons can obtain healthy foods such as fruits and vegetables from emergency food sources. In 2011, Kaiser Permanente Southern California Region doubled its investment in food banks from the previous year. Food banks across the region received grants to acquire produce and distribute it to individuals in need, provide nutrition education, conduct food stamp (CalFresh) outreach, and make infrastructural improvements such as the repair or purchase of cold storage units and the purchase of food bins and produce. In the service area, Community Action Partnership of Kern received a \$60,000 grant.
- In 2011, Kaiser Permanente Southern California Region's Operation Splash initiative provided grants to support swimming lessons and water safety in underserved areas. Since Operation Splash started in 2006, the grants have provided 58,187 swim lessons to participants and 3,143 junior lifeguards. In 2011, North of the River received \$30,000.
- Kaiser Permanente Southern California Region funded a number of policy- and advocacy-related grants. The Public Health Institute received a \$200,000 joint grant (\$100,000 from Southern California Region and \$97,157 from Northern California Region) over two years (\$50,000 in 2011) to support the Health in All Policies Task Force Food Procurement Project, which aims to lay the groundwork to advance state government procurement policies that will increase access to healthy and location-efficient food on state properties.
- Kaiser Permanente Southern California Region awarded Uninsured Project a \$75,000 grant toward its implementation of California's Health Reform project. The grant will specifically help to build consensus on key target areas, engage regional stakeholders, and produce and disseminate nonpartisan research materials that will assist California's health leaders in efforts to cover the uninsured.

2012 GOALS UPDATE

The goals will remain unchanged for 2012.

2012 STRATEGIES UPDATE

The strategies will remain unchanged for 2012.

MONITORING PROGRESS OF 2012 STRATEGIES

Progress will be monitored by percentage of grant dollars allocated to organizations that provide programs that increase access to healthy food and physical activity and by percentage of grant dollars allocated to organizations focused on decreasing calorie consumption.

PRIORITIZED NEED III: TEEN BIRTHRATE AND INFANT HEALTH RATES

The teen birthrate in Kern County has been consistently high for many years. This has led to more low-birth-weight babies and also leads to a lack of education attainment for female youth. In 2006–2008, Kern County had the highest teen birthrate of all California counties at 63.7 births per 1,000 females 15 to 19, compared to 36.6 per 1,000 statewide. Babies born with a low or very low birth weight are more likely than babies of normal weight to require specialized medical care and often must stay in the intensive care unit. Low birth weight is often associated with premature birth, and babies born with very low birth weight are at the highest risk of dying in their first year. While many medical advances have enabled premature infants to survive, there is still risk of infant death or long-term disability.

The infant mortality rate in Kern County is also exceedingly high. Kern County ranks 45th out of all 58 counties in California with an infant mortality rate of 7.2/1,000, and the trend is rising. The leading causes of death among infants are birth defects, preterm delivery, low birth weight, sudden infant death syndrome (SIDS), and maternal complications during pregnancy. The Healthy People 2010 national health target is to reduce the infant mortality rate to 4.5 deaths per 1,000 live births.

Disparities can be seen among indicators of teen sexual health, maternal health, and infant health such as teen birthrate, prenatal care, low birth weight, and infant mortality rates. Birth and infant health outcomes tend to be worst for African Americans. In addition, in Kern County, African American and Latino teens have a birthrate nearly 3.5 times as high as White females.

2011 GOALS

1. Decrease teen pregnancy rates in Kern County.
2. Improve infant birth weights.

2011 STRATEGIES

1. Provide grants to community-based organizations that address teen pregnancy prevention.
2. Provide grants to community-based organizations that address the importance of prenatal and postnatal care.
3. Provide TA and clinical expertise to community-based organizations by sharing Kaiser Permanente intellectual assets.
4. Facilitate utilization of Kaiser Permanente's Educational Theatre in areas of Kern County that have significantly higher teen pregnancy rates.

TARGET POPULATION

Preteens, teens, and young mothers in Kern County with an emphasis on Latinos and African Americans.

COMMUNITY PARTNERS

Community partners include Clinica Sierra Vista, Kern County Network for Children, Kern County Superintendent of Schools, and Stop the Violence, Inc.

2011 YEAR-END RESULTS

- Community Action Partnership of Kern received a grant for \$25,000 to decrease teen pregnancy. The organization will use the evidence-based Teen Outreach Program (TOP) curriculum, which provides 150–200 youth with eight hours of pregnancy prevention instruction. Topics covered include communication, self-esteem, decision making, peer

pressure/influence, abstinence, harmful effects of drugs, alcohol and tobacco, safe sex, HIV/AIDS, and sexually transmitted infections.

- Kern County's Medically Vulnerable Care Coordination Project received a grant for \$19,000 to further its work in decreasing infant mortality rates. More than 20 organizations partner by meeting monthly to jointly identify medical and developmental issues and coordinate care for the 800–1,000 medically vulnerable infants treated annually in Kern County neonatal intensive care units.
- KP-Kern County staff participate as members of the County's Child Abuse Prevention Council. As part of the committee, Kaiser Permanente successfully advocated for the inclusion of teen pregnancy prevention as a themed monthly topic for 2011/2012. Data support the idea that reducing teen pregnancy reduces the incidence of child abuse.
- California Family Health Council received a \$200,000 grant from Kaiser Permanente Southern California Region to build the capacity of Title X agencies in California to utilize family-planning performance data measures to improve the quality of reproductive health care.
- Kaiser Permanente Southern California Region funded a number of policy- and advocacy-related grants. The California Pan-Ethnic Health Network received a \$100,000 joint grant (\$50,000 Southern California and \$50,000 Northern California) to engage in activities to ensure that all Californians have access to health care and can live healthy lives. The network will advocate for public policies that address health disparities, convene our communities to educate and engage them in statewide advocacy efforts, and partner with coalitions and our constituents to strengthen our work across the state.
- Kaiser Permanente Southern California Region funded a \$120,000 technology advocacy grant to California School Health Centers Association to provide TA and leadership to ensure that school-based health centers and school nursing stations maximize current opportunities to adopt electronic health records and become integrated into health information exchange.
- California School Health Centers Association received a \$80,000 core operating support joint grant (\$40,000 from Southern California Region and \$40,000 from Northern California Region) to expand awareness and support for school-based health centers (SBHCs) as a way to increase access to health care and improve academic success and help school districts and community clinics start up SBHCs.

2012 GOALS UPDATE

The goals will remain unchanged for 2012.

2012 STRATEGIES UPDATE

The strategies will remain unchanged for 2012.

MONITORING PROGRESS OF 2012 STRATEGIES

Progress will be monitored by percentage of grant dollars allocated to organizations that provide programs that decrease teen pregnancy, percentage of grant dollars allocated to organizations that improve infant mortality rates, number of KP-Kern County physicians and/or staff and type of engagement and assistance provided to nonprofit organizations addressing teen pregnancy rates, and number of physicians and/or staff and the type of engagement and assistance provided to nonprofit organizations addressing infant mortality rates.

Table 1

KAISER PERMANENTE-KERN COUNTY

2011 Key Community Benefit Program Metrics

(For more information about these and other CB programs and services, please see pages 10–20 in the Introductory Chapters Section.)

Charity Care: Medical Financial Assistance Program recipients	394
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members	60
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	1,124
Medi-Cal managed care members	4
Healthy Families Program members	4,984
Health Research projects (new, continuing, and completed)	1
Nursing Research projects (new, continuing, and completed)	1
Educational Theatre – number of performances and workshops	42
Educational Theatre – number of attendees (students and adults)	3,445
Nurse practitioner and other nursing training and education beneficiaries	2
Deloras Jones nursing scholarship recipients	1
Other health professional training and education (non-MD) beneficiaries	2
Hippocrates Circle students	30
Number of 2011 grants and donations made at the local and regional levels ¹	66

¹The vast majority of regional grants impact three or more hospitals. As such, a single regional grant may be included in the “Number of 2011 grants and donations” count for multiple hospitals.

Table 2

KAISER PERMANENTE-KERN COUNTY

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2011

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$6,202
Healthy Families ²	1,642,825
Charity care: Charitable Health Coverage Programs ³	679,171
Charity care: Medical Financial Assistance Program ⁴	333,079
Grants and donations for medical services ⁵	345,806
Subtotal	\$3,007,083
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁶	\$0
Educational Outreach Program	0
Summer Youth and INROADS programs ⁷	0
Grants and donations for community-based programs ⁸	227,440
Community Benefit administration and operations ⁹	258,872
Subtotal	\$486,312
Benefits for the Broader Community¹⁰	
Community health education and promotion programs	\$27,433
Educational Theatre Programs	157,586
Facility, supplies, and equipment (in-kind donations) ¹¹	76,761
Community Giving Campaign administrative expenses	2,676
Grants and donations for the broader community ¹²	23,021
National board of directors fund	8,571
Subtotal	\$296,048
Health Research, Education, and Training	
Graduate Medical Education	\$0
Non-MD provider education and training programs ¹³	223,829
Grants and donations for the education of health care professionals ¹⁴	36,315
Health research	537,500
Continuing Medical Education	77
Grants and donations for evidence-based medicine ¹⁵	0
Subtotal	\$797,721
Total Community Benefits Provided	\$4,587,164

ENDNOTES

- ¹ Amount includes cost-based unreimbursed inpatient expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries.
- ² Amount includes cost-based unreimbursed inpatient expenditures for Healthy Families members.
- ³ Amount includes cost-based unreimbursed inpatient expenditures for Steps Plan members and the Kaiser Permanente Child Health subsidy.
- ⁴ Amount includes cost-based unreimbursed care provided at this facility to patients who qualify for Charity Care: Medical Financial Assistance Program.
- ⁵ Figures reported in this section for grants and donations for medical care services consist of charitable contributions to community clinics and other safety net providers; community health partnerships and collaboratives; community health care coverage enrollment efforts; and specific health initiatives that address specialty care access, HIV/AIDS, childhood obesity, and so on. 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 several related denominators such as the number of Educational Theatre performances or health education programs.
- ¹¹ 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.
- 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 the 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 care 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, and so on. 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.
- ¹⁵ Figures reported in this section for grants and donations for evidence-based medicine consist of charitable contributions made to external nonprofit organizations and academic institutions to develop, produce, or communicate evidence-based medical practices and research findings. 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.