

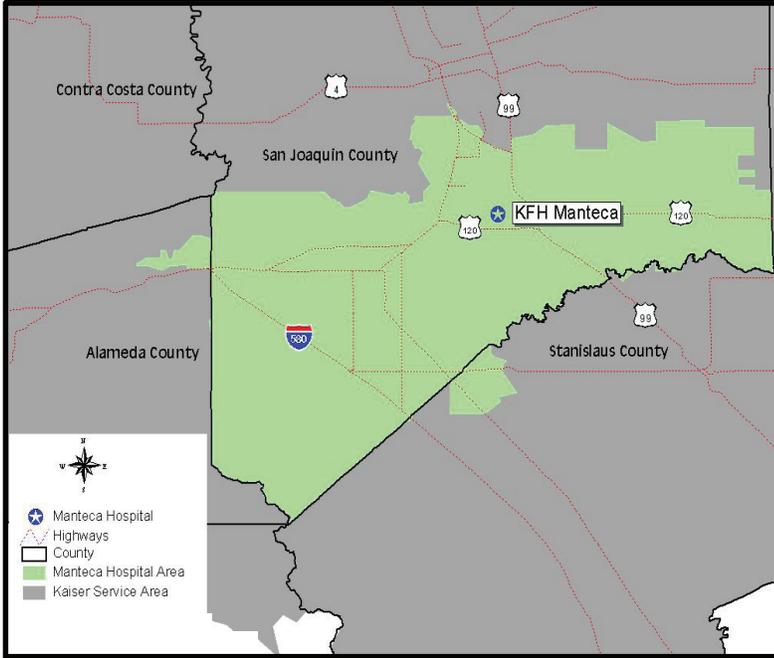
MANTECA

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KAISER FOUNDATION HOSPITAL (KFH)-MANTECA

1777 West Yosemite
 Manteca, CA 95337
 (209) 825-3700



The KFH-Manteca service area includes Ceres, Escalon, Farmington, French Camp, Hughson, Lathrop, Lockeford, Lodi, Manteca, Oakdale, Patterson, Ripon, Riverbank, Stockton, Tracy, and Waterford.

COMMUNITY SNAPSHOT (*county-level data)

Total population:	233,545	White:	47.04%
Median age:*	32.0	Latino:	33.35%
Average household income:*	\$54,350	African American:	5.51%
Percentage living in poverty:	9.8780%	Asian and Pacific Islander:	9.14%
Percentage unemployed:	15.44%	Native American:	0.57%
Percentage uninsured:	14.11%	Other:	4.40%

KEY STATISTICS

Year opened:	2004	Total licensed beds:	99
KFH full-time equivalent personnel:	366.3	Inpatient days:	15,877
KFHP members in KFH service area:	72,582	Emergency room visits:	21,166

KEY LEADERSHIP AT KFH-MANTECA

Corwin N. Harper	Senior Vice President and Area Manager
Sharon Kelley	Chief Operating and Nursing Officer
Christopher M. Neuman	Area Finance Director
Moses Elam, MD	Physician in Chief
Linda Mann	Area Medical Group Administrator
Melanie Hatchel	Public Affairs Director
Marie Sanchez	Community Benefit/Community Health Manager

THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

Data for the 2010 CHNA were collected through self-administered surveys and secondary data analysis. Primary data were obtained from telephone and face-to-face surveys of San Joaquin County residents. In August 2010, Applied Survey Research conducted telephone surveys (to landline and cell phone numbers) in both English and Spanish with 431 randomly selected residents 18 and older. Secondary data were collected from a variety of sources, including the U.S. Census; federal, state, and local agencies; academic and health care institutions; economic development groups; and electronic databases.

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:

Health Insurance and Access to Care:

- The number of uninsured residents in San Joaquin County nearly doubled between 2005 (16%) and 2009 (28%) and remains higher than the state rate of 24%.
- While 96% of telephone survey respondents reported that their children had some form of health insurance in 2010, only 86% of telephone survey respondents reported that their children had dental insurance.
- 24% of San Joaquin County residents were insured through Medi-Cal in 2009.
- 31% of survey respondents reported a lack of medical insurance as the reason they were unable to receive the mental health treatment they needed and 50% reported that their medical insurance did not cover mental health care.

Obesity:

- 28% of telephone survey respondents were obese and an additional 41% were overweight in 2009.
- 23% of county children 5 to 19 were overweight or obese in 2008, higher than the overall California rate of 17%.

Chronic Diseases:

- In 2009, 38,500 individuals (9% of all residents) were diagnosed with diabetes in San Joaquin County.
- Of those diagnosed with diabetes, 87% had an A1c test, 81% had an eye exam, and 69% had their feet examined.
- 17% of adult telephone survey respondents reported having been diagnosed with asthma. However, only half (52%) reported that they had been treated for their asthma.
- 34% of respondents reported that their child had been diagnosed with asthma; of those children, 78% had been treated by a doctor and 68% had an asthma management plan.

Basic Needs:

- 18% of telephone survey respondents went without a basic need in the last year, 49% of whom went without food.
- In the 2009–2010 school year, 59% of all county students were receiving free or subsidized meals.
- In 2009, 9% of residents were receiving food stamps, compared to 6% statewide.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-MANTECA SERVICE AREA

1. Access to health insurance coverage and health care services
2. Obesity and overweight

3. Chronic diseases
4. Basic needs

2011 YEAR-END RESULTS

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

KFH-Manteca is committed to Kaiser Permanente Northern California Region's priority of addressing the needs of the uninsured. San Joaquin County residents continue to struggle more than the average Californian. Sixteen percent of San Joaquin County residents are living in poverty while only 14% of Californians are. The number of uninsured residents in San Joaquin County at 28% is higher than the state rate of 24%. These comparisons and other findings in the assessment are more alarming when San Joaquin County's growth rate, which is faster than the state rate, is taken into consideration.

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 KFHP/H Charitable Health Coverage Programs (STEPS and 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 to support community outreach and retention efforts.
4. Provide grant funding to support an increase in access to health care wellness programs and services to include dental and optical services.
5. Provide grant funding to support increased access to health care wellness programs.
6. Create partnerships with other funding organizations such as First 5 of San Joaquin to create a strategy that supports insurance outreach, enrollment, and retention.
7. Leverage Kaiser Permanente intellectual capital to increase community access to community resources.

TARGET POPULATION

The underserved and underinsured, low-income children, adults, families, and others in the community.

COMMUNITY PARTNERS

Community partners include Catholic Charities of the Diocese of Stockton, Charterhouse Partnership for Families, Community Medical Centers, Inc., and Health Plan of San Joaquin.

2011 YEAR-END RESULTS

- KFH-Manteca and KFH-Modesto awarded Catholic Charities of the Diocese of Stockton a \$50,000 grant to support the Children's Health Initiative program, which will provide outreach, enrollment, and case management services for the utilization and retention of health insurance plans services for 1,368 children.
- St. Mary's Interfaith Community Services was awarded a \$30,000 grant to support the Increase Access to Health Care for Uninsured program, which will increase access to flu vaccine for 1,000 individuals, clinic visits for 440 individuals, and provide dental visits for 134 individuals considered homeless and/or working poor in San Joaquin County.
- At the Neighbors in Health event, more than 750 individuals received basic adult health services, including immunizations, cholesterol and glucose screenings, blood pressure screenings, mammograms, and optical services.

- California Primary Care Association (CPCA) received a \$300,000 core operating support joint grant over one year (\$150,000 from Kaiser Permanente Northern California Region and \$150,000 from Kaiser Permanente Southern California Region). The grant positions community health centers to succeed in the new health care delivery system with the Affordable Care Act and Medicaid 1115 Waiver by helping organizations navigate new reimbursement and billing mechanisms and enrollment processes.
- On behalf of Regional Association of California, California Family Health Council received a \$130,000 core operating support joint grant over one year (\$65,000 from Kaiser Permanente Northern California Region and \$65,000 from Kaiser Permanente Southern California Region) to continue the collaboration of the executive directors of local consortia, CPCA, and California Family Health Council.

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

KFH-Manteca will monitor progress by requiring grantees to submit semiannual and year-end reports that demonstrate the number of people served by their efforts and the success rate of measurable objectives.

PRIORITIZED NEED II: OBESITY AND OVERWEIGHT

According to the U.S. Surgeon General's office, obesity is now the fastest-growing cause of illness and death in America today. The San Joaquin Valley faces alarming rates of obesity among all age groups, leading to equally alarming rates of childhood and adult diabetes, heart disease, high blood pressure, and other obesity-related illnesses. A recent study by the Central Valley Health Policy Institute at California State University, Fresno, revealed that the percentage of overweight and obesity in the valley is significantly higher than the statewide average: 65% of adults 18 to 64 compared to 56.2% statewide, 63% of seniors compared to 55.7%, and 15.5% of adolescents 12 to 17 compared to 14.2%. More young people 5 to 19 are overweight or obese in San Joaquin County (23%) than in California overall (17%).

2011 GOALS

1. Decrease calorie consumption (e.g., soda/sugar-sweetened beverages, portion size, snacking).
2. Increase consumption of fresh fruits and vegetables.
3. Increase physical activity in community settings (e.g., safe walking and biking routes, parks and hiking trails, joint use agreements).
4. Increase physical activity in institutional settings (e.g., schools, after-school programs, work sites).

2011 STRATEGIES

1. Provide grant funding to support school-based initiatives such as Rethink Your Drink campaigns and portion control.
2. Provide grant funding to support existing and expanding healthy food outreach programs.
3. Provide grant funding to support local Safe Routes to School efforts.
4. Provide health education materials to schools and utilize physician champions and Kaiser Permanente's Educational Theatre Programs.
5. Leverage internal health education resources for the benefit of food banks, schools, and school/parent organizations.

TARGET POPULATION

Low-income families, children, adults, and seniors who have or are at risk for developing obesity.

COMMUNITY PARTNERS

Community partners include Community Medical Centers, Inc., Community Partnership for Families, Give Every Child A Chance, San Joaquin County Office of Education, and Second Harvest Food Bank of San Joaquin and Stanislaus Counties.

2011 YEAR-END RESULTS

- Boys & Girls Club of Tracy, Inc. received a \$50,000 grant to support Triple Play: Healthy Habits, a program that will serve more than 2,500 underserved youth by increasing physical activity, as outlined in the Triple Play (Mind, Body, and Soul) curriculum. Youth will exercise for 60 minutes daily and participate in continuous Healthy Habits sessions that consist of cooking and nutrition classes.
- The Emergency Food Bank received a \$34,611 grant for the Mobile Farmers' Market program to increase access to and consumption of fresh fruits and vegetables, and raise nutritional awareness through education in San Joaquin County.
- F.U.N. (Friday Unity Night in the Neighborhood) Club received a \$6,000 donation to support this summer program that incorporates health education in a fun and interactive manner, connects youth with community resources, and aims to increase opportunities for physical activities. F.U.N. Club is held for 12 sessions during the summer months of June, July, and August on Friday nights, from 6:00 pm to 9:00 pm. The program offers a variety of services geared toward health education, and tools to build success in youth 6 to 17.
- Give Every Child A Chance was awarded a \$46,700 grant to support EATS (Eating Appropriately Teaches Success), a program that provides more than 800 students with curriculum and activities that address childhood obesity, encourage healthy eating, and teach proper nutrition, anatomy, and hygiene. Students participate in hands-on, activity-driven education focused on the importance of reading and understanding the labels on food products, determining food portions for ingestion, and participating in daily physical activity.
- San Joaquin County Office of Education received a \$50,000 grant that supports the Exercise Across California program. More than 640 4th graders attend 12 low-income elementary schools throughout San Joaquin County. The hope is that these students will be able to improve their levels of physical fitness by putting in extra exercise time that goes above and beyond their required physical education time. Participating students will try to exercise 2,126 miles around the state in a five-month period of time (November–March). They will use pedometers to track how many miles they have exercised around California. Along the way, they will virtually visit landmarks highlighting California's history, which ties in with the California state standards for social science. Students and parents will receive fitness and nutritional information in an effort to promote healthy eating habits and living.
- Second Harvest Food Bank of San Joaquin and Stanislaus Counties was awarded a \$20,000 grant from KFH-Manteca and KFH-Modesto to support Food 4 Thought, which addresses the nutritional needs of hungry schoolchildren, offers them the incentive to improve their academic skills, and provides 15 to 18 pounds of nutritious groceries twice a month. Food 4 Thought operates through existing tutorial programs, and participants receive eight hours of after-school tutorial and recreational activities each week.
- University of the Pacific received a \$10,000 grant to support Healthy Children 2011: Reducing the Impact of Childhood Obesity in San Joaquin, which provides educational information about the importance and practices of daily exercise and the impact of wellness behaviors to 3,000 children at more than 30 participating schools.

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

KFH-Manteca will monitor progress by requiring grantees to submit semiannual and year-end reports that demonstrate the number of people served by their efforts and the success rate of measurable objectives.

PRIORITIZED NEED III: CHRONIC DISEASES

Chronic diseases are the leading causes of death and disability in the United States. According to 2007 CHIS data, the prevalence rates for asthma (16.7%), heart disease (8%), and type 2 diabetes among children under 18 (8.7%) in San Joaquin County are above statewide rates. Type 2 diabetes accounts for 83.8% of the total amount of diabetes in San Joaquin County. Much of the chronic disease burden is preventable and/or controllable with a healthy lifestyle and an environment that supports healthy choices. Physical inactivity and unhealthy eating contribute to obesity and a number of chronic diseases, including some cancers, cardiovascular disease, stroke, osteoporosis, and type 2 diabetes.

2011 GOALS

1. Increase access to prevention and early detection programs focused on chronic conditions, including diabetes, obesity, and cardiovascular diseases.
2. Improve access to chronic disease self-management tools.
3. Improve utilization and compliance of care plans in the management of chronic diseases.

2011 STRATEGIES

1. Provide grant funding to support prevention of chronic disease to safety nets, schools, and community-based organizations.
2. Provide grant funding to support increased access to chronic disease self-management tools.
3. Provide grant funding to support increased utilization and patient compliance to chronic disease care plans.
4. Increase access to Kaiser Permanente's Educational Theatre Programs at local schools.
5. Leverage Kaiser Permanente's health education materials and utilize physician ambassadors in community presentations.
6. Provide technical assistance (TA) and support for community coalitions such as Healthy San Joaquin Collaborative.

TARGET POPULATION

Low-income families, children, adults, and seniors who have or are at risk for developing obesity, diabetes, and cardiovascular diseases, particularly African Americans and Latinos.

COMMUNITY PARTNERS

Community partners include Community Medical Centers, Inc. (CMC), Community Partnership for Families, Give Every Child A Chance, San Joaquin County Office of Education, Second Harvest Food Bank of San Joaquin and Stanislaus Counties, and St. Mary's Interfaith Community Services.

2011 YEAR-END RESULTS

- CMC received a \$49,854 grant to support Commit to Be Fit, an obesity prevention program that will directly impact chronic disease among a minimum of 300 pediatric patients. Patients and families will participate in skill-building sessions with providers to decrease unnecessary calorie consumption, increase consumption of fresh fruit and vegetables, and increase physical activity.

- CMC also received a \$49,947 grant to support the Patient Advocate program, which will improve access to health care services among 600 low-income and uninsured individuals by addressing barriers to care and health care disparities. Staff will review patient charts to assess issues with treatment compliance and inconsistency in making appointments.
- San Joaquin County of Public Health Services was awarded a \$50,000 grant to support Putting the Breaks on Diabetes, a program designed to reduce the risk of diabetes by reducing the percentage of participating women (400) who are obese and the percentage who are obese immediately prior to pregnancy. Activities will be based on the Health Belief (susceptibility to diabetes and other adverse outcomes) and Stages of Change models of health education.
- San Joaquin General Hospital received a \$74,998¹ 2011–2013 Quality Improvement Initiative grant, which will allow the hospital's Chronic Disease Management Program to provide quality care to patients with chronic diseases by utilizing multidisciplinary group visits, patient education, panel management, disease registry, and provider outreach.

2012 GOALS UPDATE

Support mental health programs as a barrier to improved utilization and compliance of care plans in the management of chronic diseases.

2012 STRATEGIES UPDATE

Provide grant funding to support mental health programs as a barrier to improved utilization and compliance of care plans in the management of chronic diseases.

MONITORING PROGRESS OF 2012 STRATEGIES

KFH-Manteca will monitor progress by requiring grantees to submit semiannual and year-end reports that demonstrate the number of people served by their efforts and the success rate of measurable objectives.

PRIORITIZED NEED IV: BASIC NEEDS

In San Joaquin County, nearly 16.5% of the population was without any health insurance at some point in 2008. Since most people have employment-based coverage, health insurance rates are linked to employment rates. The unemployment rate in San Joaquin County in January 2010 was estimated at 18.4%, up from 17.0% in December 2009, and above the December 2008 estimate of 14.6 percent. This compares with an unadjusted unemployment rate of 13.2% for California and 10.6% for the nation in January 2010.

2011 GOALS

Increase knowledge of and access to self-sufficiency services such as health insurance and government and community programs.

2011 STRATEGIES

1. Provide grant funding to support enrollment assistance programs.
2. Provide access to local resources on the Community Benefit web site.

TARGET POPULATION

The underserved and underinsured, low-income children, adults, families, and others in the community.

¹ This grant was distributed from the Kaiser Permanente Fund for Community Benefit, a donor-advised fund established in late 2004 and administered by East Bay Community Foundation. Accordingly, the grant amount was not included in the Community Benefit totals for 2011 (Tables A, B, and 2).

COMMUNITY PARTNERS

Community partners include Community Partnership for Families, Charterhouse for Families, Give Every Child A Chance, San Joaquin County Office of Education, Second Harvest Food Bank of San Joaquin and Stanislaus Counties, St. Mary's Interfaith Community Services, and Women's Center of San Joaquin.

2011 YEAR-END RESULTS

- Community Partnership for Families of San Joaquin received a \$62,464 grant to support the Family Stability, Engagement, and Involvement program, which aims to connect and enroll 5,000 individuals with Family Resource Centers that deliver an array of integrated services on-site to stabilize families that require immediate assistance with basic needs.
- Gospel Rescue Mission, Inc. received a \$50,000 grant to support New Life Addiction Treatment, a program that provides housing, food, clothing, and addiction treatment classes and activities in accordance with the State of California Treatment Plan. New Life also provides medicines and medical supplies for the CMC medical clinic located on campus. More than 566 patients will access services at medical clinic.
- Women's Center of San Joaquin was awarded a \$50,000 grant to support the Community Youth Violence Prevention program, which was designed to educate children, youth, parents, teachers, and child care providers about sexual assault and other forms of social violence to prevent child abuse and other forms of violence perpetrated against children and youth by their peers and/or by adults.
- Youth for Christ USA, Inc., received a \$47,147 grant to support the Reducing School Violence Partnership program. A minimum of 2,200 teens attending Stockton Unified School District schools will attend workshops and receive interventions designed to increase resiliency and decrease school violence. Students will access individual counseling and case management services to assist in the reduction of high-risk-taking behaviors among teens.

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

KFH-Manteca will monitor progress by requiring grantees to submit semiannual and year-end reports that demonstrate the number of people served by their efforts and the success rate of measurable objectives.

Table 1

KAISER FOUNDATION HOSPITAL-MANTECA

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	2,800
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members	55
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	1,962
Medi-Cal Managed Care members	11
Healthy Families Program members	2,826
Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) ¹ members	52
Health Research projects (new, continuing, and completed)	0
Nursing Research projects (new, continuing, and completed)	0
Educational Theatre Programs – number of performances and workshops	17
Educational Theatre Programs – number of attendees (students and adults)	6,373
Graduate Medical Education – number of programs	0
Graduate Medical Education – number of affiliated and independent residents	0
Nurse practitioner and other nursing training and education beneficiaries	0
Deloras Jones nursing scholarship recipients	1
Other health professional training and education (non-MD) beneficiaries	14
Summer Youth and INROADS programs participants	10
Number of 2011 grants and donations made at the local and regional levels ²	77

¹AIM: Access for Infants and Mothers, MRMIP: Major Risk Medical Insurance Program, MRMIP Grad: Major Risk Medical Insurance Program graduate, and IV-D Kids: Four D Kids, insurance provided by either Blue Shield Insurance or Kaiser Permanente under a special agreement with the Sacramento County Child Support Services Department.

²The vast majority of regional grants impact three or more local 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 FOUNDATION HOSPITAL-MANTECA

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2011

	2011 Total
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$1,762,174
Healthy Families ²	\$2,609,984
Charity care: Charitable Health Coverage programs ³	\$4,231,806
Charity care: Medical Financial Assistance Program ⁴	\$2,470,813
Grants and donations for medical services ⁵	\$152,592
Subtotal	\$11,227,369
Other Benefits for Vulnerable Populations	
Summer Youth and Inroads programs ⁶	\$14,614
Grants and donations for community-based programs ⁷	\$308,925
Community Benefit administration and operations ⁸	\$302,695
Subtotal	\$626,235
Benefits for the Broader Community⁹	
Community health education and promotion programs	\$14,224
Educational Theatre Programs	\$152,572
Facility, supplies, and equipment (in-kind donations) ¹⁰	\$0
Community Giving Campaign administrative expenses	\$14,449
Grants and donations for the broader community ¹¹	\$88,854
National board of directors fund	\$22,388
Subtotal	\$292,487
Health Research, Education, and Training	
Graduate Medical Education	\$0
Non-MD provider education and training programs ¹²	\$234,183
Grants and donations for the education of health care professionals ¹³	\$213,101
Health research	\$4,625,414
Subtotal	\$5,072,698
Total Community Benefits Provided	\$17,218,790

ENDNOTES

- 1 Amount includes unreimbursed inpatient expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries.
- 2 Amount includes unreimbursed inpatient expenditures for Healthy Families members.
- 3 Amount includes unreimbursed inpatient expenditures for Steps Plan members and unreimbursed inpatient expenditures for Kaiser Permanente Child Health Plan subsidy.
- 4 Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance and Indigent Care programs.
- 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; community health care coverage enrollment efforts; and special Request for Proposals to support specific health issues such as HIV/AIDS, 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 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Summer Youth students hired.
- 7 Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonhealth needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 8 The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- 9 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a number of related denominators such as the number of Educational Theatre Programs performances or health education programs.
- 10 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.
- 11 Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 12 Amount reflects the net expenditures after tuition reimbursement for health professional education and training programs.
- 13 Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, etc. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.