

REDWOOD CITY

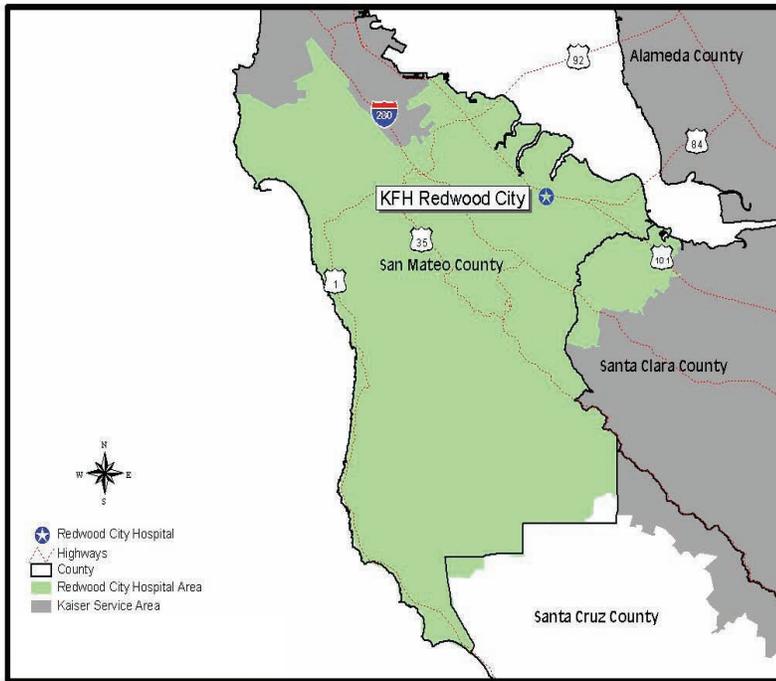
REDWOOD CITY

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## FOUNDATION HOSPITAL (KFH)-REDWOOD CITY

1150 Veterans Boulevard  
 Redwood City, CA 94063  
 (650) 299-2000



The KFH-Redwood City service area covers those portions of San Mateo County termed central, south, and coastside subareas. Cities include but are not limited to Belmont, East Palo Alto, El Granada, Foster City, Half Moon Bay, Menlo Park (some portions), North Fair Oaks, Pescadero, Redwood City, and San Carlos. With the addition of a new medical office building in San Mateo, the service area has recently expanded and now includes the city of San Mateo.

### COMMUNITY SNAPSHOT (\*county-level data)

Total population:	484,245	White:	53.62%
Median age:*	38.8	Latino:	22.46%
Average household income:*	\$84,879	African American:	3.17%
Percentage living in poverty:	7.26%	Asian and Pacific Islander:	16.73%
Percentage unemployed:	6.96%	Native American:	0.21%
Percentage uninsured:	10.47%	Other:	3.81%

### KEY STATISTICS

Year opened:	1968	Total licensed beds:	213
KFH full-time equivalent personnel:	827.9	Inpatient days:	32,967
KFHP members in KFH service area:	105,116	Emergency room visits:	25,991

### KEY LEADERSHIP AT KFH-REDWOOD CITY

Frank T. Beirne, FACHE	Senior Vice President and Area Manager
Maureen O'Brien, RN, MSN, MBA	Chief Operating Officer
Mark A. Okashima	Area Finance Director
James O'Donnell, MD	Physician in Chief
Kathleen M. Quinn, RN, MBA	Medical Group Administrator
Stacey K. Wagner	Public Affairs Director
Stephan H. Wahl	Community Benefit/Community Health Manager

# THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

## 2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

To support the 2011–2013 Community Benefit Plan, KFH-Redwood City and KFH-San Mateo collected information about current community needs. Part of this CHNA process included collection of primary data through telephone interviews with community health providers and focus groups with teens and seniors. Senior focus groups (12 participants per group) were conducted in two specific communities, Daly City and North Fair Oaks, which were chosen for geographic and ethnic diversity. Teen focus groups were conducted in Pacifica and Redwood City, also chosen for their geographic uniqueness and ethnic composition. Twelve students participated from two different high schools in Pacifica and 11 students participated from one Redwood City high school. Shemick Healthcare Consulting was contracted to facilitate the focus groups and to conduct provider interviews. Providers who participated in the CHNA interview process are with organizations that are current community partners of KFH-Redwood City and KFH-San Mateo, have a long track record in the community, and are trusted by the patients they serve:

- Coastside Adult Day Health Center (Half Moon Bay)
- County of San Mateo, Behavioral Health & Recovery Services
- Daly City Senior Services
- Daly City Youth Health Center
- Doelger Senior Center (Daly City)
- El Centro de Libertad (Redwood City and Half Moon Bay)
- Fair Oaks Intergenerational Center (North Fair Oaks)
- Legal Aid Society of San Mateo County
- Oceana and Terra Nova high schools (Pacifica)
- Peninsula Family Service Agency (North Fair Oaks)
- Peninsula Jewish Community Center (Foster City)
- Pyramid Alternatives (Pacifica, Daly City, South San Francisco, San Bruno)
- San Mateo County Senior Adult Services
- Sequoia High School (Redwood City)
- StarVista [formerly Youth and Family Enrichment Services] (San Mateo County)

To support the CHNA and the selection of priority needs, Shemick Healthcare Consulting also collected secondary data from a variety of federal, state, and local San Mateo County sources that track the most current health trends:

- *Healthy San Mateo 2010*. Disease Control and Prevention Epidemiology Program, San Mateo County Health Services Agency
- *Healthy People 2010*, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000
- *County Health Status Profiles, 2006*. Department of Health Services and California Conference of Local Health Officers
- *2010 California County Scorecard of Children's Well-Being*. Children Now
- California Department of Health Services, Center for Health Statistics, Birth Records 1990–2004
- Census 2000, U.S. Census Bureau
- UCLA Center for Health Policy Research 2009 Insurance Rates
- *San Mateo County Adolescent Report 2001*. San Mateo County Board of Supervisors, May 2001

- *San Mateo County Adolescent Report 2007*
- California Department of Education, Safe & Healthy Kids Program Office.  
<http://hk.duerrevaluation.com/ar07repcounty.htm>
- San Mateo County Human Services Agency, 2007
- *Morbidity and Mortality Weekly Report (MMWR)*. Surveillance Summaries. Centers for Disease Control and Prevention (CDC)
- *Children in Our Community: A Report on Their Health and Well-Being*. San Mateo County Children's Report 2007. Lucile Packard Foundation for Children's Health
- *No Time for Complacency: Teen Births in California*. Public Health Institute, Center for Research on Adolescent Health and Development, March 2003
- *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report*. National Institutes of Health, National Heart, Lung, and Blood Institute in Cooperation with The National Institute of Diabetes and Digestive and Kidney Diseases, September 1998
- *Fact Sheet—Cancer; Healthy San Mateo 2010: Health Status Indicators for San Mateo County, California*
- 2006–2009 Master Birth Files. San Mateo County Health Department
- Half Moon Bay, Health Needs Assessment Report, November 2009

## 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:

- San Mateo County is among the most culturally and ethnically diverse counties. Asian and Hispanic residents, along with seniors, are expected to continue to become increasingly greater proportions of the population. The area is not adequately prepared for this enormous demographic shift.
- There are two San Mateo counties—one for the economic “haves” and one for the economic “have-nots”—and this gap is widening.
- The actual causes of premature death are rooted in behavior, and it is estimated that as many as 50% of premature deaths are due to health risk behaviors such as tobacco use, poor diet, a lack of exercise, alcohol use, etc.
- Individual health behaviors are deeply influenced by public policy and place (i.e., neighborhood conditions) to a far greater degree than is generally acknowledged.
- Access to and affordability of health care services is a significant problem. The lack of a comprehensive health care system is a failing, unsustainable model.
- More than one out of four San Mateo County adults believe access to mental health, substance abuse, and dental services in the county are “fair” to “poor.”
- In the near future, the Internet is likely to replace physicians as the place where most people get most of their health care information.
- The rise in C-section rates is a disturbing trend.
- Children are not doing much better than adults in exhibiting healthy behaviors.
- Adolescents engage in a variety of risky behaviors such as alcohol, tobacco, and drug use, violence, and sexual behavior that will impact their future health.
- The proportion of adults 60 and older is expected to roughly double over the next four decades. This growing population requires increased attention for their health and social needs.
- Falls are the key issue leading to hospitalization, loss of independence, and death among seniors.

- Incidences of cancers (lung, breast, prostate, and colon) are decreasing.
- Gonorrhea and chlamydia rates are increasing.
- Homicide rates are increasing.
- Binge drinking among young adults has increased significantly over the last several years.
- Substance abuse (alcohol, tobacco, and other drugs) is one of the most serious threats to community health. Substance abuse contributes to homelessness, violence, poverty, and disease. Youth substance abuse is a particular concern.
- Depression, isolation, and loneliness are prevalent in San Mateo County.
- Obesity, along with high blood pressure, type 2 diabetes, and high cholesterol continue to be major health concerns.
- 90% of the county's population over age 19 has risk factors associated with cardiovascular disease.
- Access to health care is a persistent issue for the underserved and underinsured.
- Obesity rates continue to be an issue for children and adults alike. Poor food choices and lack of physical activity are main drivers of this epidemic.
- At-risk youth behavior is leading to substance abuse, depression, teen pregnancy, and mental health issues.
- By 2030, nearly one out of four San Mateo County's residents will be over age 65. Sixty percent of baby boomers nationally will have more than one chronic disease, nearly one-third will be obese, and 25% will have diabetes.
- Domestic and family violence is increasing at alarming levels.

The Community Benefit Advisory Board approves the selection of priority needs for KFH-Redwood City and consists of the following San Mateo Area physicians and staff:

Marco Baisch, MD, Pediatrics – TPMG  
Katherine Bond, RN, Chronic Conditions Case Manager – KFH  
Scott Brown, Director, Health Education – TPMG  
Maggie Kelly-Lieras, CCM Program Assistant – TPMG  
Cameron D'Alpe, Executive Consultant/Service Line Coordinator – TPMG  
Sylvia Nunez, Senior Public Affairs Representative – KFHP  
Maureen O'Brien, Chief Operating Officer – KFH  
Darlene Palewitz, Compliance Officer San Mateo Area – KFH  
Kathleen Quinn, Medical Group Administrator – TPMG  
Kathleen Steele, Social Services Manager – KFH  
Stacey Wagner, Public Affairs Director – KFHP  
Stephan H. Wahl, Community Health and Benefit Manager – KFH

#### **PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-REDWOOD CITY SERVICE AREA**

1. Access to health insurance coverage and health care services
2. Obesity rates
3. At-risk youth behavior
4. Poor health in the aging population
5. Domestic/family violence

# 2011 YEAR-END RESULTS

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

The San Mateo County Health System and Health Plan for San Mateo analyzed the most recent census data. This analysis revealed that an estimated 77,000 San Mateo County residents are uninsured. The vast majority are adults and about 40% have incomes that are less than or equal to 200% of the federal poverty level (FPL) or about \$22,000 per individual. San Mateo County has successfully reached and enrolled many of the county's low-income and uninsured adults into its indigent care program, ACE (Access to Care for Everyone). The loss of jobs and accompanying loss of employer-sponsored health insurance have led to a significant growth in the number of people seeking health coverage. ACE currently has more than 28,000 enrollees, compared to 15,000 in January 2009. Accessing primary care and specialty care appointments in a timely manner continues to be a challenge for Health Plan of San Mateo County. Demand remains high while provider resources are limited.

### 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.
3. Increase access to health care services for low-income/uninsured patients at risk for chronic conditions or complications related to chronic conditions such as diabetes.
4. Increase access to health care by providing transportation for high-need seniors and disabled adults to medical appointments and other health-related needs.

### 2011 STRATEGIES

1. Provide charity care through the Medical Financial Assistance (MFA) program and maximize efficiencies.
2. Support certified application assisters (CAAs) in clinics and core agencies for insurance enrollment and retention.
3. 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.
4. Provide grants to community organizations and safety net providers to increase access to health care services for low-income, vulnerable, and uninsured individuals to better manage and prevent chronic conditions, with a focus on diabetes.

### TARGET POPULATION

Low-income households, minority populations, immigrants, farm laborers, families living below the poverty level, and those lacking transportation to medical care in San Mateo County.

### COMMUNITY PARTNERS

Community partners include Health Plan of San Mateo County, San Mateo County Medical Center, Daly City Youth Health Center, Peninsula Jewish Community Center, Operation Access (OA), RotaCare Clinics of the Bay Area, San Mateo County Behavioral Health and Recovery Services, Ravenswood Family Health Center (RFHC), Samaritan House, San Mateo County Children's Health Initiative, San Mateo County Health Service Agency, SamTrans (San Mateo County Transit), Daly City Access, and other agencies serving southern San Mateo County.

### 2011 YEAR-END RESULTS

- Peninsula Jewish Community Center received a \$20,000 grant from KFH-Redwood City and KFH-South San Francisco to support Get Up & Go, an escorted transportation program for nondriving seniors. The major emphasis is on demand-responsive transportation to medical, dental, and allied health (physical therapy, mental health, medication pickup)

appointments. Get Up & Go expanded its operation in July 2010 after receiving a three-year New Freedom Grant, which required substantial local matches. The program provided 100 medical rides per month, and 97% of surveyed riders reported increased access to medical care. Eleven of the monthly riders required the assistance of an escort. The program also addresses those with disabilities, those needing high levels of personal assistance/escort, and those needing short-notice and urgent service appointments. The county-wide program is in response to a growing transportation demand among seniors in San Mateo County.

- Puente de la Costa Sur received a \$10,000 grant to support the Rural Health Outreach, Prevention, and Utilization program. Puente's isolated, primarily monolingual Spanish-speaking farming community lacks many resources for the underserved and uninsured, who need assistance navigating the insurance enrollment system. The grant funded additional time for outreach and enrollment, impacting 150 families: 117 residents received assistance navigating health insurance programs, 84 were newly enrolled, and 87 renewed existing coverage.
- RotaCare's Coastside Clinic received a \$15,000 grant from KFH-Redwood City and KFH-South San Francisco to provide medical treatment to uninsured populations in San Mateo County's coastal communities—Half Moon Bay and rural farming communities on the south coast. The clinic has augmented the health care needs of the coastal community for more than 18 years, targeting individuals without health insurance. Many have incomes below the poverty level and lack transportation to other county clinics and services. In addition, the wait time for a primary care appointment with the county health system can be five or six months or longer. RotaCare also sees many patients with chronic illnesses who have nowhere else to go. Volunteer providers ensure that patients with critical needs access the necessary care required to prevent life-threatening situations. Additional patient education is provided. Funds will help RotaCare acquire additional equipment and supplies and support the efforts of the site administrator/nurse and a nurse practitioner who track and follow up on patient referrals. The clinic will serve approximately 1,400 patients this funding cycle. The free clinic is open one evening per week. South San Francisco Medical Center Physician-in-Chief Michelle Caughey, MD, volunteers as a medical provider at RotaCare.
- San Mateo Community Health Authority (Health Plan of San Mateo) received a \$20,000 grant from KFH-Redwood City and KFH-South San Francisco to support San Mateo County Children's Health Initiative/Health Coverage Unit, which aims to increase enrollment of uninsured and underinsured adults and children into health care coverage programs, including Medi-Cal, Healthy Families, Healthy Kids, Kaiser Permanente Child Health Plan, and ACE. Increased renewal rates for Medi-Cal, Healthy Families, Healthy Kids, and ACE was also addressed. Membership levels of children's health coverage programs, as of December 15, 2011: Healthy Families, 10,683, an increase of 3% since July 2011; Medi-Cal, 18,816, an increase of 3% since July 2011; and Healthy Kids, 4,983, a decrease of 3% since July 2011. For San Mateo County's adult indigent care programs, ACE and MCE (Medicaid Expansion Program), there were 28,224 participants, an increase of 4% since July 2011. ACE had a renewal rate from 45% to 73%. Healthy Kids experienced a decrease in renewal rates by 8%. Outreach efforts included the distribution of more than 5,000 flyers, referrals by community agencies and county departments, and emergency room referrals. More than 10,000 families were assisted from July 2011 through November 2011.
- Kaiser Permanente Northern California Region awarded a \$75,000 grant to South County Community Health Center, Inc. on behalf of RFHC for continued outreach, enrollment, retention, and utilization services with a focus on developing best practices for pre-natal patients and those who are eligible for the Health Insurance Counseling and Advocacy Program.
- 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

1. Support CAAs in clinics and core agencies for insurance enrollment and retention.
2. 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.
3. Provide charity care through MFA and maximize efficiencies.
4. Provide grants to community organizations and safety net providers to increase access to health care services for vulnerable, low-income, and uninsured individuals to better manage and prevent chronic conditions, with a focus on diabetes.

## MONITORING PROGRESS OF 2012 STRATEGIES

Track number of children and families enrolled in Kaiser Permanente coverage programs; track number of individuals screened for MFA and time needed to approve applications; track number of OA procedures performed at KFH-Redwood City; track progress of other agencies' successes in increasing access to health care for vulnerable populations; require partner agencies to track number of children and families enrolled in public insurance programs and number of high-need seniors and adults with disabilities receiving transportation assistance to medical/health-related appointments ; and require six-month and year-end reports from all grantees.

## PRIORITIZED NEED II: OBESITY RATES

Obesity prevalence in the U.S. has increased dramatically over the past 30 years. During that time, the incidence of diabetes has more than doubled. According to a UCLA Center for Health Policy and Research *Health Policy and Research Brief* (August 2010), San Mateo County's obesity prevalence remains consistent with the rest of the nation; approximately 194,000 residents (34.8 %) are considered overweight and 17.9% (roughly 100,000) of those are considered obese. Obesity is a significant risk factor for diabetes, and both conditions are serious risk factors for heart disease and other serious medical conditions. American Indians, African Americans, and Latinos have the highest prevalence of obesity and diabetes in California, and those statistics are directly relevant to San Mateo County's population. Eighty-three percent of Pacific Islanders, 74% of Latinos, 69% of African Americans, 62% of Filipinos, 54% of American Indians, 52% of Whites, and 45% of Asians did not pass California State fitness standards in 5th, 7th, and 9th grades (2008–2009). Obesity and diabetes prevalence is highest among those populations with lower incomes and the least education. Although a number of factors are associated with obesity—ranging from genetics to individual behaviors—the composition and structure of neighborhoods and social environments have also been increasingly implicated as impediments to maintaining a healthy lifestyle. Both physical activity and healthy eating are important for reducing and preventing obesity and diabetes.

## 2011 GOALS

1. Increase consumption of fresh fruits and vegetables.
2. Increase physical activity in institutional settings (e.g., schools, after-school programs, work sites).

## 2011 STRATEGIES

1. Provide grants to support programs that promote active living and physical activity in after-school programs, child care facilities, and recreation centers, increasing access to physical fitness classes, supervised play, and youth athletics.
2. Provide grants that support community-based efforts to increase the availability of healthier, more nutritious and affordable food items through community gardens, school gardens, community-supported agriculture, mobile produce markets, and in early child care settings and schools.

3. In addition to grant funding, identify and employ Kaiser Permanente assets and resources on behalf of strategic partner community organizations to support mutual goal(s). Resources may include health education materials; health care providers and staff engagement; clinical and best-practice lessons and guidelines; communication and multimedia support; and Educational Theatre Program (ETP) presentations.
4. Participate in countywide obesity efforts through the Get Healthy San Mateo County task force on childhood obesity and act as an advisor and expert for countywide strategies.

#### TARGET POPULATION

Obese and overweight children and their families, including underserved community members residing in southern San Mateo County.

#### COMMUNITY PARTNERS

Community partners include Redwood City School District, Collective Roots, Child Care Coordinating Council (4Cs), North Fair Oaks Senior Center, Peninsula Family Service Center, StarVista, Sequoia Union High School, Redwood City 2020, Redwood City Education Foundation, RFHC, El Concilio of San Mateo County, San Mateo County Health Department, Get Healthy San Mateo County, Redwood City Parks and Recreation Department, Sequoia YMCA, Boys & Girls Clubs of the Coastsides, and other agencies serving southern San Mateo County.

#### 2011 YEAR-END RESULTS

- Boys and Girls Club of the Coastsides received a \$9,500 grant from KFH-Redwood City and KFH-South San Francisco for Healthy Eating Active Training (H.E.A.T.), a program with two main objectives: to increase daily physical activity and the consumption of fresh fruits and vegetables. The club is a main link between home and other resources and services for youth. With ongoing budget adjustments, fewer programs are available for the middle school population. In fact, the club is the only program available to these students on the coast. H.E.A.T. utilizes the Cunha Skate Park adjacent to the club, which is located at Cunha Elementary School. One hundred twenty-seven youth participate in H.E.A.T., averaging 60 participants daily. Special events were presented, and KFH-Redwood City is regularly acknowledged for its support. Key community collaboration has been established with the local HEAL (Healthy Eating, Active Living) program, a former Kaiser Permanente Northern California Region HEAL grantee. This partnership utilizes HEAL staff to provide nutrition education and to implement other activities supporting healthy lifestyles.
- 4Cs, a KFH-Redwood City partner since 1998, received a \$15,000 grant from KFH-Redwood City and KFH-South San Francisco to implement its Healthy Habits program. By leveraging its enthusiastic and capable AmeriCorps volunteer workforce, 4Cs has achieved great results. Healthy Habits lessons are provided to children 2 to 5 in two different settings. Playgroups are implemented at Ravenswood Child Development Center in East Palo Alto and include 60 minutes of activity per week on healthy eating and one 20-minute activity per week on healthy activities. The preschool classrooms also have periodic family events. More than 100 children have participated in this program.
- Collective Roots received a \$10,000 grant to support its Nutrition Education Initiative. Most of Collective Roots' programs are in East Palo Alto and Menlo Park's Belle Haven community where the current demographics are 70% Latino, 19% African American, and 8% Pacific Islander. Collective Roots has implemented a series of five Cooking Matters classes, a nationally recognized six-week cooking, health, and nutrition program, targeting individuals who have been recently diagnosed with diabetes or who are at risk for developing diabetes and parents with small children. Classes have been taught in English, Spanish, and Tongan. For K-6 students, there's Fresh Fest, a five-week cooking, health, and nutrition program, which has been implemented and delivered at two schools where 85% or more of the students qualify to receive free or reduced lunch. Nearly 600 students will experience the Fresh Fest and Cooking Matters programs in 2011–2012. Harvest of the Month (HOM) is a California program that highlights a fruit or vegetable each month, along with relevant curriculum, recipes, and nutritional information. Approved by the California Department of Public Health, HOM has been implemented at one preschool.
- El Concilio of San Mateo County received a \$15,000 grant to support Nuestro Canto de Salud (our song of health). El Concilio provides the necessary tools and education for patients to reduce the incidence of chronic disease among the predominantly Latino population of Fair Oaks. Fair Oaks Community Clinic refers prediabetes and diabetes diagnosed

patients to El Concilio for care management. And El Concilio's pediatric obesity program provides nutrition and exercise-focused weight management classes for pediatric clients and their parents. The emphasis is on increasing consumption of fresh fruits and vegetables, reducing screen time to less than two hours a day, being physically active for one hour daily, and consuming zero sugary drinks. Of the 75 Latino children and 75 family members referred to the program, 84% saw improvement in their total score (a combination of all four focus areas).

- Redwood City Police Activity League (PAL) received a \$10,000 grant to support PAL Academy, which introduced supervised sports and recreational programs (including dance, martial arts, gardening, and cooking programs) for at-risk Latino youth grades 6, 7, and 8 in Redwood City and North Fair Oaks. The three days per week after-school program also included a module on bullying, a nutritional snack, and nutrition education using University of California, Davis's EAT FIT curriculum. Twenty-five students participated in the program.
- A KFH-Redwood City partner since 2000, Second Harvest Food Bank of Santa Clara and San Mateo Counties received a \$15,000 grant from KFH-Redwood City and KFH-South San Francisco to support its Produce Mobile Program, which provides fresh seasonal produce to low-income households in San Mateo, San Carlos, Redwood City, Menlo Park, and Half Moon Bay that have limited access to healthy foods. The program provides 25 pounds of produce per household each month to an average of 3,098 households. The program also engages a Community Nutrition Team and conducts food tastings/nutrition activities at Produce Mobile Sites at Garfield and Hoover elementary schools, JFK Middle School, Onetta Harris Community Center, and Edgewood Community Services. Because Second Harvest works to ensure that communities in need receive healthy food on a regular basis, nonprofit providers are better able to focus on their mission. Owing to widespread government budget cuts, many community partners and the clients they serve have suffered considerably from the effects of the economy. In addition to providing food, Second Harvest provides agency representatives with training that addresses critical topics, including food safety, food stamp outreach, advocacy, and volunteer management.
- Sequoia YMCA received a \$35,000 grant for FIT KIDS, partnership with Redwood City Parks and Recreation Department, which operates four of the six after-school programs in the area. Roosevelt, Adelante, Selby Lane, Fair Oaks, Henry Ford, and Garfield elementary schools are the six participating after-school locations in the Redwood City area. Combined, they host 386 students. FIT KIDS aims to improve the physical fitness levels of the youth by educating them and their parents/guardians about what is required to be physically healthy. During the school year, participating students receive instruction in physical fitness improvement, sport skills, and nutrition education for four hours per day twice each week. Parent/child fitness activity nights are scheduled quarterly. More than 60% of the student participants are identified as extremely low income and would not be able to participate in a fee-based program. KFH-Redwood City has partnered with Sequoia YMCA since 2003, and Medical Group Administrator Kathleen Quinn is a Sequoia YMCA board member.
- Redwood City 2020 received a \$150,000<sup>1</sup> two-year Kaiser Permanente Northern California Region HEAL Local Partnership Grant to improve healthy eating and active living opportunities among small geographic subpopulations. This grant will support Corner Store Makeovers in the unincorporated area of North Fair Oaks. Fresh fruits and vegetables will be more predominantly displayed in several local markets, replacing more unhealthy food choices such as chips, sodas, and candy. Local partnership grants aim to support communities in implementing evidence-based or evidence-informed strategies than can transform local physical activity and food environments by implementing sustainable policy, environmental, and organizational practice changes. At the end of the two years, it is hoped that the grant will have successfully supported sustainable HEAL behaviors within a small target population.

## 2012 GOALS UPDATE

The goals will remain unchanged for 2012.

## 2012 STRATEGIES UPDATE

1. Provide grants to support programs that promote active living and physical activity in after-school programs, child care facilities, and recreation centers, increasing access to physical fitness classes, supervised play, and youth athletics.

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<sup>1</sup> 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).

2. Provide grants that support community-based efforts to increase the availability of healthier, more nutritious and affordable food items through community gardens, school gardens, community-supported agriculture, mobile produce markets, and in early child care settings and schools.
3. In addition to grant funding, identify and employ Kaiser Permanente assets and resources on behalf of strategic partner community organizations to support mutual goals. Resources may include health education materials; health care providers and staff engagement; clinical and best-practice lessons and guidelines; communication and multimedia support; and ETP presentations.
4. Participate in countywide obesity efforts through the Get Healthy San Mateo County task force on childhood obesity and act as an advisor and expert for countywide strategies.

#### **MONITORING PROGRESS OF 2012 STRATEGIES**

Track number of children and families impacted by KFH-Redwood City support and enrolled in participating physical fitness programs; track physical fitness improvements with pre- and posttesting; track weight reduction due to exercise; require partnering agencies to track programs, including ETP, that increase knowledge and awareness of healthy eating and active living in southern San Mateo County communities; track community and organizations' efforts to increase the amount of fresh fruits and vegetables eaten in daily diets; and require six-month and year-end reports from all grantees.

#### **PRIORITIZED NEED III: AT-RISK YOUTH BEHAVIOR**

Teen focus groups and provider interviews conducted in August and September of 2010 noted that the current economic crisis is having an adverse affect on teens. An increase in family tension due to foreclosures, joblessness, alcoholism, family tension, and family violence was noted. This dynamic may affect some teens' mental state, leading to depression and other issues. In addition, too much schoolwork may lead to eating disorders, stress, and lack of sleep. Accessing mental health and reproductive health services is another challenge that teens face. And both on the street and on school campuses, there is easy access to alcohol and illegal substances. Many teens do not practice safe sex, and the problem is exacerbated by the use of drugs and/or alcohol. Teen birth data from California Department of Public Health Master Birth Files, 2006–2009, indicate that Redwood City and East Palo Alto have the highest teen birthrates in San Mateo County. And at the January 2012 San Mateo County, City and School Partnership (CCS) countywide symposium, San Mateo County probation and police officers confirmed an increase in local gang activity throughout the county. To further compound the problem, in many communities, there is a tremendous lack of activities available outside the school setting.

#### **2011 GOALS**

1. Decrease rates of teen alcohol and substance abuse.
2. Reduce pregnancy rates among Latina teens in East Palo Alto and Redwood City.
3. Reduce depression in teens.

#### **2011 STRATEGIES**

1. Provide grant funding for education and interventions around substance abuse at schools, health fairs, teen clinics, and other social venues.
2. Provide education and teen pregnancy awareness, birth control, self-esteem, culturally sensitive sex education in classroom settings, and other community settings.
3. Increase/support access to mental health services for teens.

#### **TARGET POPULATION**

Teens at risk for issues related to substance abuse (including alcohol, tobacco, illicit drugs, over-the-counter drugs, narcotics), depression, self-abuse, and/or violence. Teens in Redwood City and East Palo Alto, where high teen pregnancy rates have been identified.

## COMMUNITY PARTNERS

Community partners include El Centro de Libertad, Sequoia Union High School District, Sequoia Teen Health Center, San Mateo Human Service Agency, San Mateo County Health Department, Peninsula Conflict Resolution Center, Rape Trauma Services (RTS), San Mateo County Behavioral Health and Recovery Services, Redwood Continuation School, Healthy Community Collaborative of San Mateo County, StarVista, San Mateo County Sheriff's Department, Redwood City Police Department, San Mateo Gang Violence Task Force, Friends for Youth, and other agencies serving southern San Mateo County.

## 2011 YEAR-END RESULTS

- El Centro de Libertad, a KFH-Redwood City partner since 2005, received a \$15,000 grant to support its Youth Intervention Program, which uses three components to address alcohol and substance abuse issues in rural coastside communities: Prevention Education engages youth through school-based modules, science department curriculum, and school assemblies; Professional Training Seminars provide training to agencies that serve adolescents; and Environmental Prevention Collaborative Strategies create a "whole community" dialogue by combining the talent and energy of youth and adults to promote healthy behaviors and positive attitudes. More than 1,000 youth were impacted by this program: 30% showed a reduction in substance use and legal conflicts and an improvement in family relationships; and 48% showed increased coping skills and increased knowledge of substance abuse and its effects on the body.
- Friends for Youth, which serves very low-income youth 8 to 17 (more than 75% are from households with income below the federal poverty level) who are especially susceptible to high-risk behaviors and unhealthy lifestyles, received a \$9,000 grant for a drug and violence prevention project. This is the third year that KFH-Redwood City has supported Friends for Youth, which links volunteer mentors to mentees. Most participants live in the Redwood City–San Mateo area, and many of the children are from single-parent homes and face numerous challenges, including abuse and/or neglect. The program is strictly voluntary, provided at no cost, and offers workshops, support programs, and resources to provide life-skill tools to encourage positive behaviors that increase self-esteem and resiliency. Key collaborators include StarVista, Conflict Resolution Center, and San Mateo County Department of Health. There are currently 139 mentor-mentee partnerships, and all have participated in a program activity that included alcohol and drug use prevention, stress management, recreation, and cultural activities. During the report period, 70% of mentees reduced or eliminated their use of illegal substances.
- Planned Parenthood Mar Monte (PPMM) received a \$5,000 grant to support Family Life Education, a multisession program that PPMM staff conduct in schools and other community settings to address sexuality and family-life education. PPMM has newly expanded its operations to the Redwood City/San Mateo County area and funding supported Family Life Education classes at Summit Preparatory Charter School in Redwood City, providing education sessions for more than 100 freshmen and two workshops for parents.
- RFHC received a \$20,000 grant to support The Family Wellness Program, which significantly expanded its services to meet increasing community demand. The newest program component provides behavioral health services to youth and their families. By collaborating with Boys & Girls Clubs in East Palo Alto, Redwood City, and Belle Haven, the program specifically addresses behavior-related incidences among at-risk youth 6 to 18. Club staff are trained to identify early problems, and a referral program protocol will ultimately provide timely intervention and support services to approximately 1,000 youth and families. Program outcomes will decrease behavior-related incidences, increase knowledge of behavioral health issues with staff, and increase health service access for youth. The program provides early intervention, curbs behavioral issues early on, and fills a gap in mental health services for children who do not meet the criteria for serious persistent mental or emotional illness. An on-site embedded licensed clinical social worker assists and supports staff, and a childhood psychiatrist provides clinical oversight. Additional partners include Stanford University's Office of Community Health and the Atkinson Foundation.
- StarVista (formerly Youth and Family Enrichment Services), a KFH-Redwood City partner since 2003, received a \$15,000 grant to support Children's Place, targeting high-risk children 5 to 13 of addicted parents. Children of addiction are at significantly greater risk for mental illness or emotional problems, such as depression or anxiety, physical health problems, and learning deficiencies. In addition, children whose parents abuse alcohol or drugs are almost three times more likely to be verbally, physically, or sexually abused and four times more likely to be neglected. Children's Place

program participants include elementary schoolchildren in Redwood City, North Fair Oaks, and San Mateo. Risk factors are addressed, and knowledge gains on addiction and its effects on families are measured. The goal is to help build individual assets and improve healthy decision making, self-care, safety, self-esteem, and protective factors around feelings management. Services include individual and group therapy, and 164 children have been reached.

- Teen Talk Sexuality Education received a \$20,000 grant for its Sequoia Union High School District program. Teen Talk provided a pregnancy prevention curriculum in conjunction with 9th grade basic science classes at Redwood (continuation) and Sequoia high schools. The curriculum provides 8 to 10 hours of comprehensive sexuality education. Approximately 300 students participated during fall semester 2011. An additional 200 students will receive the curriculum during spring semester 2012 at Woodside High School.
- Teen Talk Sexuality Education also received \$2,500 to support a Teen Pregnancy Prevention Summit on September 29, 2011, which drew 140 attendees from nonprofits, schools, government agencies, and the community to address the critical importance of collaboration and youth development practices in dealing with this issue. Four workshops provided additional opportunities to learn and exchange information and best practices on other related disciplines.

## 2012 GOALS UPDATE

The goals will remain unchanged for 2012.

## 2012 STRATEGIES UPDATE

1. Provide grant funding for education about alcohol abuse through school-based interventions and education.
2. Provide grant funding for education and interventions around substance abuse at schools, health fairs, teen clinics, and other social venues.
3. Provide education and teen pregnancy awareness, birth control, self-esteem, culturally sensitive sex education in classroom settings, and other community settings.
4. Increase/support access to mental health services for teens.

## MONITORING PROGRESS OF 2012 STRATEGIES

Track number of students reached through education; track number of students reached through interventions; track reported pregnancies in specific areas of the communities where pregnancy prevention work is targeted; require six-month and year-end reports from all grantees.

## PRIORITIZED NEED IV: POOR HEALTH IN THE AGING POPULATION

Senior focus groups and provider interviews were conducted in August and September 2010. They identified isolation, transportation, medication compliance and misuse, availability and affordability of medications, nutrition, malnutrition, and unintentional injuries as current issues facing the senior population.

By 2030, the number of adults over 65 in San Mateo County will increase by 72%, and the number of people over 85 will increase to two and a half times the current number. This mirrors a pattern across the United States as baby boomers (those born between 1946 and 1964) age. Locally, San Mateo County will have a greater proportion of older adults than the state average. Unless significant changes are made, the demand for health care and community-based services will far exceed what public and private systems can provide. According to the San Mateo County Projection Model, if we do nothing, by 2030 the county will experience a 50% increase in demand for physicians, a potential 108% increase in demand for treatment in various subspecialty areas, a 34% increase in acute hospital days among older adults, and a 59% increase in demand for hospital beds. These projections are driven not only by an increased number of older adults, but by high rates of chronic disease and cognitive impairment among that population. Combined, these factors will result in a dramatic increase in demand for services.

By 2030, 60% of baby boomers nationally will have more than one chronic disease, nearly one-third will be obese, and 25% will have diabetes. Approximately 23,000 older adults in San Mateo County will have developed Alzheimer's disease, a 70% increase over current numbers. One out of five people over 65 in San Mateo County will have a physical or mental disability, and some communities will face an even greater prevalence of these conditions. As such, it is imperative to support community capacity to assist older adults to maintain good health by helping to provide services and programs that go beyond health education. This requires working across nontraditional sectors to promote healthy living for older adults, including expanded transportation options, opportunities for social engagement, and access to affordable housing.

## 2011 GOALS

1. Increase access to social services for seniors, including but not limited to social integration and elder abuse prevention.
2. Seniors must remain physically and mentally active and eat nutritious food.

## 2011 STRATEGIES

1. Provide grants that link seniors to essential services and programs.
2. Provide grants that support community capacity to assist older adults in maintaining physical and mental health and in remaining socially connected to friends and families, and support ongoing activities that decrease barriers for the isolated, disabled, and frail.
3. Provide grants that inform and educate seniors about the resources available to address elder abuse situations.
4. Facilitate conversations between senior care providers and medical center social workers to identify area resources for seniors and senior care.
5. Provide grants that support community capacity to assist older adults in maintaining physical and mental health.
6. Provide grants that provide healthy meal and snack choices and provide nutrition education.

## TARGET POPULATION

Seniors and disabled adults who are underserved by community resources, are in need of basic essential services, and may be victims of physical or financial abuse.

## COMMUNITY PARTNERS

Community partners include San Mateo County Health Policy and Planning, California Health Care Foundation, American Hospital Association, Alzheimer's Association, SamTrans, San Mateo County Commission on Aging, San Mateo County Health Department, San Mateo County Aging and Adult Services, and other agencies serving the needs for seniors in southern San Mateo County.

## 2011 YEAR-END RESULTS

- Catholic Charities received a \$5,000 grant to support San Carlos Adult Day Services (SCADS), a program that helps seniors attain consistency and support to stabilize their living situation and health. SCADS's activities help seniors stay engaged and intellectually stimulated while encouraging appropriate physical exercise based on their abilities. Healthy food choices help clients maintain a healthy weight and increase their ability to fight off illness. Constant supervision and monitoring by professional staff provides an additional safety net in identifying health issues like skin breakdown, urinary tract infections, and increased anxiety or depression. Sixty seniors are positively impacted by SCADS, approximately 25% of whom are currently Kaiser Permanente members.
- Coastside Adult Day Health Center (CADHC) received a \$10,000 grant from KFH-Redwood City and KFH-South San Francisco to help maintain an appropriate level of health for seniors who are frail, elderly, or disabled. The goal is to help keep clients as healthy, active, and independent as possible both during the natural aging process and as mental and/or physical conditions require more care and attention. CADHC provides special programs for clients with mild to severe dementia and works closely with family members and caregivers to support their needs. CADHC served more than 100 unduplicated clients and families with resources, respite, and program services. A multidisciplinary team addresses each

client's needs, consults with their primary care provider, and helps maintain as much physical well-being and independence as possible.

- Friends of the Veterans Memorial Center received a \$10,000 grant to support the Adaptive Physical Education Program, which was designed to improve and maintain the health and wellness of older adults and seniors by promoting independence, maintaining and increasing mobility, and decreasing the necessity for excessive medical attention. The program fills a specific niche, serving clients who have been diagnosed with medical conditions such as diabetes, hypertension, and arthritis; helping clients complete necessary rehabilitation after a stroke, hip, shoulder, or knee surgery; and preventing the onset of some specific conditions. More than 115 clients participated in the program; approximately 25% are Kaiser Permanente members.
- Peninsula Family Service received a \$25,000 grant to support its Wellness Program for seniors at Fair Oaks Adult Activity Center. The program provides yoga, tai chi, line dancing classes, healthy breakfasts, medical case management, and blood pressure and glucose monitoring to nearly 500 seniors. "Rolling participation" means that rather than having fixed start and end dates, program components are ongoing and participants enter and leave based on their own schedule. Since 2008, Family Service has evaluated the Wellness Program and developed measurable outcomes, which continue to be mostly positive. Rather than using traditional pre- and posttest measurements, the program's data collection methods capture all participants at certain regular intervals of time. Key findings include improved emotional health and well-being; improved physical health; improved physical activity; increased connectedness and reduced isolation; decreased consumption of fresh fruits and vegetables; and increased consumption of white bread, cereal, white rice, and pasta. Nutrition seems to reflect clients' ability to access healthier foods and their knowledge of good eating habits. Data indicated that approximately 12% of clients are not able to get to a grocery store on their own, 15% cannot afford food on their own, more than 40% have incomes below the federal poverty level, and 79% do not have enough income to meet basic needs in San Mateo County. The common denominator among all groups is a lack of financial and/or social resources to easily participate and engage in healthy living practices on their own.

## 2012 GOALS UPDATE

The goals will remain unchanged for 2012.

## 2012 STRATEGIES UPDATE

1. Provide grants that link seniors to essential services and programs.
2. Provide grants that support community capacity to assist older adults in maintaining physical and mental health, remain socially connected to friends and families, and support ongoing activities that decrease barriers for the isolated, disabled, and frail.
3. Provide grants that inform and educate seniors about the resources available to address elder abuse situations.
4. Facilitate conversations between senior care providers and medical center social workers to identify area resources for seniors and senior care.
5. Provide grants that support community capacity to assist older adults in maintaining physical and mental health.
6. Provide grants that provide healthy meal and snack choices and provide nutrition education.

## MONITORING PROGRESS OF 2012 STRATEGIES

Track number of seniors linked to local services, resources, and social services; track number of seniors enrolled in physical/movement classes; track number of seniors participating in cognitive stimulation sessions; track improved movement and flexibility from attending exercise classes; track number of seniors reached through community outreach efforts and education about elder abuse; track number of healthy meals and/or healthy choices served at senior centers and other venues where meals are provided to seniors; and require six-month and year-end reports from all grantees.

## **PRIORITY NEED V: DOMESTIC/FAMILY VIOLENCE**

Among children who live in households where domestic violence occurs, 87% witness the abuse. These children are more likely to show behavioral and physical health problems, including depression, anxiety, and violence toward peers; attempt suicide; abuse drugs and alcohol; run away from home; engage in teen prostitution; and/or commit sexual crimes. And seniors are sometimes victims of financial, physical, and/or emotional abuse by relatives and caregivers and are often hesitant to address the abuse or even discuss it unless they have a close relative or friend. This can cause anxiety, stress, sleeplessness, and physical injuries.

Access to legal services is an important factor in ending domestic violence. As a result of the current socioeconomic situation, the need for shelter and help for domestic violence victims has increased. CORA (Community Overcoming Relationship Abuse), San Mateo County's only comprehensive domestic violence service agency, experienced a 7% increase in referrals from law enforcement since last year (a more than 50% increase since 2009). There was a 28% increase in the number of victims who received interventional counseling and support and a 38% increase in the number in clients provided with protective/transitional housing.

### **2011 GOAL**

Protect victims and their families from domestic violence.

### **2011 STRATEGIES**

1. Provide grant funding to support resources that keep families and children in abusive situations safe and free from harm.
2. Support CORA's advisory board. Support other physician and staff involvement in domestic violence awareness and education.

### **TARGET POPULATION**

Parents, families, elders, children, and youth who may be at risk for endangerment as a result of violence, abuse, or domestic violence.

### **COMMUNITY PARTNERS**

Community partners include CORA, Legal Aid Society of San Mateo County, Bay Area Legal Aid, Shelter Network, San Mateo County Sheriff's Department, Peninsula Conflict Resolution Center, and RTS.

### **2011 YEAR-END RESULTS**

- CORA received \$45,000 grant from KFH-Redwood City and KFH-South San Francisco to support its Client Crisis Services Programs. The 24-hour crisis hotline and Emergency Response Program (ERP) provide year-round emergency assistance for victims of domestic violence and those in danger of becoming victims and their family members in San Mateo County. Victims' collective profile is consistent with national trends as most are low- or no income. About 95% of CORA's clients are women. All clients receive nonjudgmental counseling support, immediate and accurate referrals and information, and assistance with creating a safety plan. The current economic environment has impacted demand for CORA's services as shown by a 30% increase over the past two years. CORA fielded more than 5,000 calls on its crisis hotline, with 182 calls from Redwood City area residents and 261 callers benefiting from ERP. Ninety percent of callers receive a plan to address their safety and/or the safety of their family in the event of a future occurrence of violence or a situation where they must flee in a hurry. Victims also receive individualized support, including one-on-one and family therapy, participation in support groups, residential case management, emergency or transitional shelter, food, clothing, crisis support, and/or legal services.
- RTS received a \$10,000 grant from KFH-Redwood City and KFH-South San Francisco to support its Rape and Relationship Abuse Prevention program. Forty-five Violence Prevention Education workshops at local elementary and high schools impacted more than 500 youth. Based on pre- and posttests, leader evaluation, and documentation, 93% of participants showed an increased awareness of violence and its effect on individuals and families. As a pilot, RTS

provided a series of workshops to 8th graders using its Ending Cycles of Violence (ECV) curriculum. ECV includes information about bullying, healthy relationships, sexual harassment, trauma, and acting in/acting out, and connects students to RTS as a resource. Twenty-five female students also received workshops on self-defense and assertiveness. RTS provided counseling services to Garfield Elementary School students. And because Garfield students are predominately Latino and low-income, RTS provided a psycho-educational support group for Spanish-speaking parents. There is an ongoing concern about the violence and crime that many of these residents witness at home and on the streets.

- Bay Area Legal Aid received a \$15,000 grant from KFH-Redwood City and KFH-South San Francisco to support the Domestic Violence Legal Safety Net Project, which provides comprehensive legal assistance, including referrals, counseling, safety planning, legal advice, assistance with restraining orders, and legal representation to low-income victims of domestic violence. The project served 366 low-income domestic violence survivors with direct legal assistance and help filing life-saving temporary restraining orders. Bay Area Legal Aid also provided community education and awareness and trained service providers by providing 10 presentations to 380 participants at various San Mateo County venues.
- Legal Aid Society of San Mateo County received a \$25,000 grant from KFH-Redwood City and KFH-South San Francisco to support domestic violence and abuse prevention in San Mateo County. Legal Aid provided family law services to 175 domestic violence victims to ensure their safety or their children's safety by establishing legal independence from the batterer. In addition, they helped domestic violence survivors achieve economic self-sufficiency by helping with other legal needs. Legal Aid also assisted 20 seniors who were victims of financial, physical, or emotional abuse and presented six educational outreach and elder abuse programs to more than 250 seniors.

#### **2012 GOAL UPDATE**

The goal will remain unchanged for 2012.

#### **2012 STRATEGIES UPDATE**

1. Provide grant funding to support resources that keep families and children in abusive situations safe and free from harm.
2. Support CORA's advisory board. Support other physician and staff involvement in domestic violence awareness and education.

#### **MONITORING PROGRESS OF 2012 STRATEGIES**

Require partner agencies to track number of victims of violence reached through outreach efforts related to options for protecting themselves and/or their families in violent situations or domestic violence, track emergency calls made to local law enforcement agencies or domestic violence emergency hotlines, track number of victims who receive temporary or transitional shelter, and track number of victims who receive legal assistance; and require six-month and year-end reports from all grantees.

Table 1

## KAISER FOUNDATION HOSPITAL-REDWOOD CITY

### 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	1,444
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members	55
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	773
Medi-Cal Managed Care members	68
Healthy Families Program members	2,526
Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) <sup>1</sup> members	119
Operation Access – number of procedures (including general surgery, colorectal, otolaryngology)	44
Operation Access – number of medical volunteers	53
Operation Access – number of medical volunteer hours	439
Health Research projects (new, continuing, and completed)	2
Nursing Research projects (new, continuing, and completed)	6
Educational Theatre Programs – number of performances and workshops	93
Educational Theatre Programs – number of attendees (students and adults)	18,499
Graduate Medical Education – number of programs	4
Graduate Medical Education – number of affiliated and independent residents	10
Nurse practitioner and other nursing training and education beneficiaries	31
Deloras Jones nursing scholarship recipients	4
Other health professional training and education (non-MD) beneficiaries	8
Summer Youth and INROADS programs participants	9
Number of 2011 grants and donations made at the local and regional levels <sup>2</sup>	116

<sup>1</sup>AIM: 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.

<sup>2</sup>The 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-REDWOOD CITY

### COMMUNITY BENEFIT RESOURCES PROVIDED IN 2011

	2011 Total
<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$935,743
Healthy Families <sup>2</sup>	1,877,547
Charity care: Charitable Health Coverage programs <sup>3</sup>	1,038,443
Charity care: Medical Financial Assistance Program <sup>4</sup>	2,631,347
Grants and donations for medical services <sup>5</sup>	143,807
<b>Subtotal</b>	<b>\$6,626,886</b>
<b>Other Benefits for Vulnerable Populations</b>	
Summer Youth and Inroads programs <sup>6</sup>	\$27,823
Grants and donations for community-based programs <sup>7</sup>	77,330
Community Benefit administration and operations <sup>8</sup>	208,337
<b>Subtotal</b>	<b>\$313,489</b>
<b>Benefits for the Broader Community<sup>9</sup></b>	
Community health education and promotion programs	\$8,486
Educational Theatre Programs	257,985
Facility, supplies, and equipment (in-kind donations) <sup>10</sup>	0
Community Giving Campaign administrative expenses	8,620
Grants and donations for the broader community <sup>11</sup>	338,879
National board of directors fund	13,356
<b>Subtotal</b>	<b>\$627,325</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education	\$20,024
Non-MD provider education and training programs <sup>12</sup>	504,595
Grants and donations for the education of health care professionals <sup>13</sup>	9,643
Health research	2,775,502
<b>Subtotal</b>	<b>\$3,309,764</b>
<b>Total Community Benefits Provided</b>	<b>\$10,877,464</b>

## 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.

