

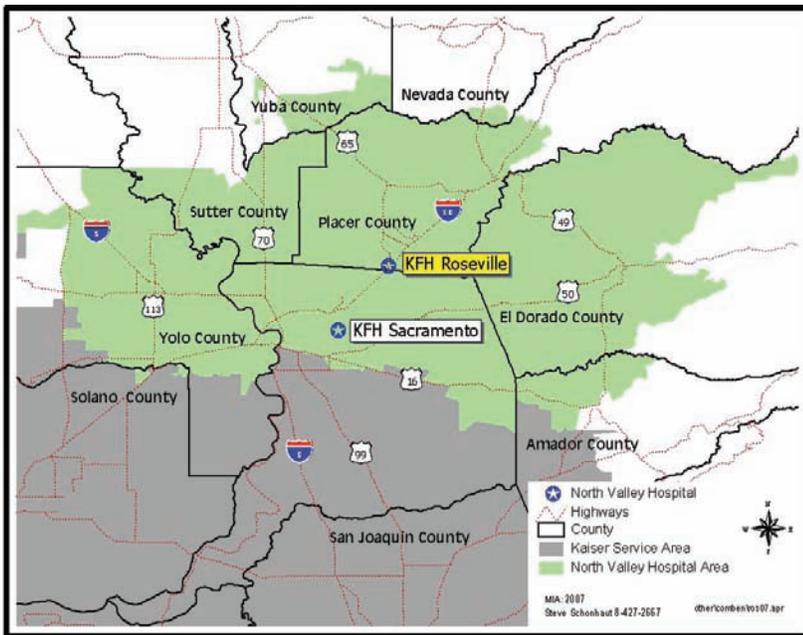
ROSEVILLE

ROSEVILLE

ROSEVILLE

KAISER FOUNDATION HOSPITAL (KFH)-ROSEVILLE

1600 Eureka Road
 Roseville, CA 95661
 (916) 784-4000



The KFH-Roseville service area extends into parts of seven counties: Amador, El Dorado, Nevada, Placer, Sacramento, Sutter, and Yuba, with the highest concentration of the population residing in the Sacramento Valley.

COMMUNITY SNAPSHOT (*county-level data)

Total population:	889,503	White:	72.14%
Median age:*	34.4	Latino:	12.79%
Average household income:*	\$56,882	African American:	3.72%
Percentage living in poverty:	8.54%	Asian and Pacific Islander:	6.59%
Percentage unemployed:	10.39%	Native American:	0.75%
Percentage uninsured:	10.66%	Other:	4.02%

KEY STATISTICS

Year opened:	1998	Total licensed beds:	340
KFH full-time equivalent personnel:	1,938.9	Inpatient days:	87,410
KFHP members in KFH service area:	287,154	Emergency room visits:	77,187

KEY LEADERSHIP AT KFH-ROSEVILLE

Ed Glavis	Senior Vice President and Area Manager
Sandy Sharon, RN	Chief Operating Officer
Jim Eldridge	Area Finance Director
Chris Palkowski, MD	Physician in Chief
Deborah Royer	Medical Group Administrator
Richard Robinson	Public Affairs Director
Carol Serre	Community Benefit/Community Health Manager

THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

The 2010 CHNA, conducted by Valley Vision, was a collaboration of Kaiser Permanente's North Valley Area, Catholic Healthcare West, Sutter Health-Sacramento Sierra Region, and the University of California Davis Health System. The CHNA objectives were to identify the unmet health needs of underserved residents in the Greater Sacramento region, understand the challenges these populations face when trying to maintain and/or improve their health, understand where underserved populations turn for services to maintain and/or improve their health, and understand what is needed to help these populations maintain and/or improve their health. The 106 zip codes in the study area spanned four counties, El Dorado (western slope), Placer (southern area), Sacramento, and Yolo, which are home to more than two million residents. To provide details of the differing health needs across the region, data were collected and analyzed at the zip code level across the region.

To reach the study objectives, primary and secondary data were collected. Primary data included qualitative information from interviews and focus groups conducted with community members and health and public health service providers. Over the course of the study, 15 focus groups with 134 community members were conducted in various settings throughout the region. Another 12 community members were interviewed one-on-one. All focus groups were recorded and transcribed, and those conducted in languages other than English were translated. All transcriptions were analyzed for common themes and results that addressed the study objectives. Also interviewed were 20 service providers, including public health experts, county public health officers, health care and social service practitioners, physicians serving the poor and uninsured, and other members of community-based organizations that assist the underserved.

Secondary data included sociodemographic indicators, rates of ER visits, hospitalization, mortality, and other health-related information collected at the zip code level (and county level when appropriate) for 2006, 2007, and 2008. The three main data sources were ER visits and hospitalization data from California Office of Statewide Health Planning and Development (OSHPD); birth and death profiles published by California Department of Public Health (CDPH); and demographic data from *Thomson Reuters, Census 2000, American Community Survey 2008, and GeoLytics*. For benchmarking, zip code level rates were compared to state, regional, and county rates where applicable. Geographic locations that consistently ranked in the top percentages for various conditions were identified and reported. A Community Health Vulnerability Index (CHVI) was created to identify communities (zip codes) in the region with higher vulnerability. Public health research describes a number of sociodemographic population characteristics that contribute to poorer health outcomes. Communities with higher rates of these characteristics are seen as more vulnerable or more likely to experience health issues and decreased access to care.

KEY FINDINGS FROM THE 2010 CHNA

Primary and secondary data identified four health conditions that appear to be key unmet needs in the region's most vulnerable communities: asthma, diabetes, mental health, and hypertension. Based on a careful review of the primary and secondary data collected for the 2010 CHNA, the key findings are as follows:

Asthma:

- According to the CHVI, there was a significantly higher rate of ER visits and hospitalizations due to asthma in high-vulnerability zip codes compared to low-vulnerability zip codes in the service area.
- Many of the service area zip codes had high rates for hospitalizations and ER visits due to asthma. Three of the service area zip codes (95619, 95726, and 95742) had rates that were among the top 25% worst for the region.
- These three zip codes also had rates of ER visits due to asthma that far exceeded state, regional, and county rates. Their rates of hospitalizations due to asthma exceeded the region's rate, and two (95726 and 95742) exceeded the state rate.

Diabetes:

- According to the CHVI, there was a significantly higher rate of ER visits, hospitalizations, and mortality due to diabetes in high-vulnerability zip codes compared to low-vulnerability zip codes.
- Three zip codes (95742, 95681, and 95603) ranked significantly higher than the county or state in ER visits due to diabetes.

Hypertension:

- According to the CHVI, there was a significantly higher rate of ER visits and hospitalizations due to hypertension in high-vulnerability zip codes compared to low-vulnerability zip codes.
- Two zip codes (95661 and 95663) had higher ER visits and deaths due to hypertension than the state and were in the top 25% of all zip codes for hospitalization, ER visits, and mortality due to hypertension.
- The highest rate of death due to hypertension in the region was zip code 95661.

Mental Health:

- According to the CHVI, there was a significantly higher rate of hospitalizations due to mental health issues in high-vulnerability zip codes compared to low-vulnerability zip codes.
- Mental health data across the region showed that nearly 25% of zip codes exceeded the state rate for ER visits.
- Mental health issues include hospitalizations and/or ER visits for dementia, psychoses, neuroses, anxiety, reactions to stress, depression disorder, drug dependence, and psychotic conditions.
- Examination of service area rates for ER visits due to mental health issues showed that six zip codes (95742, 95603, 95677, 95661, 95701, and 95678) far exceeded the state rates.

Injury:

- According to the CHVI, there was a significantly higher rate of ER visits due to injury and homicide in high-vulnerability zip codes compared to low-vulnerability zip codes.
- The number-one cause of hospitalization and ER visits in all four counties is injury.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-ROSEVILLE SERVICE AREA

1. Access to health insurance coverage, health care services, and health care education
2. Obesity rates—healthy eating, active living
3. Prevention of community and family violence

2011 YEAR-END RESULTS

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

Based on the outcomes of the 2010 CHNA for the Greater Sacramento Region, affordability of health care was identified as the single largest obstacle to accessing care for the under- and uninsured. Singled out among the many costs within the broader field of health care was the high cost of health insurance. Focus group participants spoke of their inability to afford either public or private health insurance. Secondary data showed that within the four-county region, more than 350,000 of the two million residents live without health insurance. This is about 17% of the total population, a rate slightly better than the state rate of 18.5%. Other challenges, obstacles, and barriers this population faces in trying to maintain and/or improve health include problems locating physicians, specialists, dentists, and mental/behavioral health professionals and other providers who accept Medi-Cal and/or work at reduced rates; difficulty navigating a complex and inefficient safety net; cultural barriers of the system; and the stress of being poor.

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 Kaiser Permanente Child Health Plan); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.
2. Provide charity care through the Medical Financial Assistance (MFA) program and maximize efficiencies.
3. Provide grant funding to organizations to support outreach, enrollment, and retention in subsidized health insurance programs for children and adults where possible.
4. Provide grant funding to safety net providers to increase access to health care services to vulnerable populations, including mental health services.
5. Participate in collaborative efforts to maximize coordination of services for low-income people and increase access to providers, including coordination of referrals from the KFH-Roseville ED.

TARGET POPULATION

Vulnerable populations who are uninsured or underinsured.

COMMUNITY PARTNERS

Community partners include Center for AIDS Research, Education, and Services (CARES); Grace Community Clinic; Latino Leadership Council (LLC); Lighthouse Counseling and Family Resource Center; Keaton Raphael Memorial; Kid's First; Placer Collaborative Network; Powerhouse Ministries; St. Vincent De Paul Society-Roseville Area Conference, Inc.; The Gathering Inn; The Effort; Seniors First; community health centers and community clinics; and other community organizations serving uninsured and underinsured populations.

2011 YEAR-END RESULTS

- Sacramento Native American Health Center, Inc. (SNAHC) was awarded \$150,000 over 24 months to help establish an organization-wide culture of quality that continually strives for measurable improvement by hiring a quality initiative (QI) coordinator and data entry staff, having staff acquire national certification, developing a QA/QI committee, developing an

internal QI communication plan to spread a culture of quality, and developing SNAHC performance targets for quality, service, and efficiency¹.

- CARES-Sacramento received \$75,000 to encourage youth to be tested for HIV. CARES will offer various incentives at selected events, including festivals, concerts, fairs, and various annual multicultural, youth-focused community events in which CARES will offer testing and education.¹
- KFH-Roseville provided \$33,900 to LLC's Creer en tu Salud (believe in your health) promotora program. Latino populations, especially adults, have limited access to preventive health care. As a result, they often delay or avoid seeking medical care altogether, transforming an ordinary health concern into an urgent situation. In an effort to improve health outcomes for adult Latino populations, Creer en tu Salud pairs Latino adults with promotoras, trained community members who work with families as cultural brokers, helping them navigate systems and access resources by providing translation, advocacy, support, and transportation assistance. In the first six months of the grant period, LLC offered two community-based health screenings and provided dental services for seven severe cases (requiring root planning or extractions) and established new exercise classes in underserved areas of Lincoln and Auburn. In addition, LLC partnered with Placer County to provide 280 flu vaccinations to residents in Auburn and Roseville.
- KFH-Roseville and KFH-Sacramento provided \$25,000 to Powerhouse Ministries, Inc. to support Health Links, a program in Folsom and Orangevale targeting homeless and at-risk individuals. In this area, such populations have limited access to health care services due to a scarcity of providers (particularly dental and mental health) who accept Medi-Cal. Through Health Links case managers connect these individuals with health and social resources, including assistance in applying for health care coverage. In addition, Health Links hosts monthly clinics staffed by a volunteer physician. During the first six months of the grant, the clinic provided care for approximately 70 patient visits.
- KFH-Roseville continued its partnership with and provided \$27,250 in grant funding to St. Vincent De Paul Society-Roseville Area Conference, Inc. to support the operation of and increase patient capacity for free triage and urgent care clinics at St. Vincent de Paul Society and The Gathering Inn on Wednesdays and Saturdays. Both community clinics are operated by an all-volunteer staff of nurses, physician's assistants, and physicians. Nurses register patients and check vital signs. Physicians' assistants and physicians evaluate medical complaints, treating only acute, self-limited disease processes and referring more complex cases. During the first six months of the grant, the clinics saw more than 300 patients—a 10% increase in the number of patients compared to the previous year. Also, through an agreement with a local Rite-Aid pharmacy, the clinics provided 146 prescriptions free of charge.
- The Interim Care Program (ICP), based on a Sacramento County best practice, is a collaboration of Kaiser Permanente, Sutter Auburn Faith Hospital, Sutter Roseville Medical Center, The Gathering Inn, Placer County, and Advocates for Mentally Ill Housing. The Gathering Inn, which manages ICP and works with hospital case managers to provide recently discharged homeless patients with a clean and safe place to heal for up to six weeks, received a \$20,000 grant from KFH-Roseville to provide comprehensive, wraparound services that connect clients with resources, such as substance abuse treatment, medical care, and permanent housing. From January through November 2011, 18 people participated in ICP.
- KFH-Roseville provided \$25,000 to Seniors First for Health Express, a program that provides free transportation service to medical appointments for uninsured and underinsured seniors and indigent or disabled individuals throughout western Placer County who are unable to transport themselves. Health Express helps vulnerable individuals improve their health and quality of life, reduces crisis care, and provides greater understanding of the importance of preventive care. From January to November, the program provided 8,570 trips and assisted 1,326 clients by referring them to alternative methods of transportation and scheduling rides when other options were not available.
- KFH-Roseville, KFH-Sacramento, and KFH-South Sacramento provided \$75,000 to SNAHC to help individuals avoid complications from chronic diseases such as hypertension, diabetes, cardiovascular disease, liver disease, asthma, and kidney disease. Grant funding helped finance lab work for approximately 325 chronic conditions patients. And within the first six months of program implementation, nearly 70% of all patients were able to participate in support groups and other wellness activities.

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

- 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. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and Kaiser Permanente Child Health Plan); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.
2. Provide charity care through the MFA program and maximize efficiencies.
3. Provide grant funding to organizations to support outreach, enrollment, and retention in subsidized health insurance programs for children and adults where possible.
4. Provide grant funding to safety net providers to increase access to health care services to vulnerable populations, including mental health services.
5. Participate in collaborative efforts to maximize coordination of services for low-income people and increase access to providers, including coordination of referrals from the KFH-Roseville ED.
6. Execute medical service agreements (MSAs) to provide primary or specialty care for uninsured and underinsured populations

MONITORING PROGRESS OF 2012 STRATEGIES

Impact will be assessed by number of children and adults enrolled in coverage, number of children retaining coverage, number of referrals made to community clinics, number of new patient visits at designated community clinics, number and amounts of grants funded, number of people reached through shared assets, number of individuals receiving MFA, number of signed MFA agreements, time required to approve MFA awards, and number of MFA applications screened.

PRIORITIZED NEED II: OBESITY RATES—HEALTHY EATING, ACTIVE LIVING

The Centers for Disease Control and Prevention (CDC) report that approximately one in four Californians is obese and more than half of all California adults are obese or overweight. Obesity increases the risk of chronic diseases, including type 2 diabetes, hypertension, asthma, cardiovascular disease, and orthopedic complications. Diet contributes to this growing epidemic, and research shows a link between access to healthy foods and the socioeconomic status of communities and neighborhoods. In 2007, The California Center for Public Health Advocacy published a report detailing the Retail Food Environment Index (RFEI) for California cities and counties with an excess of 250,000 residents. The RFEI is a measure of the total number of fast-food restaurants and convenience stores in a geographic area as compared to the number of supermarkets and produce vendors that sell fresher foods, fruits, and vegetables. With nearly six times as many fast-food and convenience stores as supermarkets or produce vendors, Sacramento County's RFEI is the second highest in the state.

2011 GOALS

1. Increase consumption of fresh fruits and vegetables.

2. Increase physical activity in community settings (e.g., safe walking and biking routes, parks and hiking trails, joint use agreements).
3. Increase physical activity in institutional settings (e.g., schools, after-school programs, work sites).

2011 STRATEGIES

1. Provide funding support to organizations that directly increase the availability of fresh fruits and vegetables in vulnerable communities.
2. Explore opportunities to participate in local policy initiatives aimed at increasing the availability and quality of fresh fruits and vegetables in vulnerable communities.
3. Consider the provision of funding to community organizations that are working to increase physical activity in vulnerable communities.
4. Participate in community advocacy efforts to bring about policy or systems changes that support increased opportunities for physical activity in vulnerable communities.
5. Provide clinical expertise to community coalitions working to increase physical activity (e.g., sports physicals, BMI tests, health education presentations).
6. Arrange for a Kaiser Permanente Educational Theatre Programs (ETP) Community Troupe presence at community health events and targeted schools.
7. Consider the provision of funding to organizations or schools that are working to increase physical activity among children and youth in institutional settings.
8. Provide Kaiser Permanente–branded walking club guidebooks to low-income elementary schoolchildren.

TARGET POPULATION

Placer County, Folsom, and Rancho Cordova youth, families, and communities.

COMMUNITY PARTNERS

Community partners include Folsom Cordova Unified School District (FCUSD), Sacramento Region Food System Collaborative, Soil Born Farms, Valley Vision, and other community-based organizations.

2011 YEAR-END RESULTS

- Kaiser Permanente Northern California Region MultiMedia Communications (MMC) provided in-kind support (valued at \$25,543.33) to Soil Born Farms Urban Agriculture and Education Project. MMC partnered with Soil Born to produce a video designed to increase awareness of and generate financial support for Soil Born and to motivate community members to get involved in the agency's programs and activities.
- Kaiser Permanente Northern California Region provided Community Resources Council, Inc. (dba Placer County Foodbank) with a \$2,500 donation to support its food distribution efforts. Through a coordinated system of collection and distribution, the foodbank provides food to underserved communities in Placer, El Dorado, and Nevada counties, serving approximately 48,000 people per month.
- KFH-Roseville awarded \$5,000 to FCUSD for Creciendo Juntos (growing together), a six-week summer program that provides free, nutritious lunches and snacks to students at FCUSD's Cordova Lane Center. Owing to family poverty, more than 50% of students at six of the eight elementary schools in Rancho Cordova are eligible for free or reduced-price school meals. To support better health and education outcomes for every student, Creciendo Juntos engages children and their parents about healthy eating and active living, while simultaneously strengthening relationships between FCUSD and the families it serves. The program enrolled 90 children and 30 parents into a family day camp that offered academic enrichment, SPARK (Sports Play & Active Recreation for Kids) activities, field trips, and parent information and engagement sessions. To further leverage Kaiser Permanente expertise, Catherine Virgin, MD, and

Nurse Practitioner Carrie Beale led families in an education session focused on altering traditional, familiar meals to include healthier, affordable options.

- KFH-Roseville and KFH-Sacramento awarded a \$20,000 planning grant to Soil Born Farms to develop and implement a mobile food market aimed at increasing fresh produce consumption in underserved neighborhoods. Owing to a lack of healthy, fresh food options, many low-income communities have seen an increase in obesity and related diseases. In response to these conditions, Soil Born Farms is developing a mobile produce truck to distribute fresh fruits and vegetables, and healthy eating education materials in targeted low-income communities. This outreach and distribution mechanism will complement existing community and school-based health and wellness programs and increase access to locally grown produce, while maintaining quality and affordability.

2012 GOALS UPDATE

The goals will remain unchanged for 2012.

2012 STRATEGIES UPDATE

1. Provide funding support to organizations that directly increase the availability of fresh fruits and vegetables in vulnerable communities.
2. Explore opportunities to participate in local policy initiatives aimed at increasing the availability and quality of fresh fruits and vegetables in vulnerable communities.
3. Consider the provision of funding to community organizations that are working to increase physical activity in vulnerable communities.
4. Participate in community advocacy efforts to bring about policy or systems changes that support increased opportunities for physical activity in vulnerable communities.
5. Provide clinical expertise to community coalitions working to increase physical activity (e.g., sports physicals, BMI tests, health education presentations).
6. Arrange for an ETP Community Troupe presence at community health events and targeted schools.
7. Consider the provision of funding to organizations or schools that are working to increase physical activity among children and youth in institutional settings.

MONITORING PROGRESS OF 2012 STRATEGIES

Impact will be assessed by an increase in total number of grants awarded, amount of grants, and people reached through these grants; number of people reached with shared assets; number of KFH-Roseville representatives participating in policy efforts; number of people reached with in-kind services; number of ETP performances, including *The Best Me*, at schools; number of schools requesting walking club guidebooks; number of schools that implement said walking program; and number of students involved.

PRIORITIZED NEED III: PREVENTION OF COMMUNITY AND FAMILY VIOLENCE

According to the 2010 CHNA for the Greater Sacramento Region, occurrence levels of child death rates, child abuse, youth substance abuse, and domestic violence remain high and above the state average in many zip codes. Injury (intentional and unintentional) is the number-one cause of hospitalization and ER visits in all four counties, and homicide is the number-four cause of ER visits in all four counties. Public systems working with child abuse and domestic violence cases indicate the need for more parent education, increased provider training, and supportive services for families. The region continues to experience a high rate of unintentional injuries among all age groups. More injury prevention information and promotion are needed to help reduce the possibility of injuries.

2011 GOAL

Increase access to violence prevention services.

2011 STRATEGIES

1. Provide grant funding to organizations focused on preventing youth violence and family violence.
2. Partner with local governments, schools, and community organizations to support evidence-based programs that focus on reducing youth and gang violence and increase positive options for youth.

TARGET POPULATION

Children, youth, adults, and families who may be or are at risk of being involved in violence.

COMMUNITY PARTNERS

Community partners include KidsFirst, Lighthouse Counseling and Family Resource Center, PEACE for Families, and Women Escaping a Violent Environment (WEAVE).

2011 YEAR-END RESULTS

- KFH-Roseville provided KidsFirst with a \$30,000 grant to support Differential Response: Keeping Kids Safe (DR), a partnership between KidsFirst and Placer County Child Welfare Services (CWS) to implement Placer County's DR model to respond to low- to moderate-risk reports of suspected abuse. The model includes state recommendations as well as lessons learned in practice at local, state, and national levels. By providing earlier, more meaningful responses to emerging problems, more families were supported in keeping children safe in their homes. Over the last five years, 92% of families who received KidsFirst services through the DR model stayed out of the child welfare system for at least 18 months after the initial CWS referral. During the grant's first six months, KidsFirst handled 1,059 DR referrals and staff was able to actively engage with families to provide counseling to reduce the probability of cases being escalated to CWS. North Valley Area Public Affairs Director Richard Robinson is on the KidsFirst board of directors.
- KFH-Roseville provided \$25,003 to Lighthouse Counseling and Family Resource Center for its safety net services DR program, also in partnership with CWS. Families referred to Lighthouse through Placer County are considered at-risk and in danger of having their children removed from the home and placed in foster care. Using the DR program, Lighthouse not only meets families' immediate risk needs, but provides ongoing support and encouragement to ensure follow-through with services. As of July 2011, the recidivism rate to Child Protective Services for families who participated in Lighthouse services was 6.5%. Lighthouse and KidsFirst's efforts complement each other, effectively providing DR services throughout Placer County. North Valley Area Community and Government Relations Manager Bonnie M. Gore serves on the Lighthouse board of directors.
- KFH-Roseville provided \$25,000 to Placer Women's Center, Inc. on behalf of PEACE for Families, the only organization offering comprehensive services to victims of domestic violence and sexual assault in Placer County, to increase client services. Services are provided in a culturally appropriate manner, with an emphasis on Placer County's underserved monolingual Spanish-speaking population. During the first six months of the grant period, the agency increased its capacity by expanding clinic hours and adding staff, including two bilingual MFT (marriage family therapy) interns. As a result, PEACE for Families provided 1,206 individual, group, and family therapy sessions; housed 46 individuals at its safe house; and provided group counseling services for more than 200 other individuals in need. KFH-Roseville's Women's Health Service Line Director Lauren Peters sits on the PEACE for Families Board.
- KFH-Roseville provided \$10,000 to Citrus Heights Women's Center on behalf of Domestic Violence Intervention Center of Citrus Heights (DVIC), a co-located collaborative partnership of service providers offering domestic violence and related support services to victims, children, and abusers in Sacramento County and surrounding communities. DVIC operates a 24-hour crisis line and safe house for domestic violence victims. In addition, in partnership with Citrus Heights Police Department, it has implemented the Domestic Violence Response Team (DVRT) to act as first responders to victims in the moment of crisis. Funding allowed the DVRT to triple the number of shifts each month. Program results to date reflect a 50% increase in victims' ability to access services from the program inception.

2012 GOAL UPDATE

The goal will remain unchanged for 2012.

2012 STRATEGIES UPDATE

1. Provide grant funding to organizations focused on preventing youth violence and family violence.
2. Partner with local governments, schools, and community organizations to support evidence-based programs that focus on reducing youth and gang violence and increase positive options for youth.

MONITORING PROGRESS OF 2012 STRATEGIES

KFH-Roseville will monitor and track number of grants awarded, total dollars provided in grants, number of partnerships developed, and number of people reached through those partnerships.

Table 1

KAISER FOUNDATION HOSPITAL-ROSEVILLE

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	4,858
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members	203
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	4,232
Medi-Cal Managed Care members	5,677
Healthy Families Program members	6,111
Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) ¹ members	215
Health Research projects (new, continuing, and completed)	1
Nursing Research projects (new, continuing, and completed)	7
Educational Theatre Programs – number of performances and workshops	54
Educational Theatre Programs – number of attendees (students and adults)	14,968
Graduate Medical Education – number of programs	6
Graduate Medical Education – number of affiliated and independent residents	50
Nurse practitioner and other nursing training and education beneficiaries	0
Deloras Jones nursing scholarship recipients	0
Other health professional training and education (non-MD) beneficiaries	18
Summer Youth and INROADS programs participants	10
Number of 2011 grants and donations made at the local and regional levels ²	91

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-ROSEVILLE

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2011

	2011 Total
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$9,061,746
Healthy Families ²	2,428,049
Charity care: Charitable Health Coverage programs ³	3,660,828
Charity care: Medical Financial Assistance Program ⁴	2,319,503
Grants and donations for medical services ⁵	327,371
Subtotal	\$17,797,497
Other Benefits for Vulnerable Populations	
Summer Youth and Inroads programs ⁶	\$73,185
Grants and donations for community-based programs ⁷	45,930
Community Benefit administration and operations ⁸	526,605
Subtotal	\$645,721
Benefits for the Broader Community⁹	
Community health education and promotion programs	\$24,746
Educational Theatre Programs	149,798
Facility, supplies, and equipment (in-kind donations) ¹⁰	0
Community Giving Campaign administrative expenses	25,138
Grants and donations for the broader community ¹¹	134,001
National board of directors fund	38,949
Subtotal	\$372,631
Health Research, Education, and Training	
Graduate Medical Education	\$608,265
Non-MD provider education and training programs ¹²	346,703
Grants and donations for the education of health care professionals ¹³	30,847
Health research	8,070,781
Subtotal	\$9,056,597
Total Community Benefits Provided	\$27,872,445

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.

