

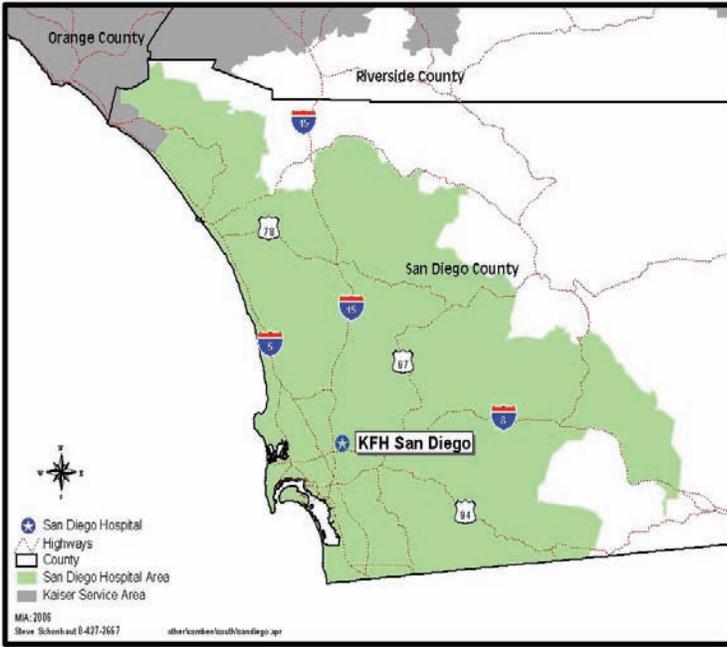
SAN DIEGO

SAN DIEGO

SAN DIEGO

KAISER FOUNDATION HOSPITAL (KFH)-SAN DIEGO

4647 Zion Avenue
 San Diego, CA 92120
 (619) 528-5000



The KFH-San Diego service area includes a large part of San Diego County. The county is made up of seven major statistical areas (MSAs) as defined by the U.S. Census Bureau. Central MSA includes Central San Diego, Coronado, Mid-City, National City, Peninsula, and Southeast San Diego. North City MSA includes Coastal, Del Mar-Mira Mesa, Elliott-Navajo, Kearny Mesa, Miramar, North San Diego, Poway, and University. South Suburban MSA includes Alpine, El Cajon, Harbison-Crest, Jamul, Lakeside, La Mesa, Lemon Grove, Ramona, Santee, and Spring Valley. North County West MSA includes Carlsbad, Oceanside, Pendleton, and San Dieguito. North County East includes Escondido, Fallbrook, Pauma, San Marcos, Valley Center, and Vista. East County includes Anza-Borrego, Laguna-Pine Valley, Mountain Empire, and Palomar-Julian.

COMMUNITY SNAPSHOT (2010 Community Health Needs Assessment for KFH-San Diego)

Total population:	3,224,432	White:	49%
Median age:	35.3	Latino:	31%
Median household income:	\$72,963	Asian and Pacific Islander:	10%
Percentage living in poverty:	12.6%	African American:	5%
Percentage unemployed:	10.1%	Other:	3%
Percentage uninsured:	22.9%	Native American:	<1%

KEY FACILITY STATISTICS

Year opened:	1975	Total licensed beds:	392
KFH full-time equivalent personnel:	2,067	Inpatient days:	113,718
KFHP members in KFH service area:	505,999	Emergency room visits:	98,213

KEY LEADERSHIP AT KFH-SAN DIEGO

Mary Ann Barnes, RN	Senior Vice President and Executive Director
Joan Burritt, RN	Chief Operating Officer
Lynette Seid	San Diego Area Chief Financial Officer
Paul E. Bernstein, MD	Area Medical Director
James Malone	Medical Group Administrator
Rodger Dougherty	Public Affairs Director
Shreya Sasaki	Senior Community Benefit Manager
Tana Lorah	Community Benefit Health Manager

THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

Community Health Improvement Partners (CHIP), a voluntary, nonprofit collaboration of San Diego hospitals, health plans, community clinics, physicians, universities, schools, community-based organizations, and the County of San Diego Health and Human Services Agency, conducted the CHNA for San Diego. CHIP's mission is to improve the health of all San Diegans through needs assessment, advocacy, education, and programs best accomplished collectively. *Charting the Course VI*, the sixth edition of the triennial CHNA, provides a comprehensive view of the health status and health-related needs of San Diego County residents. In 2010, KFH-San Diego's Senior Community Benefit Manager actively participated on the CHIP Needs Assessment Committee, which under the direction of CHIP's Steering Committee and board of directors, decided on the approach and methodology for *Charting the Course VI* and obtained necessary funding for the project. The Needs Assessment Committee contracted with consultant Michael Moder (Moder Research & Communications, Inc.) to develop and write the full report and executive summary and to conduct and report on the community input process. *Charting the Course VI* is available on the Internet at <http://www.sdchip.org/initiatives/charting-the-course-vi.aspx>.

KEY FINDINGS FROM THE 2010 CHNA

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

Access to Health Services:

- An estimated 22.9% of San Diego residents under age 64 are uninsured. Disparities related to being uninsured impact almost all aspects of health care.
- Community clinics in San Diego County are experiencing a rise in primary care clinic utilization rates, and hospital emergency departments have experienced a sharp rise in Medi-Cal utilization.

Weight Status, Nutrition, and Physical Activity

- During 2009, the prevalence of San Diego County adults with an unhealthy weight status, either overweight or obese, was almost 60%. Adults most likely to be obese included African Americans and Latinos.
- Among children living in San Diego County, the prevalence of overweight or obesity was nearly 28% during 2007, the most recent period during which data are available. Children most likely to be overweight or obese include African Americans and Latinos.
- The California Health Interview Survey (CHIS) found the prevalence of obesity among San Diego County children and adolescents to be 12.1% and the prevalence of overweight to be 10.8%. The California State Board of Education's Physical Fitness Test (PFT) provides a weight status measure using BMI and in 2009 revealed that 29.3% of San Diego County 5th graders, 28.5% of 7th graders, and 30.7% of 9th graders were overweight.

Injury and Violence:

- Unintentional injuries are one of the leading causes of death for San Diego County residents in all age categories regardless of gender, race, or region. Between 2000 and 2008, the rate of death related to unintentional injury increased by nearly 10%. During 2008, there were 932 deaths and 20,850 hospitalizations resulting from unintentional injury and 149,900 hospital emergency department discharges following treatment for unintentional injuries. Unintentional injuries highlighted in the 2010 CHNA report include poisoning/overdose, motor vehicle injury, fall-related injury, and pedestrian injury.
- Between 2005 and 2009, there was an 8% decrease in the number of reported violent crimes in San Diego County, with the largest being in the number of homicides. It is important to note that violence includes a wide array of activities, most of which are reportable crimes. Yet, according to the Crime Victimization Survey, less than half, 49%, of all violent crimes were reported to the police in 2009.

Falls:

- Falls, which are unintentional, are one of the leading causes of death, hospitalizations, and visits to a hospital ED, especially among those 65 and older. Those most impacted by fall-related deaths during 2007, as measured by the age-adjusted (age-specific for age categories) rates per 100,000, include males, Whites, and persons 65 and older.

Motor Vehicle Injuries:

- Motor vehicle injuries refer to accidents (collision or noncollision) occurring on public roads. In addition to collisions between vehicles, these accidents include collisions between vehicles and animals, vehicles and pedestrians, or vehicles and fixed obstacles. Those most impacted by motor vehicle accident deaths during 2007, as measured by the age-adjusted rates per 100,000, include males, Latinos, African Americans, Whites, and persons 15 to 24 and 65 and older.

Overdose/Poisoning:

- Persons included in the overdose and poisoning statistics have incurred the damaging physiological effects of ingestion, inhalation, or other exposure to a broad range of chemicals, including pesticides, heavy metals, gases/vapors, drugs, and a variety of common household substances, such as bleach and ammonia. Those most impacted by overdose and poisoning deaths during 2007, as measured by the age-adjusted rates per 100,000, include males, Whites, African Americans, and persons 25 to 64.

Pedestrian Injury:

- Those most impacted by pedestrian deaths due to motor vehicles during 2007, as measured by the age-adjusted rates per 100,000, include males, African Americans, Latinos, and persons 15 and 24 and 65 and older.

Mental Health:

- The estimated prevalence of serious mental illness in San Diego County is 5% of the population, impacting more than 141,400 persons.
- During 2008, suicide, one of the major complications of depression, was the eighth leading cause of death in San Diego County.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFHSAN DIEGO SERVICE AREA

1. Access to health insurance coverage and health care services
2. Obesity prevention
3. Injury prevention and treatment

2011 YEAR-END RESULTS

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

The economic recession that began in December 2007 has been more severe than any economic downturn since the Great Depression. San Diego County's unemployment rate has varied from 3.9% in 2000 to 10.6% in September 2010. The health consequences of losing a job include changes in health coverage and health care utilization, higher emergency room and primary care clinic utilization, and competing demands for the family budget. Given the impact the economic downturn has had on health care access, KFH-San Diego selected this prioritized need so that it can use its resources to help increase access to health services for vulnerable populations. With a history of participating in charitable health coverage programs, many long-standing partnerships with community clinics in the county that serve vulnerable populations, and a recent track record of providing needed surgeries to this population via its Surgery Day Program, KFH-San Diego is well suited to address this need.

2011 GOALS

1. Increase enrollment and retention in health care coverage programs.
2. Increase access to health care services for low-income and uninsured individuals.
3. Increase availability of supportive services to facilitate access health care services.

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.
3. Expand the type of Surgery Day procedures by including prostate biopsies.
4. Provide grant funding to community clinics to support operations and programs that increase access to direct health services.
5. Provide grant funding to nonprofit organizations to address outreach, enrollment, and retention activities.
6. Provide grant funding to nonprofit organizations to increase access to supportive services, including but not limited to transportation, nutrition assistance, language services, and case management.

TARGET POPULATION

Uninsured, underinsured, homeless, and low-income people; refugees; those with HIV/AIDS; and populations that face health disparities based on the social determinants of health.

COMMUNITY PARTNERS

Community partners include Council of Community Clinics (the clinic association for 16 community clinic members in San Diego County), Borrego Community Health Foundation, Family Health Centers of San Diego, Imperial Beach Health Center, Mountain Health and Community Services, Neighborhood Healthcare, North County Health Services, Planned Parenthood of the Pacific Southwest, San Diego American Indian Health Center, San Diego Family Care, San Ysidro Health Center (SYHC), Vista Community Clinic, and San Diego County Medical Society Foundation.

2011 YEAR-END RESULTS

- Two surgery days were held on March 26, 2011 and October 15, 2011. During the second day, KFH-San Diego expanded the types of procedures provided to include prostate biopsies. This filled a gap in the community. Impact, a public program (<http://www.california-impact.org/>) is available to treat uninsured patients with prostate cancer; however, health care providers were unable to screen for this disease and, ultimately, to refer patients to Impact. Therefore, KFH-

San Diego was able to screen patients for this disease and referred one patient to Impact for treatment. For both surgery days, KFH-San Diego donated approximately \$411,986 worth of care (e.g., cataract surgeries, gallbladder removals, hernia repairs, colonoscopies, etc.) for 78 uninsured individuals.

- KFH-San Diego provided grant funding to community clinics to support operations and programs that increase access to direct health services. KFH-San Diego annually contributes significant sums of money to clinics in addition to providing technical assistance (TA) and clinical expertise to safety net providers. KFH-San Diego awarded support to 14 community health centers through 15 grants in 2011. Funds were used to provide primary care and treatment of chronic conditions, cervical cancer screenings, and medical care to the homeless, in addition to other activities. Representative support includes the following:
 - SYHC received a \$25,000 grant to provide direct health services to 325 new patients lacking health coverage, and to support SYHC's certified application assistant (CAA) staff in determining patients' eligibility for public coverage programs and assisting them with the application process. SYHC's service area is characterized by high rates of poverty, unemployment, and uninsured individuals and families; thus, KFH-San Diego's support is important in addressing these needs.
 - Planned Parenthood of the Pacific Southwest received a \$30,000 grant from KFH-San Diego to provide colposcopies for 375 women who present with abnormal pelvic exams/pap smear results and surgical procedures for 125 women who present with abnormal cervical cells/cervical dysplasia. KFH-San Diego funds were used to purchase colposcope-related equipment and to support a clinician who conducts procedures using the equipment.
 - St. Vincent de Paul Village, Inc. received a \$40,000 grant to provide direct health services to the homeless. Funds are being used for pharmaceuticals, lab work, and other medical supplies needed to provide health services to this vulnerable group.
 - As community clinics are preparing to receive additional patients through health care reform, customer service is becoming increasingly important. To that end, KFH-San Diego Director of Service Excellence Marylynn Kelts participated on a Strategies to Enhance the Patient Experience in Community Clinics and Health Centers panel in June. Topics included customer service strategies, accountability, measurement, and recommendations for clinics. Approximately 40 people attended the session, and all gave high marks to the panel for meeting session objectives and for providing useful information regarding their daily responsibilities.
- Kaiser Permanente Southern California Region provided grants for community-based organizations to implement Kaiser Permanente's ALL program, an evidence-based intervention that provides a cost-effective method of cardiovascular disease prevention in high-risk diabetic patients. The bundled drug therapy—aspirin, lipid-lowering drug (statin), and ACE inhibitor—has been effective in decreasing mortality and cardiovascular disease events in patients with coronary artery disease. In 2010, the Community Clinics Health Network in San Diego received a two-year \$1 million grant (\$500,000 in 2011) to develop the ALL Project Office to promote ALL's evidence-based clinical protocol to community clinics in Southern California. The project will serve 10,000 patients in two years and provide ALL education to physicians and other clinical staff by developing a tool kit, establishing work plans with participating clinics, and conducting provider training.
- Kaiser Permanente's Southern California Safety Net Partnerships increases the capacity of safety net providers to operate efficiently, enhance quality of care, and improve access to care for the underserved by aiding clinic and hospital networks/consortia and other statewide organizations as they support clinical and management infrastructure and policy advocacy for safety net providers. Community Clinics Health Network received a \$330,000 grant over two years (\$165,000 in 2011) for core operations and quality improvement support to continue to build on the existing infrastructure to further support the growing and changing needs and requirements of community clinics and health centers. CCHN will work with clinics to revise and expand programs and services as needed.
- Vista Community Clinic received a \$75,000 grant for its Vale Terrace Capital Expansion project. The agency utilized the funds to help purchase equipment and furnishings for a new expanded clinic site, providing additional capacity for women's health care and expands pediatric, family, and dental services.

2012 GOALS UPDATE

The goals will remain unchanged for 2012.

2012 STRATEGIES UPDATE

The strategies will remain unchanged for 2012.

MONITORING PROGRESS OF 2012 STRATEGIES

Enrollment in STEPS, Kaiser Permanente Child Health Plan, Medi-Cal, and Healthy Families will be monitored twice a year and will involve reviewing reports from the Finance Department. Similarly, charity care will also be monitored twice a year by reviewing Finance Department reports. Financial support and outcomes from grant-funded projects will be monitored by progress reports and final reports. To assess the progress and success in achieving stated goals, the following indicators will be used: number of grants awarded, total dollars provided in grants, number of people reached through grants, and number of organizations reached with shared assets.

PRIORITIZED NEED II: OBESITY PREVENTION

Many factors play a role in overweight and obesity, making it a complex health issue to address. Some major contributors to the obesity epidemic include genetic predisposition, environmental influences, behavior (dietary patterns and physical activity), cultural influences, and socioeconomic status. Environmental influences, dietary patterns, and physical activity were chosen to be addressed in selecting this need, because they can be impacted by KFH-San Diego resources, while other factors such as genetic predisposition or socioeconomic status may not. In addition, population-oriented approaches focused on environmental and policy changes that will have the broadest reach were chosen because they usually have the lowest intensity and cost and are critical for reaching segments of the population with the fewest resources (e.g., low socioeconomic status, limited education). KFH-San Diego is well suited to address this need due to its long-standing history of promoting prevention and in recent years its experience in supporting obesity and overweight prevention efforts that aim to increase access to physical activity, nutrition education, healthful foods, and initiatives focused on environmental and policy changes.

2011 GOALS

1. Increase community access to safe physical activity in community settings.
2. Increase access to culturally relevant nutrition education.
3. Increase access to affordable healthful foods, including fresh fruits and vegetables.
4. Sustain efforts aimed at changing environments and policies targeting obesity and overweight prevention.

2011 STRATEGIES

1. Provide grant funding to organizations that increase access to safe physical activity.
2. Provide grant funding to organizations that increase access to culturally relevant nutrition education.
3. Provide grant funding to organizations that increase access to healthful foods.
4. Promote Educational Theatre's healthy eating performances and workshops for local schools.
5. Participate in environmental and policy change efforts and share lessons learned from Kaiser Permanente's HEAL (Healthy Eating, Active Living) work.

TARGET POPULATION

Populations groups disproportionately impacted by overweight and obesity, including Latinos, African Americans, those with low educational attainment, persons with disabilities, and children and adolescents.

COMMUNITY PARTNERS

Community partners included Boys & Girls Clubs of Greater San Diego County, Friends of Chula Vista Parks and Recreation/City of Chula Vista Parks and Recreation, Olivewood Gardens and Learning Center, San Diego Adaptive Sports Foundation, San Diego County Childhood Obesity Initiative, and San Diego Hunger Coalition.

2010 YEAR-END RESULTS

- Boys & Girls Clubs of Greater San Diego County was awarded a \$10,000 grant to implement Planet Health, a program designed to promote healthy lifestyles among youth at 17 sites throughout San Diego County. Planet Health is taught in a small-group setting utilizing informational and experiential learning activities to develop and encourage healthy attitudes and behaviors regarding nutrition and physical activity. Approximately 680 students will be reached by the end of the grant period (May 2012). In addition to the grant, Boys & Girls Clubs of Greater San Diego County received approximately 1,500 sport ball donations, collected by employees of the KFH-San Diego area. This donation complemented the Planet Health grant. It also supported increasing access to safe physical activity among children who participate in activities at Boys & Girls Club locations throughout San Diego County and reflected the commitment that KFH-San Diego employees and physicians have to the community.
- Olivewood Gardens and Learning Center is a large urban, organic garden located in National City. In 2011, KFH-San Diego provided a \$25,000 grant to ICF Center for Cross-border Philanthropy for the garden and learning center to support access to healthy food education. In partnership with National School District, students walk to the community garden and participate in a cooking rotation, a nutrition activity, and a gardening activity. Grant funds were used to support a volunteer coordinator who organized rotations at the garden and learning center by volunteer chef who provided healthy food education by using produce grown in the garden.
- To support changing policies and the environment in hospital settings, KFH-San Diego's Assistant Department Administrator of Nutrition Services and Senior Community Benefit Manager participated on the San Diego County Childhood Obesity Initiative's Nutrition in Healthcare Leadership Committee, which is made up of Nutrition Department Administrators from six San Diego County hospitals and shares best practices on changing the food environment in hospital cafeteria settings. Because hospitals provide health care services to the community, they are well suited to demonstrate healthy eating behaviors and to set a good example. In 2011, the group finalized the pillars under which it will operate. In 2012, it will begin to implement strategies related to changing the food environment in hospital cafeterias (e.g., implementing "meatless Mondays," promoting decreased consumption of sugar-sweetened beverages, etc.).
- Kaiser Permanente Southern California Region's HEAL Zone initiative is designed to target a small, clearly defined community of 10,000 to 20,000 residents who have high rates of obesity and other health disparities. The initiative helps community stakeholders develop and implement evidence-based and prevention-oriented environmental strategies that are focused on reducing obesity rates and creating opportunities for residents to engage in healthy eating and active living. In the KFH-San Diego service area, Community Health Improvement Partners received a \$100,000 grant.
- Southern California Region's Healthy Eating in Hard Times (HEHT) initiative helps to ensure that eligible low-income families participate in federal nutrition programs such as food stamps and free school meals, and that food bank/pantry patrons can obtain healthy foods such as fruits and vegetables from emergency food sources. In 2011, HEHT doubled its investment in food banks from the previous year. Food banks across the region received grants to acquire and distribute produce to individuals in need, provide nutrition education, conduct food stamp (CalFresh) outreach, and make infrastructural improvements such as the repair or purchase of cold storage units and the purchase of food bins and produce. In the service area, Feeding America and San Diego Food Bank each received an \$80,000 grant.
- Kaiser Permanente Southern California Region's Operation Splash initiative provides grants to support swimming lessons and water safety in underserved areas. Since Operation Splash started in 2006, grants have provided 58,187 swim lessons to participants and 3,143 junior lifeguards. In 2011, Kaiser Permanente Southern California Region provided a \$50,000 grant to the City of Chula Vista for implementation of the Elementary Learn to Swim program, a unique partnership of Friends of Chula Vista Parks and Recreation, Chula Vista Parks and Recreation Department, and Chula Vista Elementary School District that targets low-income schools in Chula Vista to provide ten 45-minute swim lessons over the course of two weeks. Since the program takes place during school hours, all 4th-grade students in participating schools can participate without barriers of cost and transportation. Approximately 639 students received

swim lessons from April 2011 to October 2011. By the end of the grant, it is projected that a total of 1,357 students will receive swim lessons. This effort increases access to safe, community-based physical activity, teaches students the importance of daily physical activity, and builds upon the Healthy Eating Active Communities (HEAC) project in Chula Vista, specifically targeting HEAC schools in Western Chula Vista.

2012 GOALS UPDATE

KFH-San Diego will update the goals of the prioritized need to focus on reducing the prevalence of overweight and obesity among children and adults in the service area. According to the 2010 CHNA, more than 60% of adults in San Diego County were either overweight or obese. Being overweight or obese increases an individual's risk for developing heart disease, stroke, diabetes, and cancer. Data on known lifestyle factors contributing to rates of overweight and obesity show that there is significant opportunity to improve healthy eating and increase physical activity among service area residents, both children and adults. In 2012, KFHSan Diego will focus on the following goals that it is well suited to address due to its long-standing history of promoting prevention and in recent years its experience in supporting obesity and overweight prevention efforts that aim to increase access to physical activity, nutrition education, healthful foods, and initiatives focused on environmental and policy changes:

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

2012 STRATEGIES UPDATE

1. Support efforts focused on environmental changes that encourage healthy eating and active living, including organizational practices, systems change, and the built (physical) environment.
2. Support policy efforts that positively impact healthy eating and physical activity in communities and/or that help to enforce and sustain changes in the environment.
3. Provide grant funding to increase available fresh produce in low-income neighborhoods and provide education and support for increased consumption of the fresh produce.
4. Partner with the International Rescue Committee to open a community garden on KFHP-owned property in El Cajon to increase access to fresh produce and increase awareness on healthy eating.
5. Provide grant funding to organizations that increase access to safe physical activity.

MONITORING PROGRESS OF 2012 STRATEGIES

Policy and environmental change will be monitored through participation in the San Diego County Childhood Obesity Initiative leadership council meetings, where monthly reports are provided on progress made in these areas. Financial support and outcomes from grant-funded projects will be monitored by progress reports and final reports. To assess the progress and success in achieving stated goals, the following indicators will be used: number of grants awarded, total dollars provided in grants, number of people reached through grants, and number of organizations reached with shared assets. Implementation of the community garden will be monitored by reviewing the project plan and by oversight of a community garden steering committee.

PRIORITIZED NEED III: INJURY PREVENTION AND TREATMENT

In California, injury, including both unintentional and intentional, is the number one killer and disabler of persons 1 to 44. Unintentional injuries can occur at home, at work, while participating in sports and recreation, on the streets, and at school. The 2010 CHNA focused on those unintentional injuries that are severe enough to lead to a visit to a hospital emergency department, hospitalization, or death. Unintentional injuries are one of the leading causes of death for San Diego County

residents of all ages, regardless of gender, race, or region. Intentional refers to injuries resulting from purposeful human action, whether directed at oneself or others. In terms of intentional injuries, the 2010 CHNA examined violence and self-inflicted injury. Violence includes a wide array of crimes involving the use of physical force with the intent to inflict harm or death upon another person. Self-inflicted injury, which includes suicide, is the deliberate harm of one's own body to cause injury (cutting, scratching, hitting, biting, and burning). In 2008, suicide was the eighth leading cause of death in San Diego County, accounting for 359 deaths, with an overall age-adjusted rate of 11.3 suicide deaths per 100,000 people.

The economic costs of injury and violence are massive, including not only costs related to medical expenses but also wage and productivity losses, administrative expenses, and motor vehicle damage. The rationale for selecting this priority need is based on the high numbers of deaths, high rates of hospitalization and ED discharges, and the economic and social costs (mental health issues, relationship issues, etc.) that unintentional and intentional injuries cause. In the past few years, KFHSan Diego has begun to support community-based organizations that aim to prevent or treat unintentional and intentional injuries. KFHSan Diego will continue building on this support in 2011.

2011 GOALS

1. Increase access to community-based prevention efforts for unintentional and intentional injuries.
2. Increase access to treatment and support services for intentional injuries.

2011 STRATEGIES

1. Promote Regional Health Education's fall prevention curriculum to community-based nonprofit agencies in San Diego County.
2. Provide grant funding to support community-based efforts aimed at preventing unintentional and intentional injury.
3. Provide grant funding for programs that aim to treat and provide support services to victims of intentional injury that address trauma and mental issues and provide support services such as case management.

TARGET POPULATION

Target populations may include but are not limited to the elderly (unintentional injuries such as falls), males 15 to 24 and 65 and older (motor vehicle accidents), and females (self-inflicted injury).

COMMUNITY PARTNERS

Community partners included Access Inc., Center for Community Solutions (CCS), Project Safeway, San Diego Organizing Project, and South Bay Community Services.

2011 YEAR-END RESULTS

- KFHSan Diego provided a number of grants to organizations that provide health care services to immigrant victims of domestic violence, offer prevention education on domestic violence, support youth violence prevention in the City Heights area, and support teams that respond to domestic violence. Although some of the grants were made in 2010, most of the grantees implemented their work in 2011 and reported successfully achieving goals and objectives. The following are highlights of some of these activities:
 - In 2010, KFHSan Diego provided a \$20,779 grant to Elementary Institute of Science for Project Safeway with the goal of reclaiming the streets for residents so they can walk and play safely in the neighborhood. In 2011, this work was accomplished by holding monthly parent workshops to teach parents about development issues and youth gang prevention; launching Safe Kids Clubs, where children learn what they can do to promote safety and peace; and coordinating expansion of Safe Passage to School, which provides an adult presence on key corners before and after school. Among the outcomes reported by the grantee are contributions to the overall drop in gang activity, decrease in juvenile homicides, and decrease in crime for the region. For years, the area was a leader in San Diego in juvenile homicides. In 2011 Project Safe Way was awarded the Betty Peabody Award for Law

Enforcement Service by San Diego Crimestoppers and received recognition for its efforts including Safe Passage to School, National Night Out Anti-Crime Rally, and Guns for Gifts Exchange.

- KFH-San Diego supported CCS with a \$17,500 grant to prevent intimate partner violence among youth and high-risk youth. The following activities are under way to support the overall goal of youth having healthy relationships when they are young and throughout their life span: providing age-appropriate healthy relationship workshops for 350 youth that include instruction, modeling, and opportunities to practice healthy relationship skills; group activities that illuminate opportunities for bystander interventions that disrupt and redirect abusive or violent relationship behaviors among youth; and outreach to 30 community groups to provide services and/or information about CCS services.
- Access Inc. received a \$15,000 grant for its Violence Against Women Act's (VAWA) health care advocacy project, which provides supportive health services for immigrant domestic violence victims in San Diego County. VAWA's goal is to empower these uninsured, low-income, linguistically isolated women through education workshops designed to teach them how to prevent domestic violence-related injuries and how to receive care to treat such injuries. Access Inc. has successfully provided domestic violence education and support services since 1997.
- In the KFH-San Diego area, Clinical Psychology Internship Training Program interns once again participated, along with department staff, in National Depression Screening Day, helping to maintain multiple screening locations and increase the number of individuals screened. The internship program includes a minor rotation, during which each of the four interns provides pro bono services at San Diego Family Justice Center, a nonprofit, government-sponsored organization providing wraparound services for victims of domestic violence and their families. By virtue of this working arrangement between the internship program and the Family Justice Center, Kaiser Permanente continues as one of the center's on-site partners.

2012 GOALS UPDATE

The goals will remain unchanged for 2012.

2012 STRATEGIES UPDATE

The strategies will remain unchanged for 2012.

MONITORING PROGRESS OF 2012 STRATEGIES

On a biannual basis, KFH-San Diego Community Benefit staff will work with regional health education staff to identify which community-based agencies should receive information on fall prevention curriculums and to ascertain the number of community-based agencies that accessed and implemented the curriculum. Financial support for grants and outcomes from grant-funded projects will be monitored by progress reports and final reports. To assess the progress and success in achieving the stated goals, the following indicators will be used: number of grants awarded, total dollars provided in grants, number of people reached through grants, and number of organizations reached with shared assets.

Table 1

KAISER FOUNDATION HOSPITAL-SAN DIEGO

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	5,018
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members	291
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	3,575
Medi-Cal managed care members	13,815
Healthy Families Program members	10,846
Community Surgery Day patients	78
Health Research projects (new, continuing, and completed)	191
Nursing Research projects (new, continuing, and completed)	6
Educational Theatre – number of performances and workshops	191
Educational Theatre – number of attendees (students and adults)	29,929
Graduate Medical Education – number of programs	11
Graduate Medical Education – number of affiliated and independent residents	108
Nurse practitioner and other nursing training and education beneficiaries	11
Deloras Jones nursing scholarship recipients	25
Other health professional training and education (non-MD) beneficiaries	35
Hippocrates Circle students	106
Summer Youth and INROADS programs participants	22
Number of 2011 grants and donations made at the local and regional levels ¹	94

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

Table 2

KAISER FOUNDATION HOSPITAL-SAN DIEGO

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2011

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$10,392,890
Healthy Families ²	3,575,056
Charity care: Charitable Health Coverage Programs ³	2,321,446
Charity care: Medical Financial Assistance Program ⁴	8,157,743
Grants and donations for medical services ⁵	1,937,385
Subtotal	\$26,384,520
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁶	\$0
Educational Outreach Program	0
Summer Youth and INROADS programs ⁷	49,699
Grants and donations for community-based programs ⁸	816,109
Community Benefit administration and operations ⁹	892,196
Subtotal	\$1,758,004
Benefits for the Broader Community¹⁰	
Community health education and promotion programs	\$140,771
Educational Theatre Programs	716,643
Facility, supplies, and equipment (in-kind donations) ¹¹	0
Community Giving Campaign administrative expenses	13,734
Grants and donations for the broader community ¹²	101,434
National board of directors fund	43,981
Subtotal	\$1,016,563
Health Research, Education, and Training	
Graduate Medical Education	\$1,289,503
Non-MD provider education and training programs ¹³	997,481
Grants and donations for the education of health care professionals ¹⁴	186,353
Health research	2,751,778
Continuing Medical Education	396
Grants and donations for evidence-based medicine ¹⁵	0
Subtotal	\$5,225,511
Total Community Benefits Provided	\$34,384,598

ENDNOTES

- ¹ Amount includes cost-based unreimbursed inpatient expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries.
- ² Amount includes cost-based unreimbursed inpatient expenditures for Healthy Families members.
- ³ Amount includes cost-based unreimbursed inpatient expenditures for Steps Plan members and the Kaiser Permanente Child Health subsidy.
- ⁴ Amount includes cost-based unreimbursed care provided at this facility to patients who qualify for Charity Care: Medical Financial Assistance Program.
- ⁵ Figures reported in this section for grants and donations for medical care services consist of charitable contributions to community clinics and other safety net providers; community health partnerships and collaboratives; community health care coverage enrollment efforts; and specific health initiatives that address specialty care access, HIV/AIDS, childhood obesity, and so on. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ⁶ Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Los Angeles, KFH-West Los Angeles, and KFH-Downey.
- ⁷ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Summer Youth students hired.
- ⁸ Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonmedical needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ⁹ The amount reflects the costs related to providing a dedicated Community Benefit department and related operational expenses.
- ¹⁰ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or several related denominators such as the number of Educational Theatre performances or health education programs.
- ¹¹ Amount represents the estimated value of, but is not limited to, donated surplus office and medical supplies, equipment and furniture, promotional giveaways, in-kind services, and conference meeting room usage, as recorded in the MicroEdge GIFTS database.
- ¹² Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services and to develop, produce, or communicate health care–related public policy information for a variety of programs and services aimed at the general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ¹³ Amount reflects the net expenditures after tuition reimbursement for health care professional education and training programs.
- ¹⁴ Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, and so on. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ¹⁵ Figures reported in this section for grants and donations for evidence-based medicine consist of charitable contributions made to external nonprofit organizations and academic institutions to develop, produce, or communicate evidence-based medical practices and research findings. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

