

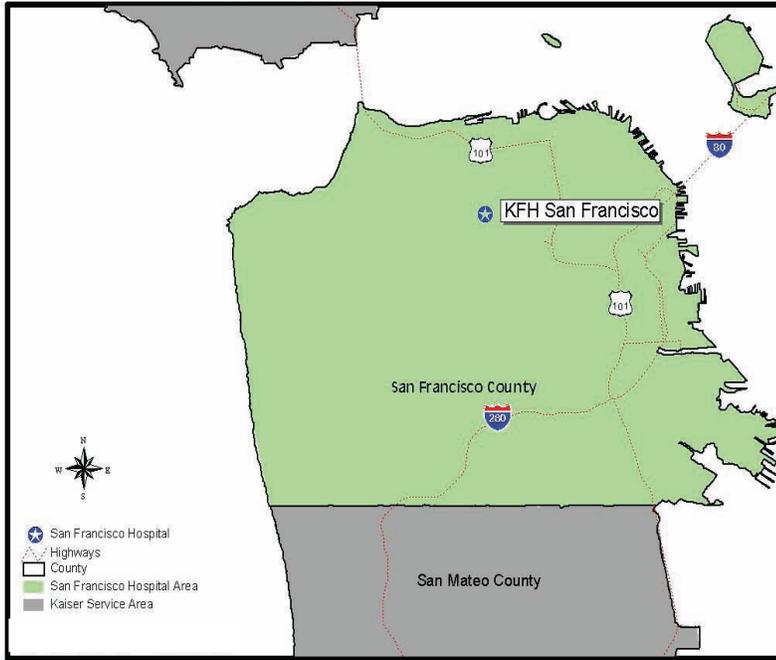
SAN FRANCISCO

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KAISER FOUNDATION HOSPITAL (KFH)-SAN FRANCISCO

2425 Geary Boulevard
 San Francisco, CA 94115
 (415) 833-2200



The KFH-San Francisco service area includes the City and County of San Francisco.

COMMUNITY SNAPSHOT (*county-level data)

Total population:	823,296	White:	44.92%
Median age:*	38.2	Latino:	14.10%
Average household income:*	\$73,127	African American:	6.00%
Percentage living in poverty:	11.86%	Asian and Pacific Islander:	31.02%
Percentage unemployed:*	7.38%	Native American:	0.23%
Percentage uninsured:	11.53%	Other:	3.72%

KEY FACILITY STATISTICS (as of December 2011)

Year facility opened:	1954	Total licensed beds:	247
KFH full-time equivalent personnel:	1,538.3	Inpatient days:	65,833
KFHP members in KFH service area:	183,200	Emergency room visits:	32,024

KEY LEADERSHIP AT KFH-SAN FRANCISCO

Christine Robisch	Senior Vice President and Area Manager
Position Open	Chief Operating Officer
Don Irie	Area Finance Director
Robert Mithun, M.D.	Physician in Chief
Tamara Marlett	Medical Group Administrator
Randy Wittorp	Public Affairs Director
Lara Sallee	Community Benefit/Community Health Manager

THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

Building a Healthier San Francisco (BHSF), a collaborative of hospitals, foundations, health and human services providers, and community-based organizations, conducts the CHNA for the City and County of San Francisco. Members share a common vision to improve the health of San Francisco residents and BHSF worked with Healthy Communities Institute (HCI) to develop Health Matters in San Francisco (HMSF, www.healthmattersinsf.org), a customized web-based information system that functions as an active countywide CHNA. Launched in September 2007, HMSF can be updated as new data become available, keeping the CHNA relatively up-to-date between reporting years. HMSF puts tools and methodology together to increase community awareness, inform community decision making, and facilitate positive community change. It provides health data about San Francisco and additional resources for community planners and residents, such as promising practices and resource links, and contains quantitative data at the state, county, and/or zip code level, depending on availability, for more than 100 health and environmental indicators that impact health status. The data are the most current publicly available from the Office of Statewide Health Planning and Development, California Health Interview Survey, San Francisco City and County Departments, United States Census, Centers for Disease Control, and other sources, such as the National Cancer Institute. As part of HMSF, BHSF included an analysis of mortality and hospitalization data, identifying key findings.

BUILDING A HEALTHIER SAN FRANCISCO (BHSF)—2010 COLLABORATIVE MEMBERS

Kaiser Permanente San Francisco	Anthem Blue Cross and Blue Shield
California Pacific Medical Center	McKesson Foundation
Chinese Hospital	Mount Zion Health Fund
St. Francis Memorial Hospital	NICOS Chinese Health Coalition
St. Mary's Medical Center	San Francisco Department of Human Services
UCSF Medical Center	San Francisco Foundation
Hospital Council of Northern and Central California	San Francisco Medical Society
San Francisco Community Clinic Consortium (SFCCC)	San Francisco Unified School District
San Francisco Department of Public Health (SFDPH)	United Way of the Bay Area

A result of a previous BHSF CHNA process in 2007, the San Francisco Community Benefit Partnership (CBP) was formed. CBP seeks to harness the collective energy and resources of San Francisco's private nonprofit hospitals, city departments (Public Health and Human Services), community clinics, health plans, and nonprofit providers and advocacy groups to improve the health status of San Francisco residents. In spring 2008, CBP worked on the priority areas identified in the 2007 BHSF CHNA process. BHSF continues to produce a CHNA every three years.

SAN FRANCISCO COMMUNITY BENEFIT PARTNERSHIP (CBP)—2010 COLLABORATIVE MEMBERS

Kaiser Permanente San Francisco	African American Community Health Equity Council
California Pacific Medical Center	Black Coalition on AIDS
Chinese Hospital	Circle Point
St. Francis Memorial Hospital	Conard House
St. Mary's Medical Center	Hospital Council African American Health Disparity Project
UCSF Medical Center	Operation Access
Hospital Council of Northern and Central California	Public Health Institute
Anthem Blue Cross and Blue Shield	SF Department of Aging and Adult Services
SFCCC	SF Department of Children, Youth & Families
SFDPH	SF Department of Human Services
NICOS Chinese Health Coalition	SF Human Services Agency

As part of the 2010 CHNA, CBP developed Community Vital Signs, a dynamic portal to the community's priority health issues and associated community resources. A measurement tool for San Francisco's health goals, Community Vital Signs also supports the infrastructure for community collaborations working to address these goals. By enhancing the four priority areas developed during the 2007 CHNA, CBP identified 10 priority health goals for San Francisco. At a community stakeholder meeting on November 13, 2009, CBP hosted more than 75 participants with a range of health and human services expertise who confirmed the relevance of the 10 health goals and planted the seeds for 10 affinity groups composed of subject matter experts for each goal, which were adopted by the San Francisco Health Commission on February 2, 2010, and will be tracked through Community Vital Signs on the HMSF website. The 10 priority health goals are:

1. Increase Access to Quality Medical Care
2. Increase Physical Activity and Healthy Eating to Reduce Chronic Disease
3. Stop the Spread of Infectious Diseases
4. Improve Behavioral Health
5. Prevent and Detect Cancer
6. Raise Healthy Kids
7. Have a Safe and Healthy Place to Live
8. Improve Health and Health Care Access for Persons with Disabilities
9. Promote Healthy Aging
10. Eliminate Health Disparities

Community Vital Signs, "Our best health resources for San Francisco's best health," is the newest, most effective platform to provide a clear and dynamic path forward in promoting the city's health priorities by evaluating impacts of health interventions, assessing health and health care needs, and helping to guide health policy through collaboration. The affinity groups met throughout 2010 to brainstorm more than 350 potential data indicators to measure progress of the health goals. Additional research by BHSF and input from a June 2010 stakeholder workshop allowed CBP to identify the 34 most relevant indicators that have current available data and benchmarks. On September 23, 2010, CBP presented the dynamic 2010 CHNA by relaunching HMSF. Community Vital Signs was presented, showing the current baseline for each indicator and its associated benchmarks. The concept of HMSF Collaboration Centers was announced to support community collaborations working toward a common aim of improving the health of San Franciscans in each goal area. To keep the community informed on the status of health in San Francisco, CBP will use Community Vital Signs to track each goal's annual progress.

KFH-San Francisco worked with Shemick Healthcare Consulting to facilitate the 2011–2013 Community Benefit prioritization process for the San Francisco service area. During a series of four meetings, Kaiser Permanente San Francisco's Community Benefit Advisory Committee used the HMSF CHNA qualitative and quantitative data, Community Vital Signs, and Kaiser Permanente Northern California Region's priority areas to select its local priorities. The Community Benefit Advisory Committee members participating in the 2011–2013 priority needs selection process were:

- *KFH Co-Chair:* Lara Sallee, MPH, Community Benefit/Community Health Manager
- *TPMG Co-Chair:* Gina Gregory-Burns, MD, Chief of Diversity; Chair, African American Health Initiative
- Sally Burke-Wingard, RN, MS, Continuum Administrator, KFH
- Mary Davis, Manager, Member Outreach Department, TPMG
- Susan Dean, RN, Manager APC1, APC3, and the HIV Program, TPMG
- Diane Easterwood, HR Business Partner, KFH
- Joseph Elson, MD, Assistant Chief of Medicine, Module Chief APC-1, TPMG
- Yvonne Gallot, MPH, Director, Health Education, TPMG
- Joseph Headlee, LCSW, Manager, Social Work Services, Coordination of Care Services, KFH
- Murtuza Ghadiali, MD, Chemical Dependency Recovery Program, TPMG
- Aparna Kota, MD, Department of Pediatrics, TPMG

- Nancy Leung, Senior Community Benefit Staff Assistant, KFH
- Elizabeth Longstreth, Group Leader, TPMG
- Jean Phillips, RN, Manager, Chronic Conditions Program & Family Medicine Clinic, TPMG
- Deborah Raymond, RN, MSN, Chief Nursing Officer, KFH
- Lois Richtand, Communications Manager, KFHP
- Frank Sclafani, MFT, Sub-Chief, Behavioral Medicine, TPMG
- John Spallone, OD, Staff Optometrist, President, NCAL Optometrists' Unit, Labor Liaison, TPMG
- Shirley Tamera, MD, Department of Medicine, El Centro de Salud, TPMG
- Jodi Thirtyacre, Manager, Department of Allergy, Asthma & Immunology, TPMG
- Chuck Wibbelsman, MD, Chief of Teenage Clinic, TPMG
- Randy Wittorp, Public Affairs Director, KFH
- Marion Lim Yankowitz, LCSW, Director, Departments of Psychiatry & Neurology, TPMG

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:

Increase Access to Quality Medical Care (Community Vital Sign):

- 98% of San Franciscans have health insurance or are enrolled in a comprehensive access program. Target is 100%.
- Preventable emergency room visits: 237.8 ER visits/10,000. Target is 234.6.
- Hospitalization rates for ambulatory care sensitive conditions.
 - Congestive heart failure: 30.9 hospitalizations/10,000. Target is 18.3.
 - Immunization-preventable pneumonia and influenza: 7.1 hospitalizations/10,000. Target is 2.6.

Increase Physical Activity and Healthy Eating to Reduce Chronic Disease (Community Vital Sign):

- Adults engaging in moderate physical activity: 26.3%. Target is 30%.
- Retail food environment index score: 3.18 fast-food/convenience stores per produce outlet. Target is 3.0.
- Proportion of households within one-half mile of a farmers' market: 35%. Target is 88%.

Stop the Spread of Infectious Diseases (Community Vital Sign):

- Number of clinicians on the SF Hep B Free Clinician's Honor Roll (DPH): 702 clinicians. Target is 1,350.
- HIV incidence estimate: 621 new infections. Target is 467.
- Rates of sexually transmitted infections.
 - Chlamydia incidence: 530.4 cases/100,000. Target is 314.6.
 - Gonorrhea incidence: 258.6 cases/100,000. Target is 47.5.
 - Primary and secondary syphilis incidence: 44.0 cases/100,000. Target is 2.1.

Improve Behavioral Health (Community Vital Sign):

- Adults who smoke: 12.5%. Target is 12%.
- Age-adjusted death rate due to suicide: 10.7 deaths/100,000. Target is 5.0.
- ER rate due to alcohol abuse: 43.1 ER visits/10,000. Target is 21.3.

Prevent and Detect Cancer (Community Vital Sign):

- Lung and bronchus cancer incidence rate: 51.6 cases/100,000. Target is 48.7.
- Liver and bile duct cancer incidence rate: 14.8 cases/100,000. Target is 5.5.

Raise Healthy Kids (Community Vital Sign):

- Mothers who received early prenatal care: 87.3%. Target is 90%.
- Hospitalization rate due to pediatric asthma: 11.9 hospitalizations/10,000. Target is 3.3.

Have a Safe and Healthy Place to Live (Community Vital Sign):

- Rate of pedestrian injuries and deaths: 101 injuries/100,000. Target is 20.
- Violent crime rate: 8.45 crimes/1,000. Target is 1.0.

Improve Health and Health Care Access for Persons with Disabilities (Community Vital Sign):

- Disabled persons with health insurance: 94.1%. Target is 100%.
- Percentage of San Francisco corners with curb ramps: 89%. Target is 100%.
- Number of DPH-subsidized supportive housing units: 996 units. Target is 1,650.

Promote Healthy Aging (Community Vital Sign):

- Influenza vaccination rate for those 65 and older: 76.2%. Target is 90%.
- Hospitalization rate due to hip fractures for those 65 and older:
 - Among women: 581.5 hospitalizations/100,000. Target is 433.8.
 - Among men: 319.2 hospitalizations/100,000. Target is 204.7.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFHSAN FRANCISCO SERVICE AREA

1. Access to health insurance coverage and health care services
2. Obesity and overweight
3. Alcohol and drug use
4. Community violence

2011 YEAR-END RESULTS

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

The City and County of San Francisco has a goal that 100% of San Franciscans will have health insurance or will be enrolled in a comprehensive access program. Based on the 2009 California Health Interview Survey (CHIS), released in February 2011, there are 64,000 traditionally uninsured San Franciscans. At the end of the 2010–2011 fiscal year, Healthy San Francisco (HSF) had enrolled more than 54,300, short of its goal. HSF is not insurance, but it provides access to primary care, preventive services, and hospitalization within the City and County of San Francisco only. San Francisco's safety net system—San Francisco General Hospital (SFGH), SFDPH, SFCCC, and the community clinics—serves the majority of HSF participants. These providers also serve low-income individuals who lack any form of private or public health insurance but are not enrolled in HSF and those who are considered underinsured because they have plans with high deductibles, high copays, and/or limited coverage and therefore rely on the safety net system.

In San Francisco, specific vulnerable populations indicate high need for access to care and coverage: African Americans, people living with HIV/AIDS, and seniors. According to the HMSF CHNA, African Americans continue to have the highest age-adjusted death rate, 1,302 deaths per 100,000 persons, as compared to men and women in all other ethnic groups measured; the San Francisco average is 535/100,000. In San Francisco, only 58.4% of African American adults have private health insurance as compared to 88.8% of white adults. African Americans indicate the lowest percentage for having a usual source of health care (83.9%) compared to all other ethnic groups measured; the San Francisco average is 90%. Despite a number of excellent HIV/AIDS educational programs, several segments of the population continue to suffer from this disease. The years of life lost (YLL) for HIV/AIDS ranks number two among males, Whites, and Hispanic males, and number three among African Americans. HIV/AIDS is among the top 10 causes of YLL in 13 out of 21 zip codes in San Francisco.

Seven San Francisco neighborhoods (Bayview Hunter's Point, Chinatown, Haight Ashbury, Mission District, North Beach, South of Market, and Tenderloin) have a higher percentage of people over 65 living below the federal poverty level (FPL), ranging from 12.37% to 23.01%, as compared to the national average of 10.97%. Living in poverty also brings increased isolation. In those neighborhoods with a higher percentage of seniors living in poverty and isolation, hospitalization rates due to hip fractures increase. For example, in the Tenderloin there are 789.7 hospitalizations per 100,000 females 65 and older, whereas it is only 438.5/100,000 in San Francisco's affluent Marina District neighborhood.

It is important to continue Kaiser Permanente's support of the safety net to improve access to the range of needed health care services for those unable to afford or access comprehensive health care coverage. Kaiser Permanente San Francisco is uniquely positioned to do this through its participation in HSF, partnership with Operation Access (OA), and coordination of the Safety Net Initiative with Kaiser Permanente Northern California Region's Community Benefit Program.

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. Participate in HSF.
4. Provide strategic grant funding to improve access to services in the following areas:
 - Safety net services provided by SFGH, SFDPH, SFCCC, and the community clinics

- Ethnic health disparities
 - Services for low-income people with HIV/AIDS
 - HIV/AIDS prevention and screening services for at-risk populations
 - Low-income seniors
5. Support OA with donated surgical and specialty care services at Kaiser Permanente San Francisco.
 6. Support community health fairs.

TARGET POPULATION

Low-income uninsured or underinsured individuals and families.

COMMUNITY PARTNERS

Community partners include Black Coalition on AIDS, Ambulatory Surgery Access Coalition/Operation Access, Asian & Pacific Islander (A&PI) Wellness Center, Curry Senior Center, Healthcare Foundation of Northern and Southern California/Hospital Council African American Health Disparity Project (AAHDP), Lyon-Martin Health Services, Mission Neighborhood Health Center, Native American Health Center, On Lok Day Services/30th Street Senior Center, Positive Resource Center, Project Homeless Connect, San Francisco AIDS Emergency Fund, San Francisco AIDS Foundation, SFCCC, SFDPH, San Francisco Free Clinic, SFGH, SFGH Foundation, San Francisco Public Health Foundation, South of Market Health Center, University of California San Francisco AIDS Health Project, and Women's Community Clinic.

2011 YEAR-END RESULTS

- Kaiser Permanente San Francisco participates in HSF. At the end of 2011, 3,044 HSF participants were enrolled and receiving the full range of preventive outpatient and inpatient services at Kaiser Permanente San Francisco.
- Ambulatory Surgery Access Coalition received a regionwide \$300,000¹ Kaiser Permanente Northern California Region grant for operating support for OA, which provides free surgeries to low-income, uninsured people to improve their health, ability to work, and quality of life. The grant enabled OA to coordinate 1,585 donated surgical and specialty care services in 2011 at 34 medical centers in Northern California. Kaiser Permanente San Francisco provided 124 of these donated services. OA was cofounded by Douglas Grey, MD, former chief of Vascular & Thoracic Surgery, Kaiser Permanente San Francisco, and current chairman, Regional Product Council, Kaiser Permanente Northern California. Dr. Grey and Kaiser Permanente San Francisco's Susan Dean, RN, clinic manager, are on OA's board of directors.
- Kaiser Permanente Northern California Region supported the following projects in San Francisco through the Safety Net Partnership:
 - SFCCC received a \$200,000¹ 2011–2013 Preventing Heart Attacks and Strokes Everyday (PHASE) grant to expand implementation of PHASE clinical standards, \$150,000¹ for a 2011–2013 Quality Improvement grant to provide training and technical assistance (TA) to partner clinics, \$80,000 for annual Consortia Core Operations Support, and \$75,000 for the 2012 Consortia Enrollment and Retention Project to improve access to public insurance programs, including HSF.
 - SFDPH and SFGH (dba SFGH Foundation) received a \$400,000¹ 2011–2013 Specialty Care Initiative grant to improve access to and the quality of specialty care in the safety net system, \$199,952¹ for a 2011–2013 PHASE grant to expand implementation of PHASE clinical standards within SFDPH PHASE sites, and \$150,000¹ for a 2011–2013 Quality Improvement (QI) grant to develop a Primary Care QI infrastructure to improve patient clinical outcomes across primary care clinics.
 - Native American Health Center received \$150,000¹ for a 2011–2013 QI grant to improve chronic care management through enhanced use of disease registries.

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

- St. Anthony Foundation received \$150,000¹ for a 2011–2013 QI grant to institutionalize the Continuous Quality Improvement program for preventive health at St. Anthony Medical Clinic.
- Women’s Community Clinic received \$150,000¹ for a 2011–2013 QI grant to improve the health of the community by leveraging data as a QI tool and implementing panel management. Eve Zaritsky, MD, with Kaiser Permanente Oakland, volunteers as a co-medical director for the clinic, providing clinical supervision and support.
- KFH-San Francisco provided funding to the following projects in San Francisco to increase access to care:
 - The Hospital Council’s AAHDP received continued support with a \$54,800 grant through the Healthcare Foundation of Northern and Central California to support local hospital and community organizations’ efforts to reduce health disparities in the African American community by increasing access to care. Lara Sallee, MPH, community benefit manager, is a member of the Hospital Council AAHDP steering committee.
 - Project Homeless Connect (dba San Francisco Public Health Foundation) received a \$25,000 grant for a project linking homeless and low-income individuals to essential services. In addition, approximately 50 Kaiser Permanente physicians, residents, mental health specialists, ophthalmologists, and staff volunteered at Project Homeless Connect on December 14, 2011, where 1,827 homeless clients were served.
 - A&PI Wellness Center was awarded a \$20,000 grant to address A&PI health disparities by providing free health care, including hepatitis B and C screening services to underserved A&PI and LGBT populations at its new Wellness Clinic, in San Francisco’s Tenderloin neighborhood. The grant provided access to free health care services at the new clinic for 50 clients. Frank Sclafani, subchief, Behavioral Medicine, Kaiser Permanente San Francisco, is on A&PI Wellness Center’s board of directors.
- On Lok Day Services received a \$10,000 contribution to support Active Start at the 30th Street Senior Center. The award enables 60 frail seniors to gain strength, reduce the risk of falls, improve their health and well-being, and gain confidence with the goal of transitioning into the Always Active Program.
- KFH-San Francisco and Kaiser Permanente Northern California Region continued to support HIV prevention, and the management, treatment, and provision of support services for people living with HIV/AIDS in San Francisco with grants totaling \$190,000.
 - San Francisco AIDS Emergency Fund received a \$20,000 grant to provide eviction prevention and housing stabilization to improve health outcomes for 33 low-income clients living with HIV/AIDS, nearly 10% of the 347 total clients served by the program in 2011.
 - Black Coalition on AIDS received a \$75,000¹ grant to increase access to HIV/STI testing, counseling, outreach, and education among young African American and Latino youth in San Francisco.
 - San Francisco AIDS Foundation received a \$75,000¹ grant to reach Latino youth through the use of youth promotores working directly with young adults to increase HIV awareness, safer sex practices, and behavioral change, and to promote ongoing HIV screening.
 - University of California San Francisco AIDS Health Project received a \$20,000 grant to reduce the waitlist time for 346 individuals who have HIV/AIDS and are seeking short-term outpatient psychotherapy services.
- KFH-San Francisco supported four community health fairs in 2011 for a total financial sponsorship of \$15,800. More than 60 Kaiser Permanente physicians and staff volunteered, providing health screenings and health education to the community.
 - The 7th Annual Richmond Community Health Festival (dba Richmond Area Multi-Service) was held in the Richmond District on May 14, 2011.
 - The United in Health Community Health Fair (dba AfroSolo Theatre Company), serving the Western Addition neighborhood, was held August 13, 2011.

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

- The Tenderloin Community Health & Safety Fair (dba North of Market Tenderloin Community Benefit Corporation) took place on September 24, 2011.
- The Chinatown Health Fair (dba NICOS Chinese Health Coalition) was held on October 15, 2011.
- To enhance its capacity to support the SFDPH, San Francisco Public Health Foundation received website design consultation from Kaiser Permanente Northern California Region's Communications Department. Kaiser Permanente San Francisco Public Affairs Director Randy Wittorp is on the San Francisco Public Health Foundation board of directors.
- 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.
- Helen Archer-Duste, RN, MS, executive director, Care Experience and Workplace Safety, Kaiser Permanente Northern California Region, is a member of the SFGH Foundation board of directors.
- Jeffrey Beane, MD, hospice medical director, Kaiser Permanente San Francisco, is a Curry Senior Center board member.
- Jeffrey Braff, DrPH, director, Human Research Protections, Kaiser Foundation Research Institute, is a board member of Lyon-Martin Health Services.
- Joseph Headlee, LCSW, manager, Social Work Services, Kaiser Permanente San Francisco, is a member of the board of directors of San Francisco AIDS Emergency Fund.
- Alex Khoo, director, NCAL Revenue Cycle, Kaiser Permanente San Francisco, is a member of the Positive Resource Center board of directors.
- Christine Robisch, senior vice president and area manager, Kaiser Permanente San Francisco, is a member of the HSF Advisory Council.
- Barbara Vogelsang, RN, cardiac and critical care service director, Kaiser Permanente San Francisco, is a member of the board of directors of South of Market Health Center.

2012 GOALS UPDATE

The goals will remain unchanged for 2012.

2012 STRATEGIES UPDATE

1. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and Child Health Plan); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.
2. Provide charity care through MFA and maximize efficiencies.
3. Participate in HSF.
4. Provide strategic grant funding to improve access to services in the following areas:
 - Safety net services provided by SFGH, SFDPH, SFCCC, and the community clinics
 - Ethnic health disparities
 - Services for low-income people with HIV/AIDS
 - HIV/AIDS prevention and screening services for at-risk populations

- Low-income seniors
5. Support OA with donated surgical and specialty care services at Kaiser Permanente San Francisco.
 6. Support community health fairs.

MONITORING PROGRESS OF 2012 STRATEGIES

To monitor progress of the goal to increase the number of low-income people who enroll in or maintain health care coverage, strategies will be measured by tracking Kaiser Permanente Child Health Plan and STEPS membership numbers and HSF enrollment numbers. To monitor progress of the goal to increase access to health care services for low-income and uninsured individuals, strategies will be measured by tracking number of individuals receiving MFA, number of MFA-signed agreements, time to approve MFA awards, number of MFA applications screened, number of grants awarded, total grant dollars, number of people reached through grants, number of OA services provided, total sponsorship dollars provided for health fairs, number of health fairs participated in, number of attendees, number of health screenings, and number of Kaiser Permanente volunteers.

PRIORITIZED NEED II: OBESITY RATES

As it was in 2004 and 2007, prevention was once again a dominant finding in the 2010 CHNA. The importance of addressing environmental factors such as access to healthy food and physical activity to tackle the growing rates of obesity and correlated chronic conditions is critical. As sourced in the HMSF CHNA, 42.9% of adult San Franciscans are overweight or obese, with higher rates for Latinos (54.8 %) and African Americans (73.1%). Only 45.4% of children and 46.9% of adults eat five or more servings of fruits and vegetables per day. Only 50.9% of teens engaged in vigorous physical activity at least three of the past seven days, and 26.3% of adults engaged in moderate physical activity for at least 30 minutes five days per week. The proportion of households living within one-half mile of a farmers' market is 35%; San Francisco's target is 88%. Several chronic conditions are correlated with obesity, including asthma, cardiovascular disease, and diabetes. In San Francisco, the overall asthma prevalence is 10.6%, but it is 28.4% among African Americans. High blood pressure, a cardiovascular disease risk factor, has an overall prevalence of 22.8% in San Francisco, but a 30.7% prevalence among Asian Americans and 31.8% among African Americans. The overall age-adjusted death rate due to diabetes is 11.7%, yet it is 16.8% among Latinos and 31.1% among African Americans. Kaiser Permanente is a health care leader in the prevention and management of chronic conditions and can provide training and TA in this area, in addition to financial support through the HEAL (Healthy Eating, Active Living) Initiative and other grants.

2011 GOALS

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

2011 STRATEGIES

1. Provide grant funding to support:
 - Increased consumption of fresh fruits and vegetables
 - Increased physical activity in community settings
 - Increased physical activity in institutional settings
 - Wellness programs that address secondary prevention and management of chronic conditions correlated with obesity, including asthma, cardiovascular disease, and diabetes

2. Share farmers' market best practices.
3. Provide training and TA and share guidelines and best practices of Health Education and Pediatrics departments on nutrition and physical activity.
4. Providing training and TA and share guidelines and best practices of Asthma, Chronic Conditions, and Health Education departments on secondary prevention and management of chronic conditions (asthma, cardiovascular disease, and diabetes) correlated with obesity.
5. Participate as a strategic partner on Shape Up San Francisco (SUSF) Coalition, Mayor's Physical Activity Council, and Childhood Obesity Task Force, providing funding, guidance, and access to health experts.
6. Leverage Community Relations assets through Kaiser Permanente volunteerism at community parks and gardens.
7. Leverage Government Relations assets to provide Kaiser Permanente support of city policies, when appropriate, that promote a healthier built environment.
8. Arrange for Kaiser Permanente's Educational Theatre Programs (ETP) performances in local schools.

TARGET POPULATION

Low-income and uninsured or underinsured individuals and families, with a special focus on those living in high-risk areas such as the southeast sector, Mission District, and Tenderloin/South of Market. Populations with targeted risk factors include those who have or are at risk for obesity and those who have asthma, cardiovascular disease, and/or diabetes and have or are at risk for obesity.

COMMUNITY PARTNERS

Community partners include Arthur H. Coleman Community Health Foundation, Boys & Girls Clubs of San Francisco, Family Service Agency of San Francisco, Portola Family Connection Center, San Francisco Asthma Task Force, San Francisco Beacon Initiative, SFDPH/SUSF, Saint Anthony Foundation/St. Anthony Medical Clinic, San Francisco Obesity Task Force, San Francisco Unified School District (SFUSD), Sunday Streets, and YMCA of San Francisco.

2011 YEAR-END RESULTS

- Kaiser Permanente Northern California Region awarded a \$1 million¹ 2011–2013 HEAL Zone grant to San Francisco Public Health Foundation for SFDPH's SUSF program through to support the Bayview HEAL Zone. The goal is to improve healthy eating and enable active living within the Bayview with a focus on changes in the environment, including affordable and healthier retail options, increased and safe opportunities for residents to exercise in their community, and a partnership with George Washington Carver Elementary School to increase physical activity for students and their families. Gina Gregory-Burns, MD, chief of Diversity, Kaiser Permanente San Francisco, serves on the Bayview HEAL Zone Advisory Committee.
- To reduce obesity rates in children and adults, KFH-San Francisco provided funding to the following projects:
 - A \$50,000 grant to YMCA of San Francisco provided continued support of The Gateway to Fitness Program, a partnership between Kaiser Permanente, San Francisco Beacon Initiative, and YMCA of San Francisco that engages low-income youth 8 to 15 in a range of fitness and nutrition activities. The program also includes parent involvement. Launched in fall 2005, Gateway to Fitness is based on Kaiser Permanente's First Class Fitness curriculum. Kaiser Permanente San Francisco's Charles Wibbelsman, MD, chief of the Teenage Clinic; Juggy Jaspal, MPH, health educator; and Janet Green, MPSH, pediatric clinical health educator, continue to provide program oversight and TA. In 2011, the program was offered at three Beacon sites in the OMI/Excelsior, Richmond, and Western Addition neighborhoods, serving close to 400 youth. Kaiser Permanente San Francisco's Cicely Hand, practice management leader, is a member of Beacon Initiative's Steering Committee, and Eric Ortiz, administrative services supervisor, is a member of the board of managers of YMCA San Francisco Richmond District.

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

- SFDPH's SUSF received continued support with a \$25,000 grant to San Francisco Study Center, Inc., supporting the Rethink Your Drink Initiative to reduce consumption of sweetened beverages and the physical education forum to advocate for daily physical education for public school students. In addition, the award supports the SUSF Coalition, a multidisciplinary body with representation from city government, community-based organizations, businesses, schools, health care, and other sectors working to create healthy environments where people live, play, work, and learn. These activities reached an estimated 10,000 individuals in 2011. Lara Saltee, MPH, community benefit manager, represents Kaiser Permanente San Francisco on the SUSF Coalition.
- Family Service Agency of San Francisco received a \$20,000 grant for continued support of Healthy Family Healthy Lives, which provides access to nutritious foods for low-income families and pregnant and parenting teens in the Mission District through a farmers' market, and nutrition and cooking education. In 2011, the grant supported services to 600 children, adolescents, and their family members. Heather Peluso, MSPT, CPT, fitness health coach, Health Education, Kaiser Permanente San Francisco, is a Family Service Agency Wellness Council member.
- Portola Family Connection Center received a \$15,000 grant to support Healthy Connections Initiative's obesity prevention work by focusing on healthy eating and physical activity for caregivers along with their children 0 to 4, a critical age in the prevention of childhood obesity. The project reached 500 caregivers and their children in the Excelsior and Portola neighborhoods.
- Saint Anthony Foundation received a \$15,000 contribution for its medical clinic to expand the Obesity Management Program (OMP) from 35 children and their families in the successful 2010 pilot project to 60 children and their families in 2011. OMP integrates clinical chronic disease management, cooking classes, healthy food incentives, and walking groups to increase positive health outcomes.
- San Francisco Asthma Task Force (dba Asthma Resource Center of San Francisco) received a \$15,000 grant to work with 75 high school students affected by obesity and asthma to improve control of asthma risks to promote physical activity and reduce teen obesity. The project is a collaboration with Balboa High School's Teen Health Center in the Excelsior District. Peg Strub, MD, chief of Allergy and Asthma, Kaiser Permanente San Francisco, is chair of the Asthma Task Force Clinical Committee and provides consultation and TA on the program.
- Sunday Streets through Transportation for a Livable City received a \$15,000 contribution to support physical activity in all ages by creating miles of car-free space for people to exercise and play safely in an urban environment. Sunday Streets connects communities where open space and recreational opportunities are limited. Annually, eight Sunday Street events are held spring through fall in San Francisco, drawing approximately 100,000 participants.
- KFHSan Francisco continued its support of Get-Moving, Get-Well, Get-to-the-Doctor at Coleman Clinic with a \$10,000 grant to Arthur H. Coleman Community Health Foundation. Each year, Coleman Clinic partners with two Bayview Hunter's Point churches to encourage African Americans to participate in the clinic's family health workshops that provide educational tools for individuals to become their own health advocates. The aim is to recruit 10–15 workshop participants from each church who then provide outreach and education on the importance of diet and exercise in weight management and chronic disease prevention and management to 500 members of their community. The workshop curriculum was developed by Kaiser Permanente San Francisco's Juggy Jaspal, MPH, health educator; Gina Gregory-Burns, MD, chief of Diversity; and Mark Gaines, diversity program manager, all of whom provide ongoing training and TA for the workshops.
- Boys & Girls Clubs of San Francisco received a \$10,000 contribution to pilot Power Snack & Play at the Hunters Point and Treasure Island Clubs. Power Snack & Play aims to increase vegetable consumption and physical activity among more than 800 Latino and African American youth 6 to 18 through cooking and gardening classes, taste testing, and 30-minute Power Play activity sessions at the two clubhouses.
- Janet Green, MPSH, pediatric clinical health educator, Kaiser Permanente San Francisco, is a member of the San Francisco Childhood Obesity Taskforce.

2012 GOALS UPDATE

The goals will remain unchanged for 2012.

2012 STRATEGIES UPDATE

1. Provide grant funding to support:
 - Increased consumption of fresh fruits and vegetables
 - Increased physical activity in community settings
 - Increased physical activity in institutional settings
 - Wellness programs that address secondary prevention and management of chronic conditions correlated with obesity, including asthma, cardiovascular disease, and diabetes
2. Share farmers' market best practices.
3. Provide training and TA and share guidelines and best practices of Health Education and Pediatrics departments on nutrition and physical activity.
4. Provide training and TA and share guidelines and best practices of Asthma, Chronic Conditions, and Health Education departments on secondary prevention and management of chronic conditions (asthma, cardiovascular disease, and diabetes) correlated with obesity.
5. Participate as a strategic partner on SUSF Coalition, Bayview HEAL Zone Advisory Committee, and Childhood Obesity Task Force, providing funding, guidance, and access to health experts.
6. Leverage Community Relations assets through Kaiser Permanente volunteerism at community parks and gardens.
7. Leverage Government Relations assets to provide Kaiser Permanente support of city policies, when appropriate, that promote a healthier built environment.
8. Arrange for ETP performances in local schools.

MONITORING PROGRESS OF 2012 STRATEGIES

- To monitor progress of the goal to increase consumption of fresh fruits and vegetables, strategies will be measured by tracking number of grants awarded, total dollars provided in grants, number of people reached through grants, number of organizations and/or people reached with shared assets, and number of meetings attended by Kaiser Permanente representatives.
- To monitor progress of the goal to increase physical activity in community settings, strategies will be measured by tracking number of grants awarded, total dollars provided in grants, number of people reached through grants, number of volunteers, number of press conferences attended (with Public Affairs Director's approval) by Kaiser Permanente representatives, number of approved letters of support developed (with Public Affairs Director's approval), and number of meetings attended by Kaiser Permanente representatives.
- To monitor progress of the goal to increase physical activity in institutional settings, strategies will be measured by tracking number of grants awarded, total dollars provided in grants, number of people reached through grants, number of organizations and/or people reached with shared assets, and number of meetings attended by Kaiser Permanente representatives.
- To monitor progress of the goal to support wellness programs that address secondary prevention and management of chronic conditions correlated with obesity, strategies will be measured by tracking number of grants awarded, total dollars provided in grants, number of people reached through grants, number of organizations and/or people reached with shared assets, and number of meetings attended by Kaiser Permanente representatives.

PRIORITIZED NEED III: ALCOHOL AND DRUG USE

According to the 2010 HMSF CHNA, 63.1% of teens report drinking alcohol, putting San Francisco in the highest 25% of California counties for teen alcohol use; the state median is 39.3%. San Francisco has a very high rate of alcohol outlets for its

density, 14.06 outlets per 100,000 people; the national median is 7.91 outlets. Research suggests the availability of alcohol, as measured by density of alcohol outlets, is closely related to the level of crime, domestic violence, and sexual assault in a community. Areas with a higher density of alcohol outlets tend to have higher rates of vehicular accidents and fatalities, underage drinking, and adult alcohol and drug use. In San Francisco, the average annual age-adjusted emergency room visit rate due to acute or chronic alcohol abuse per 10,000 people 18 and older is 43.1, putting San Francisco in the highest 25% of California counties; the state median is 31. The age-adjusted drug-induced death rate per 100,000 people is 21.8 deaths in San Francisco, once again putting it in the highest 25% of California counties; the state median is 12.1 deaths.

According to *A Snapshot of Youth Health and Wellness* (San Francisco, 2009), alcohol and drug use appears to increase with age. For example, “binge drinking in the past 30 days” increases from 2% among 7th graders to 6% among 9th graders, and 13% among 11th graders. Reported “marijuana use in past 30 days” increases from 3% for 7th graders to 8% for 9th graders, and 17% for 11th graders. Eight percent of 7th graders, 20% of 9th graders, and 32% of 11th graders report “being offered, sold, or given an illegal drug at least once in the past month while on school property.” These significant rates of teen and adult alcohol and drug use and its wide-ranging consequences are the factors that resulted in focusing the goal for this priority area on reducing rates of alcohol and drug use among youth 12 to 24. In addition to financial support, Kaiser Permanente is able to provide training and TA in this area by sharing guidelines and best practices of its Chemical Dependency Recovery Program, Health Education Department, and Pediatric Department’s Teen Clinic. ETP is also very active in San Francisco schools. Its age-appropriate productions address youth risk factors, while building protective factors for youth and their families.

2011 GOAL

Reduce alcohol and drug use rates among youth 12 to 24.

2011 STRATEGIES

1. Provide grant funding to support programs to decrease risk factors and increase protective factors that reduce alcohol and substance abuse among youth 12 to 24.
2. Provide training and TA and share guidelines and best practices of Kaiser Permanente’s Chemical Dependency Recovery Program, Health Education Department, and Pediatric Department’s Teen Clinic.
3. Arrange for ETP performances in local schools.

TARGET POPULATION

Youth 12 to 24, especially those living in or attending schools in neighborhoods with the highest rates of adolescent alcohol and drug use and/or are homeless.

COMMUNITY PARTNERS

Community partners include Dimensions Clinic, Healthy Initiatives for Youth (HIFY), Larkin Street Youth Services, and San Francisco Unified School District.

2011 YEAR-END RESULTS

- Dimensions Clinic (dba HIFY) at Castro Mission Health Center received a \$15,000 grant from KFH-San Francisco to provide specialized support services for transgender youth 12 to 25 aimed at reducing substance abuse and increasing protective factors among this high-risk population. The grant enables 25 youth to receive these intensive services, and the goal is a 20% reduction in alcohol and substance use as reported by the participants after twelve months. Charles Wibbelsman, MD, chief of Teenage Clinic, Department of Pediatrics, Kaiser Permanente San Francisco, and Adekemi Oguntala, MD, adolescent medicine, Kaiser Permanente Daly City, provide cross-referrals between Kaiser Permanente and Dimensions Clinic for transgender Kaiser Permanente members in need of services.
- HIFY was awarded a \$15,000 grant from KFH-San Francisco to support Healthy Choices Peer Education Middle School Program, which teaches youth 12 to 14 about healthy decision-making and substance use and includes the use of digital

storytelling. This grant supports 350 program participants at Aptos Middle School in the Ingleside neighborhood. The goal is a 20% reduction in the use of alcohol and drug use by the end of the academic year.

- Larkin Street Youth Services was provided with a \$15,000 contribution from KFH-San Francisco to enhance the capacity of its Assisted Care and After Care programs to provide substance abuse services for HIV-positive youth 12 to 24. This grant supports 88 youth, and the goal is a 25% reduction in substance use after 12 months. Dr. Wibbelsman is on the Larkin Street Youth Services' board of directors.
- SFUSD was awarded a \$15,000 grant from KFH-San Francisco for the 2011–2012 school year to expand YOWhoo.org, the Youth Outreach Workers of SFUSD Middle Schools Alcohol/Drug Prevention Youth website, into high schools to engage 3,000 high school students in transforming their perceptions, attitudes, and behaviors around alcohol and drug use. The goal is to see a 1% reduction in high school students' current alcohol use, binge drinking, and marijuana use by 2013 as measured by the Youth Risk Behavior Survey.
- Tamara Mason-Williams, senior counsel with Kaiser Permanente's national Legal Department, is a member of the Haight Ashbury Free Clinics–Walden House board of directors.

2012 GOAL UPDATE

The goal will remain unchanged for 2012.

2012 STRATEGIES UPDATE

1. Provide grant funding to support programs to decrease risk factors and increase protective factors that reduce alcohol and substance abuse among youth 12 to 24.
2. Provide training and TA and share guidelines and best practices of Kaiser Permanente's Chemical Dependency Recovery Program, Health Education Department, and Pediatric Department's Teen Clinic.
3. Arrange for ETP performances in local schools.

MONITORING PROGRESS OF 2012 STRATEGIES

To monitor progress of the goal to reduce alcohol and drug use rates in youth 12 to 24, strategies will be measured by tracking number of grants awarded, total dollars provided in grants, number of people reached through grants, and number of organizations and/or people reached with shared assets.

PRIORITIZED NEED IV: COMMUNITY VIOLENCE

An alarming trend of overall violence resurfaced in San Francisco in the last decade, with increasing rates of homicide each year until 2009. According to the San Francisco Police Department, there were 96 homicides in 2005 and 98 in 2008. The numbers decreased significantly in 2009 (45), with only a slight rise in 2011 (50). These rates indicate that violence prevention efforts in San Francisco are making an impact. However, even with this downward trend, the homicide rate remains significant as does the violent crime rate of 8.45 crimes per 1,000, according to the 2010 HMSF CHNA. The target for San Francisco is 1.0 crime per 1,000. The HMSF CHNA also indicates that violence is the leading cause of YLL for African Americans and the third leading cause of age-adjusted death for all males and for Latinos. Violence is among the top-five leading causes of YLL in the South of Market, Western Addition, Mission, Excelsior, Visitacion Valley, and Bayview neighborhoods. The high ranking of violence as a cause of YLL reflects not just the number of deaths, but also the fact that victims of death from violence are overwhelmingly younger than those dying from other high-ranking causes of premature mortality and is the reason we are focusing on reducing rates of community violence among youth 12 to 24.

Kaiser Permanente's ETP is very active in San Francisco schools. As noted, its age-appropriate programs address youth risk factors and build protective factors for youth and their families. In particular, *P.E.A.C.E. Signs* uses the power of theater to teach students how to resolve conflicts without violence. It is designed to complement other violence prevention efforts in schools and communities, and the Family Night component is an ideal opportunity to partner with community resources to bring together students and family members to talk about how to "increase the peace."

2011 GOAL

Reduce rates of community violence among youth 12 to 24.

2011 STRATEGIES

1. Provide grant funding to support programs to decrease risk factors and increase protective factors among youth to reduce aggressive behavior, inappropriate coping behaviors, poor social relationships, and violence.
2. Arrange for ETP performances in local schools.

TARGET POPULATION

Youth 12 to 24, especially those living in or attending schools in neighborhoods with high rates of community violence.

COMMUNITY PARTNERS

Community partners include Adolescent Health Working Group, Bay Area Community Resources (BACR)/Straight Forward Club (SFC), Huckleberry Youth Program, Instituto Familiar de la Raza, Lavender Youth Recreation and Information Center (LYRIC), SFGH/Wraparound Empowerment Center, SFUSD, and Third Street Youth Center and Clinic.

2011 YEAR-END RESULTS

- KFH-San Francisco provided a \$20,000 grant to BACR for continued support of SFC, a violence prevention program that uses effective youth development practices to build young leaders and reduce their participation in community violence. SFC provides at-risk youth with boxing instruction, physical fitness, diet and health education, life skills training, academic support, mentoring, and leadership development. SFC works with youth at high risk of becoming involved in a life of crime and juvenile delinquency and actively recruits from three of the most violent neighborhoods in San Francisco, the Mission, Bayview Hunter's Point, and Western Addition. The grant supported 50 youth in 2011.
- KFH-San Francisco awarded Instituto Familiar de la Raza, Inc. a \$20,000 grant to support Latinas Unidas, a youth development and violence prevention pilot project for at-risk Latinas. The project builds resilience in at-risk Latinas who are victims or perpetrators of violence. The strategies utilized are restorative case management, cultural interventions, and group socialization. This grant supported 40 youth in 2011.
- KFH-San Francisco provided a \$15,000 contribution to Huckleberry Youth Programs to support its Community Assessment and Referral Center (CARC), a program that effectively diverts youth arrested for a variety of offenses away from detention and formal probation. CARC addresses violence prevention among youth by reducing recidivism and by supporting and encouraging youth to pursue an education, develop their talents, and achieve success. This grant supported 500 youth in 2011. Louise Schneider, MD, assistant chief of Psychiatry, Kaiser Permanente San Francisco, is on Huckleberry Youth Programs' board of directors.
- KFH-San Francisco awarded LYRIC a \$15,000 grant to support Roots and Culture of Violence, a peer-led antiviolence series designed to reduce health disparities related to community violence experienced by LGBTQ (lesbian, gay, bisexual, transgendered, queer, and questioning) youth. The grant supported 34 youth who completed the five-week series and 128 youth who participated in a youth-led culminating event focused on community violence and prevention education. Jami Lee Brandi, compliance consultant, Kaiser Permanente Northern California Region, is on LYRIC's board of directors.
- KFH-San Francisco provided a \$10,000 grant for SFGH's San Francisco Wraparound Empowerment Center's (dba SFGH Foundation) internship program. The award supported 18 internships for youth 15 to 25 who have been injured from violence and completed six months of the Wraparound Project. The Empowerment Center fosters development of young leaders by building social capital within their communities to reduce violence. Helen Archer-Duste, RN, MS, executive director, Care Experience and Workplace Safety, Kaiser Permanente Northern California Region, is on the SFGH Foundation board of directors.

- KFH-San Francisco awarded Third Street Youth Center and Clinic a \$10,000 contribution to support Fellas, an evidence-based multisession workshop series, serving boys 12 to 17 in Bayview Hunter's Point, designed to reduce community violence. The grant supported three six-week sessions serving a total of 24 adolescent boys.
- KFH-San Francisco provided a \$4,500 sponsorship (through the Tides Center) for Adolescent Health Working Group's 8th Annual Teen/Young Adult Provider Gathering on March 11, 2011. The focus was on adolescent relationship abuse and 111 youth program providers, primary care providers, mental health providers, school-based health providers, youth, and youth advocates attended.

2012 GOAL UPDATE

The goal will remain unchanged for 2012.

2012 STRATEGIES UPDATE

1. Provide grant funding to support programs to decrease risk factors and increase protective factors among youth to reduce aggressive behavior, inappropriate coping behaviors, poor social relationships, and violence.
2. Arrange for ETP performances in local schools.

MONITORING PROGRESS OF 2012 STRATEGIES

To monitor progress of the goal to reduce rates of community violence among youth 12 to 24, strategies will be measured by tracking number of grants awarded, total dollars provided in grants, number of people reached through grants, and number of organizations and/or people reached with shared assets.

Table 1

KAISER FOUNDATION HOSPITAL-SAN FRANCISCO

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	1,770
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members	56
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	538
Charity Care: Charitable Health Coverage Program – Healthy San Francisco participants	3,044
Medi-Cal Managed Care members	3,029
Healthy Families Program members	1,683
Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) ¹ members	3,211
Operation Access – number of procedures (including gastroenterology, general surgery, colorectal, otolaryngology)	124
Operation Access – number of medical volunteers	163
Operation Access – number of medical volunteer hours	889
Health Research projects (new, continuing, and completed)	12
Nursing Research projects (new, continuing, and completed)	13
Educational Theatre Programs – number of performances and workshops	84
Educational Theatre Programs – number of attendees (students and adults)	28,669
Graduate Medical Education – number of programs	13
Graduate Medical Education – number of affiliated and independent residents	269
Nurse practitioner and other nursing training and education beneficiaries	60
Deloras Jones nursing scholarship recipients	26
Other health professional training and education (non-MD) beneficiaries	32
Summer Youth and INROADS programs participants	18
Number of 2011 grants and donations made at the local and regional levels ²	162

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-SAN FRANCISCO

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2011

	2011 Total
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$3,999,530
Healthy Families ²	597,930
Charity care: Charitable Health Coverage programs ³	3,384,510
Charity care: Medical Financial Assistance Program ⁴	2,917,315
Grants and donations for medical services ⁵	554,652
Subtotal	\$11,453,937
Other Benefits for Vulnerable Populations	
Summer Youth and Inroads programs ⁶	\$155,746
Grants and donations for community-based programs ⁷	130,652
Community Benefit administration and operations ⁸	362,990
Subtotal	\$649,388
Benefits for the Broader Community⁹	
Community health education and promotion programs	\$15,787
Educational Theatre Programs	233,018
Facility, supplies, and equipment (in-kind donations) ¹⁰	5,548
Community Giving Campaign administrative expenses	16,037
Grants and donations for the broader community ¹¹	553,265
National board of directors fund	24,849
Subtotal	\$848,505
Health Research, Education, and Training	
Graduate Medical Education	\$7,318,504
Non-MD provider education and training programs ¹²	833,029
Grants and donations for the education of health care professionals ¹³	14,143
Health research	5,232,505
Subtotal	\$13,398,182
Total Community Benefits Provided	\$26,350,011

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, Healthy San Francisco participants, and Kaiser Permanente Child Health Plan members. 2011 The KFH subsidy for Healthy San Francisco was \$2,771,788.
- 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.