

SAN JOSE

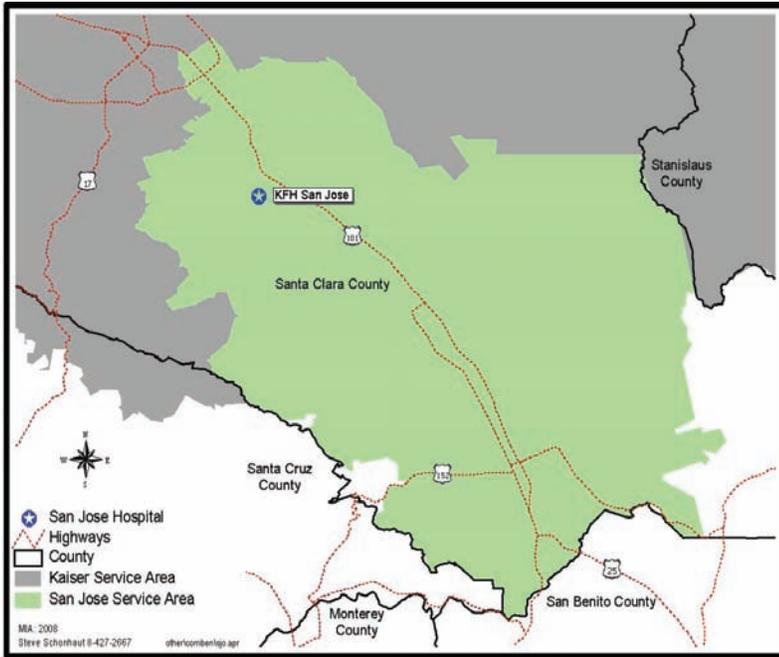
SAN JOSE

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# KAISER FOUNDATION HOSPITAL (KFH)-SAN JOSE

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The KFH-San Jose service area comprises roughly the southern half of Santa Clara County. Cities in this area include Gilroy, Morgan Hill, and San Jose.

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

Total population:	618,926	White:	30.07%
Median age:*	35.5	Latino:	36.22%
Average household income:*	\$88,525	African American:	2.70%
Percentage living in poverty:	10.11%	Asian and Pacific Islander:	27.47%
Percentage unemployed:	8.20%	Native American:	0.28%
Percentage uninsured:	13.2487%	Other:	3.25%

## KEY STATISTICS

Year opened:	1976	Total licensed beds:	242
KFH full-time equivalent personnel:	1,246.8	Inpatient days:	48,875
KFHP members in KFH service area:	193,559	Emergency room visits:	48,490

## KEY LEADERSHIP AT KFH-SAN JOSE

Irene Chavez	Senior Vice President and Area Manager
Stephen Kalsman	Area Finance Manager
Raj Bhandari, MD	Physician in Chief
Timothy Wemple	Medical Group Administrator
Kimberly Ellis	Public Affairs Director
Elizabeth Sills	Community Benefit/Community Health Manager

# THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

## 2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

Working within Kaiser Permanente Northern California's regional needs assessment and planning framework, KFH-San Jose identified its priority areas of need, its goals within each, supporting strategies, and indicators or metrics to measure success. To arrive at these priorities, KFH-San Jose engaged in a carefully sequenced, multifaceted participatory process in which input was gathered and triangulated across a variety of key sources: 2010 CHNA data, internal Kaiser Permanente stakeholders, and key community partners.

KFH-San Jose and KFH-Santa Clara are members of the Santa Clara County Community Benefits Coalition (SCCCBC), along with Daughters of Charity's O'Connor and St. Louise Regional Hospitals, El Camino Hospital, Stanford Hospital & Clinics, Hospital Council of Northern and Central California, Lucile Packard Children's Hospital, Community Health Partnership of Santa Clara County, Council on Aging Silicon Valley, FIRST 5 Santa Clara County, Kids In Common, Project Cornerstone, Public Health Department and Social Service Agency of Santa Clara County, Santa Clara County Office of Education, Santa Clara Family Health Plan, The Health Trust, and United Way of Santa Clara County. KFH-Santa Clara served on the SCCCBC Executive Committee and contributed funding to support the overall report and development of a city-level profile for Gilroy.

The Santa Clara County Public Health Department (DPH) and the SCCCBC released the *Santa Clara County Health Profile Report* on July 20, 2010. A public-private collaborative, SCCCBC oversees primary quantitative data collection and analysis to ensure that the necessary facts and figures are collected. By drawing upon Behavioral Risk Factor Survey data and secondary epidemiological data, the report provides a comprehensive profile of the health of Santa Clara County's residents and looks at health data in 10 key areas: social determinants of health; mortality rates; health care access; maternal, infant, and child health; oral health; lifestyle and behavioral risk factors; chronic diseases; communicable diseases; injury and violence; and healthy environments. Each area includes a number of health indicators, which are examined by gender, age, race/ethnicity, income, and education where possible.

The resulting *Santa Clara County 2010 Health Profile Report* contains detailed information that serves as a foundation for further inquiry into the CHNA by each hospital. A rigorous and systematic planning process was critical to having a community benefit strategy that builds on community assets, promotes collaboration, and improves community health. KFH-San Jose retained the services of CHNA consultant Nancy Shemick to convene three external meetings and a series of internal meetings to identify prioritized needs, subgroups, or populations particularly in need and to compile suggested strategies and metrics of "success" from the selected communities. These stakeholders, partners, and community experts shared their perceptions and experiences, identified the priority areas they considered to be the most pressing for KFH-San Jose to address in the triennial CHNA process, and provided the groundwork for setting priorities and allocating resources.

To better serve Santa Clara County, KFH-San Jose and KFH-Santa Clara reviewed the findings for both service areas and developed a countywide strategy to inform the community benefit plan for the South Bay. In April 2011, a South Bay strategy was released with shared priority areas including: Access to Health Care and Health Insurance Coverage, Obesity Prevention, and Violence and Substance Abuse Prevention.

## KEY FINDINGS FROM THE 2010 CHNA

To summarize, the county overall is generally healthy, yet the report's data revealed an increase in obesity rates for both children and adults, and a continued decrease in health coverage. In addition, some health factors that increase the risk for chronic diseases like heart disease, cancer, stroke, and diabetes are on the rise. According to the report, these chronic diseases are a major cause of death and disability in Santa Clara County, with heart disease and cancer accounting for more than half of all deaths. However, specific findings for Santa Clara County revealed some disparities that show certain populations are more at risk for poor health and disease than overall results would indicate:

*Access to Health Care:*

- The percentage of adults who could not see a doctor due to the cost or lack of insurance more than doubled from 5% in 2000 to 13% in 2009.
- The percentage of uninsured adults in Santa Clara County increased from 8% in 2000 to 18% in 2009.
- More Latinos and African Americans are uninsured compared to overall county rates. While approximately 2 in 10 adults under 65 did not have health insurance in 2009, more than 4 in 10 Latinos and 3 in 10 African Americans were uninsured. In addition, one-third of all adults and approximately half of Latinos did not have dental insurance.

*Obesity Prevention:*

- The percentage of adults in Santa Clara County who are overweight or obese increased from 2000 (52%) to 2009 (56%).
- Overweight and obesity rates are higher among adults with low incomes; 68% of adults with annual household incomes less than \$20,000 are overweight or obese compared to 49% of those with annual household incomes of \$70,000 or higher.
- Latino adults have the highest rate of overweight and obesity; 68% were overweight or obese compared to 55% of county residents overall in 2009. Among middle and high school students, 37% of African Americans and 36% of Latinos were overweight or obese in 2007–2008 compared to 25% of middle and high school students overall.
- The percentage of adults with high blood pressure increased from 20% in 1997 to 26% in 2009.
- The percentage of adults who were told by a health professional that they have diabetes increased from 5% in 2000 to 8% in 2009.
- A higher proportion of Latino adults have been diagnosed with diabetes. In 2009, 11% of Latinos were diagnosed with diabetes compared to 7% of whites and 5% of Asians. The overall county rate was 8%.

*Tobacco Use:*

- Smoking rates are still high among some adults (10.7%) and teens (10.5%).
- Smoking prevalence is higher among adults with low incomes; 19% of adults with annual household incomes less than \$20,000 are current smokers compared to 9% of adults with annual household incomes of \$75,000 or higher. Low-income adults smoke at twice the rate of adults with above-median incomes.
- 32% of Vietnamese American men and 53% of recent Latino immigrants smoke.
- For teens, smoking rates are higher among Latinos and African Americans (12% of middle and high school students) and Cambodians/Laoitians (17% of high school students).
- The average age of youth who start smoking is 13. Nearly two-thirds of high school students report that it is easy to get cigarettes.

*Substance Abuse:*

- About one in eight (12%) Santa Clara County middle and high school students reported binge-drinking in the past 30 days.
- In 2007–2008, 12% of middle and high school students reported using marijuana at least once in the past 30 days.

*Intentional Self-Inflicted Injury and Suicide:*

- In 2007–2008, 16% of middle and high school students had seriously considered attempting suicide in the past 12 months.
- In 2006, Santa Clara County had 567 nonfatal hospitalized self-inflicted injuries; those 15 to 24 had the highest rate.

*Violence:*

- In 2005–2006, 7% of adults reported that an intimate partner had ever physically abused them. A higher percentage of women (11%) reported physical abuse than men (2%).
- In 2006, Santa Clara County had 389 nonfatal hospitalized injuries due to assaults; those 15 to 24 had the highest rate (69 per 100,000 people), followed by adults 25 to 34.
- In 2007–2008, 20% of middle and high school students had been in a physical fight at school at least once in the past 12 months.
- From 2000 to 2007, the age-adjusted homicide rate in Santa Clara County increased from 2 per 100,000 people to 3/100,000. Among Latinos, the rate increased from 5/100,000 to 8/100,000.

*Chronic Disease:*

- In Santa Clara County, 26% of adults had high blood pressure; the Healthy People 2010 target is 16%.
- 29% of adults had high cholesterol levels; the Healthy People 2010 target is 17%.
- Diabetes is among the five leading causes of death for all major racial/ethnic groups except Whites.

**PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-SAN JOSE SERVICE AREA**

1. Access to health insurance coverage and health care services
2. Obesity rates
3. Violence and substance abuse

# 2011 YEAR-END RESULTS

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

The Santa Clara County DPH reports that the percent of adults in the county who were without health insurance reached 18% in 2009, a rate that has risen steadily since 2000 (8%). In terms of health coverage, the percentage of adults who could not see a doctor due to the cost or lack of insurance more than doubled from 2000 (5%) to 2009 (13%). With regard to disparities in coverage, Latinos and African Americans experienced lower rates of health insurance, at 60.3% and 68.2%, respectively, compared to the county average of 79.2% in 2009.

### 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. Raise awareness about KFHP/H Charitable Health Coverage Programs by highlighting the Child Health Plan in sponsorship materials at Community Benefit-sponsored events. Provide sponsorships for community outreach events that assist families with insurance enrollment. Engage employee and physician volunteers in the distribution of teddy bears with insurance enrollment information through the KFH-San Jose Teddy Bear Clinic (TBC) program.
3. Provide charity care through the Medical Financial Assistance (MFA) program and maximize efficiencies.
4. Provide grants as appropriate for patient navigators to establish the importance of the medical home, access to preventive care, and appropriate usage of the primary care visit. Identify KFH-San Jose providers and staff who have expertise related to this objective, and engage them as resources to support the work of community partners.
5. Provide grants as appropriate for safety net clinics to enhance screening and immunizations as well as enhance detection of domestic violence. Identify KFH-San Jose providers and staff who have expertise related to this objective, and engage them in providing technical assistance (TA), sharing best practices and lessons learned with safety net clinics.
6. Support the implementation of Kaiser Permanente Northern California Region's Safety Net Initiative in Santa Clara County. Identify KFH-San Jose providers and staff to provide TA to safety net clinics.

### TARGET POPULATION

Underserved populations in Gilroy, Morgan Hill, and San Jose with a particular focus on children, youth, and families who encounter barriers in the health care system, such as those who speak English as a second language.

### COMMUNITY PARTNERS

Community partners include Asian Americans for Community Involvement (AACI), Community Health Partnership of Santa Clara County, Inc. (CHP), Gardner Family Health Network, Pacific Free Clinic, RotaCare Bay Area, San Jose State University (SJSU), School Health Clinics of Santa Clara County, Somos Mayfair, Stanford University School of Medicine, Santa Clara County DPH, Pediatric Healthy Lifestyles Center–Santa Clara Valley Medical Center, Santa Clara Valley Health & Hospital System (SCVHHS), Santa Clara Family Health Plan, South County Collaborative, The Health Trust, and United Way Silicon Valley.

## 2011 YEAR-END RESULTS

- KFH-San Jose and KFH-Santa Clara awarded \$25,000 to Breast Cancer Connections for the Gabriella Patser Program, which provides free screening and diagnostics for uninsured women and men under age 40 and the full continuum of care for up to 650 clients who otherwise would not have access to quality health care. The program's personal navigation services address the personal and institutional barriers that may prevent clients from accessing care and make the critical difference in young women's and men's chances for early detection, treatment, and survival. The program partners with community clinics to identify those at risk and contracts with providers that offer high-quality medical services to those who could not otherwise afford them.
- KFH-San Jose and KFH-Santa Clara awarded \$42,000 to CHP for the Medicaid Coverage Expansion (MCE) campaign. CHP is coordinating community stakeholders to guide development of MCE outreach and education for eligible MCE populations within the Community Health Centers in Santa Clara County. An informational and enrollment toolkit for Valley Care, Santa Clara's Low-Income Health Program (LIHP), is being developed, and community health workers from CHP are supporting Community Health Centers with LIHP information, soft screening, and group application support. CHP is working in partnership with Santa Clara County and SCVHHS's Patient Access Department for coordinated LIHP training and liaison support with 10 Community Health Center organizations, and is providing support for SCVHHS's financial assistance application for LIHP. An estimated 20,000 people will be reached by the campaign.
- KFH-San Jose and KFH-Santa Clara awarded \$25,000 to InnVision the Way Home for its Healthcare for the Homeless Program, which provides direct medical care, prescriptions, mental health resources, health education, and nutritious food/groceries to homeless and very low-income families and individuals. These services take place on-site at InnVision's multiservice day centers and housing programs throughout Santa Clara County. By offering health services at locations where clients are already addressing other barriers to self-sufficiency, the program increases the likelihood that homeless and at-risk clients will receive the medical services they need and make their health a priority. More than 8,500 people are served each year through InnVision's Healthcare for the Homeless program.
- KFH-San Jose and KFH-Santa Clara awarded \$45,000 to the Santa Clara Family Health Foundation's Community Outreach Program to identify uninsured children and assist their parents in applying for subsidized health coverage for them. The program aims to (1) establish and sustain relationships with community-based organizations that serve low-income families, (2) conduct training for partner agency staff on subsidized health coverage programs, (3) implement effective, customized referral systems that support agencies in their efforts to identify uninsured children and refer their parents to outreach specialists to assist them with applying for health coverage, and (4) staff community events to identify uninsured children. Partnerships have been developed with 23 community-based organizations throughout Santa Clara County. More than 600 uninsured children have been identified through outreach efforts and their parents have applied for health coverage. KFH-San Jose and KFH-Santa Clara also awarded \$2,500 to the Santa Clara Family Health Foundation for the Status on Children's Health Conference.
- KFH-San Jose and KFH-Santa Clara awarded \$20,000 to School Health Clinics of Santa Clara County for the Patient Navigator program. Through telephone consultations, home visits, and in-person consultations, a bilingual patient navigator educates and assists patients in overcoming barriers to medical care (e.g., lack of transportation, language, intimidation, and navigating the health system). Annually, the patient navigator works with 3,000 patients who learn about their health issues, the importance of preventive care, and following through with appointments; they are encouraged to discuss health problems with their medical provider, leading to more informed decision making.
- KFH-San Jose and KFH-Santa Clara awarded \$25,000 to Second Harvest Food Bank of Santa Clara and San Mateo Counties (SHFB) to reduce hunger and improve access to unutilized CalFresh benefits. SHFB provides outreach, agency trainings, and direct application assistance to low-income populations. More than 2,300 clients benefit from interaction with SHFB staff who are trained in CalFresh policies and eligibility standards, prescreening, and application assistance in person at food distribution sites and over the phone through the Food Connection Hotline. Outreach specialists submit CalFresh applications, provide follow-up assistance to address any concerns with the process, and provide referrals to additional emergency food resources available to clients as they navigate the public benefits system. It is estimated that the total benefits approved by applications SHFB has assisted with is \$2,716,974, which translates to an economic benefit to the community of \$4,863,384.

- KFH-San Jose and KFH-Santa Clara awarded \$35,000 to Valley Medical Center (VMC) Foundation for the Medical Respite Program (MRP), a collaborative effort by nine Santa Clara County hospitals, a local shelter provider, and Valley Homeless Healthcare Program (VHHP). Fifteen shelter beds are dedicated to MRP and provide a place for homeless patients who are discharged from the hospital to have a clean, safe place to recuperate and continue with self-care 24 hours a day. MRP is staffed by a medical director, registered nurse, social worker, and psychologist. While patients recuperate, intensive case management is provided to link patients to other services, including mental health and substance abuse services, MediCal, and permanent housing. Approximately 140 patients are served annually.
- KFH-San Jose and KFH-Santa Clara awarded \$20,000 to VMC Foundation for the Accelerating Hepatitis B Elimination in the Vietnamese Population Project. The Hepatitis B Free Santa Clara County (HBFSCC) coalition will use the project to promote health care provider and community awareness about the importance of testing and vaccinating Asians and Pacific Islanders for hepatitis B; promote routine hepatitis B testing and vaccination within the primary care setting; and provide access to medical management for chronically infected individuals. HBFSCC recruits health care providers serving Santa Clara County's Vietnamese population to participate in the campaign by improving coordination of communication to providers via key community partners and establishes reliable communication about HBFSCC educational programs and other activities. The campaign expects to reach more than 125,695 people.
- KFH-San Jose and KFH-Santa Clara awarded \$5,000 to Santa Clara County PHD to support Binational Health Week, which provides health resources to and promotes awareness in the Latino community of health care access, chronic and communicable diseases, women's health, and mental health issues. In Santa Clara County, there were more than 20 different activities, including free health fairs, screenings, flu shots, workshops, a conference, and a youth summit. Diabetes, obesity, nutrition, violence, and prevention of sexually transmitted infections (STIs) were some of the topics covered.
- AACI received a \$75,000<sup>1</sup> HIV/AIDS Initiative grant from Kaiser Permanente Northern California Region to (1) partner with local community colleges, including Evergreen Valley College and San Jose City College, to provide testing and education services to young adults of color; (2) through its Alcohol & Other Drug (AOD) Adolescent Substance Abuse Minor Consent Program, continue vital education and testing sessions for youth with addiction problems whose risky behaviors put them at high risk for contracting HIV; (3) add new forms of social media to grow its online presence, leveraging peer health educators to publicize AACI's rapid testing program and other HIV services through social media such as Facebook, Twitter, MySpace, Google+, and Downelink.com; and (4) recruit two peer health educators from the local community and train them to disseminate HIV education/prevention knowledge and safe sex kits, conduct an initial assessment of venues and areas where they may outreach to high-risk and at-risk youth of color, and assist with community events in collaboration with partner organizations.
- AACI also received \$75,000<sup>1</sup> of a two-year \$150,000 Quality Improvement Initiative (QI) grant from Kaiser Permanente Northern California Region to build on its previous QI work to improve and expand its chronic care model for diabetics while maintaining current key status indicator tracking and clinical results. By the end of the project period, AACI will initiate a depression PHQ2 screening for 30% of its clinic's adult diabetic patients, initiate tobacco use screening for 80% of these patients with reduction/cessation intervention, conduct medication reconciliation in 60% of these patients, and maintain its diabetic registry measurement rate and results for LDL and HbA1c for these patients. This effort will impact approximately 400 patients.
- Kaiser Permanente Northern California Region awarded CHP \$100,000<sup>1</sup> of a two-year \$200,000 PHASE (Prevent Heart Attacks and Strokes Everyday) Initiative grant to help meet three primary objectives: (1) promote PHASE as the standard of care for diabetic patients at participating Community Health Centers, (2) refine the systems infrastructure required to implement and spread PHASE, and (3) track cardiac events (heart attacks and strokes) of participating clinic patients admitted to the county hospital system. This effort will affect approximately 1,800 patients.
- CHP also received \$200,000<sup>1</sup> of a two-year \$400,000 Specialty Care Initiative grant from Kaiser Permanente Northern California Region to focus on expanding the integration of care between community clinics and public hospitals by advancing technology infrastructure and coordination between providers.

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

- Kaiser Permanente Northern California Region awarded Mayview Community Health Center \$75,000<sup>1</sup> of a two-year \$150,000 QI Initiative grant to replicate the panel management (PM) project implemented in its Palo Alto clinic in 2009 with funds from a previous QI grant. Mayview will implement the new PM project in its largest clinic in Mountain View, providing and supporting improved care for 200 diabetes patients. Measured health outcomes will include percentage of patients with HgA1c <7 and <9, percentage with an LDL cholesterol level <100 and <130, percentage with blood pressure <140/90, percentage with a nephropathy screen, percentage with a retinal eye exam, and percentage of patients 55 to 80 using aspirin on a regular basis.
- School Health Clinics of Santa Clara County received \$75,000<sup>1</sup> of a two-year \$150,000 QI Initiative grant that continues the work of its previous QI grant. Specific objectives include:
  - Conduct yearly assessment of weight status, and place patients into appropriate diagnostic categories based on body mass index (BMI) percentile.
  - Educate patients and their families to recognize obesity risk behaviors and behaviors that prevent excessive weight gain, and to understand the potential health consequences of overweight/obesity.
  - Educate patients and their families about healthy foods (including breastfeeding of infants), healthy activities, and community resources and motivate them to make healthy lifestyle choices.
  - Identify and manage children with obesity-related medical risk factors (i.e., high blood pressure, high cholesterol,) and conditions (type 2 diabetes) through physical exams and/or laboratory screenings.
  - Expand school-based program of nutrition and fitness education from four to eight classrooms in low-income schools in the service area.
- Kaiser Permanente Northern California Region awarded VMC Foundation \$100,000<sup>1</sup> of a two-year \$200,000 PHASE Initiative grant for SCVHHS to broaden its PHASE program to reach a total of approximately 12,000 patients over the next two years. It will accomplish this by implementing PHASE at four additional clinics (Moorpark, Gilroy, Tully, and East Valley) and maintaining and improving PHASE through continuous quality improvement. SCVHHS proposes to do this by continually assessing PHASE interventions to identify areas for improvement; promoting and testing best practices at current PHASE sites, and providing coaching and mentoring to both PHASE care teams and PHASE patients.
- California Primary Care Association (CPCA) received a \$300,000 core operating support joint grant over one year (\$150,000 from Kaiser Permanente Northern California Region and \$150,000 from Kaiser Permanente Southern California Region). The grant positions community health centers to succeed in the new health care delivery system with the Affordable Care Act and Medicaid 1115 Waiver by helping organizations navigate new reimbursement and billing mechanisms and enrollment processes.
- On behalf of Regional Association of California, California Family Health Council received a \$130,000 core operating support joint grant over one year (\$65,000 from Kaiser Permanente Northern California Region and \$65,000 from Kaiser Permanente Southern California Region) to continue the collaboration of the executive directors of local consortia, CPCA, and California Family Health Council.

## 2012 GOALS UPDATE

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.

## 2012 STRATEGIES UPDATE

1. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and Kaiser Permanente Child Health Plan); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.

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

2. Raise awareness about KFHP/H Charitable Health Coverage Programs by highlighting Kaiser Permanente Child Health Plan in materials for Community Benefit-sponsored events. Provide sponsorships for community outreach events that assist families with insurance enrollment. Engage employee and physician volunteers in the distribution of teddy bears with insurance enrollment information through KFHP-San Jose's TBC program.
3. Provide charity care through MFA and maximize efficiencies.
4. Provide grants and TA as appropriate for enhancing access to health care services by addressing barriers to care that disproportionately impact underserved populations.
5. Provide grants and TA as appropriate for implementing systems improvements rooted in evidence-based practice to increase the efficiency and impact of safety net clinics.
6. Provide grants as appropriate to establish systems that support enrollment and reenrollment opportunities for hard-to-reach families and families in crisis.

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

KFH-San Jose will track information to monitor implementation of strategies and to demonstrate impact on the priority need, including number of health facilities integrating tobacco cessation protocols and services. KFHP-San Jose will also catalog materials used and developed for programs under this priority need and will track KFHP-San Jose provider and staff participation and contributions.

### **PRIORITIZED NEED II: OBESITY RATES**

KFH-San Jose leadership is committed to helping children and families in underserved communities make healthy lifestyle choices. In Santa Clara County, the percentage of adults who were overweight increased to more than 35% in 2009, and obesity has remained relatively constant over the past few years at 20%. The percentage of middle school students who were overweight or obese remained at 25%, while the rate increased to more than 30% for high school students. Among Latinos and African Americans, nearly two-thirds of adults and more than one-third of children are overweight or obese.

In 2010, Santa Clara PHD received \$3.6 million from the Prevention and Public Health Fund (part of the Affordable Care Act) to expand its Communities Putting Prevention to Work (CPPW) project to include obesity prevention. The two-year grant will expand countywide obesity prevention efforts and will focus on high-impact physical activity and nutrition interventions that are designed to lead policy, systems, and environmental change as well as to promote health and reduce the burden of chronic diseases for those living in Santa Clara County. KFHP-San Jose leadership recognizes the importance of this investment, and Physician in Chief Raj Bhandari, MD, is a member of the CPPW Leadership Team representing the health care sector.

### **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 grants and sponsorships as appropriate for education and promotion strategies that encourage families to make healthy choices. Promote access and availability of alternative sources of high-quality, healthy, affordable food in low-income neighborhoods. Provide funding and TA to school-based programs, child care facilities, and other institutions implementing policies and practices that promote healthy foods.

2. Provide funding to implement and sustain physical activity programming in schools in low-income communities. Link employee and physician champions to schools in target neighborhoods and provide additional resources, including TBCs, Educational Theatre Programs (ETP), educational materials, and content expertise.
3. Increase public awareness of the importance of healthy eating and active living by supporting public education campaigns. Encourage grantees to adopt policies that promote healthy organizational practices.
4. Identify KFH-San Jose providers and staff who have the interest and the expertise, and engage them in the work of community partners as trainers, educators, and peer mentors. Engage employee and physician volunteers in the distribution of teddy bears and healthy lifestyle pledges at the TBCs.
5. Support implementation of the Santa Clara County CPPW grant and Kaiser Permanente Northern California Region's Healthy Eating, Active Living (HEAL) grants. Continue to participate in or support local collaboratives that align with these efforts.

#### TARGET POPULATION

Underserved populations in Gilroy, Morgan Hill, and San Jose with a particular focus on children, youth, and families who encounter barriers in the health care system, such as those who speak English as a second language.

#### COMMUNITY PARTNERS

Community partners include AACI, Bay Area Women's Sports Initiative (BAWSI), Bay Area Nutrition and Physical Activity Network (BANPAC), Boys & Girls Clubs, Children's Discovery Museum of San Jose (CDM), Choices for Children, Generations Community Wellness, Kids in Common, Playworks Silicon Valley, Project Cornerstone, Rebekah Children's Services, SJSU, Santa Clara County Parks and Recreation Department, Santa Clara County Public Health Department, School Health Clinics of Santa Clara County, SJB Child Development Center, Somos Mayfair, The Health Trust (THT), FIRST 5 Santa Clara County, South County Collaborative, VMC Foundation, Veggielution, and YMCA.

#### 2011 YEAR-END RESULTS

- KFH-San Jose and KFH-Santa Clara awarded \$25,000 to American Heart Association for Healthy Students, Healthy Futures, a program that will educate students in the Oak Grove, Andrew P. Hill, and Piedmont Hills high schools about what causes obesity, how food is digested and metabolized, and what healthy and unhealthy foods do to the body. Healthy Students, Healthy Futures is an expansion of the blood pressure program, which already exists in the schools' physiology classes and culminates in a blood pressure screening day. The nutrition component expands upon the relationships within the schools and benefits approximately 400 physiology students. In addition to the curriculum, school assemblies are planned to share healthy eating messages and will reach 7,000 students and teachers.
- KFH-San Jose and KFH-Santa Clara awarded \$40,000 to BAWSI for its BAWSI Girls and Salud por Vida programs, which serve a total of five underserved school sites in Gilroy, East San Jose, and the City of Santa Clara. For eight weeks, 357 BAWSI girls play, sweat, and laugh while engaging in fitness and team-based games with volunteer student athlete coaches from Gavilan College, San Jose City College, Santa Clara University, and Christopher High School. In addition to the weekly sessions, student athlete coaches host a total of more than 90 BAWSI girls at one BAWSI Game Day event at Gavilan College and another at Santa Clara University. A complement to BAWSI Girls, Salud por Vida serves 76 women, including school staff members and mothers of students, at four of the BAWSI Girls school sites. The women receive weekly exercise and nutrition education for the duration of eight weeks.
- KFH-San Jose and KFH-Santa Clara awarded \$15,000 to Breathe California of the Bay Area for Let's Get Moving to School, a program that partners with three underserved schools to increase the number of children who walk and bike to school and to create school policies that sustain active transportation. The program involves developing walking/ bicycling campaigns at each school, reaching 3,000 children; establishing baseline and postcampaign counts of children who walk and bike to school; and encouraging adoption of school policies that lead to increased walking and biking.
- KFH-San Jose and KFH-Santa Clara awarded \$50,000 to CDM to support Kick Start Eat Smart, its obesity prevention program/initiative that advances health education, nutrition, and wellness among 300,000+ CDM visitors using strategies that support parents and teachers in their child development goals relating to nutrition; reinforce the connection between

food and food sources; and expand and deepen the reach of health promotion to families from diverse backgrounds. Physician-in-Chief Rajan Bhandari, MD, has served on CDM's board of directors since 2006.

- KFH-San Jose awarded \$19,417 to Community Alliance with Family Farmers (CAFF) Foundation for Farm to School, a program in Gilroy Unified School District (GUSD) that combines nutrition education in the classroom with promoting fresh produce in the cafeteria to increase children's access to, and knowledge of, fresh fruits and vegetables. Twenty-five classes of 750 students receive Harvest of the Month tasting kits and in-class lessons from CAFF staff. To increase access to locally grown fruits and vegetables in the cafeteria, CAFF coordinated a Farm to School Visioning process with school administrators and parents, as well as analyzed past produce-purchasing data to identify what products the district was purchasing and at what prices and volume. The data are being used to negotiate with farmers and make recommendations for increasing fresh fruit and vegetable purchasing.
- KFH-San Jose and KFH-Santa Clara awarded \$35,000 to Continuing Development Inc. (dba Choices for Children) for Five Keys to Raising a Healthy Happy Eater, a program that provides 30 learner-centered parent classes countywide using the best practice Division of Responsibility parenting/feeding messages. Classes, which impacted 300 parents and caregivers, are available in English, Spanish, and Vietnamese, and child care is provided. The parenting class is an essential component of the Santa Clara County Childhood Feeding Collaborative, a prevention-focused project that addresses the problem of obesity among young children by using a systems approach to collaborate with multiple partners that provide services to children and their families. Pre-, post-, and follow-up surveys are collected from participants to identify knowledge and behavior change. The full collaborative is woven through the County System of Care model. Referrals to the class come from area physicians, childcare providers, WIC (Women, Infants and Children), and VMC's Pediatric Healthy Lifestyle Center, which serves children at risk for overweight or obesity.
- KFH-San Jose and KFH-Santa Clara awarded \$40,000 to Generations Community Wellness Centers for the Santa Clara County Movetrition Project. Generations partners with three elementary schools in high-need neighborhoods across Santa Clara County to create and implement healthy food, beverage, and physical activity policies and practices. School employee wellness policies are developed for teachers and staff on campus, school wellness committees are established, and programs are added to create healthier school environments through promotion of nutrition and physical activity. Other Community Benefit assets, including ETP and TBCs, are leveraged for greater impact. The project reaches more than 1,800 students, teachers, and parents. KFH-San Jose Assistant Chief of Pediatrics and Pediatric Overweight Champion Padmaja Padalkar, MD, serves as a Generations Community Wellness board member.
- KFH-San Jose and KFH-Santa Clara awarded \$42,000 to THT for the Early Childhood Obesity Prevention Project, which provides coordination and TA to FIRST 5 Santa Clara County Family Resource Centers (FRCs) with gardens for garden maintenance and offers expanded garden-based education to FRC families. At child development centers and FRCs looking to build or renovate gardens, THT provides assistance and coordination, as well as educational workshops. Nine gardens are slated to be maintained, renovated, or built, and 50 families attended garden workshops. In addition, the project has provided increased access to fresh produce for families through the Second Harvest Produce Van and is set to provide a training-of-trainers for FRC and child development center staff on the Division of Responsibility feeding practices model. KFH-San Jose Assistant Physician in Chief, Ruma Kumar, MD, is a THT board member.
- KFH-San Jose and KFH-Santa Clara awarded \$51,000 to Playworks Silicon Valley (Playworks Education Energized) to provide full-day programming, including structured recess, class game time, junior coaches leadership program, after-school program, and developmental sports leagues to more than 4,000 students at eight low-income elementary schools in East San Jose. In addition, nutrition education is implemented through the after-school program. Since 2006, KFH-Santa Clara has provided funding and technical support to Playworks to improve school climate, offer opportunities for physical activity, provide students with life skills, and improve their self-confidence. KFH-San Jose Assistant Physician in Chief and pediatrician Calvin Gordon, MD, is a Playworks Silicon Valley advisory board member.
- KFH-San Jose and KFH-Santa Clara awarded \$27,500 to Santa Clara County Office of Education for Fit For Learning (FFL), a program that engages teachers and school communities in providing children with important health and wellness information that builds healthy habits. Each FFL champion attends an orientation, receives training and materials to implement FFL, and goes to quarterly meetings to engage in discussions and education sessions that promote physical activity and healthy food habits and impact environmental change with students and school communities. Champions are trained on an evaluation process that will demonstrate a positive change in the health behaviors and physical abilities of

students. KFH-Santa Clara staff provide TA to FFL champions and leverage additional Kaiser Permanente assets such as ETP.

- KFH-San Jose and KFH-Santa Clara awarded \$20,000 to Veggielution for the Healthy Food Access project, which aims to increase consumption of fresh fruits and vegetables and increase physical activity, fostering healthy living habits for San Jose residents. Veggielution engages the community in the production of fruits and vegetables to foster a land-food connection, build community connections, and increase access to and consumption of healthy foods. The program provides cooking classes to 60 participants; engages 250 children and parents in physical activity and education during Family Days; empowers 30 youth through summer Dig Crew; distributes 16,250 pounds of fresh produce to individuals and families through workdays, Community Supported Agriculture Program (food boxes), and farm stand sales; accepts EBT at the farm stand and for the farm boxes; and engages 2,000 volunteers in physical activity through weekly workday opportunities.
- KFH-San Jose and KFH-Santa Clara awarded \$25,000 to YMCA of Silicon Valley for the Vida Saludable Healthy Living Project, which combines evidence-based Healthy Living education classes with community health fairs to reach more than 900 low-income Latino families in three after-school program locations to decrease calorie consumption and increase consumption of fresh fruits and vegetables. In addition to this family-focused effort, after-school students at additional YMCA locations will increase consumption of fresh fruits and vegetables through systemic change in snack menus. Through collaboration and education, more produce will be made available to communities where after-school programs are located and families in Vida Saludable classes will learn how to create backyard gardens.
- KFH-San Jose and KFH-Santa Clara hosted a series of TBCs, distributing 5,000 bears and providing health messages to children and families. TBCs are modeled after traditional clinic visits, including a reception area and a visit with a health care professional. Nonclinical volunteers greet families and engage children in a hand-washing activity while they wait to see the health care professional. When children meet the provider they receive a teddy bear. With the child's help, the provider gives the bear a wellness check and discusses the best way to keep the bear healthy. TBCs are intended to introduce families and children to health care professionals, basic wellness messages, and resources about children's health insurance enrollment. Since the launch of TBCs in April 2007, 20,000 children and their families have visited with a health care professional in a community setting. TBCs have been supported by more than 250 employees and physicians, who donate an average of three to five hours each per event.
- On behalf of BANPAC, VMC Foundation received \$50,000 for the 2011 ReThink Your Drink campaign, which continues to build upon past successes and lessons learned. Starting from a single summer campaign initiated by Alameda County Department of Public Health and funding from Kaiser Permanente, one of the featured components of ReThink Your Drink is the promotion of Soda Free Summer.
- Alum Rock Union Elementary School District received \$75,000<sup>1</sup> of a two year \$150,000 HEAL Local Partnership Grant (LPG) to improve healthy eating and active living opportunities within the district. The objective of LPGs is to support communities in implementing evidence-based or evidence-informed strategies that can transform local physical activity and food environments by implementing sustainable policy, environmental, and organizational practice changes. Community-specific strategies will address at least one of these four behavior change HEAL goals: decrease calorie consumption, increase fruit and vegetable consumption, increase physical activity in community settings, and increase physical activity in institutional settings. The target community is Alum Rock Union Elementary School District students, parents, staff, and administrators. Through this program, the school community will become educated about choices and activities that will inspire behavioral changes leading to healthier lives. The district will partner with Santa Clara DPH for training, TA, research, policy development, presentations, and education and will continue to partner with a local food distribution consortium to supply locally grown fruits and vegetables to students on campus during break and lunch. In addition, Alum Rock will join "Let's Move" to increase support for the program.

## 2012 GOALS UPDATE

The goals will remain unchanged for 2012.

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

## 2012 STRATEGIES UPDATE

1. Provide TA to community coalitions, community-based organizations, schools, and other institutions by sharing expertise on organizational wellness or environmental improvements (such as signage promoting healthy choices in eating areas and healthy food procurement in institutional settings).
2. Ensure that ETP makes presentations to target populations.
3. Provide funding to support access to healthy foods and physical activity opportunities in organizational settings.
4. Increase public awareness of the importance of healthy eating and active living by supporting public education campaigns. Encourage grantees to adopt policies that promote healthy organizational practices.
5. Identify KFH-San Jose providers and staff who have the interest and the expertise, and engage them in the work of community partners as trainers, educators, and peer mentors. Engage employee and physician volunteers in the distribution of teddy bears and healthy lifestyle pledges through the South Bay Area's TBC program.
6. Support implementation of Kaiser Permanente Northern California Region's HEAL grant. Continue to participate in or support local collaboratives that align with these efforts.

## MONITORING PROGRESS OF 2012 STRATEGIES

KFH-San Jose will track information to monitor implementation of strategies and to demonstrate impact on the priority need, including interactions with children and their families through public education campaigns. KFH-San Jose will catalog materials used and developed for programs under this priority need and track KFH-San Jose provider and staff participation and contributions. Grantees will be required to submit midyear and year-end reports and to track number of people served by this effort.

## PRIORITIZED NEED III: VIOLENCE AND SUBSTANCE ABUSE

In bringing together the KFH-San Jose and KFH-Santa Clara priorities, the tobacco cessation priority is addressed within the broader topic of violence and substance abuse. In recognition of the comorbidity between violence and substance abuse, these priority needs were combined to maximize the impact of KFH- Santa Clara and KFH-San Jose strategies. From 2000 to 2007, the age-adjusted homicide rate in Santa Clara County increased from 2 per 100,000 people to 3/100,000. Among Latinos, the rate increased from 5/100,000 to 8/100,000. Assault is intentionally inflicted injury to another person that may or may not involve intent to kill. In 2005–2006, 7% of adults reported that an intimate partner in Santa Clara County had ever physically abused them. In 2007–2008, 20% of middle and high school students had been in a physical fight at school at least once in the past 12 months. About 1 in 8 Santa Clara County middle and high school students (12%) reported binge-drinking in the past 30 days. In 2007–2008, 12% of middle and high school students in Santa Clara County reported using marijuana at least once in the past 30 days. In Santa Clara County, smoking rates are still high among some adults (10.7%) and teens (10.5%). The average age of youth who start smoking is 13. Teen smoking rates are higher among Latinos and African Americans (12% of middle and high school students) and Cambodians/Laotians (17% of high school students). Among adults, 32% of Vietnamese American men and 53% of recent Latino immigrants smoke. Low-income adults smoke at twice the rate of adults with above-median incomes.

## 2011 GOALS

1. Decrease risk factors and increase protective factors among youth and young adults to decrease aggressive behavior, inappropriate coping behaviors, poor social relationships, and violence.
2. Decrease risk factors and increase protective factors that decrease youth and young adult substance abuse.

## 2011 STRATEGIES

1. Provide grant support to increase outreach to and behavioral health education for teens, based on the core principles of positive youth/young adult development: resiliency, connectedness, and engagement (holistic/multimodal approaches).

2. In partnership with CPPW, host educational sessions and link physician champions to safety net clinics, hospitals, and health plans to share lessons learned from best practices, including clinical interventions such as Smoking as a Vital Sign, work-site tobacco control efforts, and smoking cessation behavioral programs.
3. Identify KFH-San Jose providers and staff who have the interest and the expertise, and engage them as trainers, educators, and providers in the work of safety net clinics.
4. Provide health education materials to safety net providers.
5. In partnership with CPPW, provide resources for nonprofit organizations to support community outreach to increase utilization of smoking cessation services.
6. Support CPPW through participation of Raj Bhandari, MD on its Leadership Team, representing the health care sector.
7. Implement systems-level change and integrate tobacco cessation protocols, services, and policies among safety net clinics, hospitals, and health plans.

#### TARGET POPULATION

Underserved populations in Gilroy, Morgan Hill, and San Jose with a particular focus on children, youth, and families who encounter barriers in the health care system, such as those who speak English as a second language.

#### COMMUNITY PARTNERS

Community partners include Alum Rock Counseling Center; AACI; Breathe California; CHP; Gardner Family Care Corporation; Girl Scouts of Northern California; Pacific Free Clinic; RotaCare Bay Area, Inc.; Rebekah's Children Services; Next Door Solutions to Domestic Violence; People Acting in Community Together, Inc. (PACT); SJSU; SCCVHHS; Santa Clara Family Health Plan Foundation; School Health Clinics of Santa Clara County; Stanford University School of Medicine; United Way of Silicon Valley; and YMCA Silicon Valley–Project Cornerstone.

#### 2011 YEAR-END RESULTS

- KFH-San Jose awarded \$25,000 to Alum Rock Counseling Center for the Ocala Middle School Mentoring and Support Services Program, which provides participants with services beginning in 6th grade and culminating with their 8th grade graduation. The program engages 90 of the school's highest-risk students in the evidence-based substance abuse prevention program, Botvin Life Skills Training, which covers life-skills such as drug resistance skills, tobacco prevention and cessation, self-esteem building, and anger management skills, and includes mentoring, case management, counseling, and parent collateral services.
- KFH-San Jose and KFH-Santa Clara awarded \$25,000 to Gardner Family Care Corporation to provide comprehensive, culturally competent outpatient substance abuse treatment for 150 youth and wraparound support for their families. Peer support groups are offered to high-risk youth with corresponding weekly case management. Families are provided with parent education workshops focusing on building protective factors to support their children. Health education that focuses on contemporary issues such as substance abuse, cyber bullying, social skills, and self-esteem is also offered to high school students.
- KFH-San Jose and KFH-Santa Clara awarded \$25,000 to Girl Scouts of Northern California for Got Choices, a program that impacts more than 500 high-risk and adjudicated girls at seven Santa Clara County sites, including Murial Wright Ranch and Juvenile Hall. Participants are exposed to life-skills curriculum-based health education, community service projects, leadership opportunities, special events, and guest speakers who address special topics. They also receive pertinent information on a variety of topics, including gang and violence prevention, body image, choosing responsibility, dating violence, women in the media, finding passions/sparks in life, and underage drinking. In addition, personnel are involved in relevant staff development sessions on transgendered youth, eating disorders, and the juvenile justice system to build their capacity to work with youth.
- KFH-San Jose and KFH-Santa Clara awarded \$30,000 to Next Door Solutions to Domestic Violence for Kids Club and Youth Leadership Forum (YLF). Kids Club is a recreational, psycho-educational program for children who have experienced domestic violence. It engages more than 300 children in art curriculum, games, and activities to help them

develop healthy communication and conflict resolution skills, and develops their ability to understand that the violence they have experienced is not their fault. YLF is a youth-led, multiyear program that seeks to change the perception of teen dating violence (TDV) from acceptable and unavoidable to unacceptable and preventable, using teen-led outreach and education prevention campaigns. Eight YLF youth leaders conducted a youth survey with 100 peers and developed a TCV prevention campaign targeted to middle schoolers who participate in sport teams.

- KFH-San Jose and KFH-Santa Clara awarded \$25,000 to PACT, a grassroots, multicultural, interfaith organization that engages people from all walks of life in community organizing to create solutions to pervasive social problems. PACT volunteers lead an antibullying campaign to raise awareness about school bullying in the community and among education leaders and other public officials. PACT is working to create new school policies and practices to prevent and reduce bullying so that schools provide safe, supportive environments for all students. More than 25 community members are now trained PACT leaders and have educated 200 other community members, including youth, about school bullying and potential solutions.)
- KFH-San Jose awarded \$25,000 to Rebekah's Children's Services (dba Odd Fellow-Rebekah Children's Home of California) for the Violence Prevention and Early Intervention Program. Gilroy Unified School District students in eight schools participate in violence prevention and early intervention groups using the WhyTry Curriculum for 10-week sessions. More than 150 students attend the sessions, and group facilitators provide lessons in a classroom setting. Violence prevention and early intervention programming reaches students in elementary, middle, and high schools. Topics covered in the program include anger management, assertiveness, coping skills, social skills, self-esteem, and improving family and peer relationships.
- KFH-San Jose and KFH-Santa Clara awarded \$20,000 to RotaCare Bay Area, Inc. for Rotacare Coastside Clinic's smoking cessation initiative. RotaCare clinicians now include smoking as a vital sign during all their patient appointments at the Mountain View, San Jose, and Gilroy clinics. With this integration, more than 3,800 patients will be asked if they smoke and referred to resources if they are identified as smokers. Thus far, approximately 20% of patients have been identified as smokers and referred to or enrolled in smoking cessation classes. KFH/TMPG volunteer health care providers at all three clinics are also engaged in this smoking-as-a-vital-sign protocol. KFH-San Jose Compliance Officer Niraj Singh is a RotaCare Clinic board member.
- KFH-San Jose and KFH-Santa Clara awarded \$30,000 to Tower Foundation of SJSU to implement its Violence Prevention Education Project through the Student Health Center. A coalition of 40 campus and community stakeholders has been developed to identify available violence prevention resources, and an interactive website is being developed that will be accessible to students, faculty, and staff. The website and coordinated violence prevention messaging campaign will be promoted among SJSU's 21,000 students who are at risk for interpersonal violence.
- KFH-San Jose and KFH-Santa Clara awarded \$25,000 to YMCA Silicon Valley–Project Cornerstone, which builds developmental assets in youth at 10 high-need elementary and middle schools through bullying prevention efforts, including half-day bullying and peer-abuse prevention workshops that reach 200 students. More than 70 parent volunteers at the 10 schools were also trained in linguistically and culturally appropriate engagement programs that focus on helping students understand how to develop friendships, stop bullying, and create a common language to discuss behaviors at their school. Parent volunteers provided 504 lessons, impacting 2,100 students. KFH-San Jose Chief of Pediatrics Chynna Bantug, MD, is a Project Cornerstone board member.

## 2012 GOAL UPDATES

Provide tools and support for children, youth, and families to decrease aggressive behavior, inappropriate coping behaviors, poor social relationships, and violence.

## 2012 STRATEGIES UPDATE

1. Provide grants as appropriate to implement interventions that increase safety by supporting highest-risk youth with tools to make positive choices.
2. Provide grants as appropriate to support children, youth, and families in strengthening their social, emotional, and coping skills.

3. Provide grants as appropriate to create a caring climate in institutional and organizational settings that fosters positive adult role models and creates opportunities for youth to feel connected and engaged.

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

KFH-San Jose will track information to monitor implementation of strategies and to demonstrate impact on the priority need, including interactions with children and their families through public education campaigns. KFHSan Jose will catalog materials used and developed for programs under this priority need and track KFHSan Jose provider and staff participation and contributions. Grantees will be required to submit midyear and year-end reports and to track number of people served by this effort.

**Table 1**

## **KAISER FOUNDATION HOSPITAL-SAN JOSE**

### **2011 Key Community Benefit Program Metrics**

*(For more information about these and other CB programs and services, please see pages 10–20 in the Introductory Chapters Section.)*

Charity Care: Medical Financial Assistance Program recipients	2,259
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members	56
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	2,040
Medi-Cal Managed Care members	43,985
Healthy Families Program members	4,322
Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) <sup>1</sup> members	96
Health Research projects (new, continuing, and completed)	2
Nursing Research projects (new, continuing, and completed)	16
Educational Theatre Programs – number of performances and workshops	103
Educational Theatre Programs – number of attendees (students and adults)	24,875
Graduate Medical Education – number of programs	1
Graduate Medical Education – number of affiliated and independent residents	5
Nurse practitioner and other nursing training and education beneficiaries	32
Deloras Jones nursing scholarship recipients	6
Other health professional training and education (non-MD) beneficiaries	14
Summer Youth and INROADS programs participants	11
Number of 2011 grants and donations made at the local and regional levels <sup>2</sup>	145

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

<sup>2</sup>The vast majority of regional grants impact three or more local hospitals. As such, a single regional grant may be included in the “Number of 2011 grants and donations” count for multiple hospitals.

Table 2

## KAISER FOUNDATION HOSPITAL-SAN JOSE

### COMMUNITY BENEFIT RESOURCES PROVIDED IN 2011

	2011 Total
<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$7,440,197
Healthy Families <sup>2</sup>	2,896,580
Charity care: Charitable Health Coverage programs <sup>3</sup>	1,437,679
Charity care: Medical Financial Assistance Program <sup>4</sup>	3,482,657
Grants and donations for medical services <sup>5</sup>	204,538
<b>Subtotal</b>	<b>\$15,461,653</b>
<b>Other Benefits for Vulnerable Populations</b>	
Summer Youth and Inroads programs <sup>6</sup>	\$87,494
Grants and donations for community-based programs <sup>7</sup>	593,247
Community Benefit administration and operations <sup>8</sup>	354,963
<b>Subtotal</b>	<b>\$1,035,705</b>
<b>Benefits for the Broader Community<sup>9</sup></b>	
Community health education and promotion programs	\$16,680
Educational Theatre Programs	285,725
Facility, supplies, and equipment (in-kind donations) <sup>10</sup>	39,985
Community Giving Campaign administrative expenses	16,944
Grants and donations for the broader community <sup>11</sup>	60,216
National board of directors fund	26,254
<b>Subtotal</b>	<b>\$445,805</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education	\$10,012
Non-MD provider education and training programs <sup>12</sup>	581,419
Grants and donations for the education of health care professionals <sup>13</sup>	38,143
Health research	5,461,049
<b>Subtotal</b>	<b>\$6,090,623</b>
<b>Total Community Benefits Provided</b>	<b>\$23,033,785</b>

## ENDNOTES

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

