

SANTA ROSA

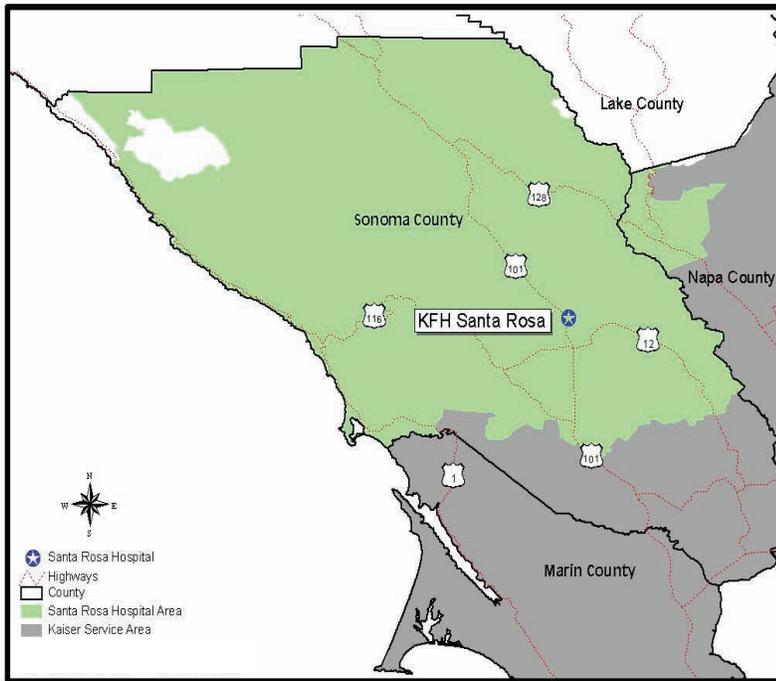
SANTA ROSA

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# KAISER FOUNDATION HOSPITAL (KFH)-SANTA ROSA

401 Bicentennial Way  
 Santa Rosa, CA 95448  
 (707) 393-4000



The KFH-Santa Rosa service area includes most of Sonoma County, except for a small southern portion in KFH-San Rafael's service area that includes the city of Petaluma, and a small section of Napa County. Cities in this area include Cloverdale, Cotati, Healdsburg, Rohnert Park, Santa Rosa, Sebastopol, Sonoma, and Windsor.

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

Total population:	380,599	White:	65.55%
Median age:*	39.3	Latino:	24.72%
Average household income:*	\$62,314	African American:	1.61%
Percentage living in poverty:	10.81%	Asian and Pacific Islander:	3.95%
Percentage unemployed:	8.60%	Native American:	0.93%
Percentage uninsured:	14.31%	Other:	3.25%

## KEY STATISTICS

Year opened:	1990	Total licensed beds:	173
KFH full-time equivalent personnel:	946.7	Inpatient days:	33,018
KFHP members in KFH service area:	144,045	Emergency room visits:	44,029

## KEY LEADERSHIP AT KFH-SANTA ROSA

Judy Coffey	Senior Vice President and Area Manager
Susan Janvrin	Chief Operating Officer
John Groesbeck	Area Finance Officer
Kirk Pappas, MD	Physician in Chief
Guy Chicoine	Medical Group Administrator
Carl Campbell	Public Affairs Director
Andrea Michelsen	Community Benefit/Community Health Manager

# THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

## 2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

Healthy Sonoma, the 2010 CHNA for KFH-Santa Rosa, was based primarily on data collected and reported by Sonoma Health Alliance and supplemented by data from CHIS (California Health Interview Survey) 2007, Sonoma County Economic Development Board, and UCLA Center for Health Policy Research. Sponsored by Sonoma County, KFH-Santa Rosa, St. Joseph's Health System, and Sutter Health Santa Rosa, the Healthy Sonoma report and links to its many data sets can be accessed at [www.HealthySonoma.org](http://www.HealthySonoma.org). Areté Consulting was engaged to review and synthesize available data and to facilitate the CHNA and planning process for KFH-Santa Rosa.

## 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 were as follows:

*Access to health care remains an issue in Sonoma County, particularly for individuals who do not have health insurance:*

- An estimated 18.2% of Sonoma County residents were uninsured for all or part of the year in 2009.
- Data for 2007 show that 11.5% of children lack health insurance.
- 9.2% of children and 10.7% of adolescents reported no doctor office visits in the previous year.
- 45.6% of those without health insurance reported no doctor office visits in the previous year.
- 14.2% of residents delayed or did not get care; 26.9% of those without insurance delayed or did not get care.

*Overweight and obesity are significant issues for the health of Sonoma County residents:*

- 57% of adults are overweight or obese.
- 44% of adults do not eat enough fruits and vegetables.
- 62% of adults do not get moderate or vigorous physical activity.
- 32.2% of teens report being physically active fewer than three days a week.
- 17.3% of children engage in physical activity fewer than three days a week.
- 39% of children eat fewer than five servings of fruits and vegetables each day.
- 36.6% of teens bought soda at school in the past week.
- 21.7% of youth walk, bike, or skate to school.

*Children's oral health is negatively affected by poor access to care, particularly among the county's lower-income residents:*

- 28% of children 2 to 18 do not have dental insurance.
- 11% of children 2 to 18 have never been to a dentist.
- 10% of children were not taken to dentist even when they needed care because the family could not afford it.

*Alcohol, tobacco, and drug use and abuse are widespread and negatively impact the health of county residents:*

- 20.4% of adults binge-drink.
- Rate of ER visits due to alcohol abuse is 40.6 per 10,000.
- 51% of teens report using alcohol.

- 5.4% of teens report smoking tobacco.
- 5.4% of teens report binge drinking in the past month.
- 7.2% of teens report marijuana use in the past month.
- 14.4% of residents report being current smokers.

*A significant number of mothers, families, and babies are being affected by exposure to drugs and alcohol during pregnancy. This exposure increases health risks both during pregnancy and after birth:*

- Between 10% and 14% of pregnant women in the county use alcohol or other drugs (excluding tobacco).
- Each year, 600 children are born exposed to alcohol or other drugs.

#### **PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-SANTA ROSA SERVICE AREA**

1. Access to health insurance coverage and health care services
2. Overweight and obesity
3. Oral health

# 2011 YEAR-END RESULTS

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

The most recent estimates available show that more than 11% of Sonoma County children and more than 18% of all county residents lack health insurance. Without health insurance, those without financial resources face significant barriers to care. KFH-Santa Rosa has been engaged in numerous efforts to increase access to care and coverage for Sonoma County residents and continues to consider this as a priority issue.

### 2011 GOALS

1. Increase the number of low-income people who enroll in or maintain health care coverage.
2. Increase access to health care services for low-income and uninsured individuals.

### 2011 STRATEGIES

1. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and Kaiser Permanente Child Health Plan); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.
2. Provide charity care through the Medical Financial Assistance (MFA) program and maximize efficiencies.
3. Provide grant funding to support access to medical and social support services (transportation, interpretation, mental health services, training for providers regarding specific needs of seniors, etc.) for individuals served by the safety net.
4. Provide grant funding to enhance the capacity of safety net providers to provide medical homes and coordinated care.
5. Continue to provide care to uninsured patients, through Operation Access (OA), either during Surgery Saturdays or by providing specialized orthopedic services during regular clinic hours.
6. Provide technical assistance (TA) to safety net providers who are implementing medical home models and expanding care coordination.

### TARGET POPULATION

Low-income individuals who lack health insurance.

### COMMUNITY PARTNERS

Community partners include Healthy Kids Sonoma County (including Sonoma County Department of Health Services, Sonoma County Department of Human Services, United Way of the Wine Country, Santa Rosa Memorial Hospital Foundation, KFH-Santa Rosa, First 5 Sonoma County, Children and Families Commission, Sonoma County Medical Association, Community Action Partnership Sonoma County, Sutter Medical Center of Santa Rosa, Pediatric Dental Initiative, Sonoma County Department of Public Health, and Partnership Health Plan), Redwood Community Health Coalition (RCHC), OA, and safety net clinics in Sonoma County.

### 2011 YEAR-END RESULTS

- Santa Rosa Community Health Centers (SRCHC) received a \$17,850 grant to support a program to help patients attain and retain health insurance benefits by increasing staffing and improving infrastructure and systems to support Certified Application Assistants (CAA). A full-time CAA position will be filled in January 2012, a .50 FTE CAA will be placed at SRCHC's newly opened Brookwood Health Center, and the three existing CAAs were trained on One-e App, CalFresh, Kaiser Permanente Child Health Plan, and CMSP applications and received tools to improve job performance. No-show appointment rates decreased from 30% to 40% in 2010 to 16% currently and contacting Medi-Cal members resulted in a 6% increase in retention rates in first quarter 2011, with more than 5,000 renewals between July and December.

- Jewish Community Free Clinic (JCFC) in Rohnert Park received a \$15,000 grant to support free primary care services, labs, medications, and vaccines to thousands of uninsured adults and children each year. From July to December, JCFC served 1,257 individuals; 124 received labs, 114 received medications, and 309 were vaccinated. During this period, the clinic hosted an impressive total of 144 volunteers: 8 of whom are current or retired KFH-Santa Rosa physicians. KFH-Santa Rosa nurse practitioner Paula M. Kelleher is a vice president on JCFC's board of directors. A retired KFH-Santa Rosa RN is also on the board. During the next six months, JCFC will calculate its annual savings in medical costs for diseases that would go untreated if not for JCFC's services.
- RCHC received a 2011 Outreach, Enrollment and Retention Initiative grant of \$75,000 to increase its managed care Medi-Cal enrollment and retention rates by advancing clinic operation systems, such as integrating EHR (electronic health record) with One eApp and support related work flow redesign efforts.
- RCHC supports Healthy Kids' efforts in Sonoma County and received a general operating grant of \$20,000. RCHC convenes a group of community leaders, including Community Benefit representatives from Sutter Medical Center in Santa Rosa, St. Joseph Health System, and KFH-Santa Rosa. Together, the partners develop and implement strategies for increasing enrollment of children, including new efforts targeted at schools in low-income neighborhoods. They also served as convener of the successful Oral Health Task Force.
- California Primary Care Association (CPCA) received a \$300,000 core operating support joint grant over one year (\$150,000 from Kaiser Permanente Northern California Region and \$150,000 from Kaiser Permanente Southern California Region). The grant positions community health centers to succeed in the new health care delivery system with the Affordable Care Act and Medicaid 1115 Waiver by helping organizations navigate new reimbursement and billing mechanisms and enrollment processes.
- On behalf of Regional Association of California, California Family Health Council received a \$130,000 core operating support joint grant over one year (\$65,000 from Kaiser Permanente Northern California Region and \$65,000 from Kaiser Permanente Southern California Region) to continue the collaboration of the executive directors of local consortia, CPCA, and California Family Health Council.

## 2012 GOALS UPDATE

The goals will remain unchanged for 2012.

## 2012 STRATEGIES UPDATE

1. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and 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. Provide grant funding to support access to medical and social support services (transportation, interpretation, mental health services, training for providers regarding specific needs of seniors, etc.) for individuals served by the safety net.
4. Provide grant funding to enhance the capacity of safety net providers to provide medical homes and coordinated care.
5. Continue to provide care to uninsured patients, through OA, either during Surgery Saturdays or by providing specialized orthopedic services during regular clinic hours.
6. Provide TA to safety net providers who are implementing medical home models and expanding care coordination.

## MONITORING PROGRESS OF 2012 STRATEGIES

KFH-Santa Rosa will monitor progress by tracking Kaiser Permanente Child Health Plan and STEPS membership numbers; tracking number of individuals served through grant-funded efforts (numbers of persons enrolled in insurance programs); monitoring number of patients receiving care through OA; monitoring number of providers receiving TA and types of TA provided; and monitoring MFA program through metrics, including number of individuals receiving MFA, number of signed agreements, time to approve MFA awards, and number of applications screened.

## PRIORITIZED NEED II: OBESITY RATES

Nearly 60% of adults in Sonoma County are overweight or obese. Being overweight or obese increases an individual's risk for developing heart disease, stroke, diabetes, and cancer. Data on known lifestyle factors contributing to rates of overweight and obesity show that there is significant opportunity to improve healthy eating and increase physical activity among county residents, both children and adults.

### 2011 GOALS

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

### 2011 STRATEGIES

1. Provide grant funding to increase availability of fresh produce in low-income neighborhoods, and provide education and support for increased consumption of fresh produce.
2. Leverage lessons learned from HEAL (Healthy Eating, Active Living) work and encourage replication in other communities.
3. Provide grant funding to encourage physical activity and to promote safe places to walk, bike, and play in low-income neighborhoods.
4. Participate in Safe Routes to Schools (SRTS) activities.
5. Provide grant funding to support programs promoting increased physical activity in schools and after-school settings.
6. Explore and develop collaborative opportunities to work with school districts and implement innovative means of increasing physical activity on the school yard.

### TARGET POPULATION

Low-income residents who are overweight or obese or who are at risk for becoming overweight or obese.

### COMMUNITY PARTNERS

Community partners include SRTS, Community Activity and Nutrition Coalition (CAN-C), HEAL grantees, Sonoma County Office of Education, Health Action and the related iWalk and iGrow projects, Grupo Sana, and Grupo Activa.

### 2011 YEAR-END RESULTS

- Redwood Empire Food Bank (REFB) received \$40,000 to support Harvest Pantry and Farm2Family Pantries, childhood obesity prevention programs that distribute healthy produce and provide nutrition and physical activity education, and serve Latino families with children under six and incomes under 200% of the federal poverty level. Since July 2011, an average of 71 families (with 78 children) was served each week. Each family received an average of 38 pounds of fresh produce, beans, whole chickens, and other food items. A rotating series of 21 weekly hands-on lessons (including "Important Facts About Anemia and Milk Consumption," "My Plate," "Healthy Drinks," "Why Eat Fruits and Vegetables," and "More Exercise, Less Screen Time") were conducted to help participants learn about healthy meal preparation. Weekly attendance was 65 to 91 families. Clients participating in the President's Challenge Program received an *Active Lifestyle Activity Log* to record their physical activity. An initial physical activity survey revealed that a majority of Harvest Pantry participants and their children had been active for at least 30 minutes in the last seven days. Food was distributed for 12 weeks at Luther Burbank Elementary School in Santa Rosa to an average of 132 families (with 347 children). Each family received an average of 16 pounds of food. A collaboration of partners worked together to teach five nutrition education lessons at the school and to conduct tastings (e.g., Mexican brown rice and sweet potato fries)

to reinforce the lessons. In addition, REFB received a \$95,000 capital grant to support renovation of a new facility that will allow it to increase the number of people served and expand its nutrition education programs.

- Northern California Center for Well-Being received a \$20,000 grant to implement Active Play Every Day in Roseland Elementary School District (RES D), which serves a primarily low-income Latino population. This program will be one of several that supports the Sonoma County HEAL effort. The program coordinator worked with RES D staff to introduce the PlayWorks concept (increasing physical activity among 1st through 3rd graders) and successfully engaged RES D in trying out this strategy during the school year. The center scheduled PlayWorks training for 10 participants (promotores de salud, Sonoma State University student interns, and HEAL partners). At least four trainees will be selected to pilot test PlayWorks as recess coaches at two RES D elementary schools. The anticipated outcome is that 80% of 1st through 3rd graders at the two schools will engage in active play every day at school and that RES D will implement PlayWorks on a permanent basis.
- Sonoma County's Department of Health Services received a \$20,000 grant for a SRTS project that provides comprehensive SRTS education, encouragement, enforcement, engineering, and evaluation services to one Healdsburg and one Rohnert Park K–6 school. In-class SRTS curriculum conforming to state standards for academic subject areas will be taught and a plan will be drafted with school principals and superintendents to sustain the in-class program beyond the grant period. Both schools will also offer an SRTS assembly by a local theater group, recruit and train volunteers for a bicycle rodeo on each campus, provide free or low-cost bike helmets, organize and promote an annual International Walk and Roll to School Day at each school, and organize other annual incentives and contests to promote SRTS. SRTS hopes to increase the percentage of children safely walking and biking to school by 10% annually from baseline data collected in October 2011, reduce traffic congestion and pollution around schools by 10% annually, and increase the attitude among parents that walking is fun and healthy by 10%. Funding also serves as an 11.47% local match for a regional Metropolitan Transportation Commission-Congestion Mitigation and Air Quality grant to create a countywide SRTS program at 16 schools, due to begin February 2012. SRTS has established partnerships with St. Joseph Health System, local law enforcement agencies, elected officials, Boys & Girls Clubs, CalSERVES, HEAL, iWALK, Community Media Center of the North Bay, and Safe Kids Sonoma County.
- Sonoma County's Department of Health Services received a \$360,209<sup>1</sup> HEAL Zone grant from Kaiser Permanente Northern California Region. With Phase I of HEAL-CHI (Community Health Initiative) ending this year, CB staff engaged the HEAL Advisory Team, as well as evaluation and TA partners, to design HEAL-CHI Phase II, based on the experiences and lessons learned from Phase I.

## 2012 GOALS UPDATE

The goals will remain unchanged for 2012.

## 2012 STRATEGIES UPDATE

1. Provide grant funding to increase availability of fresh produce in low-income neighborhoods and provide education and support for increased consumption of fresh produce.
2. Leverage lessons learned from HEAL work and encourage replication in other communities.
3. Participate in SRTS activities.
4. Provide grant funding to support programs promoting increased physical activity in schools and after-school settings.
5. Provide grant funding to encourage physical activity and to promote safe places to walk, bike, and play in low-income neighborhoods.
6. Explore and develop collaborative opportunities to work with school districts and implement innovative means of increasing physical activity on the school yard.

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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).

## MONITORING PROGRESS OF 2012 STRATEGIES

KFH-Santa Rosa will assess the impact of our 2012 strategies by tracking dollars provided in grants and number of families and individuals reached through funded efforts to increase fruit and vegetable consumption; monitoring dissemination of successful HEAL approaches, including number of individuals reached through communication efforts and number of entities working to replicate or spread the impact of HEAL in Sonoma County; tracking dollars provided through grants and number of people reached through grant-funded efforts to improve safety and promote physical activity in low-income communities; collecting data on number of schools/children/families participating in SRTS; tracking dollars provided in grants and number of schools engaged in funded efforts to increase physical activity on the school yard; collecting data on number of students served in the schools participating in the funded efforts; and monitoring and recording progress on development of innovative approaches to increase physical activity at schools and work sites.

## PRIORITIZED NEED III: ORAL HEALTH

While most Sonoma County residents have access to dental health services and as a result have good oral health, poor oral health has a significant negative impact on the well-being of the county's poorer residents. It is particularly important for young children to have access to oral health services, both to establish a positive foundation for later years and to promote school attendance, healthy development, and an ability to focus and learn. Data show that 28% of Sonoma County children 2 to 18 do not have dental insurance, 11% have never been to a dentist, and 10% were not taken to the dentist even when they needed care because the family could not afford it.

### 2011 GOALS

1. Increase the proportion of children receiving preventive dental services.
2. Expand the availability of dental services in the safety net.

### 2011 STRATEGIES

1. Provide grant funding to support outreach and education regarding preventive dental services for children.
2. Provide grant funding to support planning for expanded dental services at safety net clinics.

### TARGET POPULATION

Low-income individuals without adequate dental insurance, particularly children.

### COMMUNITY PARTNERS

Community partners include St. Joseph Health System Sonoma County; Healthy Kids; Sonoma County Oral Health Coalition; Redwood Empire Dental Society; Santa Rosa Community Health Centers, Inc. (SRCHC); Women, Infants and Children Program (WIC); Community Action Partnership; and Redwood Community Health Coalition.

### 2011 YEAR-END RESULTS

- Southwest Community Health Center, Inc. received a \$32,150 grant for SRCHC to develop a comprehensive implementation plan to open an oral health clinic by late 2012. SRCHC hired an experienced consultant to coordinate staff and community partner involvement in plan development; identified and leased a site; developed a capital budget (including equipment and technology) for building a 12-operator dental clinic at the site; and requested funds for the renovation project. SRCHC also launched a Dental Health Advisory Committee that recommended and analyzed service delivery models, one of which was approved by the agency board in October 2011. In addition, SRCHC developed an operating budget for the first three years of clinic operation. In November 2011, that budget was submitted as part of a federal grant application. As part of the fundraising plan, SRCHC responded to an HRSA (Health Resources and Services Administration) opportunity and submitted a \$2.8 million capital grant request, to be announced in March 2012. SRCHC received a First 5 Flexibility Fund grant for pediatric dental services, which will equip a preventive dental services program at the newly expanded Roseland Children's Health Center. KFH-Santa

Rosa's Walter Mills, MD, and Laura Tinti-Andrade, Assistant Medical Group Administrator, serve on SRCHC's board of directors, giving strategic direction to and approval of the oral health site and program development. Ms. Tinti-Andrade also participates directly on SRCHC's Fundraising Committee, helping to develop and implement additional strategies to raise funds for dental clinic capital and operating expenses. KFH-Santa Rosa Physician-in-Chief Kirk Pappas, MD, served on the Sonoma County Oral Health Task Force, whose local needs analysis report provided key information for SRCHC's federal grant proposal to open a dental clinic and provided a letter of support included in that grant application.

- West County Health Centers, Inc. received \$15,000 to provide oral health screenings and oral health education services for at-risk children in western Sonoma County. An oral health training for 15 health center primary care providers and training on applying fluoride varnish for 30 medical assistants were scheduled for February 2012. By June 2012, 200 parents and caregivers will receive dental education materials through the Dental Education project.
- Sonoma Health Alliance, a collaboration of Sutter Medical Center, St. Joseph Health System, Sonoma County Public Health, and KFH-Santa Rosa, provided funding to convene an Oral Health Task Force. In 2011, the task force produced a comprehensive report on the state of oral health in Sonoma County and gave the following recommendations:
  - *Increase access to basic dental care:* Mobilize public-private partnerships to expand access to care in Santa Rosa and other high-need communities by adding new clinical capacity and/or expanding the cost-effective use of existing community-based facilities (community health centers, WIC nutrition programs, private dental offices, Santa Rosa Junior College Dental Hygiene Clinic, and mobile dental clinics).
  - *Integrate dental and medical care:* Adopt and implement practice changes, including education for primary care providers and staff, to strengthen oral health assessment, education, and preventive care in primary care visits and fully integrate dental professionals within the medical home model.
  - *Educate pregnant women about the importance of oral health:* Develop and integrate a comprehensive oral health promotion program, to include prevention, assessment, treatment, referral, and case management, into the Comprehensive Perinatal Services Program (CPSP) for pregnant women at all CPSP service delivery sites.
  - *Promote promising models of dental care:* Expand the use of Registered Dental Hygienists in Alternative Practice (RDHAP) and other appropriate, trained personnel to deliver cost-effective oral health education, assessment, and preventive services in primary care, school, and community settings.
  - *Collect data to measure the oral health status of Sonoma County:* Develop and implement an ongoing oral health surveillance program within the Sonoma County Department of Health Services to collect, analyze, and report data on oral health status, access to prevention and care, and system capacity and to identify strategies to promote oral health throughout the community, with emphasis on high-risk populations.

The task force continues to make presentations to various community groups, participate in fundraising, and raise awareness of the problem and strategies for improving oral health in Sonoma County.

## 2012 GOALS UPDATE

The goals will remain unchanged for 2012.

## 2012 STRATEGIES UPDATE

1. Provide grant funding to support outreach and education regarding preventive dental services for children.
2. Provide grant funding to support planning for expanded dental services at safety net clinics.

## MONITORING PROGRESS OF 2012 STRATEGIES

KFH-Santa Rosa will assess our progress by tracking amount of funding provided through grants, tracking number of people reached through funded outreach, service provision and education efforts, and monitoring progress of the funded planning effort relative to expanded dental services at safety net clinics.

Table 1

## KAISER FOUNDATION HOSPITAL-SANTA ROSA

### 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	2,300
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members	109
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	3,317
Medi-Cal Managed Care members	6,135
Healthy Families Program members	4,666
Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) <sup>1</sup> members	133
Operation Access – number of procedures (including general surgery, orthopedics, otolaryngology, urology)	41
Operation Access – number of medical volunteers	69
Operation Access – number of medical volunteer hours	337
Health Research projects (new, continuing, and completed)	2
Nursing Research projects (new, continuing, and completed)	20
Educational Theatre Programs – number of performances and workshops	62
Educational Theatre Programs – number of attendees (students and adults)	20,134
Graduate Medical Education – number of programs	2
Graduate Medical Education – number of affiliated and independent residents	53
Nurse practitioner and other nursing training and education beneficiaries	14
Deloras Jones nursing scholarship recipients	3
Other health professional training and education (non-MD) beneficiaries	9
Summer Youth and INROADS programs participants	11
Number of 2011 grants and donations made at the local and regional levels <sup>2</sup>	117

<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-SANTA ROSA

### COMMUNITY BENEFIT RESOURCES PROVIDED IN 2011

	2011 Total
<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$9,119,406
Healthy Families <sup>2</sup>	1,655,247
Charity care: Charitable Health Coverage programs <sup>3</sup>	2,581,729
Charity care: Medical Financial Assistance Program <sup>4</sup>	1,975,999
Grants and donations for medical services <sup>5</sup>	457,312
<b><i>Subtotal</i></b>	<b><i>\$15,789,693</i></b>
<b>Other Benefits for Vulnerable Populations</b>	
Summer Youth and Inroads programs <sup>6</sup>	\$83,110
Grants and donations for community-based programs <sup>7</sup>	162,185
Community Benefit administration and operations <sup>8</sup>	264,161
<b><i>Subtotal</i></b>	<b><i>\$509,456</i></b>
<b>Benefits for the Broader Community<sup>9</sup></b>	
Community health education and promotion programs	\$12,413
Educational Theatre Programs	171,990
Facility, supplies, and equipment (in-kind donations) <sup>10</sup>	0
Community Giving Campaign administrative expenses	12,610
Grants and donations for the broader community <sup>11</sup>	65,548
National board of directors fund	19,538
<b><i>Subtotal</i></b>	<b><i>\$282,099</i></b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education	\$237,127
Non-MD provider education and training programs <sup>12</sup>	542,616
Grants and donations for the education of health care professionals <sup>13</sup>	9,643
Health research	4,060,766
<b><i>Subtotal</i></b>	<b><i>\$4,850,152</i></b>
<b>Total Community Benefits Provided</b>	<b>\$21,431,400</b>

## ENDNOTES

- <sup>1</sup> Amount includes unreimbursed inpatient expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries.
- <sup>2</sup> Amount includes unreimbursed inpatient expenditures for Healthy Families members.
- <sup>3</sup> Amount includes unreimbursed inpatient expenditures for Steps Plan members and unreimbursed inpatient expenditures for Kaiser Permanente Child Health Plan subsidy.
- <sup>4</sup> Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance and Indigent Care programs.
- <sup>5</sup> 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.
- <sup>6</sup> 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.
- <sup>7</sup> 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 non-health 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.
- <sup>8</sup> The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- <sup>9</sup> 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.
- <sup>10</sup> 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.
- <sup>11</sup> 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.
- <sup>12</sup> Amount reflects the net expenditures after tuition reimbursement for health professional education and training programs.
- <sup>13</sup> 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.