

Consolidated

Community Benefit Plan 2013

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

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INTRODUCTION

This is the seventeenth *Consolidated Community Benefit Plan* prepared by Kaiser Foundation Hospitals (KFH), a California nonprofit public benefit corporation, and submitted to the Office of Statewide Health Planning and Development (OSHPD) in compliance with Senate Bill (SB) 697, Chapter 812, Statutes of 1994, Health and Safety Code Section 127340 et seq. The *Consolidated Community Benefit Plan 2013* includes a hospital-specific Community Benefit Plan for each of the 35 California hospitals and one Kaiser Permanente Kern County Medical Care Area owned and operated by KFH.

DEVELOPMENT OF A CONSOLIDATED COMMUNITY BENEFIT PLAN

During 2012, the 35 hospitals and one medical care area owned and operated by KFH in California undertook activities and projects to address selected priority needs in their respective communities. This report documents the results of these efforts. The process of producing the KFH *Consolidated Community Benefit Plan 2013* includes the following activities:

- Development and distribution of internal guidelines for preparation of KFH Community Benefit year-end reports and updates that incorporate SB 697 requirements and OSHPD guidelines
- Preparation of individual KFH Community Benefit plans and year-end reports by local staff responsible for planning, implementing, and evaluating Community Benefit activities, programs, and services
- Review of all 2012 year-end results by Northern and Southern California Regional Community Benefit Departments, and National Community Benefit Compliance and Integrity, which included verification of total benefits, such as cash contributions, and donated equipment and supplies
- Update of hospital facts and service area maps based on information obtained from various internal Kaiser Permanente departments such as Planning and Analysis, Human Resources, Management Information and Analysis, and others
- Allocation and reporting of the economic value of Community Benefit provided by each hospital and one medical care area, based on the SB 697 reporting categories (Table 2 in each hospital chapter)
- Preparation of consolidated information and description of key Community Benefit programs, services, and activities for Kaiser Foundation Hospitals in California, based on the SB 697 reporting categories

The *Consolidated Community Benefit Plan 2013* was produced by Northern California Region Community Benefit and Southern California Region Community Benefit. However, preparation of this report would not have been possible without the valuable assistance of local Public Affairs and Community Benefit staff throughout California.

CONTENTS OF THE COMMUNITY BENEFIT PLAN

CHAPTER I: HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

- The history of Kaiser Permanente (KP) and a description of its organizational structure at regional and national levels

CHAPTER II: MISSION STATEMENT AND COMMITMENT TO THE COMMUNITY

- Mission statement of Kaiser Foundation Health Plan, Inc. and Kaiser Foundation Hospitals, and information on Kaiser Permanente's commitment to the communities it serves

CHAPTER III: COMMUNITY BENEFIT PROVIDED IN 2012

- Statewide and individual hospital Community Benefit provided by KFH in 2012, including descriptions of related activities and programs, as well as financial information based on the SB 697 reporting categories (Tables A and B).

CHAPTER IV: 2011–2013 COMMUNITY BENEFIT PLANS AND 2012 YEAR-END RESULTS

- The introduction includes a brief overview of what is contained in the year-end reports and plan updates.
- There is a section for each of the 35 hospitals and the KP-Kern County (non-hospital) Medical Care Area, in alphabetical order.
- Each hospital and medical care area section includes general hospital facts, a service area map, a list of cities and communities served, a summary of selected demographic and socioeconomic statistics about the area served, a list of the hospital's (or medical care area's) leadership, a brief overview of the 2010 Community Health Needs Assessment (CHNA) process and 2011–2013 Community Benefit Plan, and 2012 year-end results.
- Each hospital and medical care area section contains two tables. One provides metrics for some programs in the Community Benefit portfolio (Table 1) and the other enumerates the total Community Benefit provided in 2012 (Table 2).

CHAPTER I: HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

HISTORY OF KAISER PERMANENTE

The Kaiser Permanente Medical Care Program (Kaiser Permanente or KP) is the largest private nonprofit health care program in the country. Kaiser Permanente started in 1933 as a prepaid program to finance and provide health care services to workers on a remote construction project in the Southern California desert. It later expanded to include coverage for workers and their families during construction of the Grand Coulee Dam in Washington State. During World War II, Kaiser Permanente provided health care services to employees at Kaiser shipyards and steelmaking facilities, who were union members primarily, and to their families.

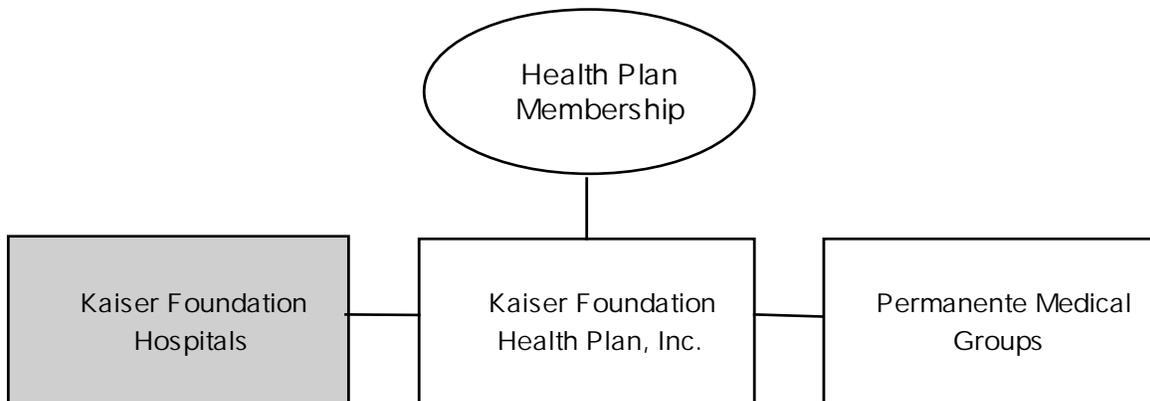
In 1945, Kaiser Permanente health care services became available to the general public. By 1963, membership exceeded one million. Currently, Kaiser Permanente serves more than 8.9 million members in California, Colorado, Georgia, Hawaii, Maryland, Ohio, Oregon, Virginia, Washington, and the District of Columbia. Nationwide, Kaiser Permanente employs 172,997 technical, administrative, and clerical employees and caregivers, 16,658 Permanente physicians representing all specialties, and more than 120 general dentists and specialists (Permanente Dental Associates or PDA).

An innovative Labor Management Partnership (LMP) among Kaiser Permanente workers, managers, and physicians honors the early cooperative spirit between the company and its union employees. The LMP is the largest and most comprehensive of its kind, covering nearly 100,000 union-represented employees and their managers and yielding superior health care results and a high-performance workplace.

Kaiser Permanente has been actively involved in the community for decades. Since its beginning, Kaiser Permanente's philosophy has reflected the belief that effective preventive health care does not begin and end with an individual's well-being, but includes promoting and supporting healthy, stable communities.

ORGANIZATIONAL STRUCTURE

Kaiser Permanente is organized in each operating region by three separate but closely cooperating entities: Kaiser Foundation Hospitals (KFH); Kaiser Foundation Health Plan, Inc. (KFHP), or one of its subsidiaries; and a Permanente Medical Group (PMG). The following diagram illustrates the relationship between KFH, KFHP, and PMG, which share responsibility for organizing, financing, and delivering quality, prepaid health care to members and the community at large.



NATIONAL STRUCTURE

Kaiser Permanente comprises three separate legal organizations: Kaiser Foundation Hospitals (KFH) is a California nonprofit public benefit corporation exempt from federal income tax under Internal Revenue Code 501(c)(3); Kaiser Foundation Health Plan, Inc. (KFHP) is a California nonprofit public benefit corporation exempt from federal income tax under Internal Revenue Code 501(c)(3); and Permanente Medical Groups (PMG).

KFHP and KFH (collectively KFHP/H) are governed by identical 14-member boards of directors from academia and private industry who are representative of the community. George C. Halvorson serves as Chairman and Chief Executive Officer for both organizations. Corporate headquarters for Kaiser Permanente is in Oakland, California.

People enroll in Kaiser Permanente through KFHP (or one of its health plan subsidiaries), which provides and arranges for comprehensive health care services for members on a predominately prepaid basis, and fulfills its contractual obligations to group and individual members by contracting with KFH and a PMG to provide the required health care services.

Multi-specialty groups of physicians compose each of the PMGs, which operate independently from KFHP/H and from each other but contract exclusively with KFHP and practice primarily in KFH facilities. KFHP pays the PMG a per-member payment on a budgeted, prepaid basis that does not vary with the amount of services provided, and each medical group determines physician compensation.

KFH accepts responsibility to provide or arrange necessary hospital services and facilities for members. Staff privileges are available on a nondiscriminatory basis to physicians in the communities served. KFH also contracts with other community hospitals to provide hospital services to members for specialized care and other services.

Members typically obtain medical care and services at one central location. Comprehensive care and services provided include hospital care, professional care in hospitals and physicians' offices, laboratory and X-ray services, physical therapy, emergency, ambulance transportation, preventive services, health education, and certain prescribed drugs.

REGIONAL STRUCTURE IN CALIFORNIA

In California, KFHP and KFH divide their operations into two separate regions, Northern California Region (NCR), headquartered in Oakland and Southern California Region (SCR) in Pasadena, each with its own president.

Four separate legal entities are responsible for managing the integrated health care system in California: Kaiser Foundation Health Plan, Inc. (KFHP); Kaiser Foundation Hospitals (KFH); The Permanente Medical Group, Inc. (TPMG); and Southern California Permanente Medical Group (SCPMG). TPMG contracts with KFHP in Northern California, and SCPMG contracts with KFHP in Southern California.

The 2013 KFHP/H leadership team in Northern California includes Gregory Adams, President; Wade Overgaard, Senior Vice President and National Health Plan Manager; Sandi Small, Senior Vice President, Hospital and Health Plan Area Operations; Debby Cunningham, Senior Vice President, Strategy and Business Development; Michael Rowe, Senior Vice President and Chief Financial Officer; Cesar Villalpando, Senior Vice President and Chief Administrative Officer; Gay Westfall, Senior Vice President, Human Resources; Yvette Radford, Vice President, External and Community Affairs; Sandra Golze, Vice President and Regional Counsel; Barbara Crawford, Vice President, Quality and Regulatory Services; Debbie Szoke, Vice President and Business Information Officer, KP HealthConnect; Lori Dutcher, Vice President, Compliance and Privacy; and Ann Orders, Executive Director, Health Care Reform and Continuing Care.

The 2013 KFHP/H leadership team in Southern California includes Benjamin Chu, MD, President; William Caswell, Senior Vice President, Operations; Jerry McCall, Senior Vice President, Operations; George Di Salvo, Senior Vice President, Chief Financial Officer; Patti Harvey, Senior Vice President, Quality and Risk Management, Patient Care Services, and Clinical Operations Support; John Yamamoto, Vice President and Assistant General Counsel, National Legal Counsel; Dennis Scott, Vice President, Compliance and Privacy; Jodie Lesh, Senior Vice President, Strategic Planning and New Ventures; Arlene Peasnell, Senior Vice President, Human Resources; Diana Halper, Vice President Integrated Brand Communications; Wade

Overgaard, Senior Vice President, California Health Plan Operations; Jerry Spicer, Vice President, Patient Care Services; David Kvancz, Vice President, National Pharmacy Programs and Services; and James Crawford, Vice President, Business Information Officer.

TPMG and SCPMG are responsible for the care of KFHP members and for physician recruitment, selection, and staffing. Robert Pearl, MD, is Medical Director and Executive Director of the Board for TPMG. Jeffrey Weisz, MD, is Executive Medical Director and Chairman of the Board for SCPMG.

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

KFH owns and operates 35 hospitals (including six licensed hospitals with multiple campuses) in California: 21 community hospitals in Northern California and 14 in Southern California, all accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

KFH hospitals are located in Anaheim, Antioch, Baldwin Park, Downey, Fontana, Fremont, Fresno, Hayward, Irvine, Los Angeles, Manteca, Modesto, Moreno Valley, Oakland, Ontario, Panorama City, Redwood City, Richmond, Riverside, Roseville, Sacramento, San Diego, San Francisco, San Jose, San Rafael, Santa Clara, Santa Rosa, South Bay, South Sacramento, South San Francisco, Vacaville, Vallejo, Walnut Creek, West Los Angeles, and Woodland Hills.

MEDICAL OFFICE BUILDINGS

In California, KFHP/H owns and leases 436 medical offices where members receive outpatient health care. Each Kaiser Permanente medical office building is affiliated with a KFHP medical center.

NON-HOSPITAL SERVICE AREAS

Kaiser Permanente also provides medical services to members in one non-hospital service area, Kern County. In Kern County, SCPMG physicians provide primary and specialty care for members, and KFHP contracts for hospital services.

CHAPTER II: MISSION STATEMENT AND COMMITMENT TO THE COMMUNITY

MISSION STATEMENT

Kaiser Permanente's mission statement reflects both business objectives and a long-standing philosophy of social responsibility.

*Kaiser Permanente exists to provide affordable, high-quality health care service
to improve the health of our members and the communities we serve.*

In compliance with SB 697 legislation passed in 1994, the KFHP/H Board of Directors met on March 7, 1995, and reaffirmed that:

KFH is a nonprofit public benefit corporation not organized for the private gain of any person and that, as set forth in its Articles of Incorporation and Bylaws, its principal purpose is to provide hospital, medical and surgical care, including emergency services, extended care and home health care, for members of the public, without regard to age, sex, race, religion or national origin or for the individual's ability to pay. The corporation's related purposes are to educate and train medical students, physicians and other health care professionals, and students in the healing arts; to conduct, promote and encourage educational and scientific research in medicine and related sciences, and medical and nursing education; and to support such other charitable, scientific, educational and hospital endeavors as the corporation may deem advisable and as are consistent with this corporation's tax-exempt nonprofit status. The corporation also makes available professional staff privileges to practitioners in the community.

NATIONAL COMMITMENT TO COMMUNITY BENEFIT

Through the Kaiser Permanente mission, the organization contributes to the health of the communities in two related ways. First, Kaiser Permanente strives for excellence in serving its more than 8.9 million members through market-leading performance in quality, service, and affordability. By doing so, Kaiser Permanente provides a discipline in the marketplace by demonstrating meaningful value and affordability and generating resources to reinvest in the community's health.

Second, Kaiser Permanente directly invests in improvements to community health by working to increase access for the underserved, disseminating care improvements, altering the social determinants of health, educating health care workers and consumers, and informing public policy.

For more than 70 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. These are the vital signs of healthy communities. Good health for the entire community, which we call Total Health, requires equity and social and economic well-being.

Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grantmaking to pair financial resources with medical research, physician expertise, and clinical practices. Historically, we've focused our investments in three areas—Health Access, Healthy Communities, and Health Knowledge—to address critical health issues in our communities.

For many years, we've worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. And we've conducted Community Health Needs Assessments to better understand each community's unique needs and resources. The CHNA process informs our community investments and helps us develop

strategies aimed at making long-term, sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health.

Our program is supported by national and regional funding pools and is built on the organization's integrated health care system. In 2007, the KFHP/H board of directors refined the focus of the organization's Community Benefit Program and established the following priority areas, which have come to be known as the four streams of work:

- *Care and Coverage for Low-Income People:* Improving health care access for those with limited incomes and resources is fundamental to our mission. We help make health care affordable to the uninsured and underserved through our innovative Charitable Coverage programs and traditional charity care, and we participate in public programs like Medicaid, the State Children's Health Insurance Program (SCHIP), and Medicare's Limited-Income Subsidy.
- *Community Health Initiatives:* We're dedicated to proactively helping people get and stay healthy. That's why we take long-term, comprehensive programs into schools, worksites, and neighborhoods, while at the same time we work to change policy and community conditions that affect people's health. Healthy Eating Active Living (HEAL) is our multifaceted approach to addressing obesity and related health conditions. Bringing fresh, locally grown food into low-income neighborhoods and improving public parks so that residents will have safe and healthy recreational spaces to play in are just two examples of HEAL at work.
- *Safety Net Partnerships:* We work closely with community clinics, public hospitals and local health departments, sharing with them our knowledge and expertise. Through grant funding, technical assistance, training, and the sharing of care-management and quality-improvement strategies, we help these vital health care providers who face daily challenges caring for diverse populations to improve and expand services in the communities they serve.
- *Developing and Disseminating Knowledge:* We're committed to advancing health through research, education, and training. Our research teams have been in the forefront of some of the most exciting medical findings, and that information has made a difference in the lives of people around the world. For the health of all communities, we share this knowledge, educate practitioners, support vital research, empower consumers, and keep policymakers informed by providing proven data about health and health care.

The board elaborated that at least 75% of total Community Benefit funding will be directed to program priorities within the four streams of work and that the remaining 25% of funding will be directed by local regions to respond to local Community Benefit needs and opportunities that may or may not be within the four key focus areas.

The KFHP/H board of directors has a standing Community Benefit Committee that oversees the program-wide Community Benefit program. Kaiser Permanente also has a national executive of KFHP and KFH to lead Kaiser Permanente's Community Benefit Program as a full-time assignment. Raymond J. Baxter, PhD, is the Senior Vice President for Community Benefit, Research, and Health Care Policy reporting to the CEO and Chairman of the Board.

KAISER PERMANENTE'S COMMITMENT TO COMMUNITY BENEFIT IN CALIFORNIA

The following key activities illustrate KP's Community Benefit commitment in California:

- Regional Community Benefit Governance Teams include senior-level executives representing KFHP/H and SCPMG or TPMG. Each team is responsible for setting strategic direction for Community Benefit activities, approving new initiatives, setting annual spending targets, and monitoring Community Benefit outcomes and results in the region.
- Regional Community Benefit leaders and staff coordinate and implement Community Benefit programs and initiatives with program managers, staff the Community Benefit governance team, and frame policy directives in Northern and Southern California.
- Local staff at the hospital and/or Area level are responsible for implementing and reporting on Community Benefit programs and services that address local needs.

CHAPTER III: COMMUNITY BENEFIT PROVIDED IN 2012

This chapter includes descriptions of all Community Benefit programs and services provided by the Kaiser Permanente Medical Care Program during 2012.

Financial information is listed in two tables located at the end of this chapter. Table A itemizes total Community Benefit provided by KFH for California in accordance with the SB 697 framework. Table B shows total Community Benefit provided by each hospital and by the KP-Kern County (non-hospital) Medical Care Area.

Community Benefit plans and reports for the individual hospitals and for the KP-Kern County (non-hospital) Medical Care Area, including descriptions of related activities, programs, and services as well as financial information, are included in Chapter IV.

METHODOLOGY

DEFINITION OF COMMUNITY

For Community Benefit planning and reporting purposes, "community" is defined broadly as entities and individuals residing around KFH facilities. Because KFHP members often make up a significant portion of the population, programs and services are available to all community members regardless of their health care providers.

CATEGORIZATION OF SERVICES

Each KFH Community Benefit program and service included in this plan was aligned with and reported under the most appropriate SB 697 category, which are as follows:

- Medical Care Services for Vulnerable Populations
- Other Benefits for Vulnerable Populations
- Benefits for the Broader Community
- Health Research, Education, and Training Programs

DOCUMENTATION AND ALLOCATION OF EXPENDITURES

Total Community Benefit expenditures are reported for the 35 NCR and SCR (combined) hospitals and KP-Kern County (non-hospital) Medical Care Area, as follows:

- Quantifiable Community Benefit such as facility use and in-kind donations are included if funded by KFH, provided in a KFH facility, or are part of a KFH Community Benefit Plan.
- Medical care services for vulnerable populations include unreimbursed inpatient costs for participation in KP-subsidized and government-sponsored health care insurance programs.
- The unreimbursed portion of medical, nursing, and other health care profession education and training costs are included.

Resource allocations are reported, as follows:

- Financial expenditures are reported in exact amounts, if available, by the hospital and non-hospital service area.
- If exact financial expenditure amounts were not available from the hospital and non-hospital service area, then regional expenses were allocated proportionally on the basis of KFHP membership or other quantifiable data, such as the

number of Educational Theatre Programs performances presented or Summer Youth students employed within each hospital area's community at large.

SUMMARY OF KAISER FOUNDATION HOSPITALS COMMUNITY BENEFIT

STATEWIDE BENEFITS

In 2012, KFH provided a total of \$835,911,565 in Community Benefit for Californians, supporting a wide range of community projects, medical care services, and research and training for health and medical professionals. As shown in Table A (page 21), most Community Benefit funds were used to subsidize inpatient medical care services for vulnerable populations (\$602,617,510) and for health research, education, and training programs (\$182,745,403). KFH also expended \$33,474,852 on other benefits for vulnerable populations and \$17,073,800 on projects benefiting the broader community (Table A).

BENEFITS BY HOSPITAL AND NON-HOSPITAL SERVICE AREA

Table B shows total Community Benefit contributions made in 2012 by the 35 hospitals and the KP-Kern County (non-hospital) Medical Care Area. Totals reflect differences among hospitals, including geographic location, size, Health Plan membership, Community Benefit programs and services provided, and diversity of population. More detailed information, including individual hospital reports, is included in Chapter IV.

DESCRIPTION OF COMMUNITY BENEFIT PROGRAMS AND SERVICES

The Kaiser Permanente Community Benefit programs and related services described in this section are aligned with the SB 697 framework. Most correspond directly to the line items listed in Table A in Chapter III and Table 2 in the individual hospital sections, which include financial information for 2012.

MEDICAL CARE SERVICES FOR VULNERABLE POPULATIONS

Providing charitable care for the underinsured and uninsured, as well as services to beneficiaries of publicly financed health care programs, is an important element of the KFHP/H social mission. In 2012, KFH spent a total of \$602,617,510 on unreimbursed medical care for vulnerable populations.

For the purpose of this plan, KFH has quantified the unreimbursed costs of medical services provided in its hospitals to the underinsured and uninsured through government programs funded at the federal and state levels as well as KP's own charity care programs. Government-funded programs include Medi-Cal Managed Care, Medi-Cal Fee-For-Service, and Healthy Families Program. KFH provides charity care through its Charitable Health Coverage and Medical Financial Assistance programs. Services provided to prepaid Medicare, Major Risk Medical Insurance Program (MRMIP), and Access for Infants and Mothers (AIM) beneficiaries are not reported.

MEDI-CAL SHORTFALL

KFH serves Medi-Cal beneficiaries in two ways. Some recipients are enrolled as KFHP members through Medi-Cal managed care contracts; other Medi-Cal beneficiaries receive health care services on a fee-for-service basis. In both cases, the cost of inpatient services provided exceeds the capitation or revenue received.

- **Medi-Cal Managed Care:** KFH provides comprehensive inpatient and outpatient care to Medi-Cal managed care members in California through various local and state government entities. KFHP subcontracts with local initiatives in Los Angeles, Riverside, San Bernardino, and Orange counties. KFHP also contracts directly with the state of California through their Geographic Managed Care Plan in San Diego County. In 2012, KFHP/H provided comprehensive inpatient and outpatient care to approximately 200,000 Medi-Cal managed care members.

- **Medi-Cal Fee-For-Service:** KFHP provides health care on a fee-for-service basis for Medi-Cal beneficiaries not enrolled as KFHP members. Reimbursement for some services usually is significantly below the cost of care and is considered subsidized care to non-members, Medi-Cal Fee-For-Service patients.

HEALTHY FAMILIES PROGRAM

Healthy Families is a federally and state-funded insurance program that provides low- and moderate-income families with health insurance for their children under age 19. The program provides comprehensive health benefits, including dental and vision care. To qualify, families must have a total income between 100% and 250% of the federal income guidelines, and the children must be ineligible for Medi-Cal coverage. KFHP served more than 190,000 children in 2012.

CHARITABLE HEALTH COVERAGE PROGRAMS

Through Kaiser Permanente's Charitable Health Coverage Programs, more than 81,000 low-income adults and children who were not eligible for other public or privately sponsored coverage received health care. Steps Plan and Kaiser Permanente Child Health Plan are the specific products that provide charitable health care coverage in California.

- **Kaiser Permanente Steps Plan:** Steps offers members the opportunity to continue their health care coverage at reduced cost when experiencing financial difficulty due to job loss, involuntary reduction in work hours, legal separation, divorce, or death of a spouse. Typically, participants are not eligible for public or private group health coverage and have family income between 100% and 300% of the federal income guidelines. Steps is available to parents of children enrolled in AIM, Healthy Families, or Kaiser Permanente Child Health Plan, and to participants of vocational training programs offered by government, private industry councils, or social agencies. Steps premiums are subsidized at four levels/steps: 20%, 40%, 60%, and 80%. Participants are placed at an initial premium step based on their current family income. They remain at that step for one year and then move to the next higher step.
- **Kaiser Permanente Child Health Plan:** Kaiser Permanente Child Health Plan (KPCHP) is open to children (birth through age 18) in families with income up to 300% of the federal income guidelines who lack access to employer-subsidized coverage and do not qualify for public programs because of immigration status or family income. KPCHP provides comprehensive benefits: preventive care, inpatient and outpatient services, prescriptions, and vision and dental care. Premiums are \$8 or \$15 per child per month, depending on family income, for up to three children (additional children are covered for free), with low copayments for some services.

MEDICAL FINANCIAL ASSISTANCE

KFHP contributed \$150,092,966 to help patients with limited or no resources pay for care provided in KP facilities. The Medical Financial Assistance (MFA) program assists patients who have limited or no resources to pay for care provided in KFHP facilities. Each hospital offers financial assistance to help families and individuals who are unable to meet all or part of the cost of medical care on an immediate and nonrecurring basis. MFA strives to meet the needs of as many patients as possible and is generally available to people in greatest financial need, including those experiencing unusual or unfortunate circumstances.

GRANTS AND DONATIONS FOR MEDICAL CARE SERVICES

KFHP donated \$15,747,141 to nonprofit and community-based agencies in California to support the delivery of medical care by community providers. This effort is designed to provide support for community clinics to build capacity for improving access and quality care infrastructure. It also extends partnerships to health departments and public hospitals. Focus areas include, but are not limited to, funding for chronic disease management, access to specialty care, homeless services, quality improvement, access to primary care, HIV/AIDS, and general operating support.

OTHER BENEFITS FOR VULNERABLE POPULATIONS

In 2012, KFHP donated \$33,474,852 to programs benefiting vulnerable populations, including Educational Outreach Program, INROADS, Summer Youth, Watts Counseling and Learning Center, and grants and donations for community-based programs.

KAISER PERMANENTE EDUCATIONAL OUTREACH PROGRAM

Educational Outreach Program (EOP) provides education and support services, primarily for Latino families, in the San Gabriel Valley section of Los Angeles County. The focus of EOP is to provide programs and activities that improve school performance, promote family communication, teach skills that are needed to meet various life tasks and alleviate stress, create opportunities for the development of leadership skills for both youth and their parents so that they can address issues that have an impact on their community, and increase awareness of professional opportunities in the health field for young people. Programs offered include homework assistance and study skills classes, reading improvement classes, mother-daughter workshops, assessment of mental health needs in the community, and summer enrichment sessions. EOP provided services to a total of 1,149 clients.

KAISER PERMANENTE WATTS COUNSELING AND LEARNING CENTER

Since 1967, Watts Counseling and Learning Center (WCLC) has been a valuable community resource for low-income, inner-city families in South Los Angeles. WCLC provides mental health and counseling services, educational assistance to children with learning disabilities, and a state-licensed and nationally accredited preschool program. In addition, WCLC operates several outreach programs, including Kids Can Cope support groups (for children whose siblings or parents have cancer), pre-employment training for high school youth, scholarships for high school students, and training for graduate social work interns from local universities. WCLC provided services to a total of 1,359 individuals.

YOUTH EMPLOYMENT PROGRAMS

KFH participates in two programs that benefit disadvantaged youth—L.A.U.N.C.H. Summer Youth and INROADS. These programs offer employment, mentoring, and training opportunities, as well as potential full-time employment upon completion. In 2012, 550 young people were employed through them.

- **Kaiser Permanente L.A.U.N.C.H. Summer Youth:** Geared primarily to 11th- and 12th-grade students, Kaiser Permanente L.A.U.N.C.H. (Learn About Unlimited New Careers in Healthcare) High School Summer Youth Employment Program (SYEP) has been creating opportunities for underserved high school students since 1968. It offers paid summer work experience at Kaiser Permanente facilities throughout California and helps students to see that lifelong learning and earning power begin with a high school diploma. A wide variety of health care and health care support jobs are available, and many SYEP participants have chosen health care–related fields after graduation, some of them at Kaiser Permanente. As a SYEP intern, students work in a KP department while learning about careers in health care. In addition, when a certified Regional Occupational Programs (ROP) teacher is involved and interns complete the various components of the program, they can earn up to 10 Cooperative Vocational Education (CVE) units. These units may be added to the total units required for high school graduation. SYEP focuses on health care careers that are in demand and offers a well-rounded program that will help students prepare for an exciting future in health care.
- **Kaiser Permanente L.A.U.N.C.H. INROADS:** Since 1987, Kaiser Permanente has worked with the INROADS organization to form L.A.U.N.C.H., a unique program designed to provide students with practical experience in the health care field and to offer successful participants exciting career opportunities following graduation. Together, we remain dedicated to helping underrepresented college students of color develop into a powerful, multicultural workforce that delivers quality, cost-effective, and culturally responsive care to the diverse communities we serve. With the KP L.A.U.N.C.H. INROADS Program, we are making a solid investment in developing health care leaders capable of guiding us into the future. Here, interns discover a chance to develop their skills in a supportive environment. We offer a variety of internships in health care, designed to provide practical background, a support network, and knowledge interns will need to succeed in their chosen field. Our program offerings are broken down into two distinct “tracs” to choose from. “HealthTrac” Internships are offered to students seeking careers as registered nurses and allied health professionals such as pharmacists, physical therapists, and clinical lab scientists. As a “HealthTrac” intern, they gain hands-on experience working alongside our dedicated staff of health care professionals. “BusinessTrac” internships focus on finance and accounting, administration, human resources, information technology, sales and marketing, and other business departments. Here, interns participate in the development of projects in these areas and work with professionals at various levels of management to implement them. KP’s L.A.U.N.C.H. INROADS program enhances the diversity of our workforce so that it will continue to mirror our membership.

GRANTS AND DONATIONS FOR COMMUNITY-BASED PROGRAMS

KFH donated \$10,174,385 to community organizations to support a variety of programs and services for vulnerable populations in California. Under this funding category, KFH supports the HEAL (Healthy Eating, Active Living) initiative, which promotes place-based healthy eating, active living programs, and other interventions to combat increased obesity rates. The initiative supports efforts by community providers and coalitions to bring community-wide medical, environmental, and social changes that can help decrease obesity.

BENEFITS FOR THE BROADER COMMUNITY

In 2012, KFH spent \$17,073,800 on programs and services to benefit the broader community, including health education and community wellness programs, Educational Theatre Programs, donations of surplus equipment and supplies, facility use, grants and donations for the broader community, and the National Board of Directors Fund.

COMMUNITY HEALTH EDUCATION AND HEALTH PROMOTION PROGRAMS

This program provides health education programs, materials, and services and conducts training sessions to California's diverse communities. The goal is to improve health and prevent disease in families and individuals of all ages by conducting appropriate health education interventions and sharing Kaiser Permanente's health education resources. These programs widely disseminate quality health education materials, resources, and services to the community, including online resources such as the health encyclopedia and Healthwise Self-Care Tip Sheets. Programs offered include asthma management in children, breastfeeding, HIV prevention, better nutrition and lifestyle, coping with chronic diseases, and seniors' movement programs. Continuing Education courses and skill training sessions are also provided to community health care providers. Many of the programs and resources are provided in partnership with community groups, community clinics, libraries, nonprofit organizations, cable television channels, and schools. In 2012, Regional Health Education provided more than 550 activities- responding to materials request, trainings, presentations, event staffing, technical assistance and publication development- that reached more than 168,000 community members.

EDUCATIONAL THEATRE (PROGRAMS)

Educational Theatre Programs (ETP), known as Educational Theatre (ET) in SCR, uses live theatre, music, comedy, and drama to inspire children, teens, and adults to make healthier choices and better decisions about their well-being. ET/ETP's award-winning programs are as entertaining as they are educational and were developed with the advice of teachers, parents, students, health educators, medical professionals, and professional theatre artists. All performances and workshops are delivered by professional actors who are also trained health educators. The programs disseminate health information to audiences.

ETP in NCR celebrated its 25th year in 2011 and continues to provide its programs free of charge to schools and the general community. In addition to performances and classroom workshops, ETP supplies schools and organizations with supplementary educational materials including workbooks, parent and educator guides, and student wallet cards. All materials are designed to reinforce the messages presented in the programs. In 2012, 385,856 children and adults attended one of more than 1,700 ETP events in Northern California, including school performances and workshops, community events, and seminars.

In NCR, ETP also expanded its highly requested Community Troupe program to include more innovative performances and services, a response to an increase in the number and variety of requests. ETP continues to provide its other school-based programs throughout Kaiser Permanente Northern California Region *The Best Me*, which provides multiple interventions with schools, upper elementary school students, and their families to encourage healthy eating and an active lifestyle; *PEACE Signs*, a conflict resolution and anti-violence program for upper elementary school students that, like *The Best Me*, provides a week-long residency for a more in-depth educational experience; *Nightmare on Puberty Street*, a dramatic presentation about the joys and angst of adolescence; and *Secrets*, an HIV/AIDS education drama for high school students.

In SCR in 2012, approximately 206,000 children and adults attended one of nearly 1,500 ET performances. For the past several years, ET has provided MPOWR (empower) a summer enrichment program that challenges students to explore

health via self-expression through art, music, theatre and movement. Ongoing partnerships include the Watts Counseling and Learning Center and Madison Middle School, North Hollywood. New partnerships include the Boys and Girls Club of Redlands. The program is facilitated by ET actor-educators. MPOWR culminates with a showcase of student work at each location. The repertoire for ET in SCR includes the following:

- The **Literacy Promotion Program** (grades K-2) is a multifaceted offering that includes the play, *Jay and E and the ZigZag Sea*, in-class Bookshares, where the actor-educators read a story to the students and facilitate an activity, and a parent workshop called, "World of Words." The program is designed to inspire students to read and educate parents about the importance of literacy. Key concepts include reading is fun, sound out words one letter at a time and for parents to create a print rich environment in their home.
- The **Conflict Management Program** (grades 3-5) is a multifaceted offering that includes the play, *Drummin' Up Peace*, in-class supporting workshops, and a family event. The program is designed to complement conflict resolution and violence prevention efforts in schools and community locations. Key topics include steps to managing conflict, empathy, cooperation and communication.
- The **STD Prevention Program** (grades 9-12) consists of a high tech play, *What Goes Around* that provides information about HIV, AIDS, and sexually transmitted diseases (STDs). The play gives insight into the lasting impact one person's choice can make on the lives and health of many. Key topics include the option of abstinence and the importance of testing and prevention, including a condom demonstration. At the end of each performance, the actor-educators facilitate a question and answer session.

GRANTS AND DONATIONS FOR THE BROADER COMMUNITY

KFH donated \$3,983,589 to nonprofit organizations to help educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, and communicate health care-related public policy, and to support a variety of other programs and services aimed at the general well-being of the community.

FACILITY USAGE, SURPLUS EQUIPMENT, SUPPLIES, AND OTHER IN-KIND DONATIONS

Many community organizations use meeting rooms at KFH facilities free of charge. KFH also donates surplus hospital and office equipment, furniture, health education materials, linens, and other items and materials to nonprofit organizations throughout California. Although distribution methods vary by facility, donations are recorded in a database.

NATIONAL BOARD OF DIRECTORS FUND

The National Community Benefit Program in Oakland maintains a Board of Directors Fund to support national nonprofit organizations and initiatives. Both NCR and SCR annually contribute to this fund.

HEALTH RESEARCH, EDUCATION, AND TRAINING PROGRAMS

KFH is committed to improving the health and well-being of community members by educating and training physicians and other health care professionals, conducting medical and health services research, and disseminating information. In 2012, KFH spent \$182,745,403 on education and training for nurses, physicians, other health care professionals, and health and nursing research.

PROVIDER EDUCATION AND TRAINING

KFH provides education and training for medical interns and residents, as well as for nurses and other health care professionals, and offers continuing medical education for SCPMG, TPMG, and general community physicians.

GRADUATE MEDICAL EDUCATION (GME)

In 2012, KFH contributed \$59,331,051 to educate more than 2,300 interns and residents in California. Most medical residents study within the primary care medicine areas of Family Medicine, Internal Medicine, Obstetrics and Gynecology,

Pediatrics, Preventive Medicine, and Psychiatry. Kaiser Permanente's first Graduate Medical Education (GME) program began more than 60 years ago in Oakland, California. Today, all hospital-based regions provide training and education for medical residents and interns, helping to educate the next generation of physicians. Many of our programs are nationally acclaimed, attracting some of the top medical school graduates in the United States. KFH residents serve a large, culturally diverse patient base in an integrated health care delivery system with sophisticated technology and information systems, established clinical guidelines, and an emphasis on preventive and primary care.

As part of their training, several of the independent residents have rotations at school-based health centers, community clinics, and homeless shelters. These ambulatory settings provide primary medical care services to low-income children and adolescents, the homeless, and other vulnerable populations. Community rotations provide residents with experience in settings that serve uninsured clients, giving them a better understanding of the barriers to health care and some of the resources that are available.

COMMUNITY MEDICINE FELLOWSHIP

The Community Medicine Fellowship is implemented by the SCR Residency Program to provide care for underserved populations. Fellows provide direct patient care and mentor residents and medical students in the provision of care in a variety of settings, including community health clinics, homeless shelters, and local schools. Program participants collaborate with local health department physician leaders to develop programs that address community health concerns and provide lectures for local medical students with the focus on inspiring interest in the provision of primary care.

OLIVER GOLDSMITH SCHOLARSHIP PROGRAM

The Oliver Goldsmith Scholarship Program in SCR is dedicated to the promotion and advancement of culturally responsive care. Fourteen scholarships are awarded annually to medical students entering their third or fourth year of study who have demonstrated commitment to diversity through community service, clinical volunteerism, leadership, or research. Scholarship recipients participate in clinical rotations at Kaiser Permanente facilities to observe SCPMG physicians deliver culturally responsive care.

NURSING EDUCATION AND TRAINING

KFH offers several programs, many in partnership with colleges and universities, to increase the number of registered nurses and those with advanced nursing degrees.

KAISER PERMANENTE SCHOOL OF ANESTHESIA FOR NURSES

Founded in 1972, the Kaiser Permanente School of Anesthesia for Nurses provides graduate-level education for nurse anesthetists. In partnership with California State University, Fullerton, the school offers a two-year sequential academic and clinical graduate program for nurses with a baccalaureate degree. Students earn a master's of science in nursing with a clinical specialty in anesthesia. In SCR, the school has partnerships with a number of public and community hospitals to provide additional clinical rotation opportunities for students. Scholarships for students are available through the National Black Nurses Association and American Association of Nurse Anesthetists Foundation. In addition, the school partnered with Pasadena City College to develop the first anesthesia technician associate degree program in the nation. The Anesthesia Technician program prepares students for eligibility to take and pass the American Society of Anesthesia Technologists and Technicians (ASATT) National Certification Examination to become certified as an Anesthesia Technologist. A certificate of Achievement and an Associate of Science degree is awarded upon successful completion of the curriculum. Eleven students participated in the program in 2012.

NURSE ANESTHESIA COLLABORATIVE PROGRAM

In 1994, KP and Samuel Merritt College (now Samuel Merritt University or SMU) established a joint program to provide education and financial assistance to students pursuing a Master's degree in Nurse Anesthesia. As part of the collaboration, the salary of the associate program director was paid with KFH Community Benefit funds to offset administrative costs. From 1994 to 1998, Community Benefit funds also supported program startup costs, a portion of the medical director's salary, and forgivable loans for students in the program. In 1998, SMU established a partnership with KP's School of Anesthesia in

Southern California to provide instruction for students statewide via distance learning. Since 2000, additional Community Benefit funding has allowed for significant program expansion. The forgivable loan program was reestablished in 2000 with funding from TPMG, SMU established a satellite campus in Sacramento connecting students via videoconferencing, and in 2002-2003, funding for additional faculty allowed the PNA to double class sizes to 26. Since 1994, approximately 60% of all Nurse Anesthesia Collaborative Program (NACP) graduates have become TPMG nurse anesthetists. The program is the primary source for a steady supply of highly qualified CRNAs for NCR and the level of satisfaction with SMU graduates is extremely high. Nearly one-third of the NACP faculty (clinical and academic) are SMU program graduates, and serve as resources for lifelong learning within NCR's departments of perioperative medicine and throughout Northern California's anesthesia community. Based on NCR's anesthesia workforce forecasts, NACP will continue to be an essential element of TPMG's ability to provide affordable and accessible perioperative care to KP members and others in the community. In 2012, 437 students participated in the program.

KAISER PERMANENTE DELORAS JONES NURSING SCHOLARSHIP PROGRAM

This program provides financial assistance for students enrolled in any California nursing program to encourage and support them to become registered nurses or pursue advanced nursing degrees. Scholarships are awarded in several categories: financial need targeting underrepresented minorities; academic excellence; nursing as a second career; and graduate nursing degrees. In 2012, 197 scholarships, totaling \$335,000 were awarded.

BOARD OF REGISTERED NURSES (BRN) WORK STUDY CLINICAL INTERNSHIP PROGRAM

The BRN Work Study program gives nursing students valuable direct clinical experience before graduation, allowing them to enter the workplace with additional confidence and competence. This added experience enables them to assume the RN role more rapidly and the confidence they gain during the program allows them to practice more safely. As a result, this effort contributes to knowledge dissemination among the future nursing workforce. Each partnering nursing program offers a BRN-approved course and develops an agreement with a KFH facility to offer the work study internships. Each intern works under the direct supervision of a Kaiser Permanente staff RN and receives support and direction from a faculty member from the nursing program. In 2012, 97 students participated in the BRN Work Study program.

In SCR, the program is administered jointly by affiliated nursing programs and hospital education departments. In 2012, a total of 26 students were assigned to KFH facilities. Academic partners were Point Loma University, San Diego State University, Southwestern Community College, Grossmont College, Miracosta College, San Diego City College and Santa Monica Community College.

TECHNICAL PROVIDER EDUCATION AND TRAINING

KFH provides postgraduate education and training, including internships, to nonphysician health care professionals in medical technology, pharmacy, physical therapy, psychology, and radiology. The programs are administered regionally. Some programs offer students a small monthly stipend.

KAISER PERMANENTE SCHOOL OF ALLIED HEALTH SCIENCES

The Kaiser Permanente School of Allied Health Sciences (KPSAHS); located in Richmond, California, was originally established in 1989 as a radiology program in response to the severe shortage of radiologic technologists. Due to the continued national shortage of medical imaging and therapy workforce, KPSAHS expanded the school to include 18-month programs in sonography, nuclear medicine, and radiation therapy. In addition, the school provides courses in anatomy and physiology and advanced/basic phlebotomy. KPSAHS provides educational programs and promotes learning to develop a skilled allied health workforce and to improve quality and access of health care services in the communities we serve. To assist students to achieve these outcomes, KPSAHS, as the "School of Choice," provides a high-quality didactic and laboratory setting, which includes computer-based training, clinical simulators, and state-of-the-art videoconferencing equipment for distance learning. All enrolled students are eligible for financial aid through the Kaiser Permanente Student Financial Aid program.

KAISER PERMANENTE MENTAL HEALTH TRAINING PROGRAM

The Kaiser Permanente Mental Health Training Program in Northern California trains mental health professionals, and is consistent with the National Community Benefit Stream of Work, "Developing and Disseminating Knowledge." The program provides internships and residencies in a variety of postgraduate specialty areas. Internships in the two pre-master's level mental health services include Clinical Social Work and Marriage & Family Therapy. Participating interns are enrolled in either a masters degree program in Social Work (MSW), or a masters degree program in Counseling Psychology, leading to a Marriage & Family Therapy license (MFT). Internships in Psychology require enrollment in a post-master's Ph.D., Psy.D., or Ed.D. program in Counseling or Clinical Psychology. Postdoctoral residencies in Psychology require completion of a Ph.D., Psy.D., or Ed.D. The majority of internships and residencies are one year in duration, beginning in September and ending either at the end of the spring (for internships) or the end of the summer (for residencies). The only exceptions are three two-year residencies in neuropsychology. The interns and residents are provided with individual and group supervision, as well as didactic seminars. They receive training in the delivery of outpatient mental health and chemical dependency services.

KAISER PERMANENTE PHYSICAL THERAPY FELLOWSHIP IN ADVANCED ORTHOPEDIC MANUAL THERAPY PROGRAM

Established in 1979, the Physical Therapy Fellowship in Advanced Orthopedic Manual Therapy Program at KFH-Hayward in NCR, is the oldest program of its kind in the country and attracts therapists from across the nation who want advanced specialty training in orthopedic physical therapy. Graduates serve hospitals and clinics as clinical specialists, academic faculty, instructors for community courses, and consultants to industry. As part of the curriculum, students design and implement a teaching project for the community and provide free physical therapy services to uninsured adults at the RotaCare Free Health Clinic in San Leandro. Involvement in the community is at the core of the mission and vision of the program and has differentiated KFH-Hayward from residency programs across the country. The program is credentialed by the American Physical Therapy Association.

KAISER PERMANENTE PHYSICAL THERAPY CLINICAL INTERNSHIPS

Physical therapy students receive clinical training for three weeks to six months at KFH/TPMG facilities while learning the entry-level portion of their curriculum. Students who receive a stipend during their internship are required to complete an approved Community Service and are encouraged to focus their service on meeting the needs of the underinsured and uninsured and on programs that promote fitness and healthy lifestyles. There was one physical therapy intern in 2012.

KAISER PERMANENTE PHARMACIST RESIDENCY PROGRAMS

During a one- or two-year postgraduate education and training program, licensed pharmacists gain additional experience and training in pharmaceutical care and administrative pharmacy services in a fully integrated, nonprofit managed care organization. The program enables residents to improve their clinical knowledge and skills while enhancing continuity of care in a variety of ambulatory, intermediate, and hospital settings. The programs enable residents to meet the legal requirements in California for collaborative practice, initiating and adjusting prescription medication therapy under physician approved protocols and patient referrals. In 2012, Kaiser Permanente trained 112 students in its 31 nationally recognized, American Society of Health System Pharmacist and/or Academy of Managed Care Pharmacy accredited pharmacy residency programs, including standard post-graduate year-one programs to specialized programs in managed care, drug information, oncology, and drug distribution. Pharmacy residents and their preceptors participate in several community health initiatives, and develop and disseminate medical knowledge to health care providers and community members.

KAISER PERMANENTE PHYSICAL THERAPY ORTHOPEDIC FELLOWSHIP PROGRAM

The Kaiser Permanente Physical Therapy Orthopedic Residency Program provides education in the specialty area of orthopedic physical therapy. In 2012, the program offered 26 physical therapy residency slots at 11 KFH hospitals in Southern California: Baldwin Park, Downey, Fontana, Los Angeles, Orange, Panorama City, Riverside, San Diego, South Bay, West Los Angeles, and Woodland Hills. The program also provides classroom and lab education (288 hours) for six residency slots at five non-KP residency programs in Southern California: Casa Colina Medical Center, Pomona; Cedars-Sinai Medical Center, Los Angeles; Fortanasce and Associates Physical Therapy, Arcadia; Glendale Adventist Hospital Physical Therapy Residency Program, Glendale, CA; and HealthCare Partners Medical Group, Torrance; and graduates are

eligible to sit for their board certification examination in orthopedic physical therapy, and apply to participate in a physical therapy fellowship program.

KAISER PERMANENTE MOVEMENT SCIENCE FELLOWSHIP

This fellowship program provides education in the specialty area of movement science, with a focus on advanced training in movement analysis, therapeutic exercise, and ergonomic instruction for patients with musculoskeletal conditions. Annually, there are six Movement Science Fellowship slots at KFH-Los Angeles, KFH-West Los Angeles, and KFH-Harbor City.

KAISER PERMANENTE ORTHOPAEDIC FELLOWSHIP IN SPORTS REHABILITATION

This fellowship program provides education in the specialty area of sports physical therapy and rehabilitation, with a focus on advanced training in examination and treatment techniques procedures of extremity injuries in an active and post-surgical patient population with musculoskeletal conditions. Annually there are four Orthopaedic/Sports Rehabilitation Fellow slots at KFH-Harbor City, KFH-Los Angeles, KFH-Orange and KFH-West Los Angeles.

KAISER PERMANENTE SPINE REHABILITATION FELLOWSHIP PROGRAM

This fellowship program provides education in the specialty area of spine physical therapy and rehabilitation, with a focus on advanced training in examination and treatment techniques procedures and management of acute through chronic spine injuries in a patient population with musculoskeletal conditions. Annually there are four Spine Rehabilitation Fellow slots at KFH-Los Angeles and KFH-West Los Angeles.

KAISER PERMANENTE CLINICAL PSYCHOLOGY INTERNSHIP TRAINING PROGRAMS

The Clinical Psychology Internship Training Program is conducted under the Department of Psychiatry and Addiction Medicine in SCR. Predoctoral students enroll in these internship training programs to augment their educational experience by working in a high-quality educational environment, having direct responsibility (under the supervision of licensed staff) for patients selected from a large and varied patient base, and working with a multidisciplinary staff. The goal of the internship program is to transition the intern from student to professional by providing training in the roles and functions of clinical psychologists. Accredited by the American Psychiatric Association's Committee on Accreditation, the program employs a multi-supervisor training process, affording interns training, supervisory, and mentoring experiences with licensed staff members of varying theoretical backgrounds and areas of expertise. KFH-Los Angeles and KFH-San Diego participate in the program with eight interns in each location.

KAISER PERMANENTE RADIOLOGY TRAINING PROGRAM

Students enrolled in local community college radiology technology programs can complete their one-year clinical rotation, a requirement for certification, at one of 12 KFH facilities in Southern California. The program served 142 students in 2012. KFH-Los Angeles and KFH-West Los Angeles offer students monthly stipends.

ADVANCED PRACTICE AND ALLIED HEALTH CARE EDUCATIONAL PROGRAMS

The Southern California Department of Professional Education offers educational programs that are designed to meet many of the primary and continuing educational needs of certified nurse anesthetists, nurse practitioners, physician assistants, certified nurse-midwives, physical therapists, occupational therapists, clinical laboratory specialists, radiology technologists, registered nurses, speech pathologists, social workers, and marriage and family counselors. In 2012, approximately 546 community participants attended one of 13 Continuing Education programs and/or symposia.

HIPPOCRATES CIRCLE

KFH in Southern California supports Hippocrates Circle, a program designed to increase the number of minority physicians in the medical field, especially in underserved communities, by building awareness in young men and women who are members of underrepresented minority groups that a career in medicine, especially as a physician, is possible. Through the collaborative efforts of school districts, medical schools, and Kaiser Permanente physicians and staff, Hippocrates Circle strengthens the self-esteem of young people and empowers them to pursue their goals through mentorship, education, and facilitated experience. In 2012, 753 students participated in the program at various KFH locations.

GRANTS AND DONATIONS FOR THE EDUCATION OF HEALTH CARE PROFESSIONALS

KFH spent \$2,341,067 in grants to support the training and education of health care professionals in California. Contributions were made to a variety of nonprofit agencies and academic institutions.

HEALTH RESEARCH

Kaiser Permanente has a long history of conducting health services and medical research that address issues regarding health care policy, quality of care, and quality of life. The results have yielded findings that affect the practice of medicine both within the organization and within the broader community.

In California, KFH operates three large research departments: NCR's Division of Research, established in 1961; SCR's Department of Research and Evaluation, founded in the early 1980s; and Kaiser Foundation Research Institute. In addition, KFH funds other research-related projects and programs such as the cancer tumor registry, medical editing, and nursing research.

DIVISION OF RESEARCH

Kaiser Permanente NCR's Division of Research (DOR), a highly regarded research center, conducts, publishes, and disseminates high-quality epidemiological and health services research to improve the health and medical care of Kaiser Permanente members and the society at large. DOR conducts research among the three million plus Kaiser Permanente members in NCR, using interviews, automated data, medical records, and clinical examinations. Since its founding in 1962, DOR researchers have published 2,600 scientific papers, including more than 300 papers in 2012. Research projects include epidemiologic and health services studies as well as clinical trials and program evaluations. They cover a wide range of topics including cardiovascular disease, cancer, diabetes, substance abuse, mental health, maternal and child health, women's health, health disparities, pharmacoepidemiology, and studies of the impact of changing health care policy and practice. DOR is currently home to 62 investigators, with a total of about 550 employees. DOR research scientists work closely with local research institutions and organizations, including the California State Department of Health Services, University of California at Berkeley, San Francisco and Davis, and Stanford University. DOR also works with Kaiser Permanente Community Benefit to enhance communication and collaboration between DOR and KP members, community residents, and other key stakeholders. Financial and other support provided by CB enables DOR to attract additional private funding and will ensure more community engagement and participation in DOR activities.

DEPARTMENT OF RESEARCH AND EVALUATION

The Department of Research and Evaluation supports Kaiser Permanente physicians and employees conducting research through the provision of consultative, educational, and administrative services. Research and Evaluation conducts research projects for SCPMG and KFHP/H management. It conducts research projects initiated by more than 200 team members working within the unit and in collaboration with scientists affiliated with other institutions. Research and Evaluation personnel design and conduct program evaluations at the request of SCPMG and KFHP/H managers when there is specific, targeted financial support for these evaluations. In 2012, there were 936 active projects and 225 studies published of regional and/or national significance.

KAISER FOUNDATION RESEARCH INSTITUTE

Kaiser Foundation Research Institute provides administrative services for medical research conducted in all Kaiser Permanente regions and is responsible for compliance with federal regulations that govern the administration and implementation of research. KFH covers core operational costs to support a solid research agenda.

NURSING RESEARCH PROGRAM

The Nursing Research Program offers nurses in Northern and Southern California the opportunity to engage in research on nursing practice, patient care and patient outcomes to improve clinical practices. It provides administrative and technical support for nurses to conduct, publish, and disseminate studies that improve patient care and practices and contribute to the nursing knowledge base. The program also collaborates with other Kaiser Permanente research departments to ensure that

studies and related activities are contiguous across the spectrum of care. In 2012, there were 236 new, continuing, and completed research projects and 38 studies published. Current areas of research include nursing workforce and leadership, instrument development and validation, and quality of life issues.

Table A

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

COMMUNITY BENEFITS PROVIDED IN 2012

| | 2012 Total |
|---|----------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$311,160,355 |
| Healthy Families ² | 70,909,867 |
| Charity care: Charitable Health Coverage Programs ³ | 54,707,181 |
| Charity care: Medical Financial Assistance program ⁴ | 150,092,966 |
| Grants and donations for medical services | 15,747,141 |
| Subtotal | \$602,617,510 |
| Other Benefits for Vulnerable Populations | |
| Watts Counseling and Learning Center | \$2,881,970 |
| Educational Outreach Program | 1,020,403 |
| Summer Youth and INROADS programs | 2,373,798 |
| Grants and donations for community-based programs | 10,174,385 |
| Community Benefit administration and operations | 17,024,296 |
| Subtotal | \$33,474,852 |
| Benefits for the Broader Community | |
| Community health education and promotion programs | \$1,281,138 |
| Educational Theatre Programs | 10,048,097 |
| Facility, supplies, and equipment (in-kind donations) ⁵ | 715,759 |
| Community Giving Campaign administrative expenses | 295,217 |
| Grants and donations for the broader community | 3,983,589 |
| National Board of Directors Fund ⁶ | 750,000 |
| Subtotal | \$17,073,800 |
| Health Research, Education, and Training | |
| Graduate Medical Education ⁷ | \$59,331,051 |
| Non-MD provider education and training programs ⁸ | 20,330,216 |
| Grants and donations for the education of health care professionals | 2,341,067 |
| Health research | 100,735,876 |
| Continuing Medical Education | 7,193 |
| Grants and donations for evidence-based medicine | |
| Subtotal | \$182,745,403 |
| Total Community Benefits Provided | \$835,911,565 |

See endnotes on the following page.

ENDNOTES

- ¹ Amount reported is the sum of the cost of unreimbursed inpatient care provided to Medi-Cal managed care members and the unbillable, unreimbursed inpatient care provided to Medi-Cal Fee-For-Service beneficiaries.
- ² Amount includes the cost of unreimbursed inpatient expenditures for Healthy Families members.
- ³ Amount includes the cost of unreimbursed inpatient expenditures for Steps Plan members and unreimbursed inpatient expenditures for Kaiser Permanente Child Health Plan members.
- ⁴ Amount includes the cost of unreimbursed inpatient and outpatient care provided through the Medical Financial Assistance Program.
- ⁵ Amount represents the estimated value of, but is not limited to, donated surplus office and medical supplies, equipment and furniture, promotional giveaways, in-kind services, and conference meeting room usage, as recorded in the MicroEdge GIFTS database.
- ⁶ Every year, each Kaiser Permanente hospital-based region contributes funds to the national Program Office for community projects in California and across the United States.
- ⁷ Amount reflects the net direct expenditures.
- ⁸ Amount reflects the net expenses after tuition reimbursements for health profession education and training programs.

Table B

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

HOSPITAL AND NON-HOSPITAL SERVICE AREA SUMMARY TABLE

COMMUNITY BENEFITS PROVIDED IN 2012

| NORTHERN CALIFORNIA HOSPITALS | | SOUTHERN CALIFORNIA HOSPITALS | |
|----------------------------------|----------------------|--|----------------------|
| Antioch | \$ 21,316,130 | Anaheim | \$ 24,443,721 |
| Fremont | 8,816,859 | Baldwin Park | 19,840,012 |
| Fresno | 12,393,534 | Downey | 36,379,509 |
| Hayward | 26,226,086 | Fontana | 32,190,323 |
| Manteca | 8,293,204 | Irvine | 9,341,491 |
| Modesto | 11,178,220 | Los Angeles | 47,174,324 |
| Oakland | 38,968,877 | Moreno Valley | 13,476,026 |
| Redwood City | 11,251,598 | Ontario | 16,219,217 |
| Richmond | 16,942,851 | Panorama City | 29,710,440 |
| Roseville | 31,207,808 | Riverside | 19,387,156 |
| Sacramento | 44,710,040 | San Diego | 30,192,488 |
| San Francisco | 27,373,190 | South Bay | 22,748,771 |
| San Jose | 22,462,580 | West Los Angeles | 27,590,299 |
| San Rafael | 13,937,239 | Woodland Hills | 16,518,994 |
| Santa Clara | 39,330,274 | Kern County non-hospital medical care area | 3,358,206 |
| Santa Rosa | 20,664,888 | | |
| South Sacramento | 51,574,758 | | |
| South San Francisco | 10,233,981 | | |
| Vacaville ¹ | 17,274,433 | | |
| Vallejo | 30,001,681 | | |
| Walnut Creek | 23,182,358 | | |
| Northern California Total | \$487,340,590 | Southern California Total | \$348,570,977 |

CHAPTER IV: 2011–2013 COMMUNITY BENEFIT PLANS AND 2012 YEAR-END RESULTS

INTRODUCTION

During 2012, local staff at the 35 KFH hospitals and one non-hospital medical care area conducted a community health needs assessment (CHNA) and developed a community benefit plan. What follows is a general description of the development of the triennial CHNA and the resulting Community Benefit Plan as required by SB 697.

COMMUNITY HEALTH NEEDS ASSESSMENT

The CHNA serves as the basis for Kaiser Permanente Community Benefit planning at the hospital or medical care area level, giving local Community Benefit/Community Health (CB/CH) Managers and their Community Benefit teams the opportunity to identify and interact with consumers, community leaders, community-based organizations, and other interested stakeholders around health priorities and concerns. In a proactive approach to identify, assess, and prioritize community health needs, most KFH hospitals collaborated with community partners and engaged a consultant to help design and implement the CHNA. Both collaborative and consultant approaches begin with an evaluation of prior efforts and the vision to continuously improve upon previous CHNA planning and implementation processes.

By participating in a collaborative-based CHNA, the KFH hospital or medical care area partners with a variety of entities, including community-based and faith-based organizations, hospitals, clinics, schools, churches, social service agencies, government agencies, elected officials, and other community stakeholders. KFH entities provide financial support, donate in-kind services, and/or deliver technical expertise to support the CHNA collaboration. Collaborative members participate in the overall planning and implementation of the CHNA, which includes developing quantitative and qualitative data collection strategies.

To ensure that the CHNA yields results that are as meaningful, usable, accurate, and locally specific as possible, many KFH entities use at least one of the following mechanisms to collect primary data about the communities they serve and/or to gather input from key stakeholders and community members:

- **Focus groups:** This is a form of qualitative research in which a select group of people (community members, community stakeholders, etc.) are asked about their perceptions, opinions, beliefs, and attitudes regarding a specific issue, service, concept, idea, etc. In the CHNA process, focus groups are typically designed to solicit information about health care issues, needs, concerns, and services in the community and are sometimes conducted in more than one language.
- **Telephone surveys or one-on-one interviews:** Whether conducted by telephone, electronically, or in person, these interviews—often with community health providers, county health officers, or other key stakeholders—are designed to gather input from those with the requisite experience and/or expertise about health care issues, needs, concerns, and services in the community. In some cases, participants receive a questionnaire before the interview.
- **Site visits with grantees:** Community Benefit grantees can provide valuable input and insight about the vulnerable populations they serve, including high-risk teens, refugees and immigrants, seniors, and HIV-positive individuals. As such, grant makers often schedule onsite visits with grantees to get a first-hand look at how grant funds are making an impact. They meet with the grantee's administrators, staff, volunteers, and/or clients/patients.
- **Photovoice:** Participants in a Photovoice project receive cameras and are asked to represent their community or point of view by taking photographs and developing accompanying narratives. Photovoice is often used to gain insight into how marginalized people conceptualize their circumstances and hopes for the future. As a form of community consultation, Photovoice aims to bring the ideas, opinions, and perspectives of under-represented populations into the policy-making process.

In addition to primary data collection and analysis, the CHNA collaboratives and/or the consultant research existing data sources for relevant demographic and health-related statistics. These secondary sources may include:

Demographic data

- U.S. Census Bureau
- Nielsen Claritas demographic Information

Health status and utilization data

- State of California Office of Statewide Health Planning and Development (OSHPD)
- State of California Department of Health Services
- county departments of health and mental health and vital statistics
- colleges and universities such as the University of California at Los Angeles Center for Health Policy Research (California Health Interview Survey [CHIS])

CB/CH Managers who use an individual consultant or consultant group to conduct a CHNA also rely on a mix of methodologies for data collection. This mix can include surveys, interviews, and secondary data resources.

Once the community's health problems and issues are identified through the CHNA data collection and analysis process, relevant stakeholders in each collaborative convene to discuss and analyze the information and prioritize issues. Typically, the collaboratives identify a group of priority-setting criteria that take into account the size and seriousness of the problem, the level of community concern about the problem, and their ability to have a positive impact on the problem. These criteria are used to rate and rank the issues. Scoring results are then compiled and analyzed, allowing the collaboratives to reach consensus on which major issues the community is confronting that should be included in the list of prioritized needs.

CHNA reports are produced in print or online by each collaborative or consultant group. Most reports include an assessment of community resources or assets to build upon. Many collaboratives disseminate their CHNA report and/or key findings to specific consumers, including business leaders, policymakers, and community-based organizations that may be in a position to create programs to improve the health of the local community.

COMMUNITY BENEFIT PLAN DEVELOPMENT

Information from each CHNA provides the foundation for how the local KFH hospital or medical care area will work to improve the health status of the community through a strategic, three-year community benefit plan (CBP). A critical role for each KFH hospital/medical care area and its local Community Benefit stakeholders involves interpretation of the CHNA data. The emphasis is on analyzing and explaining the significance of the data and using the resulting information in a meaningful way to form local priorities, benchmarks, and outcomes aimed at improving the health of the community through targeted Community Benefit investments.

Following the CHNA process, each KFH hospital/medical care area convenes a standing or ad-hoc Community Benefit committee for further discussion and analysis of the CHNA findings with a special focus on health needs since that is Kaiser Permanente's natural area of expertise. These committees are comprised of hospital/medical care area administrative staff from various disciplines, including representatives from medical, nursing, administrative, finance, labor, and marketing. These stakeholders help refine the prioritization of health needs using an established set of criteria, which generally includes some subset of the following:

- Prevalence/severity of the need
- Degree of racial/ethnic inequity in the prevalence/severity of the need
- Available community expertise/resources to address the need
- Amount of hospital/medical care area and Kaiser Permanente resources and staff expertise/interest available
- Ability to have a meaningful impact on community health through prevention/early intervention

- Ability to leverage established community partnerships to address the need
- Level of community concern regarding the need
- Opportunity to promote/encourage new community partnerships to address the need—build community capacity

Subsequent to refinement of priorities, local CB committees are invited to help identify CB interventions and activities to include in the CBP. This series of activities allows local CB teams to strategically establish priorities, develop interventions, and commit resources to improve the health of the communities they serve.

In NCR, a decision was made to revise how the prioritized needs are selected at the hospital level. Beginning with the 2010 CHNA, each NCR hospital CBP includes two region-wide priority needs related to two specific strategic areas:

1. Access to care and coverage: Access to health insurance coverage and health care services
2. Community Health Initiatives—Healthy Eating, Active Living (CHI-HEAL): Obesity rates

Each hospital also adopted consistent objectives and strategies to address these region-wide priority needs. This revised CB strategy allows Kaiser Permanente to describe and measure its CB investments across the region in a consistent manner and allows each hospital to take full advantage of the broader CB portfolio. In addition to these two region-wide needs, each hospital CBP also selected one or more additional priority needs, based on key findings from the local CHNA and their local prioritization criteria.

The rest of this chapter contains, in alphabetical order, the 2011-2013 CBP for the 35 hospitals and one medical care area. Each hospital section contains the following information:

- A map of the service area, a community snapshot, a few facts about the facility, and a list of local leaders.
- A brief overview of the 2010 CHNA, including identification of any collaborative partners or consultants, a list of key findings from the CHNA, and the identified priority needs.
- Year-end results for Community Benefit activities and programs provided in 2012, including highlights of key local and regional grants, partnerships, and other efforts to address the prioritized needs outlined in the 2011-2013 CBP.
- 2012 metrics for select programs in the CB portfolio, presented at the hospital level (Table 1)
- Quantified Community Benefit provided in 2012, presented at the hospital level (Table 2)

Additional information about each hospital or medical care area may be obtained by contacting the local Kaiser Permanente Public Affairs Department or Regional Community Benefit staff in either Northern California (510-625-6188) or Southern California (626-405-6271).

KAISER FOUNDATION HOSPITAL (KFH)-ANAHEIM

411 North Lakeview Avenue
 Anaheim, CA 92807
 (714) 279-4000

The KFH-Anaheim service area includes the communities of Anaheim, Brea, Buena Park, Chino Hills, Cowan Heights, Cypress, El Modena, Fullerton, Garden Grove, La Habra, La Mirada, La Palma, Los Alamitos, Modjeska, Modjeska Canyon, North Tustin, Orange, Placentia, Santa Ana, Silverado, Stanton, Tustin, Villa Park, and Yorba Linda.

COMMUNITY SNAPSHOT (2010 COMMUNITY HEALTH NEEDS ASSESSMENT FOR KFH-ANAHEIM)

| | |
|-------------------------------|-----------|
| Total population: | 3,091,673 |
| Median age: | 36.8 |
| Median household income: | \$101,692 |
| Percentage living in poverty: | 10.7% |
| Percentage unemployed: | 9.3% |
| Percentage uninsured: | 17.8% |

| | |
|-----------------------------|------|
| White: | 45% |
| Latino: | 33% |
| Asian and Pacific Islander: | 16% |
| Other: | 3% |
| African American: | 2% |
| Native American: | 0.3% |

KEY FACILITY STATISTICS

| | |
|-------------------------------------|---------|
| Year opened: | 1974 |
| KFH full-time equivalent personnel: | 959 |
| KFHP members in KFH service area: | 287,143 |

| | |
|------------------------|--------|
| Total licensed beds: | 200 |
| Inpatient days: | 50,148 |
| Emergency room visits: | 42,981 |

KEY LEADERSHIP AT KFH-ANAHEIM

| | |
|-----------------------|--|
| Julie Miller-Phipps | Senior Vice President and Executive Director |
| Nancy Gin, MD | Area Medical Director |
| Karen Tejcka | Chief Administrative Officer |
| Melvin Benner | Area Chief Financial Officer |
| John E. Stratman, Jr. | Senior Director, Public Affairs and Brand Communications |
| Cheryl Vargo | Senior Community Benefit Health Specialist |

KFH Anaheim Medical Center Area



- ◆ KFH Medical Center
- KFH Medical Center Area
- Cities and Towns
- County Boundary

Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
 Maps Produced by: the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES), March 2013.



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

Jointly funded by the Health Care Agency of Orange County, Children and Families Commission, CalOptima, and the nine-member Orange County Hospital Association of Southern California (HASC), the Orange County Health Needs Assessment (OCHNA) is a community-based, not-for-profit collaborative created and designed to meet SB 697 requirements. Owing to the economic downturn, county hospitals and government partners were unable to provide adequate funding to conduct the random digit-dial telephone survey of 5,000 households for the Orange County 2010 CHNA. A CHNA plan was developed that used a mixed-mode approach to data collection, including a trend analysis of four previous OCHNA health needs surveys (1998, 2001, 2004, and 2007) and additional primary data from the Census Bureau's American Community Survey (ACS) and California Health Interview Survey (CHIS). Population estimates for OCHNA 1998 and 2001 were updated with the state's latest Department of Finance estimates, so these new estimates will differ from county estimates provided in previous OCHNA reports. In addition, OCHNA incorporated objective/secondary data sources, demographics, and census data. As a source of qualitative data, OCHNA administered an online key informant survey of community-based organizations, foundations, health advocates, community clinics, local political/policy leaders, public health organizations, and other hospitals. Data came from numerous sources cited within the report, including Department of Finance, 2010 Census estimates by Nielsen Claritas, Orange County Health Care Agency, and Healthy People 2020 (used as benchmarks).

KEY FINDINGS FROM THE 2010 CHNA

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

Health Care Access and Coverage:

- Residents (of all ages) in Santa Ana were more than twice (36.1% vs. 17.8%) as likely not to have health care coverage as the general population of Orange County. [Source: U.S. Census Bureau, 2009 ACS]
- According to the 2009 ACS, the rate of uncovered children 0 to 17 was almost three times (3.5% vs. 10.4%) the 2007 OCHNA child estimate, and the adults 18 and older noncoverage rate was more than double (20.3% vs. 9.1%) the OCHNA 2007 estimate. [Sources: U.S. Census Bureau, 2009 ACS; and OCHNA 2007]
- Older adults 65 and older had the lowest rates of noncoverage (2.4%, or an estimated 8,260), while those 18 to 24 had the highest rate of noncoverage (31.8%, or an estimated 279,427). [Source: U.S. Census Bureau, 2009 ACS]
- Approximately one in three adults in the service area lacked dental, vision, and mental health care coverage. [Source: OCHNA 2007]
- 20.3% (43,710) of children 0 to 5 in the service area had public health care coverage, which may include Medi-Cal or Healthy Families. 54.5% (205,275) of older adults (65 and older) had Medicare coverage, while an additional 2.8% (10,619) had Medi-Cal coverage. [Source: U.S. Census Bureau, 2009 ACS]
- Access to health care when a child needs it is a topic of concern for parents who often find themselves in an ER when their regular source of care is not available. About one in three (33.4%, or an estimated 222,948) parents indicated that their child's health care provider *does not* offer evening or weekend hours; and 2.1% (46,828) of adults utilized the ER for routine health care. With regard to ER usage, there were no significant race/ethnicity differences. [Source: OCHNA 2007]
- 37.0% (658,420) of adults reported that their provider did not offer health care services in the evenings or on weekends. One in 10 adults (10.3%, or an estimated 76, 837) in the service area did not have a routine checkup in more than five years. [Source: OCHNA 2007]

Obesity, Nutrition, and Exercise:

- In 2004, 51.8% of adults were overweight or obese in the service area. In 2007, the percent of overweight/obese adults in the service area grew to 53.5%, an increase of 3.3%. [Source: OCHNA 2001–2007]

- The service area *did not meet* the Healthy People 2020 objective of 14.6% of children and adolescents who are overweight (\geq 95th percentile on the BMI-for-age growth charts); 16.7% (88,814) were overweight in 2007, 2.1 percentage points *more* than the HP 2020 objective. [Source: OCHNA 2007]
- White and Hispanic/Latino are the two largest race/ethnic groups in the service area: 35.6% (83,175) of Hispanic/Latino children 2 to 17 were overweight or at risk of overweight, compared to 26.4% (52,490) of white children 2 to 17. 36.1% (9,010) of Vietnamese children were overweight (\geq 95th percentile) or at risk of overweight (85th to < 95th percentile), a higher percentage than other Asian/Pacific Islander children, 23.4% (9,752) of whom were overweight or at risk. [Source: OCHNA 2007]
- It was determined that 55.8% (586,890) of white adults and 60.6% (337,564) of Hispanic/Latino adults in the service area were overweight or obese. Vietnamese adults had higher rates of obesity than other Asian/Pacific Islander adults. 53.3% (30,963) of Vietnamese adults were overweight or obese, compared to only 30.3% (53,400) of non-Vietnamese Asian adults. [Source: OCHNA 2007]
- Public school students in grades 5, 7, and 9 are required to take the California Physical Fitness Test (PFT), which assesses students on six fitness standards: aerobic capacity, body composition, flexibility, abdominal, trunk, and upper body strength. PFT pass rates are determined for all Orange County school districts. In the 2008–2009 school year, 34.5% (12,355 students) of 5th graders, 43.7% (16,182 students) of 7th graders, and 45.0% (17,273 students) of 9th graders met all of the six fitness standards countywide. [Source: California Department of Education Dataquest]
- Among adults 18 and older in the service area, 46.1% (990,093) reported that they did not eat five servings of fruits and vegetables per day. Of this group, 5.3% (52,799) indicated that fruits and vegetables were too expensive, and 7.3% (72,688) indicated that they were not sure what a serving is or did not know how to select fruits and vegetables to eat. [Source: OCHNA 2007]

Major and Chronic Diseases:

- 27.9% (654,239) of adults in the service area indicated that they had an ongoing or a serious health problem, like heart disease, arthritis, or a mental health condition that requires frequent medical care, such as regular doctor visits and/or daily medications. [Source: OCHNA 2007]
- Heart disease was the leading cause of death in Orange County in 2008, followed by cancer. [Source: State of California, Department of Public Health, Vital Statistics Query System]
- Asthma is the leading type of chronic illness in children. In the service area, 9.4% (75,514) of children 0 to 17 had asthma in 2007. [Source: OCHNA 2007]
- Among children and adolescents with asthma, 46.4% were Hispanic/Latino and 31.4% were white. [Source: OCHNA 2007]
- The California Cancer Registry and American Cancer Society's *2010 California Cancer Facts and Figures* report an estimated 11,000 new cases of cancer in Orange County during 2010. [Source: State of California, Department of Public Health, California Cancer Registry]
- In the OCHNA 2004 survey, 7.3% (161,025) of adults 18 and older in the service area reported that they had diabetes. According to CHIS 2009, 7.7% of adults 18 and older reported that they had diabetes.
- Higher percentages of diabetes are related to lower household income. While 4.5% (28,332) of adults with annual household income of \$75,000 or more have diabetes, 8.9% (23,477) of adults with less than \$25,000 annual household income have diabetes. [Source: OCHNA 2004] According to CHIS 2009, 9.5% of adults with annual household incomes of \$50,000 or below had diabetes, compared to 3.2% of adults with annual household incomes above \$50,000.
- Of adults in the service area who had diabetes in 2004, 9.5% (14,151) were normal weight, 47.5% (70,911) were overweight, and 43.0% (64,223) were obese. According to CHIS 2009, 17.4% of adults with diabetes were of normal weight, 48.4% of adults with diabetes were overweight, and 34.2% of adults with diabetes were obese.

- The *2008 OCHCA Health Indicators Report* presented a countywide HIV/AIDS incidence rate of 17.95 per 100,000 population from 2005 to 2007 (1,649 cases).

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-ANAHEIM SERVICE AREA

1. Access to health care coverage and health care services
2. Reducing obesity and the onset and complications of diabetes management
3. Chronic disease prevention, education, and management

2012 YEAR-END RESULTS

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

According to the 2010 OCHNA, ethnic/minority populations throughout Orange County experienced the largest health care coverage losses, with 15% of all Asians and almost one in three Latinos (32%) having no health care coverage in 2009. Slightly more than 43% of Latino adults lack coverage, and Latino children were more than four times (16%) more likely than white children (3%) to be without coverage. Overall, the uninsured rate in Orange County more than doubled from 2007 to 2009 for adults 18 and older (from 9% to 20%) and children 0 to 17 (from under 4% to more than 10%). In fact, 2009 ACS lack of health coverage estimates for children and adults are higher than estimates collected in the 1998 OCHNA survey. For the increasing number of families who have lost their jobs, and with them, their health care and prescription coverage, access to preventive care and disease management has been lost as well. This may lead many to put off needed care until it becomes a trip to the emergency room. In addition, safety-net programs have either increased their premiums, reduced covered services, or both.

2012 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.
3. Provide financial and other support to improve health care coverage and health care access for children and adults.

2012 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. Increase participation in planned partnerships, including Surgical Intervention “Surgery Days.”
4. Provide grant funding to organizations that provide and/or support effective enrollment in public programs.
5. Provide grant funding for safety-net clinics to increase primary care and specialty services.

TARGET POPULATION

Children and adults without health insurance, Latinos, low-income populations, families below the poverty level, populations speaking Spanish and Asian or Pacific Island languages at home, seniors, and geographic areas with disproportionate need.

COMMUNITY PARTNERS

Community partners include Coalition of Orange County Health Centers and its individual member clinics and other safety-net providers, Health Funders Partnership of Orange County, Healthy Smiles for Kids of Orange County (Healthy Smiles), Illumination Foundation, Orange County Health Care Agency, and St. Jeanne De Lestonnac Free Clinic.

2012 YEAR-END RESULTS

- KFH-Anaheim continued its partnership with Illumination Foundation (IF), awarding a \$20,000 grant for the Medical Outreach and Care Program (MOCP), which provides homeless and at-risk individuals with free medical care, and behavioral health, vision, and social services at locations throughout Orange County. IF continued to partner with Kaiser’s Family Medicine Residency Program and the OC Health Care Agency on weekly neighborhood clinics and large-scale health expos. Kaiser physicians and Orange County Health Care Agency nurses provide services out of a medical van that is leased from Giving Children Hope. The mobile clinic model is expanded as needed at large-scale health expos to include additional mental health clinicians, social workers, and workforce, legal, and housing specialists. In 2012, IF opened two clinics—Buena Park Community Clinic and Stanton Multi-Service Center—which expands the

safety net for the uninsured and underserved by providing medical homes for patients referred from clinics and outreach events. Neighborhood clinic services include primary and light urgent care, mental health services, and enrollment into public health insurance programs. Specialty care services at health expos include vision, dental, health screenings, and social services. KFH-Anaheim's Scott Kelly, Associate Public Affairs Director, is on IF's board of directors.

- KFH-Anaheim partners with St. Jeanne De Lestonnac Free Clinic in Orange, providing in-kind donations and grants and promoting volunteerism. Because the county has no publicly owned hospital, there is a critical shortage of affordable health services for those who cannot afford health care. As a safety-net provider, St. Jeanne De Lestonnac Free Clinic addresses this demand by providing free primary medical and dental services to the medically indigent residing in Orange County. Beginning in 2008, St. Jeanne De Lestonnac Free Clinic started a program that would address the specialty care needs of underserved populations. Lestonnac Free Clinic operates four satellite walk-in clinic locations in Santa Ana, Los Alamitos, Tustin, and Stanton to serve the growing population of uninsured individuals in Orange County. St. Jeanne De Lestonnac Free Clinic has 33 volunteers, all specialty care physicians who care for not only Lestonnac's patients, but patients referred from other clinics throughout the county. In-kind donation of surplus medical equipment benefits Lestonnac Free Clinic as it is primarily a volunteer, free clinic that for more than 34 years has provided medical and dental services to the uninsured.
- Kaiser Permanente Southern California Region funded care- and coverage- related grants to increase access to affordable, quality health care and health insurance coverage for low-income, uninsured and underinsured individuals and families in our communities. Grants are made to support the education and potential and future enrollment of eligible individuals into publicly funded health insurance products. In 2012, Asian Pacific American Legal Center of Southern California Inc. was awarded \$200,000 to continue conducting health care reform outreach to ensure that the diverse Asian American and Pacific Islander communities in Southern California are adequately informed about the Affordable Care Act and related programs to maximize access, decision-making, and utilization of public supported health care products.
- Children Now received a grant for \$25,000 to support the core operations of the organization as it educates policymakers and engage health allies to ensure that California children, including those in Orange County, have quality, affordable health coverage and access.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013 except for strategy number four will be eliminated given the advancement of health care reform.

MONITORING PROGRESS OF 2013 STRATEGIES

Participation in the KFHP/H Charitable Health Coverage Programs and government programs (Medi-Cal and Healthy Families) will be monitored through quarterly analysis of membership reports. Monitoring of charity care through MFA and maximizing efficiencies will be accomplished by evaluating progress of business line goals. Increased participation in planned Charity Care partnerships including Surgical Intervention "Surgery Days" will be measured through the number of patients receiving care. Grant funding to organizations that provide and/or support effective enrollment in public programs will be measured by the number of people who receive enrollment assistance. Finally, grant funding for safety-net clinics will be measured by the number of grants awarded.

PRIORITIZED NEED II: REDUCING OBESITY AND THE ONSET AND COMPLICATIONS OF DIABETES MANAGEMENT

Poor diet and physical inactivity are a leading cause of preventable death in the United States. In 2007, the percent of overweight/obese adults in the service area increased by 3.3% to 53.5%. There were also notable gender differences in

weight status within the service area, with males of all ages more likely to be overweight or obese compared to females, who were more likely to be at a healthy weight. Among adults 18 and older, 46.1% (990,093) reported that they did not eat five servings of fruits and vegetables per day. According to the OCHNA 2007 survey, 24.8% (128,981) of children 6 to 17 ate fast food at least three times in the previous week. Because 16.7% (88,814) of children and adolescents were overweight in 2007, the service area did not meet the Healthy People 2020 objective of 14.6%. Type 2 diabetes is linked to obesity and physical inactivity. According to CHIS 2009, an estimated 6.3% of adults 18 to 64 and 16.8% of seniors 65 and older were ever diagnosed with diabetes, not meeting the Healthy People 2010 objective of no more than 2.5%. The age-adjusted death rate for diabetes-related deaths in the service area was 65.9 per 100,000 (based on analysis of deaths from 2003 through 2005, the most recent available), failing to meet the Healthy People 2020 objective of 65.8 deaths per 100,000.

2012 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/biking routes, parks, hiking trails, joint use agreements).
4. Increase physical activity in institutional settings (e.g., schools, after-school programs, work sites).

2012 STRATEGIES

1. Provide grant funding to increase available fresh produce in low-income neighborhoods, and provide education and support for increased consumption of the fresh produce.
2. Leverage lessons learned from Healthy Eating, Active Living (HEAL) 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. Promote Educational Theatre's healthy eating programs in local schools.
5. Provide financial and other support to improve diet, eating habits, and physical activity among children, adults, and seniors, and reduce the complications associated with diabetes.

TARGET POPULATION

Overweight and obese children, adults, and seniors and/or individuals with diabetes.

COMMUNITY PARTNERS

Community partners include Anaheim Community Foundation, Anaheim Family YMCA, Boys & Girls Clubs of Anaheim, area school districts, Court Appointed Special Advocates of Orange County, The Eli Home, Orange County Department of Education, Latino Health Access, and Tiger Woods Learning Center.

2012 YEAR-END RESULTS

- Boys & Girls Clubs of Anaheim (BGCA) serves the second most disadvantaged community in Orange County with high numbers of homeless families living on the streets or in cars. Families transition into local motels as a permanent residency option when their income is high enough to support a weekly rate. The children living in motels are exposed to numerous childhood risk factors that are detrimental to their health and future development. BGCA is committed to assisting these children by offering a safe haven and outreach and youth development programs to address issues of substance abuse, domestic violence, child neglect and abuse, hunger, physical and mental health issues, social alienation, and poverty. Children are more active than they would be by staying in their motel environment. The agency now serves 43 motels in Anaheim, and five low-income residential hubs. With a \$10,000 grant from KFH-Anaheim, BGCA's goal is to have more than 500 children and teens come to their clubs for recreation and food.

- Tiger Woods Learning Center (TWLC) received a \$10,000 grant for its Nutrition and Fitness Community Outreach Program from KFH-Anaheim. The program directly educates disadvantaged youth and families about the risks of overeating and sedentary living and the benefits of good eating habits, appropriate fitness levels, and positive goal-setting. Participants will not only understand the risks associated with unhealthy choices, but will learn what they personally can do to lead a healthy lifestyle, regardless of the challenges posed by their socioeconomic status. Instruction is provided onsite to youth at TWLC in Anaheim. In addition, the program is provided to local community members through health fairs and expos organized by TWLC in collaboration with its network of education, health care, and community-based partners.
- The Eli Home received \$10,000 from KFH-Anaheim for its HEALS (Healthy Eating and Living, Simplified) program, which offers culturally-sensitive nutritional education and training to Eli shelter residents and clients. Residents include women and children who are victims of child abuse and domestic violence. HEALS consists of a five-week course focusing on nutrition and healthy eating habits for approximately 180 individuals. Lessons are provided on food budgets, labels, safety, handling, and recipes and cultural and lifestyle challenges to healthy diets and nutritious low-fat meals. Participants also prepare meals on a limited budget, keeping the integrity of Latino family culture and tradition while making healthy and affordable alternatives low in fats and sugars.
- Court Appointed Special Advocates (CASA) of Orange County received a \$40,000 grant for its Mentor-Advocate Program. CASA volunteers are trained to diligently address health concerns with the legal/social services professionals who oversee each case. Advocates ensure that each child receives the health services he or she needs to address chronic health concerns. With prevalent obesity among our foster youth, CASA developed a special focus on this issue, especially for older youth who have the ability to make more choices regarding eating and exercise habits. CASA increases advocates' knowledge about obesity prevention and provides them with tools to help children address healthy eating and healthy lifestyle choices, including regular exercise and managing their health when they age out of the foster care system. CASA's pilot fitness program also encourages and supports increased physical activity among foster children their eating habits, the importance of exercise, and how this will contribute to improving their lives.
- A \$15,000 grant was awarded to Orange County Department of Education for its Move More, Eat Healthy, and OC Schools Pilot Project. The pilot project engages 25 elementary schools, which offer free or reduced-rate lunch, in increasing physical activity and healthy eating behaviors for students. Participating schools represent seven school districts and one charter school, serving students in Fullerton, Garden Grove, La Habra, Orange, Placentia, and Santa Ana. The goal is to increase participation from one teacher per school to four, for a total of 100 teachers serving an estimated 3,000 low-income students. The initial training component consists of a two-day institute for 100 teachers, who will be trained to use tools and resources in their classrooms, including DVD and web-based physical activity and nutrition education videos and classroom physical activity and nutrition education kit. Implementation of the Move More, Eat Healthy, OC Schools Pilot Project takes place during the 2012-13 school year.
- Kaiser Permanente Southern California Region's Healthy Eating Active Living (HEAL) Zone initiative supports site-specific collaboratives, comprised of multi-sector representatives that include cities, school districts, community clinics and non-profit organizations, to develop and implement evidence based and prevention oriented environmental strategies focused on reducing obesity rates in their communities. The strategies aim to transform communities so that residents are exposed to multiple opportunities for engaging in healthy behaviors (e.g., availability of bike lanes, farmers' markets, parks, etc.). Anaheim Family YMCA received \$250,000 to continue their HEAL Zone activities.¹
- Kaiser Permanente Southern California Region's HEAL grants program also addressed community organizing and advocacy, health education, and increased access to healthy food and physical activity. Dr. Riba's Health Club in Orange County received a \$25,000 one-year grant as core support to provide clinical care, nutrition education, and physical activity opportunities to low-income children who are obese or have nutrition-related problems.¹

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

¹ This grant was distributed from the Kaiser Permanente Southern California Charitable Contribution Fund, a donor-advised fund administered by the California Community Foundation. Accordingly, the grant amount was not included in the community benefit totals for 2012 (Table A, B and 2).

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

Agencies will provide reports and data about programs funded by KFH-Anaheim, including tracking the number of clients served, client demographics, services provided, and achievements of predetermined outcomes, and tracking the amount of funding provided through grants. Promotion of Educational Theatre healthy eating programs will be measured through the increased number of schools reached.

PRIORITIZED NEED III: CHRONIC DISEASE PREVENTION, EDUCATION, AND MANAGEMENT

Chronic conditions and diseases are among the most prevalent, costly, and preventable of all health problems. To some degree, the major chronic disease killers are attributable to lifestyle and environment. In particular, health-damaging behaviors, such as lack of exercise, bad diet, or tobacco use, can lead to chronic conditions that in turn can decrease the quality of life. The common chronic diseases in Orange County (from most to least prevalent) include high blood pressure, high cholesterol, arthritis, asthma, cancer, diabetes, heart disease, and stroke (CHIS, 2005/2009). The *2008 OCHCA Health Indicators Report* presented a countywide HIV/AIDs incidence rate of 17.95 per 100,000 from 2005 to 2007 (1,649 cases). Heart disease was the leading cause of death for Orange County in 2008, followed by cancer, according to the California Department of Public Health (CDPH). Several leading causes of death in the service area did not meet Healthy People 2010 objectives. The age-adjusted death rate for chronic pulmonary diseases such as bronchitis and emphysema was 94.8 per 100,000 for 45 and older, compared to the Healthy People 2020 objective of 98.5/100,000. Suicide, an indicator of mental health, was 8.3 per 100,000; the Healthy People 2020 objective is 10.2/100,000. Cirrhosis, an indicator of alcohol abuse, was 10.7 per 100,000; the Healthy People 2020 objective is 8.2/100,000. In 2006, the rate of substantiated child abuse in Orange County was 11.7 per 1,000 children 0 to 17, not meeting the Healthy People 2020 objective of 8.5/1,000. Diabetes was the seventh leading cause of 2007 deaths in the United States, according to the Centers for Disease Control. Type 1 diabetes accounts for 5% to 10% of all diagnosed cases, and type 2 diabetes accounts for 90% to 95% of cases.

2012 GOALS

1. Improve asthma care management and lung health in children, adults, and family members with an emphasis on serving low-income, underserved populations.
2. Expand education and support services for people with Alzheimer's disease and their families and caregivers.
3. Develop partnerships with community organizations that focus on detection, education, and management of chronic diseases.
4. Provide financial and other support to various agencies that provide mental health, crisis intervention, and other services for women affected by domestic violence and for children and their families affected by child abuse.

2012 STRATEGIES

1. Provide grant funding for prevention, education, and care management of asthma and lung health in children, adults, and family members, with an emphasis on serving the Latino population.
2. Provide grant funding for programs that expand education and support services for people with Alzheimer's disease, families, and caregivers.
3. Provide grant funding to improve detection, education, and management of chronic diseases.
4. Provide grants or partner with community clinics or organizations that work to improve management of chronic conditions for the underserved.
5. Provide grants or partner with various agencies providing mental health, crisis, and other services for women affected by domestic violence and for children and their families affected by child abuse.

TARGET POPULATION

Children with asthma, adults with heart disease and hypertension, seniors with Alzheimer's disease, and those affected by family violence (child abuse, domestic violence, and elder abuse), with an emphasis on the uninsured and underinsured.

COMMUNITY PARTNERS

Community partners include Acacia Adult Day Services, American Lung Association in California, The Center OC, Human Options, Latino Health Access, MOMS Orange County, Orangewood Children's Foundation, and Orange County Affiliate of Susan G. Komen for the Cure.

2012 YEAR-END RESULTS

- KFH-Anaheim awarded a \$25,000 grant to MOMS Orange County for its Pregnancy and Diabetes Program, which provides enhanced diabetes care coordination for pregnant women and prevention-based classes and support groups facilitated by bilingual diabetes coordinators. This community-based prevention, education, and self-management program includes in-home health coordination and diabetes screening by home visitors and targeted prevention-based classes facilitated in Spanish and Vietnamese. MOMS Orange County has been recognized by the California Department of Health Services Diabetes and Pregnancy Program for improving the outcomes of pregnant women with diabetes and reducing their risk of type 2 diabetes. For example, for 854 at-risk MOMS mothers screened and delivering babies, 95% did not develop gestational diabetes. KFH-Anaheim has been a partner with MOMS Orange County since 1997, and Deborah Dannenmeyer, RN, serves on the MOMS Orange County board of directors.
- KFH-Anaheim awarded the Orange County Affiliate of Susan G. Komen for the Cure \$25,000 for its program to increase breast cancer screening among Latina women in Orange County. Getting women into and completing that treatment results in individual cures or breast cancer being a manageable disease rather than a fatal disease. To build on its success in increased breast cancer awareness and screening among rarely or never-screened Latino women of Mexican descent, the affiliate hosts breast health outreach and education events, including onsite mammography at a variety of high traffic supermarkets or other commercial venues, the Health and Wellness Fair at Anaheim Marketplace, and binational health fairs hosted by the Mexican Consulate. The goal is to interact with a minimum of 2,000 Latinas of Mexican descent living in Anaheim, La Habra, and Santa Ana through this outreach and screening effort.
- Another longtime partner of KFH-Anaheim is Human Options, which was awarded \$15,000 for its prevention/intervention services for victims of domestic violence in Santa Ana. Human Options is the only domestic violence agency serving Santa Ana. It both educates health care providers about how to screen and assess for domestic violence and provides low-cost services such as shelter, counseling services, legal advocacy, and so on. In 2012, Mary Jo Mursa, Assistant Medical Group Administrator, Southern California Permanente Medical Group, joined the board of directors of Human Options.
- KFH-Anaheim awarded Acacia Adult Day Services a \$7,500 grant for its Wellness Program in response to state budget cuts eliminating Adult Day Health Care services as a benefit of the MediCal. The Wellness Program will provide health care, nutrition, therapeutic activities, and an opportunity to socialize with peers. The agency's social worker meets with older adults and caregivers, explains the agency's programs, provides tours, and completes paperwork. The Wellness Program's Health Care team reviews cases periodically to ensure that participants' needs are met.
- Kaiser Permanente Southern California Region funded Quality Improvement (QI) projects for safety-net organizations to build stronger programs and infrastructure that improves service for patient populations at risk of racial and ethnic health disparities, with special focus on improved management of chronic conditions and patient outcomes. Grants were made to help safety-net providers move along a continuum of disease or condition management to population management, and to focus on making improvements in care delivery systems and provider performance. Community Clinics Health Network received a \$500,000 grant to provide leadership and infrastructure to expand the ALL clinical protocol to community clinics, providers, and patients throughout Southern California.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

Agencies will provide reports and data about programs funded by KFH-Anaheim, including the number of clients served, client demographics, services provided, and achievements of predetermined outcomes.

Table 1

KAISER FOUNDATION HOSPITAL-ANAHEIM

2012 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 | 2,328 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members | 233 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 4,617 |
| Medi-Cal managed care members | 8,217 |
| Healthy Families Program members | 9,620 |
| Health Research projects (new, continuing, and completed) | 42 |
| Nursing Research projects (new, continuing, and completed) | 6 |
| Educational Theatre – number of performances and workshops | 109 |
| Educational Theatre – number of attendees (students and adults) | 18,183 |
| Graduate Medical Education – number of programs | 9 |
| Graduate Medical Education – number of affiliated and independent residents | 160 |
| Nurse practitioner and other nursing training and education beneficiaries | 4 |
| Deloras Jones nursing scholarship recipients | 6 |
| Other health professional training and education (non-MD) beneficiaries | 9 |
| Number of 2012 grants and donations made at the local and regional levels ¹ | 71 |

¹The vast majority of regional grants impact three or more hospitals. As such, a single regional grant may be included in the “Number of 2012 grants and donations” count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-ANAHEIM
COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$10,790,620 |
| Healthy Families ² | 2,450,618 |
| Charity care: Charitable Health Coverage programs ³ | 2,095,682 |
| Charity care: Medical Financial Assistance Program ⁴ | 2,203,713 |
| Grants and donations for medical services ⁵ | 327,351 |
| Subtotal | \$17,867,984 |
| Other Benefits for Vulnerable Populations | |
| Watts Counseling and Learning Center ⁶ | \$0 |
| Educational Outreach Program | 0 |
| Summer Youth and INROADS programs ⁷ | 0 |
| Grants and donations for community-based programs ⁸ | 422,562 |
| Community Benefit administration and operations ⁹ | 568,768 |
| Subtotal | \$991,330 |
| Benefits for the Broader Community¹⁰ | |
| Community health education and promotion programs | \$79,518 |
| Educational Theatre | 402,237 |
| Facility, supplies, and equipment (in-kind donations) ¹¹ | 7,773 |
| Community Giving Campaign administrative expenses | 8,026 |
| Grants and donations for the broader community ¹² | 28,601 |
| National board of directors fund | 24,236 |
| Subtotal | \$550,391 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$2,730,784 |
| Non-MD provider education and training programs ¹³ | 554,607 |
| Grants and donations for the education of health care professionals ¹⁴ | 63,695 |
| Health research | 1,684,350 |
| Continuing Medical Education | 581 |
| Subtotal | \$5,034,017 |
| Total Community Benefits Provided | \$24,443,721 |

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 Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Los Angeles, KFH-West Los Angeles, and KFH-Downey.
- 7 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Summer Youth students hired.
- 8 Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the 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.
- 9 The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- 10 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a number of related denominators such as the number of Educational Theatre performances or health education programs.
- 11 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.
- 12 Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 13 Amount reflects the net expenditures after tuition reimbursement for health professional education and training programs.
- 14 Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, 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.

KAISER FOUNDATION HOSPITAL (KFH)-ANTIOCH

4501 Sand Creek Road
 Antioch, CA 94531
 (925) 813-6500

The KFH-Antioch service area encompasses the eastern portion of Contra Costa County, which includes the cities of Antioch, Bay Point, Brentwood, Knightsen, Oakley, and Pittsburg.

COMMUNITY SNAPSHOT (*COUNTY-LEVEL DATA)

| | |
|-------------------------------|----------|
| Total population: | 307,593 |
| Median age:* | 38.0 |
| Average household income:* | \$78,469 |
| Percentage living in poverty: | 11.77% |
| Percentage unemployed: | 9.14% |
| Percentage uninsured: | 14.62% |

| | |
|-----------------------------|--------|
| White: | 41.10% |
| Latino: | 32.87% |
| African American: | 11.32% |
| Asian and Pacific Islander: | 9.45% |
| Native American: | 0.51% |
| Other: | 4.74% |

KEY STATISTICS

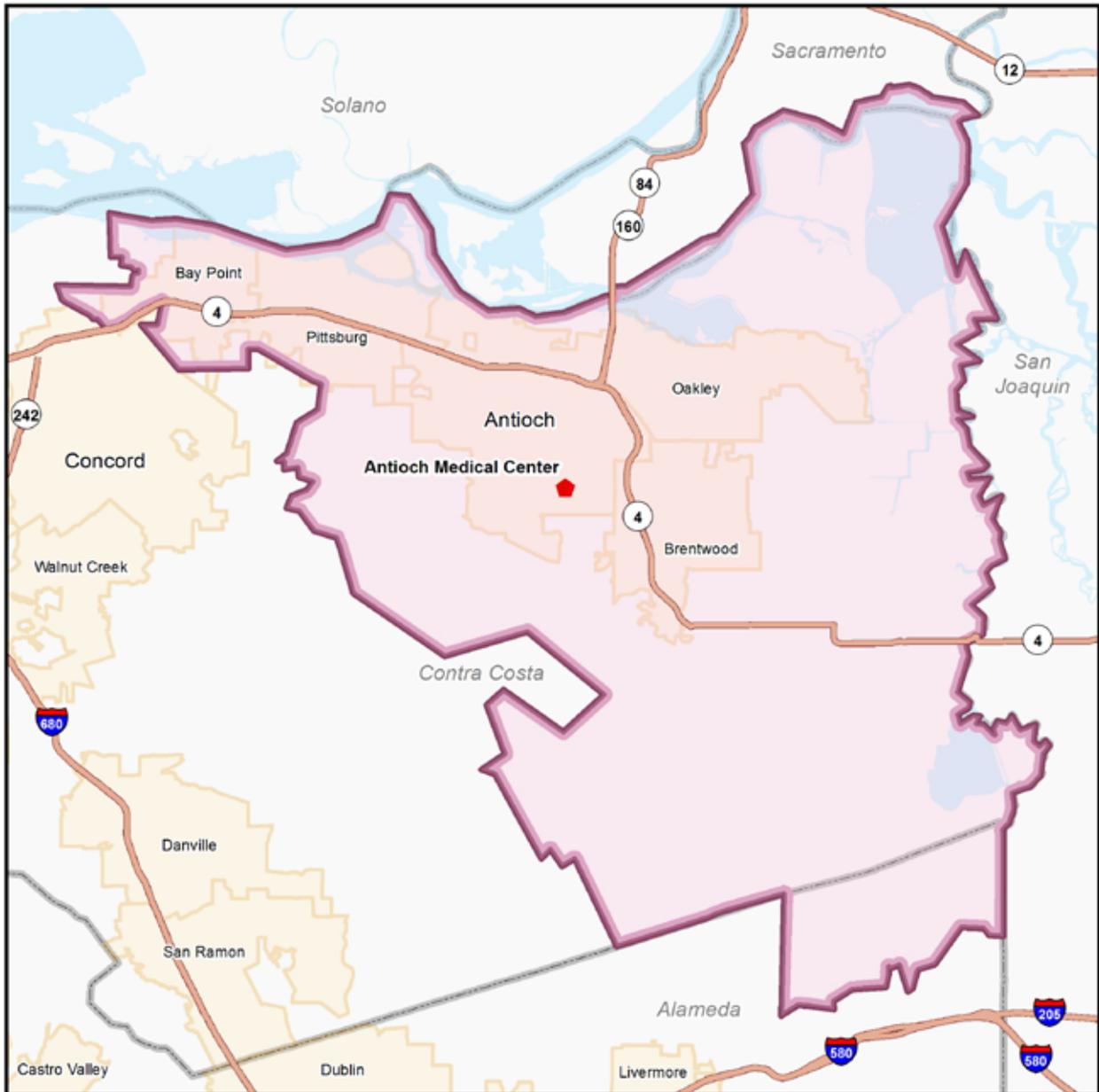
| | |
|-------------------------------------|---------|
| Year opened: | 2007 |
| KFH full-time equivalent personnel: | 894.8 |
| KFHP members in KFH service area: | 124,020 |

| | |
|------------------------|--------|
| Total licensed beds: | 150 |
| Inpatient days: | 29,264 |
| Emergency room visits: | 41,346 |

KEY LEADERSHIP AT KFH-ANTIOCH

| | |
|----------------------------|--|
| Colleen McKeown, RN, MHROD | Senior Vice President and Area Manager |
| Tim Daly | Chief Operating Officer |
| Yakesun Wing | Area Finance Director |
| Judy Lively, MD | Physician in Chief |
| David Niver, MD | Physician in Chief |
| Linsey Dicks | Medical Group Administrator |
| Deneen Wohlford | Interim Public Affairs Director |
| Marianne Balin | Community Benefit/Community Health Manager |

KFH Antioch Medical Center Area



- ◆ KFH Medical Center
- KFH Medical Center Area
- Cities and Towns
- County Boundary

Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
 Maps Produced by: the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES). March 2013.



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

The 2010 CHNA for KFH-Antioch is based on secondary data analyzed and reported by the Contra Costa Department of Public Health (DPH) and primary data collected through a community survey of east and central Contra Costa County residents. As part of a collaborative that included John Muir Health and Sutter Health and was managed through the East Bay Section of the Hospital Council of Northern and Central California, KFH-Antioch contracted with the county DPH. The community survey was designed and administered in collaboration with John Muir Health. Respondents were clients of local agencies that serve very low-income communities. KFH-Antioch engaged Areté Consulting to develop the survey, analyze the results, and complete a written report of the findings.

KEY FINDINGS FROM THE 2010 CHNA

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

Obesity and overweight and the associated chronic conditions are significant health problems in East Contra Costa County:

- 56% of adults in Contra Costa County are overweight or obese; more than 56% of 5th graders in Antioch and in Pittsburg are overweight. African Americans and Latinos are overweight or obese at higher rates than other races and ethnicities.
- Diabetes mortality in the East County cities of Antioch and Pittsburg is twice the rate for the county overall and is particularly high for African Americans.
- Heart disease mortality in Antioch and Pittsburg is significantly higher than the overall county rate and is particularly high among African Americans.
- 40% of East County community survey respondents reported being diagnosed as overweight or obese, more than 55% reported being diagnosed with diabetes, and 60% reported being diagnosed with hypertension or high blood pressure.

Access to primary care services is a problem for low-income residents of East Contra Costa County:

- UCLA Center for Health Policy estimated that 17.3% of Contra Costa County residents were uninsured for all or part of 2009.
- Early prenatal care is accepted as an indicator of access to primary care. East Contra Costa County cities Antioch, Pittsburg, and Bay Point each have rates of early entry into prenatal care that are significantly below the county as a whole and below the Healthy People 2010 benchmark. Only 76.3% of babies born to women living in Bay Point received early prenatal care, which is the lowest rate in the county.
- 50% of East County community survey respondents indicated that finding free or low-cost services was usually a problem when they needed medical care and more than 50% indicated that their top health concerns included affordability of health insurance and of health and/or dental care.

Adolescents are not observing safe sexual health practices as indicated by teen pregnancy rates and chlamydia rates:

- Births to teens 15 to 19 in East County are well above the overall county rate of 23.5 births per 1,000 females 15 to 19. In Antioch, the rate is 39 per 1,000, in Pittsburg it is 47.2 per 1,000, and in Bay Point it is 60.2 per 1,000.
- Chlamydia diagnosis rates in East County are 1,386.6 per 100,000 for ages 15 to 19 and 1,469.5 for ages 20 to 24. The overall county rate is 300.3.

Maternal and child health indicators show disparities for African Americans:

- Low-birth-weight rates in Antioch and Pittsburg are well above the Healthy People 2010 objective of 5.0 per 100 live births. For African Americans, the rate is 12.4.

- Both the infant death rate and the rate of neonatal deaths are more than two times higher for African Americans than for county residents as a whole.

Rates of injury and assault are higher in East Contra Costa County than for the county overall:

- In Bay Point, the rate of unintentional injury hospitalizations is significantly higher than for the county. And both Bay Point and Pittsburg have rates of nonfatal assault hospitalizations that are significantly higher than the county rate.
- Rates for domestic violence calls and arrests are higher in East Contra Costa County cities than for the county overall. Antioch has almost double the county rate for both of these indicators.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-ANTIOCH SERVICE AREA

1. Access to health insurance coverage and health care services
2. Obesity and overweight
3. Adolescent sexual health

2012 YEAR-END RESULTS

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

Access to health insurance and health care services has been a Community Benefit focus for KFH-Antioch for several years, and the Diablo Area has been a key participant in collaborative community efforts to address primary care access needs. The most recent data indicate that more than 17% of county residents are uninsured. Based on data related to unemployment and housing foreclosures in East Contra Costa County, the percentage is almost certainly higher among East County residents. Primary care access is also a significant concern. Early prenatal care rates and data collected through the community survey indicate that more than 50% of East County residents face access barriers related to cost, 33% face barriers related to insurance coverage, and 34% face barriers related to transportation.

2012 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.

2012 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 MFA policy and maximize efficiencies.
3. Provide grant funding to organizations that provide and/or support effective enrollment in public programs.
4. Provide grant funding to support primary care services in underserved areas.
5. Provide grant funding to increase the number of pregnant women who receive early prenatal care.
6. Collaborate with other providers (e.g., Operation Access) in the community to offer free health care services.
7. Participate in and support East County CEO Roundtable and East County Access Action Team (ECAAT) to maintain effective communication across participating organizations.
8. Operate the Mission Vision program, which provides eye exams and glasses for the uninsured.
9. Provide Kaiser Permanente prenatal classes to safety-net clinic patients at no charge.

TARGET POPULATION

Uninsured and underinsured individuals and low-income pregnant women in East Contra Costa County.

COMMUNITY PARTNERS

Community partners include Operation Access (OA), Contra Costa Health Services, Center for Human Development, Contra Costa Employment and Human Services, Planned Parenthood Shasta Pacific (PPSP), La Clínica de la Raza, John Muir Health, Sutter Delta Medical Center, Society of St. Vincent de Paul of Contra Costa, and the ECAAT and East County CEO Roundtable, two collaborative bodies whose membership comprises most of the preceding organizations.

2012 YEAR-END RESULTS

- Through its participation in OA, KFH-Antioch offered free elective surgeries to low-income, uninsured individuals. At four Saturday surgery sessions, including a super surgery day, 223 volunteer clinicians and staff provided 70 patients with evaluations, diagnostic screenings, gastroenterology procedures, radiology procedures, and operating room

surgeries. OA also received core operating support through a \$300,000¹ grant from Kaiser Permanente Northern California Region.

- In 2012, KFH-Antioch made the third payment (\$55,000) of a three-year \$150,000 commitment to fund development of La Clínica de la Raza's Oakley satellite clinic, which provides culturally competent primary care services in a community that previously had no local health care providers. The clinic logged 3,409 patient encounters in 2012.
- PPSP operates clinics in Pittsburg and Antioch where it offers prenatal care but is unable to offer prenatal classes. Since 2009, KFH-Antioch has offered scholarships to PPSP patients to attend prenatal classes at KFH facilities. In 2012, 75 PPSP patients attended pre- and postnatal classes at KFH-Antioch. Total enrollment costs for these patients were \$4,000.
- St. Vincent de Paul's (SVDP) RotaCare Pittsburg Free Clinic provides access to primary and urgent health care and disease prevention programs for poor and uninsured residents in east Contra Costa County and is convenient for very low-income residents who participate in SVDP's hot lunch program. In 2012, KFH-Antioch provided a \$30,000 grant to SVDP to support clinic operations. The clinic provided 334 visits for 196 patients. To accommodate a large number of diabetic patients, the clinic established a Chronic Disease Management class, and 50 patients participated. KFH-Antioch provides free health education literature for the clinic, and active and retired KP clinicians are among the many volunteers who provide clinical services.
- Contra Costa Health Services' Prenatal Care Now program promotes early prenatal care among African American and Latina mothers through outreach, case management, and an education campaign on Presumptive Eligibility Medi-Cal. KFH-Antioch and KFH-Walnut Creek made a joint grant of \$25,000 for core program support. Prenatal Care Now referred 526 women to resources, and 52 were enrolled in the program and received at least four home visits. Local health care providers and community health outreach workers, including 83 providers and 35 staff, received training and education about the program and presumptive eligibility for low-income pregnant women.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Antioch will assess our success relative to these strategies and goals by tracking grant dollars provided; tracking the number of people enrolled in public programs and Kaiser Permanente Child Health Plan; monitoring the number of clinicians who volunteer to provide free services and the number of patients served through those services; tracking the number of East County CEO Roundtable meetings attended by Kaiser Permanente leadership and dollars provided through contracts to ensure continuation of the collaborative; and collecting data on the number of community health center patients participating in Kaiser Permanente prenatal and other classes.

PRIORITIZED NEED II: OBESITY AND OVERWEIGHT

Health problems in themselves, obesity and overweight also contribute to other debilitating health conditions. In Contra Costa County, the rates of obesity and overweight are high for adults (more than 56%) and children (more than 26% of 5th graders). Rates of obesity and overweight are highest for African Americans, Latinos, and males and for students in the county's low-income school districts.

¹ This grant was distributed from the Kaiser Permanente Fund for Community Benefit, a donor-advised fund established in late-2004 and administered by the East Bay Community Foundation. Accordingly, the grant amount was not included in the community benefit totals for 2012 (Table A, B, and 2).

2012 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).

2012 STRATEGIES

1. Provide grant funding to support advocacy for changes in organizational practices and policies related to soda and other high-calorie drinks and foods.
2. Provide grant funding to organizations that increase the volume of fresh fruits and vegetables in low-income homes.
3. Identify a KP representative to participate in leadership of the Healthy and Active Before 5 (HAB45) collaborative and achievement of its strategic plan.
4. Provide grants to organizations that advocate or lead efforts for increased walking, bicycling, swimming, and other physical activities.
5. Provide grant funding for school-based and other institutional physical recreation programs.

TARGET POPULATION

Low-income individuals who are obese or overweight or who are at risk of being obese or overweight.

COMMUNITY PARTNERS

Community partners include HAB45, Contra Costa Child Care Council, Food Bank of Contra Costa and Solano, Contra Costa Health Services, East County Kids N Motion (ECKNM), Loaves and Fishes, and Mt. Diablo Unified School District.

2012 YEAR-END RESULTS

- A \$30,000 grant to Food Bank of Contra Costa and Solano continued KFH-Antioch and KFH-Walnut Creek's long-term support for Farm 2 Kids and helped fund the purchase of fresh produce that is distributed weekly to after-school programs in east and central Contra Costa, including 30 in the KFH-Antioch (Antioch, Bay Point, Oakley, Pittsburg) and KFH-Walnut Creek (Concord, Pleasant Hill) service areas, where more than 50% of students are eligible for free and reduced-price lunches. In 2012, Farm 2 Kids provided 269,150 pounds of fresh produce to 4,149 students and their families.
- KFH-Antioch and KFH-Walnut Creek have supported HAB45, a community collaborative dedicated to reducing early childhood obesity in Contra Costa County through a whole-community focus on food and activity environments for young children and their families, since its inception in 2007. HAB45 works to support its many community partners to become role models for good health through new organizational policies and practices. A \$30,000 grant to Contra Costa Child Care Council provided support for HAB45 staff to work with local residents to evaluate the safety and appropriateness of parks in East Contra Costa. Parents belonging to First 5 East County Regional Group (ECRG) evaluated Pittsburg parks and identified several local play spaces that could be upgraded to be more welcoming and safe. Because of maintenance issues and a lack of play equipment, Santa Fe Linear Park, located in a low-income Pittsburg neighborhood, was of particular interest to the parent group as a focus for their advocacy efforts.
- A \$5,000 KFH-Antioch grant supports Meals on Wheels' Senior Exercise program based in Bay Point at the Ambrose Recreation Center. In 2012, 171 older residents attended the Cane Do low-impact exercise classes.
- Thanks to a \$10,000 grant from KFH-Antioch, the Get Fit program was launched at three Antioch elementary schools, Turner, Marsh, and Mission, where 852 students and their teachers and principals now regularly fitness walk before school and at lunchtime. Students also serve as monitors, recording the walkers' progress.

- In 2012, KFH-Antioch continued to provide an in-kind gift to Light Ministries, an East Contra Costa nonprofit that serves low-income residents. Light Ministries collects surplus prepared food from KFH-Antioch's Food Services department on a weekly basis and distributes the food (4,121 pounds in 2012) to very low-income East County residents.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Antioch will assess progress by tracking grant dollars provided to support each strategy as well as the number of people reached by programs receiving grant funding; collecting data on the number of pounds of produce brought into low-income homes as a result of funded programs; and determining the number of HAB45 strategic plan goals that are met.

PRIORITIZED NEED III: ADOLESCENT SEXUAL HEALTH

Data on indicators of adolescent sexual behavior show that significant numbers of teens are engaging in unhealthy sexual practices. Teen birthrates are quite high in Antioch and in Pittsburg and Bay Point, two or three times higher than the overall county rate. Latinas and African Americans have the highest teen birthrates. Chlamydia rates are high across the county, particularly for teens and individuals 20 to 24.

2012 GOALS

1. Increase the number of young adults receiving chlamydia screening and treatment.
2. Decrease rates of teen pregnancy.

2012 STRATEGIES

1. Provide grant funding to organizations that conduct outreach and education to increase chlamydia screening and to organizations that provide chlamydia screening.
2. Provide grant funding to school-based and other organizations working to decrease teen pregnancy through education and family planning.

TARGET POPULATION

Low-income teens, particularly those who are African American or Latino.

COMMUNITY PARTNERS

Community partners include PPSP; school districts in Antioch, Bay Point, and Pittsburg; Contra Costa Office of Education (CCOE); Familias Unidas; Brighter Beginnings; Contra Costa Health Services; and Contra Costa Office of Education.

2012 YEAR-END RESULTS

- KFH-Antioch supported Brighter Beginnings with a \$15,000 grant for Be Safe, Be Wise, a sexual health intervention program targeting East Contra Costa County teens at Antioch High School. To date, the program has delivered comprehensive sex education classes to 44 students, some of whom will be selected to be teen peer educators. In the second half of the project's grant period, the program will reach out to Deer Valley and Prospect high schools.
- Using an evidence-based curriculum and Baby Think It Over dolls, Interfaith Solutions' Healthy Lifestyles program provides comprehensive sex education to reduce teen pregnancy and chlamydia rates. KFH-Antioch and KFH-Walnut

Creek have sponsored the program for a number of years through CCOE. In 2012, the program transferred from CCOE to a community nonprofit organization. KFH-Antioch and KFH-Walnut Creek made a joint \$20,000 grant to support this important pregnancy prevention program, which served 221 youth from Edna Hill, Bristow, and J. Douglas Adams middle schools. The program makes referrals to PPSP and provides movie tickets as incentives to motivate students to make appointments for physical exams, chlamydia screenings, and family planning if needed.

- KFH-Antioch awarded a \$10,000 grant to Familias Unidas to support Proyecto Bienestar (project well-being), a comprehensive pregnancy prevention class that reached 127 youth at Pittsburg and Antioch high schools and Hillview Junior High; 60 students received referrals to clinical care.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Antioch will assess progress by tracking grant dollars provided to support each strategy as well as the number of people reached by programs receiving grant funding; collecting data on the number of pounds of produce brought into low-income homes as a result of funded programs; and determining the number of HAB45 strategic plan goals that are met.

Table 1

KAISER FOUNDATION HOSPITAL-ANTIOCH

2012 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: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members | 0 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 1,728 |
| Medi-Cal Managed Care members | 5,453 |
| Healthy Families Program members | 3,124 |
| Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) ¹ members | 51 |
| Operation Access – number of procedures (including general surgery, urology, gastroenterology, orthopedics, and gynecology) | 70 |
| Operation Access – number of medical volunteers | 223 |
| Operation Access – number of medical volunteer hours | 716 |
| Health Research projects (new, continuing, and completed) | 0 |
| Nursing Research projects (new, continuing, and completed) | 4 |
| Educational Theatre Programs – number of performances and workshops | 87 |
| Educational Theatre Programs – number of attendees (students and adults) | 21,029 |
| Graduate Medical Education – number of programs | 2 |
| Graduate Medical Education – number of affiliated and independent residents | 30 |
| Nurse practitioner and other nursing training and education beneficiaries | 11 |
| Deloras Jones nursing scholarship recipients | 0 |
| Other health professional training and education (non-MD) beneficiaries | 20 |
| Summer Youth and INROADS programs participants | 8 |
| Number of 2012 grants and donations made at the local and regional levels ² | 87 |

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

²The vast majority of regional grants impact three or more local hospitals. As such, a single regional grant may be included in the “Number of 2012 grants and donations” count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-ANTIOCH
COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Totals |
|---|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$10,835,288 |
| Healthy Families ² | 1,474,813 |
| Charity care: Charitable Health Coverage programs ³ | 1,260,702 |
| Charity care: Medical Financial Assistance Program ⁴ | 2,968,998 |
| Grants and donations for medical services ⁵ | 489,219 |
| Subtotal | \$17,029,020 |
| Other Benefits for Vulnerable Populations | |
| Summer Youth and INROADS programs ⁶ | \$38,869 |
| Grants and donations for community-based programs ⁷ | 229,314 |
| Community Benefit administration and operations ⁸ | 371,215 |
| Subtotal | \$639,397 |
| Benefits for the Broader Community⁹ | |
| Community health education and promotion programs | \$11,225 |
| Educational Theatre Programs | 214,719 |
| Facility, supplies, and equipment (in-kind donations) ¹⁰ | 0 |
| Community Giving Campaign administrative expenses | 7,407 |
| Grants and donations for the broader community ¹¹ | 25,441 |
| National board of directors fund | 17,017 |
| Subtotal | \$275,810 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$143,952 |
| Non-MD provider education and training programs ¹² | 274,266 |
| Grants and donations for the education of health care professionals ¹³ | 93,189 |
| Health research | 2,860,496 |
| Subtotal | \$3,371,903 |
| Total Community Benefits Provided | \$21,316,130 |

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.

KAISER FOUNDATION HOSPITAL (KFH)-BALDWIN PARK

1011 Baldwin Park Boulevard
 Baldwin Park, CA 91706
 (626) 851-1011

The KFH-Baldwin Park service area includes Azusa, Baldwin Park, Bradbury, Covina, Diamond Bar, Duarte, El Monte, Glendora, Hacienda Heights, Irwindale, Industry, La Puente, Monrovia, Montebello, Pico Rivera, Rosemead, Rowland Heights, San Dimas, San Gabriel, South El Monte, Temple City, Valinda, Walnut, and West Covina.

COMMUNITY SNAPSHOT (2010 COMMUNITY HEALTH NEEDS ASSESSMENT FOR KFH-BALDWIN PARK)

| | |
|-------------------------------|-----------|
| Total population: | 1,257,290 |
| Median age: | 34 |
| Median household income: | \$63,971 |
| Percentage living in poverty: | 13.9% |
| Percentage unemployed: | 10.3% |
| Percentage uninsured: | 15.3% |

| | |
|-----------------------------|------|
| Latino: | 52% |
| White: | 23% |
| Asian and Pacific Islander: | 20% |
| African American: | 3% |
| Other: | 2% |
| Native American: | 0.3% |

KEY FACILITY STATISTICS

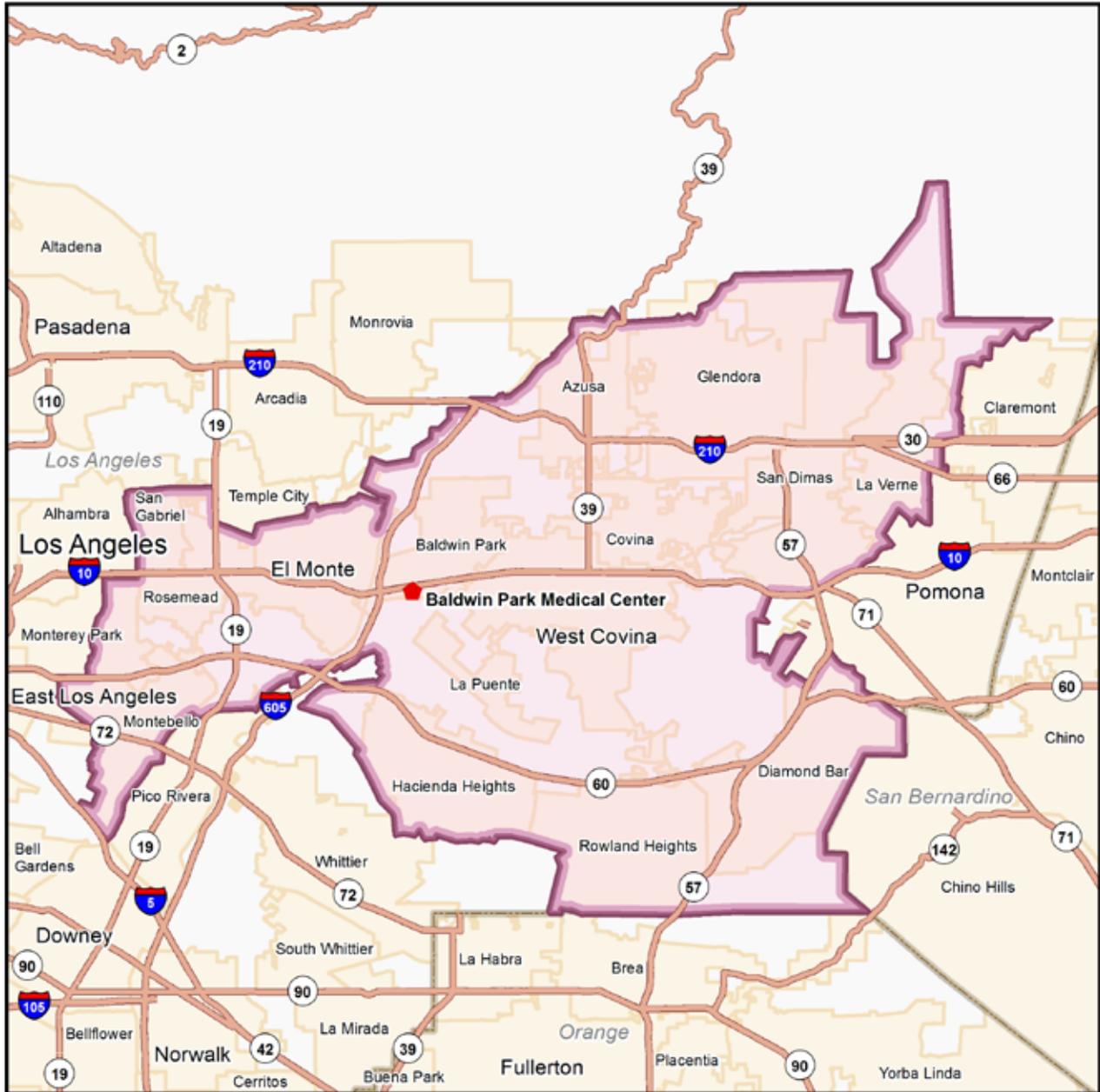
| | |
|-------------------------------------|---------|
| Year opened: | 1998 |
| KFH full-time equivalent personnel: | 1,030 |
| KFHP members in KFH service area: | 202,111 |

| | |
|------------------------|--------|
| Total licensed beds: | 269 |
| Inpatient days: | 47,437 |
| Emergency room visits: | 74,935 |

KEY LEADERSHIP AT KFH-BALDWIN PARK

| | |
|--------------------|---|
| Maggie Pierce | Senior Vice President and Executive Director |
| Payman Roshan | Chief Operating Officer |
| John Bigley, MD | Area Medical Director |
| Rick Rosoff | Chief Administrative Officer |
| Reyna Del Haro | Director, Public Affairs and Brand Communications |
| Gloria R. Bañuelos | Senior Community Benefit Health Specialist |

KFH Baldwin Park Medical Center Area



- ◆ KFH Medical Center
- KFH Medical Center Area
- Cities and Towns
- County Boundary

Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
 Maps Produced by: the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES). March 2013.



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

KFH-Baldwin Park worked collaboratively with Citrus Valley Health Partners (facilities include Queen of the Valley Hospital, Inter-Community Medical Center, Foothill Presbyterian, and Hospice of East San Gabriel Valley) to conduct the 2010 CHNA. Both hospitals share a similar service area and have a long history of working collaboratively on community projects, including previous needs assessments. The CHNA was prepared by Biel Consulting, which was selected for its expertise in conducting health and social indicators research and in preparing hospital community needs assessments.

The 2010 CHNA included two key components. The first was a comprehensive data-gathering process that included a summary of service area demographics; Los Angeles County Service Planning Area (SPA) 3 health access indicators; service-area-specific health status indicators related to births, deaths, and hospitalizations for preventable conditions; and SPA 3 health behaviors such as weight, physical activity, and smoking for children, adults, and seniors. Wherever applicable, the service area/SPA data were compared to Healthy People 2020 national objectives. The second component of the CHNA was the community consultation, which included interviews and focus groups with persons knowledgeable about important health, social, educational, and economic issues in the San Gabriel Valley. Biel Consulting completed 30-minute one-on-one telephone interviews with 20 key community stakeholders. In addition, 49 individuals representing a broad spectrum of the community, including health care providers, law enforcement, elected officials, promotoras, as well as business, public school, and nonprofit leadership, participated in four focus groups. Following completion of the CHNA, key community leaders, elected officials, and executive-level representation from public and private organizations were invited to a community presentation hosted by the two hospitals where the findings of the report were presented.

KEY FINDINGS FROM THE 2010 CHNA

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

Uninsured and Access to Health Care:

- In 2009, adults 18 to 64 in the service area health districts of El Monte, Foothill, and Pomona were more likely to be uninsured (24.9%) when compared to children 0 to 17 (7.8%). [Source: Los Angeles County Health Survey]
- In 2007, almost one-fifth of adults (19.8%) in the service area health districts reported not having a regular source of health care. Other reported barriers to care that were higher than the county average included prescription affordability and lack of transportation. [Source: Los Angeles County Health Survey]

Chronic Disease:

- The six leading causes of death (2004 through 2008) in the service area were (presented in descending order) heart disease, cancer (all sites), stroke, diabetes, unintentional injuries (all types), and suicide. [Source: California DPH]
- While the age-adjusted death rate in the service area (2004–2008) is higher than that of the county and the state, the service area meets Healthy People 2020 objectives for several leading causes of death, including cancer, diabetes, unintentional injury, and suicide. [Source: California DPH]
- In 2008, maternal and infant health indicators in the service area compared favorably to Healthy People 2020 objectives: 86.7% of pregnant women obtained prenatal care as recommended in the first trimester, low-birth-weight infants comprised 6.6% of live births, 86.5% of mothers giving birth reported breastfeeding their newborns, the infant mortality rate was 4.7 infant deaths per 1,000 live births, also meeting Healthy People 2020 objectives. [Source: California DPH]

Obesity:

- In 2009, indicators related to overweight or obesity among SPA 3 residents show the percentage of overweight and obese adults was 55% and the percentage of overweight or obese children was 25.1%. [Source: CHIS]

- Among adults over the age of 18 in SPA 3 in 2007, 39.5% consumed fast food at least once a week and 37% consumed at least one soda or sweetened beverage per day, while only 13.5% consumed the minimum recommended servings of five fruits and vegetables per day.
- Among children, 49.9% consumed fast food one or more times a week, and 39.3% consumed one or more sodas or sweetened beverages per day.

Economy and Education:

- More than one-third (35%) of residents in the service area live at or below 200% of the federal poverty level and are classified as low income. A direct correlation of this finding is evident in the increase in unemployment rates, which more than doubled from 2005 (4.7%) to 2009 (10.3%). [Sources: U.S. Census and California EDD]
- 82.2% percent of high school–age students in the service area are eligible for graduation. Only 26.1% of graduates are adequately prepared through course selection and completion for admission to a UC or CSU academic institution.
- The number of homeless individuals in the service area decreased from 9,254 in 2005 to 2,780 in 2009. In addition to this overall decrease, there is a trend toward an increase in the number of sheltered homeless, which was 550 in 2005 and almost doubled to 1,010 in 2009. [Source: Los Angeles Homeless Services Authority]
- In 2010, community leaders and representatives of organizations serving the San Gabriel Valley identified the following important health and social issues: unemployment, homelessness, affordable housing, lack of health insurance and barriers in access to health care services, preventive health care access, increased stress and depression, dental care access, poverty and basic needs, obesity, food insecurity and poor nutrition among families, at-risk youth, and the need for workforce development for high school–age youth and unemployed adults. [Source: Community Consultation]

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-BALDWIN PARK SERVICE AREA

1. Access to health care coverage and health care services
2. Obesity rates and chronic conditions
3. Services for at-risk youth, workforce development, and basic needs

2012 YEAR-END RESULTS

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

The most prevalent need identified in the KFH-Baldwin Park service area was access to affordable health care services for the uninsured and underinsured. CHNA data and feedback from the community consultations confirm that barriers and lack of access to health care services are prevailing issues in the community and of primary concern to low-income families. Lack of coverage for primary and preventive care, the need for ongoing care for chronic conditions, prescription access and affordability, and access to oral, mental health, and specialty care services were identified as access barriers. With the service area's unemployment rate more than doubling from 2005 to 2009, many individuals suffering from job loss have consequently also lost health insurance. According to community consultations, knowledge of and the stigma attached to public assistance programs among individuals who have never accessed these programs in the past are also amplified as a barrier to health care services. In addition, the service area is home to many immigrants who are afraid to access care for fear of deportation or who find the public health system complex and difficult to navigate. Many face language and cultural barriers, and the daily struggle for basic necessities of food and shelter is a formidable obstacle to attending to health care needs.

2012 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.

2012 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 MFA policy and maximize efficiencies.
3. Support the Every Child's Healthy Option (ECHO) and Get Enrollment Moving (GEM) programs.
4. Collaborate with local community clinics to increase access to mental health and specialty care services.
5. Collaborate with community clinics and organizations that provide outreach, oral education, and/or access to dental care services.
6. Provide outpatient surgeries and procedures on two Community Surgery Days for uninsured individuals identified by EVCHC.
7. Coordinate 4 Colonoscopy Days whereby KFH-Baldwin Park gastroenterology physicians and support staff provide colonoscopies in partnership with the Specialty Care Coalition of the San Gabriel Valley.
8. Partner with community health center to provide professional support from volunteer Kaiser Permanente Radiologists to read x-rays images.
9. Participate in targeted community health fairs or forums that offer health screenings and education.

TARGET POPULATION

Low-income children and adults who are uninsured and underinsured; cities and communities with disproportionate needs.

COMMUNITY PARTNERS

Community partners include Azusa Pacific University (APU), El Proyecto del Barrio–Azusa Health Center, Buddhist Tzu Chi Medical Foundation, Chinatown Service Center, Citrus Valley Health Foundation–Every Child's Healthy Option Program, East Valley Community Health Center, Foothill Family Service, Foothill Unity Center, Garfield Health Center, Herald Christian Health Center, Jason David's Corner Foundation, Our Saviour Center/Cleaver Family Wellness Clinic, San Gabriel

Unified School District, San Gabriel Valley Foundation for Dental Health, Service Planning Area 3-Health Planning Group, and Special Service for Groups.

2012 YEAR-END RESULTS

- In 2012, KFHBaldwin Park collaborated for a third year with East Valley Community Health Center (EVCHC) and provided 60 low-income, uninsured individuals with free surgical procedures through the coordination of two Community Surgery Days (CSDs)—the first in April and the second in November. Patients were identified, screened, and referred by EVCHC. CSDs were expanded to include volunteer participation by KFHBaldwin Park's Vascular Surgery Department to respond to the needs of EVCHC and its patients. Departments that have volunteered since the inception of this partnership in 2010 include Anesthesiology, General Surgery, Gastroenterology, Ophthalmology, and Orthopedics. Other departments that have supported this program include Head and Neck, Respiratory Services, and Physical Medicine. Donated procedures included hernia repairs, lymphoma removals, laparoscopic cholecystectomy, cataract correction, colonoscopies, carpal tunnel release, trigger finger release, tonsillectomies, removal of masses in the head and neck area, pulmonary function tests, and varicose vein surgery. Physician co-champions for this project include Philip Mercado, MD, Chief, General Surgery, and Diana LaPlace, MD, Chief, Anesthesiology.
- Expanding upon the CSD model, KFHBaldwin Park's Gastroenterology Department began to host Colonoscopy Days in late 2010 in collaboration with the Specialty Care Coalition of the San Gabriel Valley to support its initiative to provide uninsured and underserved individuals with access to specialty health care services. In 2012, KFHBaldwin Park Gastroenterology physicians and support staff volunteered more than 140 hours to provide free colonoscopies to 20 uninsured, symptomatic patients through four Colonoscopy Days. The partnership's success has been proven by the early diagnosis of colorectal disease in a few patients and the detection of colon cancer and expedited referral for treatment of one patient. The Gastroenterology team will continue to serve the specialty care needs of those who are underserved by hosting Colonoscopy Days in 2013. Rody Yoshinaka, MD, Chief, Gastroenterology, is the physician champion for this program and has served as an advisor to the medical directors of the community health centers that participate in the Specialty Care Coalition of the San Gabriel Valley.
- In July 2012, KFHBaldwin Park launched a partnership with East Valley Community Health Center to assist with the reading of x-ray images for up to 10 patients per week at no charge to the health center. With the leadership of Cynthia Payne, Department Administrator, Radiology, and the generous volunteer efforts of Radiologist Brian Suh, MD, images for 210 patients were read between July and December 2012. While the health center has the capability of capturing basic x-ray images, its normal operational procedures would require sending the images to an outside organization for reading at a cost of \$25 per patient. Through this partnership and donation of services, the Radiology Department of KFHBaldwin Park provided the health center an estimated \$5,250 in cost savings.
- Chronic Kidney Disease is oftentimes an undetected but preventable disease. In 2012, the Nephrology Department of KFHBaldwin Park developed and implemented a collaborative program with the Jason David Corner's Foundation to promote kidney disease awareness and preventive testing among underserved individuals in the San Gabriel Valley. Through a partnership with two local community clinics, Buddhist Tzu Chi Free Clinic and Our Saviour Center/Cleaver Family Wellness Center, 291 uninsured and underinsured members of the community were prescreened by volunteer Kaiser Permanente staff and physicians to determine if they were at high risk for kidney disease. A total of 83 high-risk individuals were identified and invited to receive free lab services and one-on-one educational sessions with KP physicians during the first annual Free Chronic Kidney Disease Screening Day hosted at the partner community clinic facilities. Close to 30 volunteers that consisted of Nephrology physicians and staff, Primary Care physicians, and phlebotomists supported the efforts of this special Screening Day. In response to the cultural and linguistic needs of Screening Day participants, volunteers were culturally diverse and many were bilingual. All patient lab results were reviewed by volunteer nephrologists, and recommendations for follow-up treatment were made to community clinic partners as needed. Physician co-champions for this project include Nicole Mihara, MD, and Mark Rutkewski, MD, of the Nephrology Department.
- San Gabriel Valley Foundation for Dental Health (SGVFDH) received a grant in the amount of \$5,000 to support the addition of a part-time dentist to a team that consists of part-time staff and numerous volunteer dentists, hygienists, and dental assistants. The SGVFDH clinic is located in a rent-free facility on campus at the Hacienda La Puente Adult Education School. The organization has provided dental care and education to economically disadvantaged children 2

to 14 throughout the San Gabriel Valley since 1996. Services included restorative and preventive dental services, and a dedicated Outreach Education Program Coordinator provided oral health education to children and their families. In order to ensure that they are targeting the most vulnerable population, children and youth who received care through SGVFDH must qualify for the free and reduced-cost lunch program at their school. The provision of KFH-Baldwin Park funding supported the organization in providing oral health services to 10,912 unduplicated individuals in 2012. Treatment and dental health education was provided to 522 children, of which 95% of patients returning for regularly scheduled appointments, required no restorative care procedures. Through two community outreach events, including the organizations' annual Give Kids a Smile campaign, 8,666 children participated in dental screenings and education. The organization reported that 1,724 additional members of the community were educated on oral health through these community events.

- KFH-Baldwin Park awarded a \$10,000 grant to San Gabriel Unified School District to support the All Aboard! Program. This school-based mental health counseling and case management program served low-income and uninsured at-risk youth and their families through a cost-efficient partnership with local colleges and universities by leveraging the services of Marriage & Family Therapy interns to counsel students who were struggling academically due to behavioral, emotional, and mental health issues. Operating under the supervision of two part-time counselors, therapy interns provided individual and family counseling, and also facilitated student groups and parenting classes, which significantly amplified the program's impact throughout the community. In addition, culturally and linguistically appropriate services were provided to families whose primary home language is Spanish, Korean, Mandarin, or Vietnamese through an ethnically diverse group of interns. In 2012, 235 students 6 to 18 were seen for individual and family therapy. Some of the issues addressed in counseling included substance abuse/use, bullying, gang involvement, depression, anxiety, divorce, pregnancy, suicidal ideation, financial stress, peer pressure, healthy relationships, and acculturation. Client evaluations indicated that 87% of students showed improved self-esteem; 96% of the students exhibited improved behavior (the improved behavior had a direct impact on the decrease in discipline referrals among students); 83% had improved social skills; 89% of students showed academic improvement; and successful collaboration between therapists and parents resulted in a 76% improvement in parent understanding and knowledge surrounding their child's mental health and counseling needs.
- Kaiser Permanente Southern California Region funded care- and coverage- related grants to increase access to affordable, quality health care and health insurance coverage for low-income, uninsured and underinsured individuals and families in our communities. Grants are made to support the education and potential and future enrollment of eligible individuals into publicly funded health insurance products. In 2012, California Coverage and Health Initiatives, a project of Tides Center, received a grant for \$50,000 in 2012 to support the core operations of the association as it advocates for children's access to health coverage on a statewide and regional level through the aligned work of the 24 county-based Children's Health Initiatives.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

To assess progress and success in achieving the stated goals, the following indicators will be used: the number of grants; total dollars provided in grants; the number of people reached through grants; the number of collaborating partners; the number of staff engaged in the community; the number of community organizations served; the number of people receiving charity care services; the number of Kaiser Permanente Child Health Plan and STEPS members; and the number of individuals receiving MFA.

PRIORITIZED NEED II: OBESITY RATES AND CHRONIC CONDITIONS

Obesity, diabetes, hypertension, and heart disease are interrelated and require rigorous management to reduce the risk of serious complications and premature death. Physical activity and a balanced diet are important indicators of obesity as well as chronic disease management. In 2009, 32.3% of adults and seniors in SPA3 were overweight and 22.7% were obese. Among children and adolescents 12 to 17, 25.1% were overweight or obese. Among adults over 18 in SPA3 in 2007, 39.5% consumed fast food at least once a week and 37% consumed at least one soda or sweetened beverage per day, while only 13.5% consumed the minimum recommended servings of five fruits and vegetables per day. Among children, close to 50% (49.9%) consumed fast food one or more times a week and 39.3% consumed one or more sodas or sweetened beverages per day. A sedentary lifestyle can also lead to overweight and obesity and is a contributing factor to many chronic conditions and disabilities. Among adults in SPA3, 39.4% report a minimally active or sedentary lifestyle.

The KFH-Baldwin Park service area Health Districts have higher rates of cholesterol, diabetes, and heart disease than the Los Angeles County average. An estimated 32.8% of adults were diagnosed with high cholesterol, 8.8% were diagnosed with diabetes, and 8.3% have heart disease, according to the 2007 Los Angeles County Health Survey. While the age-adjusted death rate due to diabetes of 23.8 per 100,000 persons in the service area (based on analysis of deaths that occurred from 2004 through 2008) is higher than the state average of 19.5 per 100,000 persons, it is considerably lower than the Healthy People 2020 objective of 65.8 per 100,000 persons. The age-adjusted death rate due to heart disease for the same time frame was 159.8 per 100,000 persons, which fails to meet the Healthy People 2020 objective of no more than 100.8/100,000.

2012 GOALS

1. Decrease calorie consumption (e.g., sodas and 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 management of chronic health conditions.

2012 STRATEGIES

1. Partner with City of Baldwin Park agencies and schools to support the Community Garden and Moveable Feast nutrition education program.
2. Support the development and implementation of a children's nutrition and gardening education program at Hurst Ranch in West Covina.
3. Support The California Endowment's Healthy Eating, Active Communities (HEAC) People on the Move collaborative in Baldwin Park and its expansion into surrounding cities to promote healthy eating and physical fitness in schools, neighborhoods, and the community.
4. Partner with local community clinics that provide health care services, education, and case management for those with chronic diseases.
5. Collaborate with organizations to promote programs that address obesity and physical inactivity in children and adults.
6. Partner with the College of Agriculture at California Polytechnic University, Pomona, to provide Kaiser Permanente pediatric nutrition education trainings to health and human nutrition students.
7. Support surrounding communities to help increase opportunities for healthy eating and physical fitness in schools, neighborhoods, and the community.
8. Support agencies and programs that provide linguistically and culturally appropriate obesity and chronic disease prevention education, self-care, and disease management.
9. Participate in targeted community health fairs or forums that offer health education on chronic conditions.

10. Utilize KPCares.org to recruit volunteers to promote physical activity to youth and seniors.

TARGET POPULATION

Overweight and obese children and adults and those at-risk for or diagnosed with high cholesterol, diabetes, or heart disease.

COMMUNITY PARTNERS

Community partners include Azusa Pacific University Neighborhood Wellness Center, Baldwin Park Adult and Community Education, California Polytechnic University at Pomona, City of Baldwin Park, City of El Monte, City of La Puente, City of South El Monte, East Valley Boys & Girls Club, Garfield Health Center, Herald Christian Health Center, Hurst Ranch Foundation, Los Angeles County Department of Parks and Recreation, Montebello-Commerce YMCA, Our Saviour Center Kids Campus, Rails-to-Trails Conservancy, THINK Together, Baldwin Park Unified and West Covina Unified School Districts, and other local school districts.

2012 YEAR-END RESULTS

- KFH-Baldwin Park provided Baldwin Park Unified School District (BPUSD) with two grants in support of the Baldwin Park Community Garden. Funding included \$7,000 to support operations and maintenance of the garden and \$21,500 for the Moveable Feast Nutrition Education Program. Located on Kaiser Permanente-owned land, the garden hosted programs that educated youth, older adults, and disabled individuals about the importance of maintaining a healthy lifestyle through good nutrition and physical activity. Programs were provided through the collaborative efforts of KFH-Baldwin Park, BPUSD, and the City of Baldwin Park. In 2012, the operations grant allowed for more than 1,200 hours of gardening education to adult students. Lessons included gardening, mulch and compost production, and the harvesting of various fruits and vegetables. Adult students also served as docents and provided garden demonstrations for two parent education classes. The Moveable Feast Nutrition Education Program provided 28 presentations to 140 4th graders that included hands-on experience in healthy meal preparation, utilizing fresh fruits and vegetables they had grown in the garden. Self-reported outcomes included 93% of students identifying an increase in fruit and vegetable consumption. In addition, 76% of students stated that they prepared at least one healthy recipe from the Moveable Feast at home and 67% reported making two or more recipes learned at the garden for friends and family. Other program highlights included teaching students about composting, gardening, nutrition, and reading and understanding food labels. In addition, the students worked with guest chefs who are community leaders and elected officials, including KFH-Baldwin Park Executive Director Maggie Pierce and Robert Riewerts, MD, Chief, Pediatrics.
- KFH-Baldwin Park provided \$7,500 in funding to Rails-to-Trails Conservancy (RTC) to support the Get Fit SGV Trails Challenge in partnership with the City of El Monte, Bike SGV, and Amigos de Los Rios. RTC's mission is to create a nationwide network of trails from former rail lines and connecting corridors to build healthier places for communities. Get Fit SGV was developed to increase physical activity rates among children and youth in El Monte and surrounding communities through participation in walking, biking, and Trail Care Clubs that promote increased use of local trails. In 2012, 157 children were successfully enrolled in the Trails Challenge, which increased the number of program participants to nearly 500 individuals. As a result, walking clubs were developed and an average of 65 members of the community met twice per week at five local parks and schools. A monthly "Bike Train" led by Bike SGV was formed, and it evolved into not only promoting biking along the Emerald Necklace, but now also accommodating varying skill levels in bikers, a group of walkers and joggers, and other elements such as music to attract new participants. The Trail Care Clubs also met weekly to promote an ethic of stewardship for the Emerald Necklace trail network and the natural environment along the local river corridors. Clubs varied in participant enrollment with an average of 35 riders for most bike club events and an average of 10 participants for the Trail Care Clubs. RTC also co-organized larger community events, including the Eaton Canyon outing that registered 30 participant hikers. Walking, biking, and trail care clubs as well as community events not only garnered support for physical activity alternatives, but also exposed residents to the trails around El Monte and connected them to their neighbors and other residents with whom they can join in future physical activity programs. Through self-reporting surveys, 83% of program participants reported feeling that they had more energy as a result of participation. Moreover, 30% reported that they had lost weight and 35% reported increased social benefits from participation. In addition to resident engagement, community partnerships that developed from the

ongoing efforts of Get Fit SGV included collaboration among RTC, Bike SGV, Amigos de Los Rios, and Our Saviour Center Kids Campus.

- In 2012, KFH-Baldwin Park continued its partnership with the Department of Agriculture at Cal Poly Pomona to sustain the Pediatric Nutrition Education program, Being Healthy—A Family Affair, which was successfully implemented in 2010. Being Healthy—A Family Affair is a curriculum in pediatric nutrition education geared toward children 9 to 10. It was customized to consolidate key elements from KFH-Baldwin Park's successful pediatric nutrition education program, including fun and kid-friendly concepts in healthy food choices and consumption, as well as physical activity. These concepts were in accordance with State of California Department of Education curriculum standards in both Nutrition and Physical Activity. In 2012, Community Nutrition students from Cal Poly Pomona were again trained and placed at three after-school sites, which included Mayflower Elementary School, Monrovia; Walnut Elementary School, Baldwin Park; and Rimgrove Park, La Puente, during the winter quarter of 2011/12, reaching 100 elementary school-age children. The program also was expanded to include a culturally and linguistically appropriate parent education curriculum in partnership with the University's Estudiante Dietetica program, which served 16 parents across the three school sites. The Estudiante Dietetica program provides students with an increased ability to provide optimum dietetic care to the Latino community through Spanish-language instruction.
- KFH-Baldwin Park provided a \$2,995 grant to Hurst Ranch Historical Foundation and a \$4,695 grant to West Covina Unified School District (WCUSD) to support The Hurst Ranch Garden Gourmets program at the Hurst Ranch in West Covina. To benefit the community of West Covina and the surrounding areas, Hurst Ranch Historical Foundation was created for the purpose of developing a historical museum on 3 acres of the original 150 acres of ranchland owned by the Hurst family since 1906. The ranch is an educational living-history museum that provides children's programs as well as community event opportunities to learn about the ranching lifestyle in the early 20th century. The Garden Gourmets program was established in 2012 as a collaborative program that was planned and implemented between the Hurst Ranch Historical Foundation and WCUSD with the leadership and support of KFH-Baldwin Park and follows the model of the Moveable Feast Nutrition Education program that takes place at the Baldwin Park Community Garden. Between September 2012 and May 2013, 32 Cameron Elementary School 4th graders were invited to participate in Garden Gourmets. Participants learned about the cultivation of fruits and vegetables and the use of fresh fruits and vegetables in healthy recipes, and were educated on the history of their local community. Garden Gourmets presented a well-rounded and fun approach to both addressing and responding to healthy eating and physical activity in children and youth. It promoted physical activity through the gardening component and encouraged healthy eating behaviors by introducing children to the concept of cultivating their own fresh fruits and vegetables for use in easy-to-prepare, low-cost recipes.
- Montebello-Commerce YMCA received a \$9,500 grant to support the LEAN Program—a program that offered nutrition education and guidance, physical activity instruction, and support groups for women 18 to 50 through four eight-week sessions, held twice a week, for an hour and a half each. Program outcomes included new physical activity and nutrition behaviors, as well as participants having the tools needed to continue those practices beyond the program in their daily routines. In addition to individual counseling sessions with a YMCA Healthy Lifestyle Counselor, support group sessions were held twice a week after nutrition and physical activity instruction. Outcomes included women demonstrating an increased knowledge in free-weight and cardiovascular exercise techniques. KFH-Baldwin Park funding supported the enrollment of 42 women in the LEAN Program. In addition to an observed increase in participant stamina, endurance, strength, and willingness to participate, recorded data showed that participants lost an average of 4.8 pounds, dropped their body mass index (BMI) an average of 5 points, and dropped an average of 5.5 points of their body fat percentage. Participants also learned about portion control, healthy choices, reading food labels, and the connection between life stresses and healthy eating.
- Our Saviour Center/Cleaver Family Wellness Center received a \$12,500 grant for the Healthy Events and Life-skills Modeling (HELM) program, which provided two structures to help reduce obesity among the organization's Kids Campus enrollees in El Monte. The first and most basic approach was the Healthy Events programming, which provided safe and fun events and activities so that children and youth could participate in the activity levels necessary to keep fit. The second structure was Lifestyle Modeling, which provided the educational basis and training in order for staff to be able to model healthy behaviors as well as educate youth participants on why these activities are a necessary part of good health. The element of intensive staff training on modeling healthy behaviors was a unique

aspect of this program that also supported the on-campus policy that requires staff to eat only healthy snacks and meals during working hours. Workshops and training that was provided to staff in 2012 included Eat Well and Move More; Cal Fresh Workshops; Fat and Sugar, Secrets of Sodium, Be Sugar Savvy; and Healthy Eating on a Budget. Health and wellness workshops that were developed and implemented by staff and kids included topics such as the benefits of biking and walking, healthy cooking, healthy eating with art, and nutrition strategies to prevent chronic conditions. The Healthy Events portion of this program achieved healthy activity levels for 250 unduplicated children and youth enrolled at the Kids Campus. Of these participants, 58% demonstrated a reduction in their body mass index (BMI) and 34% were able to maintain a healthy BMI. Physical activity included daily programs at the Kids Campus gym; a daily after-school Walking Club for youth; a Bike Club that provided bikes, safety pads, helmets, bike buddies and weekend excursions; and a Hiking Club that exposed youth to outdoor urban trails.

- KFH-Baldwin Park provided a \$10,000 grant to THINK Together to support expansion of the Healthy Living Program from Tracy Elementary School to four other elementary schools in the Baldwin Park Unified School District (BPUSD). The Healthy Living Program included many components that promoted a healthy after-school environment for students. Utilizing the CATCH (Coordinated Approach to Child Health) program, students were required to participate in 30 minutes of physical activity each day for 175 days. Students also participated in various physical activity clubs such as dance, hula hoop, yoga, and gardening. Physical activity was documented through the use of pedometers that recorded each participant's steps. Every step counted toward a reward of reaching a special destination location, which culminated with the staff hosting a celebration themed to that destination. Another program component included a Harvest of the Month curriculum wherein students tried a new fruit or vegetable each month and learned about its nutritional value. Nutrition education for students also included learning how different foods fit into the food plate as well as portion control, healthy snacking, and dietary guidelines. Staff provided education around reading food labels and utilized Snack Shack mobile kitchens where students and families learned how to prepare healthy meals at home. Parents were invited to participate in these demonstrations and received recipes for future reference at home. An on-campus bulletin board provided parents with information related to food security such as how to participate in the CalFresh Program (formerly known as the Food Stamp Program) as well as where to find local soup kitchens and food pantries. An additional program component allowed students to interact with food service personnel at their respective school to discuss school menu choices. As a result of the Healthy Living Program, more than 500 BPUSD students were served. Self-reported outcomes included 90% of students stating that they understood more about healthy eating and being active; 89% understood the importance of healthy eating; 80% stated they learned and know how to prepare a healthy snack or meal; 79% understood the difference between a healthy and unhealthy food choice; 77% reported eating at least one fruit a day; and 58% of participants reported eating at least one vegetable a day.
- Kaiser Permanente Southern California Region funded Healthy Food Access grants to improve access to affordable healthy foods. In 2011, California WIC Association received a \$112,500 two-year grant (\$56,250 in 2012) to expand the number of baby-friendly hospitals, increase the capacity of WIC services to provide in-depth nutrition and breastfeeding counseling services, protect and enhance WIC referrals to other preventative need services, and to develop a policy agenda for early childhood obesity prevention.¹

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

To assess the progress and success in achieving the stated goals, the following measurement indicators will be used: the number of grants awarded; total dollars provided in grants; the number of people reached through grants; and the number of organizations reached with shared assets.

¹ This grant was distributed from the Kaiser Permanente Southern California Charitable Contribution Fund, a donor-advised fund administered by the California Community Foundation. Accordingly, the grant amount was not included in the community benefit totals for 2012 (Table A, B and 2).

PRIORITIZED NEED III: SERVICES FOR AT-RISK YOUTH, WORKFORCE DEVELOPMENT, AND BASIC NEEDS

There are approximately 350,131 children and youth 0 to 17 (29.3% of the population) in the KFH-Baldwin Park service area. Participation in free or reduced-price meal programs in public schools is an indicator of low family socioeconomic status. Participation rates among students exceed 75% in four school districts (Azusa, Bassett, El Monte Union High School, and Montebello) and five elementary schools (El Monte City, Garvey, Mountain View, Rosemead, and Valley Lindo). Youth involvement in gangs is also a major indicator of the at-risk youth population. Among females in area school districts, gang involvement is the highest in the 7th grade at 7.6%, and among males it is highest in the 9th grade at 10.7%. In addition, while 82.2% percent of high school–age students in the service area are eligible for graduation, only 26.1% of graduates are adequately prepared through course selection and completion for admission to a University of California or California State University academic institution.

Academic achievement of graduating youth is one indicator of workforce preparedness and future employment. While many young adults are graduating from high school without adequate preparation for a higher education, the current adult population is also faced with increasing unemployment rates. The unemployment rate exceeded the Los Angeles County average (11.6%) in Azusa, Baldwin Park, El Monte, Industry, Irwindale, La Puente, Montebello, and South El Monte. According to those interviewed in the community consultations, many unemployed individuals face challenges in accessing employment opportunities due to a need for retraining to learn multiple skills to better fit job requirements.

Poverty rates in the service area indicate that 35% of area residents are considered low-income, living at or below 200% of the federal poverty level. In addition to high poverty rates, the 2009 Greater Los Angeles Homeless Count estimated that 2,780 homeless persons are in SPA 3; 64% are unsheltered and 36% are sheltered. According to the community consultation, the basic needs of families and individuals who are low-income and/or homeless are extensive and include food, clothing, household goods, and other resources to meet everyday living. Many interviewees also commented that families and individuals who have never required assistance and now find themselves living in poverty due to loss of employment have trouble accessing services because of lack of information on resources, language barriers, and a perceived stigma associated with the use of assistance programs.

2012 GOALS

1. Increase health and human service programs that address at-risk youth.
2. Increase higher education and workforce preparedness programs for high school–age youth and the unemployed.
3. Decrease disparities in the provision of basic needs for the low-income, homeless, and/or those living in poverty.

2012 STRATEGIES

1. Support organizations that provide programs and services for low-income, at-risk youth and their families.
2. Strengthen partnerships with local law enforcement agencies that provide targeted programs for at-risk youth.
3. Support organizations that provide a full range of basic resources, including food, clothing, shelter, basic first aid, and case management.
4. Administer Hippocrates Circle, and partner with Bassett High School Health Academy to promote workforce and college preparedness.
5. Provide in-kind support for academic institutions that provide workforce preparedness training and education to young adults and the unemployed.
6. Provide Educational Theatre for local schools and after-school sites.

TARGET POPULATION

At-risk children and youth, low-income and homeless individuals and families, and the unemployed.

COMMUNITY PARTNERS

Community partners include Baldwin Park Police Department, Bassett High School, Bienestar Human Services, Boys & Girls Club of San Gabriel Valley, Boys & Girls Club of the Foothills, City of Baldwin Park, East San Gabriel Valley Coalition for the Homeless, El Monte/So El Monte Emergency Resources Association, Foothill Unity Center, Greater La Puente Valley Meals on Wheels, La Casa de San Gabriel Community Center, Mt. San Antonio College, New Horizons Caregivers Group, Project Amiga, Rio Hondo College, San Gabriel Valley Conservation Corps, Serra Ancillary Care Corporation, SPIRITT Family Services, West Covina Police Department, YWCA San Gabriel Valley, and Baldwin Park Unified School District and numerous other local school districts.

2012 YEAR-END RESULTS

- KFH-Baldwin Park provided New Horizons Caregivers Group with \$9,950 for its Family Incentives Equals Students Taking Action (FIESTA) program, which provided healthy emergency food to low-income caregivers and parents through local parent education meetings held at California, Sparks, and Valinda Elementary Schools in La Puente. FIESTA provided a unique model of encouraging parents and guardians to actively participate in their child's academic and educational achievements by rewarding them with free groceries and school items for attendance at parent conferences and academic counseling appointments. Funding helped provide free groceries and school supplies to 1,370 unduplicated individuals (274 families) from the three school campuses. Program outcomes showed that parent participation in their children's academics more than doubled, and schools achieved a record high in their Attendance and Academic Performance Index (API).
- San Gabriel Valley Conservation Corps received a \$7,500 grant to support Earthworks Community Farm (ECF), a four-acre site located in El Monte that served as an educational environment for local residents to enjoy fresh produce and learn about the benefits of organic farming and healthy eating. SGVCSC provided disadvantaged San Gabriel Valley youth academic, vocational, and leadership development while also providing them with employment that helped to improve their communities and the natural environment. A total of 40 youth participated in ECF and were paid to harvest while they also received education and training around leadership, self-development, and communication. Participants not only developed entrepreneurial skills, but they also learned about health, nutrition, and the environmental benefits of sustainable agriculture. In addition, ECF educated the youth about the importance of the production process, harvesting, planting, soil conditions, seasons, irrigation, pest management, weed control, and the overall farming process. Organic ECF crops were available for purchase by community residents at very affordable rates. In 2012, the collaborative efforts of SGVCSC staff, volunteer farmers, and over 50 volunteers facilitated the donation of more than 3,000 pounds of vegetables to two food banks located at local churches. In addition, 110 formal and informal classes were taught to 200 students, community members, staff, and farm crew workers. ECF outreached to over 30 groups, schools, businesses, and public agencies to recruit volunteers and promote ECF programs and services.
- KFH-Baldwin Park provided SPIRITT Family Services a grant in the amount of \$10,000 to support WINDOWS/VENTANAS, a culturally responsive, family-focused early intervention program for families with at-risk adolescents 10 to 17 who show early signs of oppositional defiance disorder and/or alcohol and drug abuse. This program brought families together for the purpose of learning how to resolve family conflicts in a manner that promoted respect for all family members. WINDOWS/VENTANAS was offered in seven consecutive week sessions for parents, adolescents, and their siblings (10 and over) at their family centers located in Glendora, South El Monte, and La Puente. Sessions were led by trained group facilitators and provided in English and Spanish. Classes utilized interactive lectures, role-playing, break-out group discussion, and skills implementation technique practice to build parenting skills, improve family communication, and change behaviors. Activities were designed to encourage multigenerational nonthreatening interaction with the intent of increasing alternative problem-solving skills and to develop empathy and support among peers. KFH-Baldwin Park funding supported the provision of 26 sessions and served 183 families (496 unduplicated parents and youth). Of the 183 families, 75% maintained consistent participation (100% session attendance) and the program demonstrated high rates of success in helping participants improve communication and modify youth behaviors. Participants were surveyed on program satisfaction, and the results reflected a strong liking of the interactive curriculum among both parents and youth. Some outcomes included 95.3% of youth and 94% of parents indicating that their family problem-solving communication skills had improved; 92% of youth and 95% of parents indicated that participation in the program assisted their family in avoiding problems; 83% of youth and 91% of adults reported that the

WINDOWS/VENTANAS program had increased family bonding; last, 92% of parents indicated that their children's behavior had improved since the beginning of the course.

- La Casa de San Gabriel Community Center received a grant in the amount of \$10,000 to provide partial scholarships for low-income families seeking preschool enrollment at La Casa. La Casa serves as a family resource center for the multicultural community of the West San Gabriel Valley by providing direct human services, advocacy, and referrals. A service of La Casa includes a preschool made available for underserved and low-income families. By carefully screening incoming preschoolers for income eligibility, La Casa is able to identify and assist those families whose income was extremely low, or those in which the parents work in sporadic or unstable employment situations. These individuals and families are also connected to educational classes where they would receive free training to learn new skills in basic banking, health care, nutrition, and parenting. Families gained access to donated food and clothing and received referrals to low-cost health care services. These families also were included in the organization's extensive annual holiday gift program. As a result of KFH-Baldwin Park funding, 59 preschool children and their families were provided assistance for enrollment, and subsequently 117 adults were provided adult education programming. In addition, La Casa was able to recruit a volunteer pediatric, bilingual nurse who now offers an infant brain stimulation program *Escuelita Para Los Bebes* (Little School for Babies). This adult education program discusses old cultural beliefs and reinforces new child development information at every session.
- Boys & Girls Club of San Gabriel Valley (BGC-SGV) received \$7,500 from KFH-Baldwin Park for its Serving the Hungry in the Community program, which provides daily, nutritious hot meals to low-income, homeless children, their parents, and individual men and women from throughout El Monte and South El Monte. Unlike other traditional Boys & Girls Clubs, BGC-SGV extended its services beyond traditional youth programming and activities, assuming a leadership role in aggressively addressing the negative effects of local food insecurity by serving as a food pantry and soup kitchen in response to the growing number of individuals and families suffering from hunger, homelessness, and poor nutrition. Meals were planned on a weekly basis and included fresh fruits and vegetables with a variety of protein choices prepared and served daily in the club's kitchen and dining room by staff and volunteers. In 2012, the program served 26,500 hot dinners, 9,250 healthy snacks to children and youth through an after-school snack program, and 4,800 lunches during the summer months. It also provided fresh fruits and vegetables, and bakery and dairy products to a weekly average of 128 families through its food pantry program.
- In the fall of 2012, KFH-Baldwin Park implemented the High School Hippocrates Circle Program (HCP) in partnership with Baldwin Park High School. This collaboration evolved from the traditional Kaiser Permanente HCP, which provides physician mentors for middle school students from diverse backgrounds who are interested in pursuing a professional career as a physician. The new High School HCP is a pathway, bridging the gap for middle school students who participated in the traditional HCP program and will be enrolling in college. The program offers a phased approach for students from their freshman year through high school graduation. Program elements include freshman students participating in an in-classroom speaker series provided by physicians; sophomore students will be provided a hands-on experience through their on-campus laboratories and through a tour of the Baldwin Park Medical Center; junior students will participate in an eight-week internship program at the Baldwin Park Medical Center in which they job-shadow a physician; and senior students will become mentors to incoming freshman and collaboratively develop and implement a health fair for their school campus. Throughout the program, students will complete a journal and classroom assignments related to their experiences in the High School Hippocrates Circle Program. In November of 2012, Maria Carrasco, MD, Family Medicine, and Alex Lopez, Managing Director of Support Services, launched the speaker series through a presentation to 80 freshmen students. Philip Mercado, MD, Chief, General Surgery, participated as a guest speaker as well. For the speaker series, physicians shared about their educational and career background, spoke to students about their role with Kaiser Permanente, and covered healthy behavior topics specific to their specialty. Maria Carrasco, MD, Family Medicine, is the physician champion for HCP and the High School HCP.
- Since 2003, KFH-Baldwin Park has partnered with Bassett High School to support its Health Academy program. The goal of the Bassett High School Health Academy is to help prepare students for a medical career by introducing and exposing students to the health care field through in-classroom instruction, field trips, and special presentations between their sophomore and senior years in high school. In addition to providing in-classroom professional speakers, KFH-Baldwin Park provides leadership to the Health Academy committee, supports the annual Health Fair held on campus at Bassett High School, and serves as an internship site for Health Academy senior students. The internship

consists of an eight-week placement (four-week rotations in two departments) in the student's departments of interest for a total of 50 hours between March and May. Completion of the internship is a requirement for graduation from the Health Academy. The goal of the internship program is to allow Bassett Health Academy students an opportunity for hands-on experience in a health care setting and to give them a better understanding of hospital operations and procedures. In 2012, 17 students were placed in 17 departments throughout KFH-Baldwin Park. In addition, up to two Health Academy students are provided a scholarship to support their education toward a hard-to-fill health care career.

- Foothill Family Service received a \$25,000 grant from Kaiser Permanente Southern California for the Early ESTEEM Program, which provides mental health and early intervention services to vulnerable children 0–5 and their families in the San Gabriel and Pomona Valleys of Los Angeles County.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

To assess the progress and success in achieving the stated goals, the following indicators will be used: the number of grants; total dollars provided in grants; the number of people reached through grants; and the number of organizations reached with shared assets.

Table 1

KAISER FOUNDATION HOSPITAL-BALDWIN PARK

2012 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 | 3,882 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members | 120 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 1,349 |
| Medi-Cal managed care members | 5,719 |
| Healthy Families Program members | 6,043 |
| Community Surgery Day patients | 72 |
| Health Research projects (new, continuing, and completed) | 10 |
| Nursing Research projects (new, continuing, and completed) | 4 |
| Educational Theatre – number of performances and workshops | 97 |
| Educational Theatre – number of attendees (students and adults) | 16,376 |
| Graduate Medical Education – number of programs | 1 |
| Graduate Medical Education – number of affiliated and independent residents | 16 |
| Nurse practitioner and other nursing training and education beneficiaries | 2 |
| Deloras Jones nursing scholarship recipients | 17 |
| Other health professional training and education (non-MD) beneficiaries | 18 |
| Hippocrates Circle students | 78 |
| Summer Youth and INROADS programs participants | 41 |
| Community Learning Program – Educational Outreach Program beneficiaries | 1,149 |
| Number of 2012 grants and donations made at the local and regional levels ¹ | 114 |

¹The vast majority of regional grants impact three or more hospitals. As such, a single regional grant may be included in the "Number of 2012 grants and donations" count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-BALDWIN PARK

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$7,719,032 |
| Healthy Families ² | 1,656,713 |
| Charity care: Charitable Health Coverage programs ³ | 571,545 |
| Charity care: Medical Financial Assistance Program ⁴ | 5,254,370 |
| Grants and donations for medical services ⁵ | 283,835 |
| Subtotal | \$15,485,495 |
| Other Benefits for Vulnerable Populations | |
| Watts Counseling and Learning Center ⁶ | \$0 |
| Educational Outreach Program | 1,020,403 |
| Summer Youth and INROADS programs ⁷ | 103,295 |
| Grants and donations for community-based programs ⁸ | 375,834 |
| Community Benefit administration and operations ⁹ | 443,246 |
| Subtotal | \$1,942,778 |
| Benefits for the Broader Community¹⁰ | |
| Community health education and promotion programs | \$55,970 |
| Educational Theatre | 357,954 |
| Facility, supplies, and equipment (in-kind donations) ¹¹ | 34,580 |
| Community Giving Campaign administrative expenses | 5,649 |
| Grants and donations for the broader community ¹² | 13,093 |
| National board of directors fund | 17,059 |
| Subtotal | \$484,305 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$273,078 |
| Non-MD provider education and training programs ¹³ | 437,631 |
| Grants and donations for the education of health care professionals ¹⁴ | 30,755 |
| Health research | 1,185,561 |
| Continuing Medical Education | 409 |
| Subtotal | \$1,927,434 |
| Total Community Benefits Provided | \$19,840,012 |

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 Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Los Angeles, KFH-West Los Angeles, and KFH-Downey.
- ⁷ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Summer Youth students hired.
- ⁸ Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the 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.
- ⁹ The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- ¹⁰ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a number of related denominators such as the number of Educational Theatre performances or health education programs.
- ¹¹ 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.
- ¹² Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ¹³ Amount reflects the net expenditures after tuition reimbursement for health professional education and training programs.
- ¹⁴ Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, 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.

KAISER FOUNDATION HOSPITAL (KFH)-DOWNEY

9333 East Imperial Highway
 Downey, CA 90241
 (562) 657-4019

The KFH-Downey service area includes Artesia, Bell, Bell Gardens, Bellflower, Cerritos, Commerce, Compton, Cudahy, Downey, Florence-Graham, Hawaiian Gardens, Huntington Park, Lakewood, Lynwood, Maywood, North Long Beach, Norwalk, Paramount, Pico Rivera, Santa Fe Springs, South Gate, South Los Angeles, Vernon, Watts, Whittier, and Willowbrook.

COMMUNITY SNAPSHOT (2010 COMMUNITY HEALTH NEEDS ASSESSMENT FOR KFH-DOWNEY)

| | |
|-----------------------------------|-----------|
| Total population: | 1,627,271 |
| Median household income (county): | \$54,467 |
| Percentage living in poverty: | 19.3% |
| Percentage unemployed: | 12.9% |
| Percentage uninsured: | 22.9% |

| | |
|-----------------------------|-----|
| Latino: | 71% |
| White: | 13% |
| African American: | 8% |
| Asian and Pacific Islander: | 7% |
| Other: | 2% |

KEY FACILITY STATISTICS

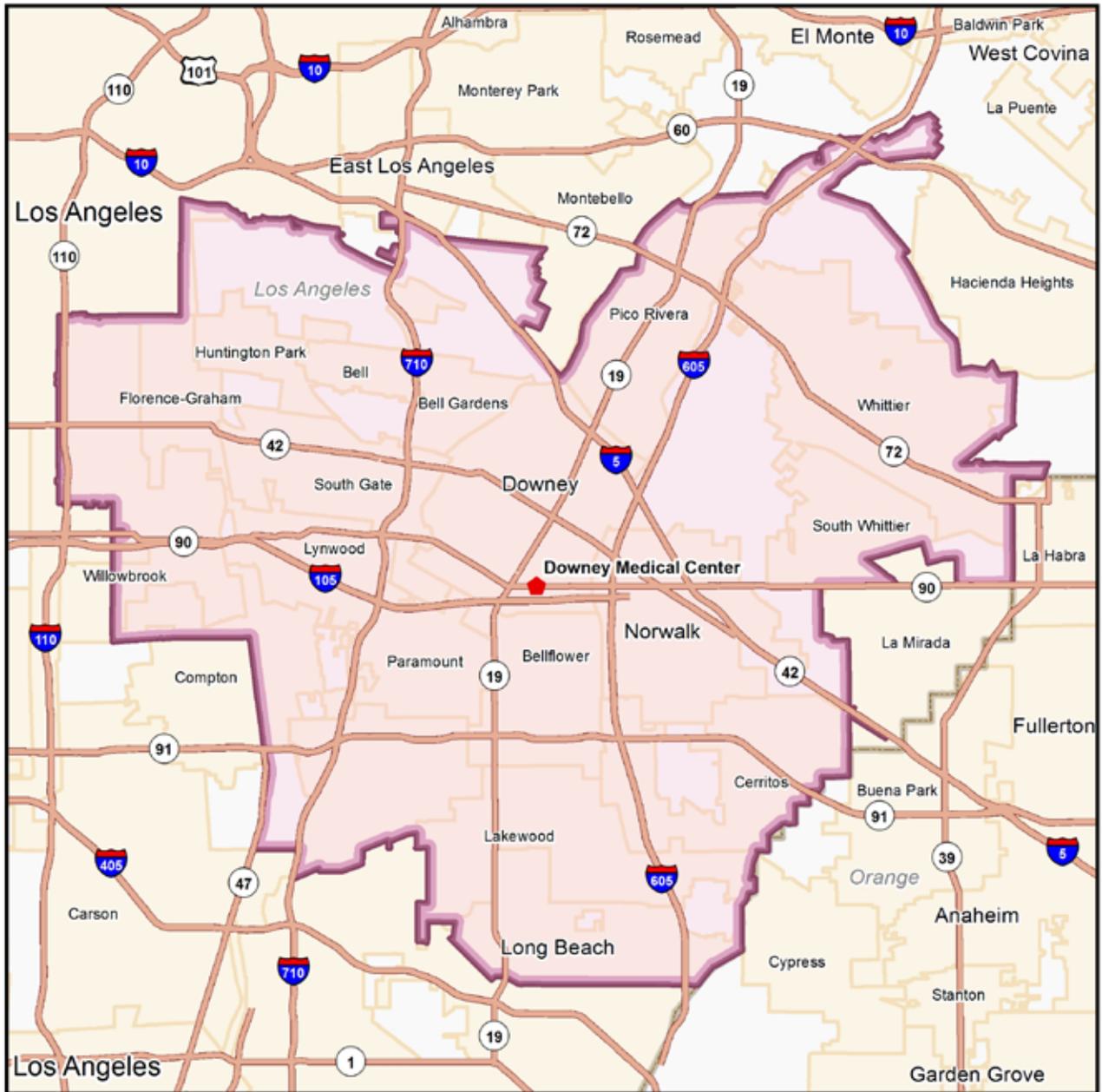
| | |
|-------------------------------------|---------|
| Year opened: | 2009 |
| KFH full-time equivalent personnel: | 1,650 |
| KFHP members in KFH service area: | 309,089 |

| | |
|------------------------|--------|
| Total licensed beds: | 352 |
| Inpatient days: | 81,928 |
| Emergency room visits: | 94,756 |

KEY LEADERSHIP AT KFH-DOWNEY

| | |
|-------------------------|---|
| Jane Finley | Senior Vice President and Executive Director |
| Jim Branchick | Chief Operating Officer |
| Gregg Durkee | Area Finance Director |
| Binesh Batra, MD | Area Medical Director |
| Mark Zuiderveen | Chief Administrative Officer |
| Elizabeth Trombley, MPH | Director, Public Affairs and Brand Communications |
| Sheri Bathurst | Senior Community Benefit Specialist |

KFH Downey Medical Center Area



- KFH Medical Center
- KFH Medical Center Area
- Cities and Towns
- County Boundary

Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
Maps Produced by: the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES). March 2013.



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

KFH-Downey conducted the 2010 CHNA in partnership with Healthy City and Special Service for Groups. The CHNA report uses both primary and secondary data to present a profile of community conditions in the service area, the surrounding county, and California overall. While the emphasis is on health care data, community health is defined broadly and therefore includes a variety of social, economic, educational, and demographic indicators in the needs assessment.

Primary data collection aimed to identify the unmet health needs of the community in general and underserved populations in particular. It also sought community guidance in prioritizing these needs in the context of a changing community. The primary data collection covered three areas: (1) community health needs, (2) barriers to health and wellness, and (3) community assets. Utilizing focus group and stakeholder interviews, community participants were selected based on several factors, including prior engagement in the CHNA process, subject area expertise, and experience or role in addressing key health needs of vulnerable populations in the service area. Numerous community groups collaborated in providing critical information about health needs, assets, and barriers, and their essential participation is part of the analysis that follows.

Secondary quantitative data analysis for the 2010 CHNA consisted of data collection, processing, and analysis. Emphasis was placed on making these data as widely available as possible, and toward this end the data were prepared and uploaded to the Healthy City web-based data and mapping platform (<http://www.healthycity.org>). Much of the data was collected at the zip code level, when available. Where comparisons for the indicators were possible using Healthy People 2010 benchmarks, service area or county health information is presented together. In addition, statewide figures, when available, are shown as comparison points for local indicators. Trend data and assessment by race/ethnicity, poverty level, and gender are provided for selected indicators.

KEY FINDINGS FROM THE 2010 CHNA

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

Access to Care:

- With regard to health access indicators, the service area did not reach Healthy People 2010 objectives related to health insurance and source of ongoing care. In Service Planning Area (SPA) 6, 38.9% of adults are uninsured, and in SPA 7 the uninsured rate is 27.9%.
- 53% of those with insurance in SPA 7 have coverage through an employer or coverage that is privately purchased.
- 69.9% of those with insurance in SPA 6 have coverage through Medi-Cal or Healthy Families.

Chronic Diseases:

- In 2007, in SPA 6, about one in three adults felt they were in poor to only fair health, much higher than in SPA 7, Los Angeles, and California overall (about one in five adults).
- Diabetes was a top concern raised by community participants, and statistics suggest diabetes rates continue to climb across SPAs 6 and 7, as well as Los Angeles County and the state in general. Diabetes prevalence is higher in the west part of the service area, but pockets of concern were also noted in sections of the northwest part of the service area.
- Hospitalization rates for diabetes in the service area are higher than rates in Los Angeles or California overall. Higher rates of diabetes are visible in Latino and African American populations, when compared with whites or Asians.
- High blood pressure rates continue to rise in SPA 6 and SPA 7, with much higher rates being seen in SPA 6. The overall trend is consistent with rising trends in Los Angeles County and California overall.

Obesity:

- In SPA 6, estimates of overweight or obese children have continued to rise steadily since 2003. In 2007, an estimated 29.2% of children were obese.
- CHIS estimates that 972,000 (27.7%) children 12 to 17 were at risk for obesity across the state in 2007. CHIS also estimates that 669,000 (11.2%) children under 12 were overweight for their age. All geographies missed the Healthy People 2010 target of 5% for children 12 to 19, and SPA 6 continued to worsen relative to this goal.
- Obesity prevalence in both SPA 6 and SPA 7 was higher than in Los Angeles and California overall, with much higher rates in SPA 6.
- In SPA 7, the estimated percent of teens engaging in vigorous exercise dropped from 73% in 2005 to 57.3% in 2007.

Adolescent Health:

- In SPA 6, an estimated 30.4% of teens (nearly one in three) were at risk for depression, compared to 20.8% (about one in five) teens in SPA 7. In Los Angeles County, 23.1% of teens were at risk for depression, somewhat higher than the overall California rate (21%).
- SPA 6 estimates for the population likely to be experiencing psychological distress (for age groups 12 and older and 18 and older) were almost twice (6.8% and 7%) the estimates of Los Angeles County (3.7% and 3.8%) and California overall (3.8% for both age groups).
- Overall, rates of sexually transmitted infections, with respect to chlamydia, gonorrhea, primary and secondary syphilis, latent syphilis, and congenital syphilis, were higher in Los Angeles County compared to the state.
- While the overall rate of teen births in the service area has not changed much from previous years, the rate remains high in comparison to the county and state, with the highest rates to be found among African American (16.9%) and Latino (13.7%) teens.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-DOWNEY SERVICE AREA

1. Access to health insurance coverage and health care services
2. Awareness, prevention, and management of chronic diseases
3. Obesity prevention programs and policy advocacy
4. Interventions and education for at-risk youth

2012 YEAR-END RESULTS

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

Lack of health insurance coverage and limited access to health care services continue to be the most important health care issues for the KFH-Downey community. Health insurance is a complex issue and includes considerations such as availability, cost, ease of completing applications for government-sponsored programs, maintaining eligibility and enrollment, and the extent of coverage provided. Many critical barriers, including transportation, the high cost of medical care, language barriers (particularly Spanish, but Asian languages as well), culturally appropriate care, documentation status, lack of insurance, and system inefficiencies to care, were identified as a concern by CHNA participants. In addition, community participants consistently indicated a significant need for primary and specialty care. For primary care providers in particular, participants indicated that too few providers accepted Medi-Cal, given the low reimbursement rate. For specialty care, participants pointed to long waiting periods, if there was access at all.

2012 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.
3. Provide financial and other support to improve health care coverage and access to health care services for children and adults.

2012 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 and/or technical assistance (TA) to organizations that provide and/or support effective enrollment in public programs.
4. Provide grant funding and/or TA for safety-net clinics to increase primary care and specialty services.

TARGET POPULATION

Children and adults without health insurance, Latinos, low-income populations, families below the poverty level, populations speaking Spanish at home, and geographic areas with disproportionate need.

COMMUNITY PARTNERS

Community partners include JWCH Institute, Inc., Worksite Wellness L.A. (WWLA), local school districts, and Crystal Stairs.

2012 YEAR-END RESULTS

- KFH-Downey has a longtime partnership with JWCH Institute, Inc., a federally qualified health center (FQHC) located in Norwalk, Bell Gardens, and Lynwood, three high-need portions of the service area. JWCH Institute, Inc., received a \$25,000 grant from KFH-Downey to assist in the opening of a fourth clinic site in Bellflower, which represents the first FQHC clinic within the city and demonstrates a significant expansion of primary and preventive care services to uninsured and underinsured residents in the Bellflower area. The KFH-Downey grant allowed JWCH to support the costs of a medical assistant for the new clinic site and build the infrastructure necessary to move the Bellflower clinic site from part-time to full-time operations.
- School-based well-child clinics were supported in Bellflower, Montebello, and Downey school districts, which have long-standing partnerships with KFH-Downey. These volunteer clinics have strong programs that give KFH-Downey

physicians the opportunity to volunteer at school sites and treat uninsured children. In addition to providing volunteer physicians, KFHD-Downey supports the clinics by covering the costs associated with needed lab work and prescribed medications. In 2011, KFHD-Downey provided \$9,000 in grants to support staffing and lab work to ensure comprehensive clinic services. Physicians who supported these programs included Nancy Ramos, MD, Shi-chin (Yvonne) Tsai, MD, Jeff Mallin, MD, Carol Ishimatsu, MD, Diane Troung, MD, Christine Hall, MD, Alan Alter, MD, Geraldine Chen MD, Victor Wong, MD, Gary Fredericks, MD, and Eunice Kong, MD.)

- KFHD-Downey supported WWLA in its work to identify, educate, and enroll eligible individuals into public health insurance programs. A \$15,000 grant supported the organization's efforts to expand access to certified application assistants (CAAs) in vulnerable neighborhoods within the service area, including Bell, Bell Gardens, Cudahy, Huntington Park, and Southeast Los Angeles.
- KFHD-Downey has a long history of partnering with school districts to meet community health needs. In 2012, KFHD-Downey provided grants to support access to health insurance, direct health care services, vision care, and mental health services for children. Downey School District received a \$25,000 grant to, in part, provide vision care and mental health services for more than 2,000 students through the TLC Family Resource Center. In Bellflower School District, Community Agencies for Caring Connections, a school-based nonprofit, received a \$9,500 grant to ensure that students had access to vision care and counseling assistance on the school campus and through a network of local referral agencies. In addition, Norwalk La Mirada Unified School District's Health on Wheels Mobile Clinic received ongoing TA from Juan Ruiz, MD, a KFHD-Downey pediatric physician, who for the past 16 years has made himself available on a monthly basis for consultation with the mobile clinic's nurse practitioners. The mobile clinic, which serves about 100 children per month in Norwalk, is managed in partnership with the City of Norwalk and California State University, Long Beach's Department of Nursing.
- Kaiser Permanente Southern California Region funded care- and coverage- related grants to increase access to affordable, quality health care and health insurance coverage for low-income, uninsured and underinsured individuals and families in our communities. Grants are made to support the education and potential and future enrollment of eligible individuals into publicly funded health insurance products. In 2012, California Coverage and Health Initiatives, a project of Tides Center, received a grant for \$50,000 in 2012 to support the core operations of the association as it advocates for children's access to health coverage on a statewide and regional level through the aligned work of the 24 county-based Children's Health Initiatives.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

Participation in KFHD Charitable Health Coverage Programs and government programs (Medi-Cal and Healthy Families) will be monitored through quarterly analysis of membership reports. Monitoring charity care and maximizing MFA efficiencies will be accomplished by means of evaluating progress of business line goals. Grant funding to organizations that provide and/or support effective enrollment in public programs will be measured by number of people who receive enrollment assistance. Finally, grant funding for safety-net clinics will be measured by number of grants awarded.

PRIORITIZED NEED II: AWARENESS, PREVENTION, AND MANAGEMENT OF CHRONIC DISEASES

In the KFHD-Downey service area, the highest percent of deaths on average from 2003 to 2005 were due to heart disease (20.1%) and cancer (14.9%). These proportions were similar to those seen in the two-year 2006–2008 averages for Los Angeles County, where heart disease was also the leading cause of death (24.0%), followed by cancer (23.1%). Adult and childhood obesity was one of the top health concerns voiced by community participants, who also discussed significant

barriers to reducing obesity. SPA 6 experienced the most significant growth in the percent of adults who are obese. While obesity rates are high within the service area overall, the highest rates are concentrated in the northern areas. Diabetes was another top concern raised by community participants. Statistics suggest diabetes rates continue to climb across SPA 6 and SPA 7, as well as Los Angeles County and the state. Diabetes prevalence is higher in the western part of the service area, but pockets of concern were also noted in northwest. In California, there are significant racial/ethnic and income differences, with rates almost twice as high for those living at or below 300% of the federal poverty level (FPL). Rates are almost twice as high for individuals living at or below 300% FPL.

2012 GOALS

1. Improve care management of diabetes, heart disease, and cancer patients with an emphasis on low-income, underserved populations.
2. Expand cancer and mammography screenings through community safety-net providers for vulnerable populations with limited access to preventive care.
3. Develop partnerships with community organizations that focus on detection, education, and management of chronic diseases.

2012 STRATEGIES

1. Provide grant funding and/or TA for prevention, education, and care management of underserved individuals with diabetes, cancer, and heart disease with an emphasis on serving the Latino population.
2. Provide grant funding and/or TA to improve detection, education, and management of chronic diseases.
3. Partner with community clinics or organizations that seek to improve management of chronic conditions for the underserved.

TARGET POPULATION

Uninsured and underinsured individuals with limited or no access to health care services.

COMMUNITY PARTNERS

Community partners include St. John's Well Child and Family Center, Family Health Care Centers of Greater Los Angeles (FHCCGLA), South Central Family Health Center, and Los Angeles County Department of Public Health.

2012 YEAR-END RESULTS

- The need for specialty care services for those with diabetes in the KFH-Downey service area continues to be high. One of the needs identified was for podiatry services for uninsured South Los Angeles residents. In response, KFH-Downey awarded St. John's Well Child and Family Center a \$21,763 grant to provide individual visits with a podiatrist at St. John's Clinic in Compton and expand a Diabetes Education Program for 250 patients regarding foot care, diabetes treatments, and nutrition counseling.
- Cancer screenings are a significant need in the KFH-Downey service area. Supporting our safety-net providers to make these services available to the underinsured is critical. In 2012, KFH-Downey provided a grant in the amount of \$11,000 to South Central Family Health Center to expand its ability to provide colorectal cancer screenings to its patients at the Huntington Park clinic site. This grant increases the center's cancer screening rate from the current rate of 10% to 20% of its patient population.
- One way KFH-Downey partners with our safety-net partners is through donations of clinical equipment. In 2012, KFH-Downey donated two ultrasound machines (estimated fair market value of \$35,000 each) to two clinic partners, FHCCGLA and South Central Family Health Center. The clinics used the machines to expand diagnostic services in the Prenatal/Women's Health Departments and enhance capabilities to provide improved patient care.

- Kaiser Permanente Southern California Region funded Quality Improvement (QI) projects for safety-net organizations to build stronger programs and infrastructure that improves service for patient populations at risk of racial and ethnic health disparities, with special focus on improved management of chronic conditions and patient outcomes. Rancho Los Amigos Foundation received a \$150,000 grant to identify interventions that would assess patient risk and prevent venous thromboembolism in hospitalized patients by implementing the National Quality Forum (NQF) recognized six process guidelines for VTE prophylaxis during patients' hospitalization, and to support Rancho's efforts to respond to the Medicaid 1115 Waiver Delivery System Reform Incentive Pool.¹
- University Muslim Medical Association, Inc. received \$150,000 for its school-based health clinic on the campus of John C. Fremont High School. The grant will be used to purchase equipment and cover start-up operating costs.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

Progress relative to the strategies will be assessed by tracking amount of funding provided through grants and number of people reached through funded diagnostic and education programs.

PRIORITIZED NEED III: OBESITY PREVENTION PROGRAMS AND POLICY ADVOCACY

Community participants in the 2010 focus group sessions indicated that lack of physical activity was a critical issue in the service area. In SPA 7, the estimated percent of teens engaging in vigorous exercise dropped from 73% in 2005 to 57.3% in 2007. Children at 300% FPL or below are much more likely to report lower levels of vigorous physical activity. Latino and Asian adolescents are also less likely to report vigorous physical activity. In addition, the number/percent of adults reporting no physical activity worsened in both SPA 6 and SPA 7 between 2005 and 2007. Community participants indicated that there are important barriers to physical activity and health, including lack of safe and open recreational spaces, lack of physical activity opportunities, poor access to nutritional information, and poor access to affordable healthy food (particularly in comparison to access to unhealthy food options).

2012 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).

2012 STRATEGIES

1. Provide grant funding to support advocacy for changes in organizational practices and policies related to physical activity and healthy eating.
2. Explore and develop collaborative opportunities to work with communities to implement innovative means of increasing physical activity.
3. Provide grant funding to encourage physical activity and to promote safe places to walk, bike, and play in low-income neighborhoods.

¹ This grant was distributed from the Kaiser Permanente Southern California Charitable Contribution Fund, a donor-advised fund administered by the California Community Foundation. Accordingly, the grant amount was not included in the community benefit totals for 2012 (Table A, B and 2).

4. Provide health education materials to schools, clinics, and nonprofit organizations.

TARGET POPULATION

Overweight and obese children and adults.

COMMUNITY PARTNERS

Community partners include Activate Whittier, Enrich LA, Boys & Girls Club of Whittier, local school districts, Los Cerritos YMCA, City of Whittier, and Activate Hawaiian Gardens.

2012 YEAR-END RESULTS

- KFH-Downey continued work that began in 2011 with the City of Whittier to address obesity issues in the community. This year our medical center provided technical assistance with Dr. Yakushi participating as a Weight of the Nation panelist during the event hosted by Activate Whittier. Sheri Bathurst, Senior Community Benefit Specialist, also sits on the Board of Activate Whittier. Kaiser Permanente Southern California Region continued its Healthy Eating and Active Living (HEAL) Partnership grants that are site-specific collaborative projects led by community stakeholders focused on improving community environments (e.g. parks, stores, and schools) to increase consumption of healthy food and beverages, decrease calorie consumption, and increase physical activity in efforts to combat obesity. In the KFH-Downey area the YMCA of Greater Whittier received \$150,000 to continue their efforts to create positive changes in healthy eating and physical activity.
- The YMCA as an organization is well versed in many community health interventions, including the Salsa, Sabor Y Salud Family Health and Wellness program. Developed by the National Latino Children's Institute, the curriculum of this program is focused on nutrition education for both adults and children and exposure to physical activity opportunities that are culturally sensitive to Latino families. A grant in the amount of \$7,000 allowed for the delivery of this program at the Los Cerritos YMCA in Bellflower, which targeted families from Paramount, Bellflower, Artesia, and Cerritos.
- A new partnership was created in 2012 between KFH-Downey and Enrich LA. Enrich LA has a mission and expertise in creating sustainable school-based gardens and delivering healthy eating curriculums in Los Angeles schools. A grant in the amount of \$14,000 allowed for the development of a school-based garden at Markham Middle School in Watts. The funds supported some staff salaries and the costs required to build an outdoor kitchen, a portion of the costs for a sprinkler system and other gardening supplies to enhance the curriculum delivered by the Enrich LA staff and school teachers. In addition, in October 2012, several staff from KFH-Downey participated in a Good Food Day program at Markham Middle School in partnership with Enrich LA and the school staff. Participating KFH-Downey staff included Gloria DeLeon, Area Medical Center Administrator; Silvia Swilley, MD; Barbery Byfield, Health Educator; and Benoy Pullukalayil, Department Administrator Lynwood Medical Office Building.
- The City of Whittier has made great strides to increase opportunities for physical activity in the city. A grant in the amount of \$7,500 from KFH-Downey supported enhancements to the city's 4.5-mile Greenway Trail with the installation of five workout stations along the trail. Residents now have opportunities to engage in physical activity in strategic locations along the Greenway Trail that runs directly through a portion of the city that has the highest rates of obesity and lowest socioeconomic status.
- Activate Hawaiian Gardens is a community collaborative dedicated to improving the health and wellness of children and families in Hawaiian Gardens. KFH-Downey began working with this group in 2012 that comprises school district leaders, city elected officials, community hospital leaders, and representatives from the nonprofit sector. In November KFH-Downey supported this group with a donation of health education materials to be used in conjunction with its resident engagement training program and obesity prevention program at four of the city elementary schools. Materials donated included The Healthy Plate flyer, Guidelines for Teen Weight Management brochure, Healthy Weight for Your Child brochure, Little Changes/Big Rewards posters, and How to Manage Diabetes brochures. Most all materials were provided in English and Spanish.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

Agencies will provide reports and data about programs supported by KFH-Downey, including number of clients served, client demographics, services provided, and achievements of predetermined outcomes.

PRIORITIZED NEED IV: INTERVENTIONS AND EDUCATION FOR AT-RISK YOUTH

The KFH-Downey service area has a very significant youth population as a proportion of the total population, compared to both Los Angeles and California. In 2010, the percentage of families living below the federal poverty level in the KFH-Downey service area was 14.5%. In comparison to the state rate of 9.8%, this presents challenges to the large number of youth residing in the service area. Being raised in poverty places children at higher risk for environmental toxins, inadequate nutrition, maternal depression, parental substance abuse, trauma and abuse, and exposure to violent crime. Poor children are more likely to have poor health and chronic health conditions. As adolescents, poor youth are more likely to suffer from mental health problems, including depression. In comparison to all adolescents, those raised in poverty report greater frequencies of experimentation with smoking and sexual activity at very young ages. In addition to having higher physical and mental health risks, poverty in childhood and adolescence is associated with a higher risk for poorer academic outcomes, poorer school attachment, and early high school dropout. Many of the children who attend KFH-Downey service area public schools participate in free- or reduced-fee meal programs, an indicator of low family socioeconomic status. In 2008, the rate of children entering the foster care system in the service area was slightly higher than that of Los Angeles County and California. Overall the rate of teen births in the Downey service area remains high in comparison to the county and state. The teen birthrate in Compton is 19.74%, more than double the state average of 9.49%. Children 12 and older in SPA 6 experienced psychological distress at a rate twice that of Los Angeles County and the state. Although the data are not specific to the Downey service area, it is clear that sexually transmitted infections (STIs) are higher in Los Angeles County compared to the state overall, with respect to chlamydia, gonorrhea, primary and secondary syphilis, latent syphilis, and congenital syphilis.

2012 GOALS

1. Reduce teen pregnancy.
2. Increase access to mental health services and programs that support youth success.
3. Strengthen programs that support the success of youth through academic achievement, workplace readiness, social skills development, and character building.

2012 STRATEGIES

1. Partner with schools and community-based organizations to address issues surrounding teen pregnancy, pregnancy prevention, healthy pregnancies for teen mothers, and education for teens who are parenting.
2. Provide grant funding and/or TA to organizations that conduct outreach and education to increase screening for STIs.
3. Support community clinics that provide screenings for STIs.
4. Provide grants and/or TA to school-based and other organizations working to decrease teen pregnancy through education and family planning services.
5. Provide grant funding to programs that support academic growth and youth development.

6. Support schools and child-serving nonprofits dedicated to the mental health needs and youth development outcomes of at-risk youth.

TARGET POPULATION

At-risk youth and teen mothers and fathers.

COMMUNITY PARTNERS

Community partners include INMED Partnerships for Children, Whittier Rio Hondo AIDS Project, ABC Unified School District (ABCUSD), California Conference for Equality and Justice, and Students Run Los Angeles (SRLA).

2012 YEAR-END RESULTS

- A long-standing partner for KFH-Downey is SRLA. For more than six years KFH-Downey has supported SRLA, which provides mentors to assist middle and high school students in a 26-week training program that prepares them to run the Los Angeles Marathon. SRLA received a \$15,000 grant from KFH-Downey to provide training for mentors and to help cover the costs associated with race entry fees and transportation to marathon events. SRLA mentors provide guidance in nutrition, healthy eating, and the importance of physical activity. SRLA benefits nearly 3,000 students each year.
- KFH-Downey awarded a \$25,120 grant to INMED Partnerships for Children for MotherNet LA's Teen Pregnancy and STI Prevention Mentoring Program. INMED has long-standing expertise in this kind of programming, which focuses on preventing repeat teen pregnancy and educating girls 14 to 19 on how to protect themselves against STIs. Completion of high school or the equivalent is strongly encouraged and promoted with the assistance of an adolescent care coordinator who serves as a mentor for low-income pregnant and parenting teens. Intensive case management and education are key program components and have resulted in positive outcomes for program participants who are mostly from the Lynwood and Compton areas. Important collaborative partners include St. John's Well Child and Family Center, Watts Health Center, St. Francis Medical Center, South Los Angeles Best Babies Collaborative, and SHIELDS for Families.
- KFH-Downey continued work that began in 2010 with ABCUSD to create a leadership academy for at-risk youth. The Bridge Builders program has demonstrated positive results by developing a critical mass of adult mentors at school sites to assist students in learning antibullying strategies, building positive peer relationships, and promoting cultural sensitivity among diverse groups of youth. A \$12,000 grant supported this work and assisted ABCUSD in promoting the fourth year of its Youth Summit, a full day of training for more than 300 students representing every school in the district. The goals of Youth Summit are to train youth in leadership development, promote resiliency, strengthen school connectedness, and engage youth in constructive community-building activities.
- A grant to the Whittier Rio Hondo AIDS Project (WRHAP) in the amount of \$15,000 helped this organization respond to the mental health needs of LBGTO youth in the city of Pico Rivera. With these funds, WRHAP placed a part-time therapist at Ruben Salazar Continuation High School to assist in the school's growing need for comprehensive LBGTO resources. By having a presence on the school campus WRHAP has worked with school administrators, support staff and teachers to provide culturally competent training to effectively manage the concerns many LBGTO youth face in a compassionate, understanding, and nonbiased manner. Support groups and individual therapy were available to students on and off campus as a result of this funding.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

Agencies will provide reports and data about programs funded by KFH-Downey, including number of clients served, client demographics, services provided, and achievements of predetermined outcomes.

Table 1

KAISER FOUNDATION HOSPITAL-DOWNEY

2012 Key Community Benefit Program Metrics

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

| | |
|--|--------|
| Charity Care: Medical Financial Assistance Program recipients | 5,051 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members | 169 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 3,301 |
| Medi-Cal managed care members | 13,151 |
| Healthy Families Program members | 12,705 |
| Health Research projects (new, continuing, and completed) | 86 |
| Nursing Research projects (new, continuing, and completed) | 4 |
| Educational Theatre – number of performances and workshops | 153 |
| Educational Theatre – number of attendees (students and adults) | 15,853 |
| Graduate Medical Education – number of programs | 7 |
| Graduate Medical Education – number of affiliated and independent residents | 94 |
| Nurse practitioner and other nursing training and education beneficiaries | 7 |
| Deloras Jones nursing scholarship recipients | 2 |
| Other health professional training and education (non-MD) beneficiaries | 16 |
| Hippocrates Circle students | 58 |
| Summer Youth and INROADS programs participants | 42 |
| Community Learning Program – Educational Outreach Program beneficiaries | 453 |
| Number of 2012 grants and donations made at the local and regional levels ¹ | 116 |

¹The vast majority of regional grants impact three or more hospitals. As such, a single regional grant may be included in the "Number of 2012 grants and donations" count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-DOWNEY

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$16,450,058 |
| Healthy Families ² | 3,546,315 |
| Charity care: Charitable Health Coverage programs ³ | 1,479,274 |
| Charity care: Medical Financial Assistance Program ⁴ | 8,427,620 |
| Grants and donations for medical services ⁵ | 564,105 |
| Subtotal | \$30,467,372 |
| Other Benefits for Vulnerable Populations | |
| Watts Counseling and Learning Center ⁶ | \$960,657 |
| Educational Outreach Program | 0 |
| Summer Youth and INROADS programs ⁷ | 98,302 |
| Grants and donations for community-based programs ⁸ | 360,661 |
| Community Benefit administration and operations ⁹ | 621,852 |
| Subtotal | \$2,041,472 |
| Benefits for the Broader Community¹⁰ | |
| Community health education and promotion programs | \$85,595 |
| Educational Theatre | 564,608 |
| Facility, supplies, and equipment (in-kind donations) ¹¹ | 138,169 |
| Community Giving Campaign administrative expenses | 8,639 |
| Grants and donations for the broader community ¹² | 99,522 |
| National board of directors fund | 26,088 |
| Subtotal | \$922,621 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$273,078 |
| Non-MD provider education and training programs ¹³ | 814,218 |
| Grants and donations for the education of health care professionals ¹⁴ | 47,034 |
| Health research | 1,813,088 |
| Continuing Medical Education | 626 |
| Subtotal | \$2,948,045 |
| Total Community Benefits Provided | \$36,379,509 |

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 Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Los Angeles, KFH-West Los Angeles, and KFH-Downey.
- 7 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Summer Youth students hired.
- 8 Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the 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.
- 9 The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- 10 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a number of related denominators such as the number of Educational Theatre performances or health education programs.
- 11 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.
- 12 Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 13 Amount reflects the net expenditures after tuition reimbursement for health professional education and training programs.
- 14 Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, 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.

KAISER FOUNDATION HOSPITAL (KFH)-FONTANA

9961 Sierra Avenue
 Fontana, CA 92335
 (909) 427-5000

The KFH-Fontana service area includes the majority of San Bernardino County, a section of eastern Los Angeles County, and the northwestern portion of Riverside County. The service area includes the communities of Angelus Oaks, Apple Valley, Banning, Beaumont, Big Bear City, Big Bear Lake, Bloomington, Calimesa, Cedar Glen, Cedarpines Parks, Cherry Valley, Colton, Crestline, Crest Park, Diamond Bar, Fawnskin, Fontana, Forest Falls, Glen Avon, Grand Terrace, Green Valley, Hesperia, Highland, Lake Arrowhead, Loma Linda, Lytle Creek, Mentone, Mountain View Acres, Muscoy, Patton, Phelan, Pinon Hills, Redlands, Rialto, Rimforest, Rubidoux, Running Springs, San Bernardino, Skyforest, Sugarloaf, Twin Peaks, Victorville, Wrightwood, and Yucaipa.

COMMUNITY SNAPSHOT (2010 COMMUNITY HEALTH NEEDS ASSESSMENT FOR KFH-FONTANA)

| | |
|-------------------------------|-----------|
| Total population: | 2,123,083 |
| Median age: | 30 |
| Median household income: | \$52,320 |
| Percentage living in poverty: | 11.4% |
| Percentage unemployed: | 14.2% |
| Percentage uninsured: | 25.1% |

| | |
|-----------------------------|-----|
| Latino: | 51% |
| White: | 32% |
| African American: | 8% |
| Asian and Pacific Islander: | 6% |
| Other: | 3% |
| Native American: | .5% |

KEY FACILITY STATISTICS

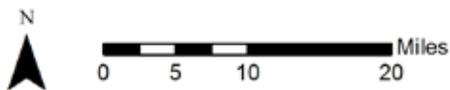
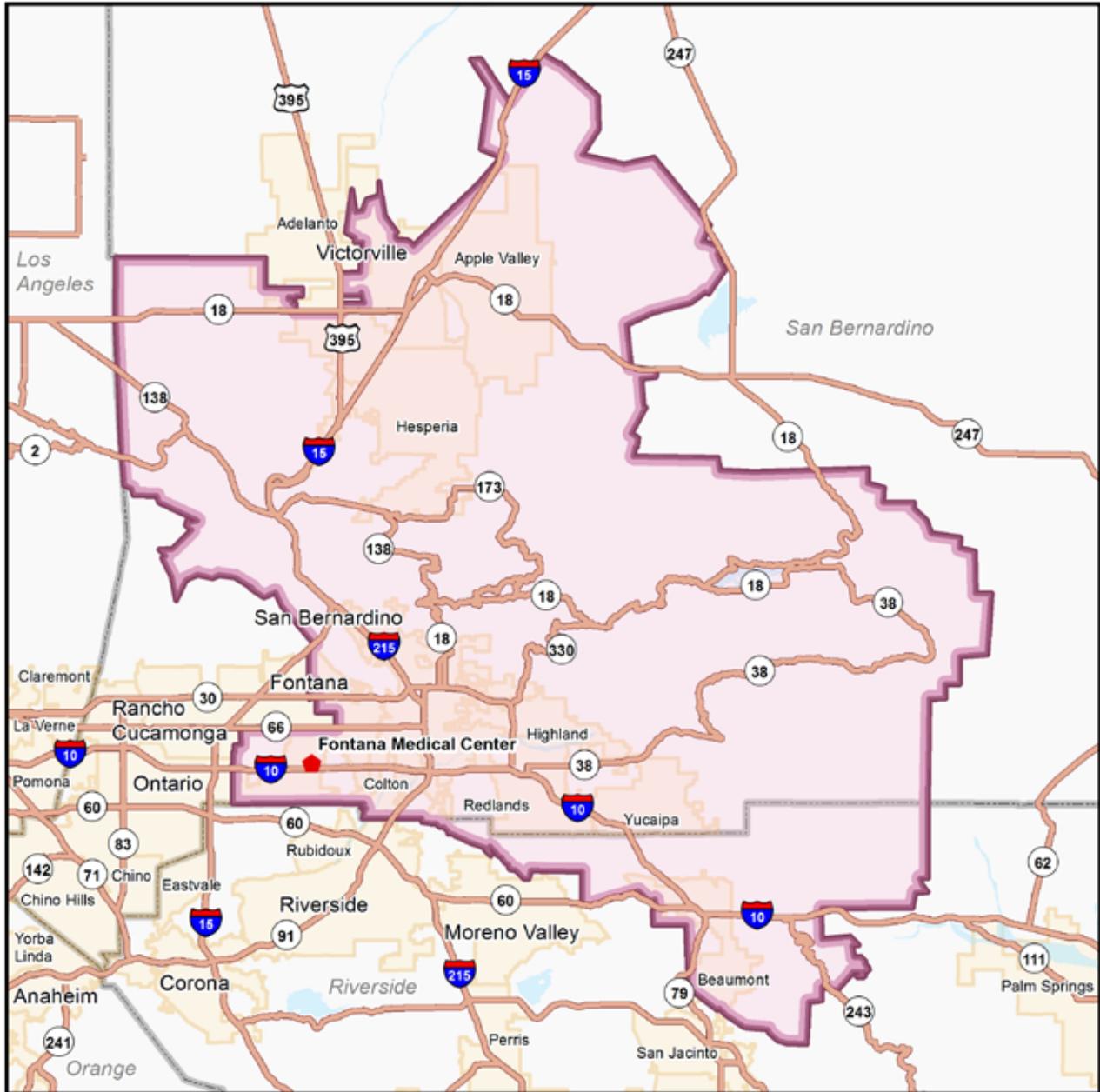
| | |
|-------------------------------------|---------|
| Year opened: | 1943 |
| KFH full-time equivalent personnel: | 1,825 |
| KFHP members in KFH service area: | 243,396 |

| | |
|------------------------|---------|
| Total licensed beds: | 440 |
| Inpatient days: | 104,213 |
| Emergency room visits: | 86,104 |

KEY LEADERSHIP AT KFH-FONTANA

| | |
|--------------------------|--|
| Greg Christian | Executive Director |
| Ray Hahn | Chief Operating Officer |
| Don Bernard | Area Chief Financial Officer |
| David Quam, MD | Area Medical Director |
| Annie Russell | Chief Administrative Officer |
| Jennifer Resch-Silvestri | Senior Director, Public Affairs and Brand Communications |
| Martha Valencia | Community Benefit Health Manager |

KFH Fontana Medical Center Area



- ◆ KFH Medical Center
- KFH Medical Center Area
- Cities and Towns
- County Boundary

Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
 Maps Produced by: the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES). March 2013.



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

KFH-Fontana, the Advancement Project's Healthy City, and Special Service for Groups collaborated to conduct the 2010 CHNA. Numerous community-based organizations and government and public agencies from across various sectors (neighborhood, school, county, academia, and health care) also collaborated to provide critical information about health needs, assets, and barriers. Primary and secondary data were assessed to create a profile of community conditions. While the emphasis was on health care data, social, economic, educational, and demographic indicators were also included in the CHNA to look at overall "community health."

The first phase of the CHNA included secondary data collection, processing, and analysis. Secondary data collection began with the development of a list of relevant demographic, socioeconomic, and public health data indicators that provided details and information on demographic conditions, income and poverty, community safety, education, health and health care access, maternal and child health, mortality and morbidity, and health behaviors. Data analysis involved the development and implementation of a strategy that allowed patterns to be identified in the collected data. When available, Healthy People 2010 benchmarks, service area, county health information, and statewide figures were used as comparison points for local indicators.

The second phase entailed primary data collection designed to identify unmet community health needs, barriers to health and wellness, and community assets (in general and for underserved populations). It also sought community guidance in prioritizing these needs in the context of a changing community. Community participants were selected based on several factors, including prior engagement in the CHNA process, subject area expertise, and experience or role in addressing key health needs of vulnerable populations in the service area. Focus group and stakeholder interviews helped identify health issues and common themes across the service area.

KEY FINDINGS FROM THE 2010 CHNA

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

Population, Unemployment, Poverty, and Homelessness:

- Population growth increased by 22%.
- Unemployment increased from 6% to 14.2%.
- Unemployed individuals have higher rates of anxiety and depression, lower self-rated health status, and loss of insurance.
- Unemployed men have higher rates of smoking, alcohol consumption, and drug use.
- The percentage of families living in poverty (11.2%) in the service area is greater than that for California (9.8%).
- 24% of households are headed by single mothers.
- Poverty had the greatest negative impact on health.
- Homelessness increased among young people.
- Findings from focus groups and interviews suggest that one effect of the recession is overcrowding as more multigenerational families are living in the same households.

Uninsured and Access to Health Care:

- In the service area, 25.1% of residents 18 to 65 were uninsured, while 12.2% of children 0 to 17 were uninsured.
- Younger working-age adults are less likely to be insured compared to older working-age adults (25% of adults 19 to 29 are uninsured; 18% of adults 30 to 44 are uninsured; and 15% of adults 45 to 64 are uninsured).

- Uninsured adults have a 25% greater risk of premature death than insured adults.
- Only 81.9% of pregnant women received early prenatal care.

Dental Care:

- More people reported that their children had never been to a dentist (1.5%) and that they could not afford dental care that was necessary for their children (7.8%).
- 32.7% of adults 18 and older and 19.2% of children 2 to 17 had no dental insurance.
- Community participants identified dental care for children as an ongoing issue and pointed to the need for screenings and preventive care, as well as a shortage in specialty dental care.

Diabetes:

- Diagnosis of diabetes increased by almost 2% for more and younger students.
- Type 2 diabetes increased among children in the last two decades.
- The KFH-Fontana service area had a higher age-adjusted mortality rate (30.6) from diabetes than California (21.1).

Overweight and Obesity:

- The service area had 21% overweight or obese adolescents 12 to 19 (San Bernardino County level).
- The service area had 36.4% overweight and 27.4% obese adults 20 and older (San Bernardino County level).

Asthma:

- The service area had a higher age-adjusted mortality rate than California.
- Hospitalization for asthma is higher in the service area at 10 per 10,000, compared to 5.6 per 10,000 for California.

Cancer:

- In the KFH-Fontana service area, the breast cancer death rate was 23.8 compared to 21.2 for California.
- The cervical cancer death rate was 4.6 compared to 2.2 for California.
- The colorectal cancer death rate was 16 compared to 14.7 for California.

High Blood Pressure:

- One in four residents was diagnosed with high blood pressure.
- Prevalence of diagnosis increased substantially to 25%, higher than statewide estimates for those 20 to 64.

Mental Health Services:

- In the service area, 16.1% of people needed help for mental health or substance abuse.
- Of those who sought care, 44.2% failed to receive it; 60% of those who needed care but did not receive it were uninsured.
- 15.9% of teens are at risk for depression.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-FONTANA SERVICE AREA

1. Access to health insurance coverage and health care services
2. Disproportionate rates of obesity and overweight
3. Social determinants of health

2012 YEAR-END RESULTS

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

Uninsured and underinsured adults are less likely to receive preventive care, less likely to receive screening services, and if they do access screening services, are less likely to receive them in a timely manner. Lack of access and less timely access produces delayed diagnoses, and for many diseases (such as breast, colon, or cervical cancer), delayed diagnoses reduce the probability of survival. The CHNA found that death rates from breast, cervical, and colorectal cancers are still higher in San Bernardino County than for California overall. In addition, uninsured adults receive less and lower-quality care for chronic conditions, including diabetes, heart disease, and HIV. Overall, sufferers of chronic conditions who lack insurance are less likely to receive necessary screening, monitoring, intensive care management, effective drugs, and other medical services, and as a result experience decreased quality of life and a higher risk of mortality. Focus group participants indicated that, despite the need, mental health services have been cut back dramatically and may be available only to the severely disabled. Community participants also identified dental care for children as an ongoing issue and pointed to the need for both screenings and preventive care, as well as a shortage in specialty dental care.

2012 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.

2012 STRATEGIES

1. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and Kaiser Permanente Child Health Plan); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.
2. Provide charity care through the Medical Financial Assistance (MFA) program and maximize efficiencies.
3. Provide grant funding to organizations that seek to provide primary care services.
4. Provide grant funding to organizations that seek to proactively integrate education, preventive care, early and regular screening, treatment, and control/self-care management by targeting at least one health problem (hypertension, obesity, diabetes, asthma, and breast, cervical, and colorectal cancer), with an emphasis on linking to community clinics.
5. Provide grant funding to organizations that seek to conduct outreach, provide enrollment in public programs, and provide orientation on utilizing community clinic services emphasizing the medical home/usual source of care concept and/or provide primary care services.
6. Provide grant funding to support outreach and education regarding preventive dental services for children.
7. Provide grant funding to support delivery of dental care services, including planning for expanded dental services at safety-net clinics.
8. Provide grant funding to organizations to provide basic individual and family outpatient counseling for emotional/mental health problems (depression, anxiety, feelings of hopelessness, truancy, anger management, alcohol-drug issues, victims of violence/abuse, psychological distress, etc.).
9. Collaborate with community clinics to offer Community Surgery Days for eligible low-income individuals who are uninsured or underinsured.
10. Identify physician volunteer clinic partnerships and identify other opportunities to support adult, pediatric, and teen clinics where a shortage of and a need for health care professionals and services exist.
11. Develop the capacity of community clinics and community-based organizations by sharing Kaiser Permanente training, curriculum, handouts, and clinical practice guidelines related to diabetes, weight, nutrition, and healthy lifestyle.

TARGET POPULATION

Vulnerable populations, including the working poor, the unemployed, the uninsured, the underinsured, and underserved children, adolescents, women, and men.

COMMUNITY PARTNERS

Community partners include Al-Shifa Clinic, American Lung Association, League of Redlands, Assistance League of San Bernardino, Building a Generation, Community Health Systems, Family Service Agency of San Bernardino, Family Service Association of Redlands, Foothill AIDS Project, H Street Clinic, Inland Behavioral and Health Services, Social Action Community Health System (SACHS), Rim Family Services, American Diabetes Association, Children's Service Fund of the Fontana Unified School District, and Children's Fund for San Bernardino County.

2012 YEAR-END RESULTS

- KFH-Fontana expanded the Community Surgery Day Program by offering two surgery days in 2012 to community clinic patients from the Inland Empire Community Health Center in Bloomington, H Street Clinic, Inland Behavioral and Health Services, and SACHS in San Bernardino; and Pomona Community Health Center in Pomona. A total of 22 low-risk outpatient surgeries (hernia repair, cataract removal, knee arthroscopy) were performed by approximately 100 Kaiser Permanente volunteer surgeons, anesthesiologists, nurses, certified nursing assistants, sterile processing technicians, and admitting clerks.
- In collaboration with the Southern California Permanente Medical Group (SCPMG), KFH-Fontana established the Physician Engagement Program to create a pathway for physicians interested in giving back to community by supporting medical care services across the safety net of clinics throughout San Bernardino County. In 2012, 109 physician medical volunteer hours were provided by a total of six physician volunteers in support of primary care services at the Inland Empire Community Health Center located in Bloomington. In addition, seven physician volunteers started and supported the minor specialty clinics for Surgical Lumps and Bumps; Rheumatology /Musculoskeletal; Physical Medicine at the same clinic site donating a total of 104 hours of volunteer time. Community Health Systems, Inc., is a nonprofit 501 (c) (3) 330 HRSA grantee with Federally Qualified Health Center (FQHC) status that provides services to those most in need, the uninsured and underinsured, the working poor, those with limited ability to pay, the homeless, and the indigent.
- In collaboration with SCPMG, Kaiser Permanente's Southern California Region established the Community Medicine Fellowship Program to support the safety net of community clinics that serve low-income uninsured and underinsured people. In 2012, Dr. Maegen Dupper, Community Medicine Fellow, was placed in the KFH-Fontana service area to support Inland Behavioral and Health Services in San Bernardino where she currently sees patients two or three half days a week as a Family Medicine physician, including leading the development of a diabetes education and self-care management program to address the needs of the large diabetes patient population. Dr. Dupper is also supporting primary care services at H Street Clinic in San Bernardino and the school-based clinic at the Fontana Unified School District where she mentors medical students and residents.
- KFH-Fontana expanded volunteer opportunities to include painting, gardening, and sprucing up in area community clinics. In June 2012, the Clinic Refresh Volunteer Day was held at Inland Empire Community Health Center in Bloomington.
- KFH-Fontana provided an \$18,750 grant to Al-Shifa Clinic, which serves the low-income and culturally diverse neighborhoods of Muscoy and San Bernardino in an effort to improve health conditions and access to medical, dental, and specialist care. Grant support was awarded to provide primary care services, counseling, dental services, and nutrition education for 2,100 indigent and underserved clients.
- KFH-Fontana provided a \$12,495 grant to Central City Lutheran Mission (CCLM), which serves homeless underserved HIV-positive people in San Bernardino and surrounding communities through transitional living housing and supportive services that allow clients to be reintegrated into neighborhood living. The grant will allow CCLM to provide 450 hours of mental health therapy, counseling, and supportive services to 80 low-income individuals living with HIV/AIDS.

- KFH-Fontana provided a \$15,000 grant to the San Bernardino County Sexual Assault Services, Inc., a state-designated agency that provides victims of sexual violence with immediate crisis intervention, counseling, hospital/court accompaniment, advocacy services, and education to schools, rehabilitation centers, hospitals, job sites, and various community organizations in the High Desert, Central, and East areas of San Bernardino County. Clientele are victims of sexual abuse and other underserved populations. This funding supports 1,500 sexual assault victims through counseling and case management.
- In partnership with Kaiser Permanente Southern California Region's Health Education Department, KFH-Fontana provided a Diabetes and Healthy Lifestyle Curriculum Training to six community clinics and community-based organizations in need of educational material to teach clients about diabetes and self-care management, including basics about nutrition and links to weight and diabetes. Providing health education resources developed by Kaiser Permanente's diabetes educators and registered dietitians relieves community partners of the need to develop their own curriculum and patient material and is a cost savings for them.
- Kaiser Permanente Southern California Region funded care- and coverage- related grants to increase access to affordable, quality health care and health insurance coverage for low-income, uninsured and underinsured individuals and families in our communities. California Coverage and Health Initiatives, a project of Tides Center, received a grant for \$50,000 to support the core operations of the association as it advocates for children's access to health coverage on a statewide and regional level through the aligned work of the 24 county-based Children's Health Initiatives.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

To assess the progress and success in achieving the stated goals, the following indicators will be used: the number of grants, total dollars provided in grants, the number of people reached through grants, the number of collaborating partners, the number of staff engaged in the community, the number of community organizations served, the number of people receiving charity care services, the number of Kaiser Permanente Child Health Plan and STEPS members, and the number of individuals receiving MFA.

PRIORITIZED NEED II: DISPROPORTIONATE RATES OF OBESITY AND OVERWEIGHT

In San Bernardino County, 21% of adolescents 12 to 19 are overweight or obese while 63.8% of adults over 20 are overweight (36.4%) and obese (27.4%). By zip code area, the range is 32.2%–71.6 % for overweight and obese adolescents and adults. It is imperative to reduce these rates for a variety of health, social, and psychological reasons. Overweight and obese children and adults face increased risk for a range of health and mental health conditions, including heart disease, diabetes, sleep apnea, high cholesterol, fatty liver, asthma, social stigma, low self-esteem, and increased likelihood of mental health problems. In children, obesity is also associated with premature puberty. Overweight and obese children are more likely to become overweight adults. Obese children are also at increased risk of being bullied, which may harm mental health and result in decreased physical activity.

A number of factors directly or indirectly influence obesity. Both physical activity and healthy eating are important for preventing and reducing obesity. Genetics and individual behaviors are also important, as are neighborhood and social environments that have increasingly been implicated as barriers (and opportunities) to maintaining a healthy lifestyle. For example, a lack of access to green space, parks, and environments that promote physical activity; a lack of physical education and sports facilities and opportunities in schools; poor food environments (i.e., limited access to supermarkets, farmers markets, produce vendors, community gardens, and other sources of fresh fruits and vegetables and healthy foods); and an overconcentration of fast-food outlets can all shape the likelihood of becoming overweight or obese.

2012 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).

2012 STRATEGIES

1. Provide grant funding to support culturally and linguistically appropriate health education and wellness programs that increase awareness, knowledge, and skills about healthy eating and active living.
2. Provide grant funding for fun, appealing, and innovative interventions/approaches to decrease calorie consumption of soda/sugar-sweetened beverages, portion size, snacking, etc.
3. Provide grant funding to support convenient access to fresh, affordable, and nutritious food, including farmers markets.
4. Provide grant funding to encourage worksite and other employer programs that encourage prevention and help employees improve healthy eating, active living behaviors.
5. Provide grant funding to increase knowledge and develop skills among public health, planning, and redevelopment professionals and advocates about land use, economic development, and redevelopment tools to ultimately create opportunities/environment for physical activity.
6. Provide grant funding to promote and provide physical activity opportunities across multiple settings targeting children, adolescents, and adults (physical activity as a family affair).
7. Provide grant funding to community coalitions, partnerships, and collaboratives to jointly transform local physical activity and food environments by developing, implementing, and evaluating sustainable policy, environmental, and organizational practice changes.
8. Promote and make available free Kaiser Permanente health education materials related to healthy eating, active living, nutrition, and weight to grantee organizations to support them in delivering consistent promotion, education, prevention, and behavior change messages.
9. Promote and make available Kaiser Permanente best practices and guides on establishing a farmers market, menu labeling in cafeterias, and a vending machine “Healthy Picks” offerings policy, including tips for a healthy breakfast/lunch for meetings.
10. Promote Educational Theatre productions and activities that focus on nutrition, exercise, balanced diet, and active play to school districts with the objective of distributing consistent messages about healthy eating and active living.

TARGET POPULATION

Schoolchildren, adolescents, and adults living in areas with high rates of overweight and obesity that have been identified through zip code-level maps.

COMMUNITY PARTNERS

Community partners include Boys & Girls Club of Fontana, Boys & Girls Club of Redlands, City of Fontana (Healthy Fontana), Boys & Girls Club of Victor Valley, City of San Bernardino (Parks, Recreation, Community Services Department), Vision y Compromiso, and The Leaven.

2012 YEAR-END RESULTS

- KFH-Fontana provided a \$5,000 grant to the Boys & Girls Club of the Mountain Communities (BGCMC), which serves students who attend Lake Arrowhead Elementary, Valley of Enchantment Elementary, and Mary Putnam Henck Middle

schools located in the Mountain Area. Students receive academic, character building, health, and recreation programs, including breakfast and healthy snacks, before and after school. The grant award helps provide the Healthy Habits program to 250 children 6 to 11 to take part in daily fitness challenges, sports instruction, free play, tournament play, group games, one-on-one coaching, nutritional learning opportunities, and gardening.

- KFH-Fontana provided a \$5,000 grant to the City of Yucaipa, one of Southern California's most historic and fastest changing communities situated against the foothills of the San Bernardino Mountains, in the southwestern portion of San Bernardino County. The grant award supports the Healthy Yucaipa Initiative in launching a health and wellness education campaign to inform community about the importance of healthy eating and active living, combined with classes to encourage youth and parents to make healthy food choices a part of their daily routine.
- KFH-Fontana provided a \$15,000 grant to Inland Behavioral and Health Services, Inc., a community-based nonprofit Federally Qualified Health Center provider that serves medically underserved and uninsured patients at three clinic locations in the City of San Bernardino. The grant will support the clinic in providing 24 broad nutrition education and outreach presentations for 480 participants with a focus on linking chronic conditions with healthy eating, active living.
- Kaiser Permanente Southern California Region's supports projects that ensure that low-income families, who are eligible, are participating in federal nutrition programs such as CalFresh and free school meals, and that food bank-pantry patrons can obtain fresh produce from emergency food sources. In 2012, California Food Policy Advocates (CFPA) received a \$225,000 grant to increase access, quality, and participation of the federal food programs, such as school meals and CalFresh, for low-income people in Southern California.
- Kaiser Permanente Southern California Region's Operation Splash initiative provided grants to support swimming lessons and water safety in underserved areas. Since its launch in 2006, Operation Splash grants have provided 58,187 swim lessons and 3,143 junior lifeguards. In 2012, the City of San Bernardino Parks, Recreation and Community Services Department received \$28,000.
- The Healthy Eating and Active Living grants program addressed community organizing and advocacy, health education, and increased access to healthy food and physical activity through a \$75,000 grant to Reach Out West End Inc. in collaboration with Latino Health Collaborative to support a health hub pilot project in the City of San Bernardino.¹

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The goals will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

Progress relative to the strategies will be assessed by tracking amount of funding provided through grants, the number of people reached through funded physical activity efforts, and the number of organizations reached with shared assets; collecting data on the number of schools/children/families participating in Safe Routes to Schools and the number of schools engaged in funded efforts to increase physical activity on the school yard; and monitoring and recording progress on the development of innovative approaches to increase physical activity at schools and in work sites.

PRIORITIZED NEED III: SOCIAL DETERMINANTS OF HEALTH

San Bernardino County's unemployment rate is 14.2% and the poverty level is 11.2%, compared to 9.8% for California. Unemployment and poverty are key factors in determining the health of communities. In San Bernardino County and elsewhere, unemployment has been consistently linked to poor health and associated with higher mortality rates, especially

¹ This grant was distributed from the Kaiser Permanente Southern California Charitable Contribution Fund, a donor-advised fund administered by the California Community Foundation. Accordingly, the grant amount was not included in the community benefit totals for 2012 (Table A, B and 2).

from heart disease and suicide. Unemployed individuals have higher rates of anxiety and depression and lower self-rated health status. Data also show that unemployed men have higher rates of smoking, alcohol consumption, drug use, and depression than their employed counterparts. Homelessness also increased among young people in the service area, and findings from focus groups and interviews suggest that one effect of the recession is overcrowding as more multigenerational families are living in the same households. In San Bernardino County, 24% of households are headed by single mothers.

2012 GOAL

To create healthy communities by supporting the social and economic environment.

2012 STRATEGIES

1. Provide grant funding to agencies that equip people for employment by supporting retraining and skills development for displaced workers.
2. Provide grant funding to increase food security as aligned with the San Bernardino County Vision Project.
3. Provide grant funding for basic needs of homeless children, adolescents, and young adults aligned with the San Bernardino County 10-Year Homeless Plan.
4. Provide grant funding to address key issues identified by the San Bernardino County Vision Project.

TARGET POPULATION

Unemployed and underemployed men 18 and older and single mothers who are heads of households.

COMMUNITY PARTNERS

Community partners include St. John of God Health Care Services, Hearts & Lives, Braille Institute of America, Youth Action Project, and Asian-American Resource Center.

2012 YEAR-END RESULTS

- KFH-Fontana provided a \$20,000 grant to the Asian-American Resource Center, whose mission is to improve the overall health and well-being of Asian Americans and ethnic groups with limited English proficient (LEP) populations, who are disadvantaged, isolated, and underserved. The grant award is to support the congregate food program, Healthy Senior Wellness Program, with the goal to provide 5,700 cultural nutritious meals to 250 seniors for 48 weeks. The program also includes nutrition talks, tai chi, and screenings (blood pressure, cholesterol, diabetes, vision) to seniors who receive meals.
- KFH-Fontana provided a \$20,000 grant to St. John of God Health Care Services, which responds to the needs of homeless and those at risk of becoming homeless by offering rent, emergency shelter, and basic needs assistance to families, transitioning from homelessness into permanent housing. The grant award will support the Samaritan's Helping Hand Food Pantry program to provide nutritious whole food (fresh produce, dairy, etc.) while decreasing the amount of processed and packaged food for healthier balanced food distribution to 1,250 low-income households, including those in the High Desert.
- KFH-Fontana provided a \$ 5,000 grant to Hearts & Lives, a social service organization that responds to emerging needs of at-risk and economically disadvantaged populations living in the rural mountain communities of the San Bernardino Mountains. The grant award supports outreach, education, and referrals for 400 at-risk families with children 0 to 5; provides 100 families with structured case management to establish and monitor self-sufficiency goals; and provides stabilization assistance (rental, utility, food, transportation assistance).
- KFH-Fontana provided a \$10,000 grant to the Youth Action Project, an organization that empowers young adults in the development of skills and habits needed to experience economic and social success. The grant award will support the Young Workers Program, a mentor and tutor training program that links 80 African-American and Latino young adults enrolled in college with high school students in Rialto, San Bernardino, and Highland to provide tutoring and mentoring.

Young adults complete a professional development training while also serving as role models, mentors, and tutors to high school students.

- KFH-Fontana provided a \$10,000 grant to the Braille Institute of America, Inc., a nonprofit organization whose mission is to eliminate barriers to a fulfilling life caused by blindness and severe sight loss. The grant award is to provide low-vision rehabilitation consults, assistive devices, and computer technologies to help participants complete daily activities, and to provide independent living skills instruction to 250 low-income blind and visually impaired individuals of all ages from Victorville, Yucaipa, Chino, Claremont, San Bernardino, and Fontana. The Braille Institute services are available free of charge to those individuals who cannot travel to the Rancho Mirage center, eliminating the transportation barrier.
- California Family Health Council received a \$100,000 grant to continue to build the capacity of Title X agencies in California to utilize family planning performance measures data to improve the quality of reproductive health care work and to build the capacity of Title X agencies in California to utilize family planning performance measures data to improve the quality of reproductive health care.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

The following indicators will be used to assess the progress and success in achieving the stated goals: the number of grants awarded, total dollars provided in grants, the number of people reached through grants, number of collaborating partners, the number of staff engaged in the community, and the number of community organizations served.

Table 1

KAISER FOUNDATION HOSPITAL-FONTANA

2012 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 | 7,017 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members | 225 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 784 |
| Medi-Cal managed care members | 10,148 |
| Healthy Families Program members | 10,286 |
| Community Surgery Day patients | 22 |
| Health Research projects (new, continuing, and completed) | 37 |
| Nursing Research projects (new, continuing, and completed) | 3 |
| Educational Theatre – number of performances and workshops | 74 |
| Educational Theatre – number of attendees (students and adults) | 9,871 |
| Graduate Medical Education – number of programs | 9 |
| Graduate Medical Education – number of affiliated and independent residents | 132 |
| Nurse practitioner and other nursing training and education beneficiaries | 2 |
| Deloras Jones nursing scholarship recipients | 6 |
| Other health professional training and education (non-MD) beneficiaries | 18 |
| Hippocrates Circle students | 87 |
| Summer Youth and INROADS programs participants | 27 |
| Number of 2012 grants and donations made at the local and regional levels ¹ | 112 |

¹The vast majority of regional grants impact three or more hospitals. As such, a single regional grant may be included in the "Number of 2012 grants and donations" count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-FONTANA

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$15,911,639 |
| Healthy Families ² | 3,451,925 |
| Charity care: Charitable Health Coverage programs ³ | 393,555 |
| Charity care: Medical Financial Assistance Program ⁴ | 5,718,956 |
| Grants and donations for medical services ⁵ | 420,222 |
| Subtotal | \$25,896,297 |
| Other Benefits for Vulnerable Populations | |
| Watts Counseling and Learning Center ⁶ | \$0 |
| Educational Outreach Program | 0 |
| Summer Youth and INROADS programs ⁷ | 82,247 |
| Grants and donations for community-based programs ⁸ | 336,521 |
| Community Benefit administration and operations ⁹ | 509,193 |
| Subtotal | \$927,961 |
| Benefits for the Broader Community¹⁰ | |
| Community health education and promotion programs | \$67,396 |
| Educational Theatre | 273,078 |
| Facility, supplies, and equipment (in-kind donations) ¹¹ | 10,173 |
| Community Giving Campaign administrative expenses | 6,802 |
| Grants and donations for the broader community ¹² | 23,266 |
| National board of directors fund | 20,541 |
| Subtotal | \$401,256 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$3,003,862 |
| Non-MD provider education and training programs ¹³ | 495,839 |
| Grants and donations for the education of health care professionals ¹⁴ | 37,034 |
| Health research | 1,427,581 |
| Continuing Medical Education | 493 |
| Subtotal | \$4,964,808 |
| Total Community Benefits Provided | \$32,190,323 |

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 Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Los Angeles, KFH-West Los Angeles, and KFH-Downey.
- 7 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Summer Youth students hired.
- 8 Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the 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.
- 9 The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- 10 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a number of related denominators such as the number of Educational Theatre performances or health education programs.
- 11 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.
- 12 Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 13 Amount reflects the net expenditures after tuition reimbursement for health professional education and training programs.
- 14 Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, 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.

KAISER FOUNDATION HOSPITAL (KFH)-FREMONT

39400 Paseo Padre Parkway
 Fremont, CA 94538
 (510) 248-3000

The KFH-Fremont service area includes the southern part of Alameda County. The cities served include Fremont and Newark.

COMMUNITY SNAPSHOT (*COUNTY-LEVEL DATA)

| | |
|-------------------------------|----------|
| Total population: | 251,838 |
| Median age:* | 36.1 |
| Average household income:* | \$70,217 |
| Percentage living in poverty: | 5.56% |
| Percentage unemployed: | 8.92% |
| Percentage uninsured: | 8.48% |

| | |
|-----------------------------|--------|
| White: | 31.10% |
| Latino: | 17.07% |
| African American: | 2.72% |
| Asian and Pacific Islander: | 43.74% |
| Native American: | 0.25% |
| Other: | 5.12% |

KEY STATISTICS

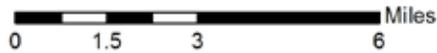
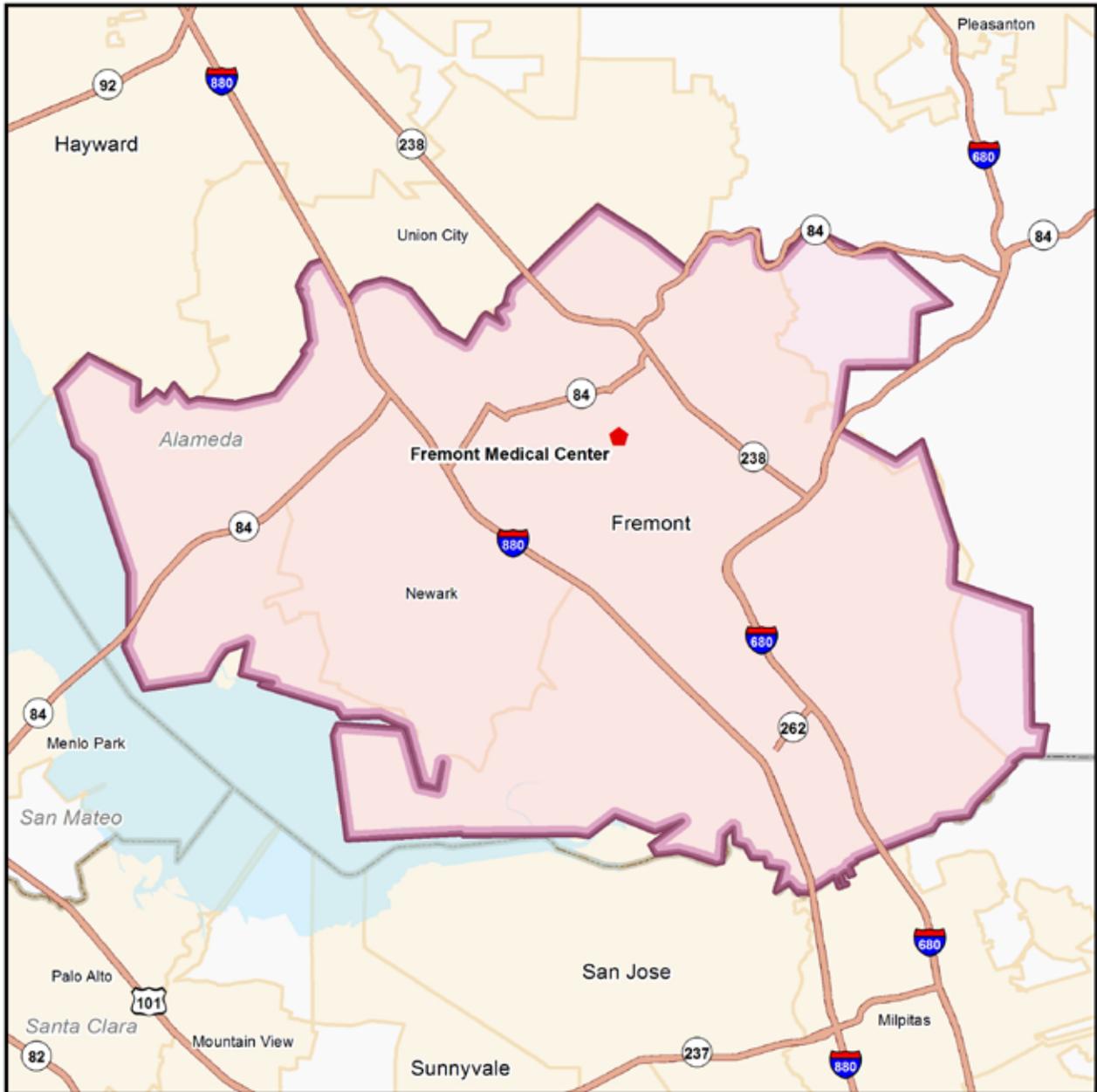
| | |
|-------------------------------------|--------|
| Year opened: | 2002 |
| KFH full-time equivalent personnel: | 530.5 |
| KFHP members in KFH service area: | 89,357 |

| | |
|------------------------|--------|
| Total licensed beds: | 106 |
| Inpatient days: | 14,988 |
| Emergency room visits: | 27,099 |

KEY LEADERSHIP AT KFH-FREMONT

| | |
|--------------------|--|
| Tom Hanenburg | Senior Vice President and Area Manager |
| JoAnn Griffin | Chief Operating Officer |
| Charles Thevnin | Area Finance Director |
| Calvin Wheeler, MD | Physician in Chief |
| Victoria O’Gorman | Medical Group Administrator |
| Debra M .Lambert | Public Affairs Director |
| Arleen R. Carino | Community Benefit/Community Health Manager |

KFH Fremont Medical Center Area



- KFH Medical Center
- KFH Medical Center Area
- Cities and Towns
- County Boundary

Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
Maps Produced by: the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES). March 2013.



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

Previous hospital collaborations to support the Alameda County CHNA have been successful and KFH-Fremont and KFH-Hayward continue to participate in this partnership. In late 2008 and early 2009, Alameda County members of the Hospital Council of Northern and Central California conducted another countywide CHNA by contracting with the county's Community Assessment, Planning, and Education (CAPE) unit to complete the quantitative data collection and analysis. Participating hospitals—Alta Bates Summit Medical Center, Eden Medical Center, KFH-Oakland, KFH-Hayward, KFH-Fremont, St. Rose Hospital, Valley Care Health System, and Washington Hospital—worked in partnership with the Hospital Council to define specific demographic and health status measures for review and analysis and jointly reviewed and discussed the results.

Community voices augmented data provided by CAPE via two mechanisms. Lavender Seniors, Tiburcio Vasquez Health Center Promotoras, and Filipino Advocates for Justice each conducted a PhotoVoice project. And Greater Southern Alameda Area (GSAA) Community Benefit consultant Nancy Shemick conducted two focus groups in southern Alameda County, one in Spanish with primarily monolingual community members at Tiburcio Vasquez Community Health Center and another composed primarily of immigrant Afghan residents. GSAA's Community Benefit Advisory Group (CBAG) used findings from CAPE, Photo Voice, and the focus groups to identify the priority needs for KFH-Fremont's 2011–2013 Community Benefit Plan. Those recommendations were brought to GSAA leadership for discussion and ratification in late 2010.

KEY FINDINGS FROM THE 2010 CHNA

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

Teen Pregnancy and Births to Teen Mothers:

- Disparities between ethnic groups are marked. Latinos have the highest teen birthrate in the entire county, 7.4 times higher than Asian/Pacific Islander (API) teens. African American teens had rates 4.9 times higher than API teens.
- The county rate for teen births is 26.5 per 1,000 females 15 to 19 while the Latino birthrate is 51.8. Of the 118 teen births in Newark from 2006 to 2008, 88 were to Latinas. In Fremont, 170 of the 316 teen births were to Latinas. At 52.8 and 50.6, respectively, these rates are twice that of the county overall.

Injury:

- San Leandro had the highest assault and homicide rates in southern Alameda County.

Access to Preventive Health Care:

- Mortality due to lung cancer and colorectal cancer was the highest in southern Alameda County.
- Colorectal cancer incidence and mortality have both declined since the early 1990s; however, the mortality rate among Latinos has increased in recent years.
- The incidence of new colorectal cancer was the highest in Newark and other areas in southern Alameda County.

Chronic Diseases:

- Some of the highest stroke hospitalization rates are found in Newark.
- Newark also has some of the highest coronary heart disease hospitalization rates in Alameda County.

Overweight and Obesity:

- Although the Newark child obesity rate is 26.5%, African American and Latino children in that school district experience rates that are nearly 10% higher, at 36.4% and 35.8%, respectively.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-FREMONT SERVICE AREA

1. Improve access to prevention and primary care services.
2. Reduce rates of obesity and overweight in adults and children.
3. Reduce teen pregnancy rates.
4. Improve prevention and management of diabetes and cardiovascular disease.
5. Increase violence prevention and education.

2012 YEAR-END RESULTS

PRIORITIZED NEED I: IMPROVE ACCESS TO PREVENTION AND PRIMARY CARE SERVICES

In Alameda County, an estimated 12% of residents were uninsured in 2008. The uninsured are more likely to delay or not get needed medical care than those with health insurance (20.9% versus 14.9%). Low-income noncitizens, those with limited English proficiency, and recent immigrants were much less likely to be insured than high-income U.S.-born citizens, the English proficient, and long-term immigrants. Thirty-two percent of immigrants who identify their ability to speak English as “not at all” or “not well” are uninsured. Many of these vulnerable persons are located in Newark and Fremont and are of Afghan and South Asian descent. Almost one in four Latinos was uninsured, four times the percentage of uninsured whites. Asians/Pacific Islanders (APIs) and African Americans also had more than twice the rate of uninsured as whites.

Two-thirds of women in the county received a mammogram in the last two years. API women were least likely to have a mammogram. Low-income women had the highest mammography screening rates of all income groups. Only one in four uninsured women had received a mammogram. Newark has one of the highest breast cancer mortality rates in the county. Nearly 75% of adults were screened for colorectal cancer. African Americans and Latinos had lower rates of colorectal cancer screening than other racial/ethnic groups. Seniors and the insured were substantially more likely to be screened for colorectal cancer than other groups. Newark has a colorectal cancer rate of 22.8 per 100,000 compared to the county average of 15.6. Only one in four men 40 or older had received a prostate-specific antigen (PSA) test. Seniors were twice as likely as nonelderly men to have a PSA test. African American and white men had significantly higher rates of PSA screening than API and Latino men. Access to prevention and screening services can identify prostate cancer in its earlier stages, helping to reduce the mortality rate.

2012 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.

2012 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 technical assistance (TA) and capacity-building training to strengthen Southern Alameda County safety-net providers.

TARGET POPULATION

Individuals who are at high risk for experiencing disparities in cancer rates; for example, the rate of female breast cancer in Newark is twice as high as the rate for Pleasanton.

COMMUNITY PARTNERS

Community partners include Grupo Fremont VIP, Lavender Seniors of the East Bay (a Bay Area Community Services [BACS] project), and Congregations Organizing for Renewal (COR).

2012 YEAR-END RESULTS

- Grupo Fremont VIP, a nonprofit organization that educates and supports people with HIV, received a \$15,000 grant to provide education, emotional support, and advocacy to more than 125 clients who are living with HIV/AIDS. The agency provided peer support to these clients to educate them about the dangers of obesity, high cholesterol, heart disease, and high blood pressure, and discussed the dangers of sexually transmitted diseases and the importance of using

condoms to prevent the spread of HIV/AIDS. In addition, information and referral was provided so clients can access medical care, dental care, mental health services, housing assistance, and other social services as needed. One-on-one interviews were conducted to help clients understand the importance of medication adherence and dental care. Grupo Fremont VIP conducted 30 support groups, and education forums were provided to educate clients about nutrition, heart disease, HIV prevention, managing HIV, obesity prevention, dangers of high cholesterol, and diabetes prevention. To help them stay connected to care and treatment, clients received a listing that included information on how and where to access the services of more than 100 agencies. The agency also provided 125 Latino HIV-positive clients with peer counseling to improve their immune system and to stress the importance of taking medications. Using the peer navigation system, a peer counselor telephoned clients to discuss the client's health and to make sure the client is connected to care and treatment. Group Fremont VIP provided linkage to care and treatment to 100 clients in southern Alameda County by providing support groups for clients to maintain health.

- Lavender Seniors of the East Bay, a BACS project, received a \$30,000 strategic grant (\$15,000 each from KFH-Fremont and KFH-Hayward) to increase the capacity of South Alameda County senior centers and health and human service providers to be more culturally responsive to the needs of LGBT elders by adopting appropriate standards of care, including policy, education, and visibly welcoming services for the prevention and early intervention of physical and mental health disparities as well as physical violence and verbal harassment. Prior to the mid-1970s, LGBT elders were considered sick criminals. As a result, many do not access supportive services, fear being “outed,” have limited peer or family support, and are at high risk for isolation and health disparities. The project implemented three strategies to enable marginalized LGBT elders at risk of health disparities and mistreatment by service providers to access services in a culturally appropriate environment. As part of this strategy, local data on knowledge about and attitudes toward LGBT elders were collected through a needs assessment survey of 156 consumers, staff, and volunteers at five southern Alameda County senior centers—Fremont, Hayward, Castro Valley, San Leandro, and Newark. Survey results indicated big gaps in staff knowledge about LGBT issues. Also, 14% of consumers did not know LGBT people or would not feel comfortable sharing activities with them. To address these gaps, training and TA were provided to four seniors centers (note: Newark refused to participate after the survey). Posttraining tests demonstrated that on average 96.6% of training participants increased their knowledge and awareness of LGBT aging issues and intervention strategies to improve services. Four centers implemented at least two standards of LGBT elder care, which improved access to services. The project also increased senior civic engagement because the goals and objectives were addressed through a coalition of 14 LGBT elders.
- COR received a \$15,000 grant (\$7,500 each from KFH-Fremont and KFH-Hayward) to expand health resource information and access resulting from the Alameda County Affordable Care Act (ACA) to low-income residents. Three health care fairs were conducted with member/partner congregations in primarily low-income communities of color. An event at Hayward's Iglesia Cristiana Monte de Los Olivos, a primarily Latino congregation and community, drew 115 residents and community members, the majority of whom were immigrants and undocumented. Some of the more pressing concerns that arose during the event were related to access to primary care services and mental health issues. A second event, held in Fremont, attracted 150 participants from partner congregations and Fremont schools. At the last event, held in Hayward in conjunction with a deferred action event, students were educated on preventive care options and ACA, and California Dreamers were assisted in applying for the Deferred Action. The fair raised awareness for more than 150 immigrant high school and college students. The health access events and surveys revealed a great need for more community education about existing health care services, ACA, and additional health-related matters. This is a high-priority need in communities of color and in immigrant communities where under- and unemployment and crime rates are high.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Fremont will track the number of grants awarded; total grant dollars provided; the number of people reached through grants; the number of patients and their families educated on the importance of screening and early detection; the number of people served through Operation Access; the number of encounters where health education is shared with patients and their families through safety-net providers such as Tri-City Health Center, Tiburcio Vasquez Health Center, and others; the number of individuals receiving MFA; dollars spent on MFA; and the number of MFA applications screened.

PRIORITIZED NEED II: REDUCE RATES OF OBESITY AND OVERWEIGHT IN ADULTS AND CHILDREN

Despite recent countywide efforts to reduce obesity, Alameda County's obesity prevalence rate of 22.7%—with lower-income groups, African Americans, and Latinos at highest risk—does not meet the Healthy People goal of less than 15%. Overweight and obesity are recognized as a national epidemic with severe health consequences for both adults and children. Adults who are overweight or obese are more likely to be depressed and have chronic diseases such as arthritis, breathing problems, diabetes, certain types of cancer, heart disease, and stroke. It has been estimated that one-half of overweight schoolchildren will remain overweight as adults. Being overweight in childhood has been linked to several health problems that can last into adulthood, including poor heart health, type 2 diabetes, and impaired mental health. In Alameda County, only half of adults consume the recommended five servings of fruits and vegetables a day, which is an essential part of a healthy diet. Fast-food consumption, considered unhealthy, is two and one-half times more common among African Americans than whites.

2012 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).

2012 STRATEGIES

1. Support multicultural coalitions that create capacity to impact local policy on making healthy foods accessible. Work in conjunction with East Bay Area on countywide coalitions. Collaborate with Alameda County Parks and Recreation Department, Alameda County Office of Education, Alameda County Public Health Department, and others.
2. Provide grant funding to multicultural coalitions to support advocacy training that creates capacity to impact local policies on the built environment (i.e., use of green space, parks, safe routes to school, and walkable communities).
3. Leverage Kaiser Permanente Government Relations resources to consult and train on policy and advocacy development with grantees.
4. KFH-Fremont staff and physicians participate in obesity coalition(s) within the service area.

TARGET POPULATION

Overweight and obese children and adults, especially low-income and vulnerable children, in Newark and Fremont.

COMMUNITY PARTNERS

Community partners include Tri-City Health Center, Bay Area Women's Sports Initiative (BAWSI), and the Community Child Care Coordinating Council of Alameda County (4Cs).

2012 YEAR-END RESULTS

- Tri-City Health Center, a Federally Qualified Health Center (FQHC), which serves a medically underserved population, received a \$20,000 grant to support Eat Well, Live Active, a youth obesity intervention pilot program conducted in

partnership with Fremont/Newark YMCA that focuses on coordinated nutrition services and a physical activity curriculum. The project enrolled 20 children 9 to 12 who are overweight or obese. Of the participants, five completed the physical activity program at the YMCA, engaging in structured fitness activities for at least 150 minutes per week for 10 weeks; 10 attended three nutrition-counseling appointments; 11 attended a nutrition workshop; three maintained or decreased their BMI (body mass index) during the program; 13 improved their dietary patterns and nutritional knowledge; 20 demonstrated competence in developmentally appropriate movement activities and demonstrated pro-social behavior while engaged in physical activities; and 10 showed an improvement in their level of fitness. A second cohort of children 9 to 12 yielded even greater successes. Of the 23 overweight or obese participants, 17 completed the physical activity program at the YMCA engaging in structured fitness activities for at least 150 minutes per week for 10 weeks; 21 attended one nutrition workshop; 14 maintained or decreased their BMI during the program; 23 demonstrated competence in developmentally appropriate movement activities and demonstrated pro-social behavior while engaged in physical activities; and 19 showed an improvement in their level of fitness.

- Bay Area Women’s Sports Initiative (BAWSI) received a \$13,000 grant for development of a BAWSI Toolbox, resource guides, and physical activity curriculum that enable female athletes to initiate and lead fitness activity programs for underserved elementary school children. In addition, the grant supported Pioneers Play, a four-session season during which female student-athletes from California State University, East Bay, piloted the BAWSI Toolbox with students at three Title I-designated Hayward elementary schools. Over the course of the project pilot, more than 110 girls and 15 boys experienced the benefits of positive, energetic physical activity; 100% of the students reported at least one positive effect of program participation; and 75% of the girls had improved attitudes and behaviors on and off the playground, including greater self-confidence and sense of empowerment, improved social skills, and increased engagement in the classroom. One project objective was to engage the schools in ownership of the program. Principals noted that teachers had observed and reported that the girls’ self-esteem and personal qualities had been enhanced. At one school, staff requested that the program be conducted year-round. At Fairview Elementary, a teacher noted that students in her classroom were much more active, much more cooperative in their playing, and much better at working together because of the program.
- 4Cs received a \$14,000 grant (\$7,000 each from KFH-Fremont and KFH-Hayward) to develop nutrition and physical activity policies that encourage healthy lifestyles and prevent overweight and obesity in child care programs. The Child Care Obesity Prevention Policies project focused on the development and adoption of written food service, child feeding, and physical activity policies and practices that support obesity prevention among providers in southern Alameda County. 4Cs provided training and resources to 18 child care programs and 600 parents and staff serving 350 children. Child care providers benefited from the project by learning how to assess current feeding and food service practices and physical activity programs and identify areas of improvement and concern. Using best practices as guidance, policies were developed to address areas of concern. Over time, these policies, which encourage healthy lifestyles and prevent overweight and obesity, will have a long-lasting effect on countless children in the child care system.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Fremont will track the number of grants awarded; total grant dollars provided; the number of people reached through grants; the number of projects shared among grantees; the number and types of policies adopted as a result of this work; the number of community members educated and/or who make purchases from healthier food vendors, such as farmers markets; the number of people reached through combined efforts; the number of hours and other resources contributed by Government Relations staff; the number of participants trained on policy development and advocacy; and the number of KFH-Fremont employees and physicians who participate in coalitions.

PRIORITIZED NEED III: REDUCE TEEN PREGNANCY RATES

Although teen births have decreased overall in the last 10 years, Alameda County's teen birthrate, 26.5 per 1,000 females 15 to 19, is still unacceptable. According to the *Alameda County Report*, the highest risk groups are Latinas and African Americans. Because the teen pregnancy rate may be as high as twice the birthrate, we know that teens are still not practicing birth control and are at higher risk for sexually transmitted infections (STIs). Many factors increase the risk for teen pregnancy; some of the most important include poor access to birth control and health care in general, low income, lack of financial and emotional support, lack of education, lack of positive role models, unsatisfactory adult relationships, lack of after-school and community activities, substance abuse, and low self-esteem.

2012 GOALS

Decrease risk factors and increase protective factors to reduce rates of unprotected teen sex and teen pregnancy.

2012 STRATEGIES

1. Provide grant funding to organizations such as Newark Memorial High School (NMHS) to increase the ability of families to communicate about teen health, teen pregnancy, and sexual and reproductive health, and to promote policies that support families and communities in creating an encouraging, safe environment that promotes and facilitates knowledge and communication about teen pregnancy and overall sexual and reproductive health.
2. Provide grant support for programs that provide young men and women with culturally competent and linguistically appropriate tools and education to help them make informed and healthy decisions to avoid risky sexual behaviors that lead to teen pregnancy, STIs, and HIV/AIDS.
3. Provide grant support to community-based organizations and coalitions that focus on enhancing sexual health education to include healthy relationships, the pursuit of education, the role of young men and women in preventing teen pregnancy, and a more complete understanding of the implications that teen pregnancy and childbearing have for young men and women, their families, and their communities.
4. KFH-Fremont staff members participate in countywide Teen Pregnancy Prevention Coalition (Alameda Health Care Services Agency, Alameda County Public Health Department, Asian Health Services, and Girls Inc.).
5. Provide strategic grant funding to Tri-City Health Center (TCHC) to support the NMHS Teen Center.

TARGET POPULATION

Male and female adolescents, especially Latinos, in Newark.

COMMUNITY PARTNERS

Community partners include Brighter Beginnings, TCHC, and NMHS.

2012 YEAR-END RESULTS

- Following their highly effective work supported by previous KFH-Fremont grants, TCHC received a \$50,000 grant to support My Choice, My Future, a nationally recognized teen pregnancy prevention program that strengthens youth assets so that young people learn to handle social and peer pressure to manage their own sexual behavior. It is difficult for adolescents to project how their actions today can lead to lifelong consequences, so the curriculum aims to give them the tools, knowledge, and information to make appropriate decisions. At the end of the 2011–2012 school year, a focus group of 26 students who completed the program revealed improvement in several key assets of youth development: future aspiration, cultural respect, responsible choice, nonparental role model, and community involvement. Of the 26 students, 20 (77%) were aware of two community sectors; 20 (77%) were aware of three networks of opportunities; and 100% continue to aspire to graduate from high school and attend college. In addition, TCHC offered six parent workshops (three in English and three in Spanish) on family relations, communication, youth development, active supervision, problem solving, family planning, planning for the future, and healthy relationships. Resource guides, family planning educational brochures on STIs and birth control, TCHC's general flyer, and Teen Clinic postcards were

distributed to the parents during each workshop. Of the parents who took both pre- and post-tests, 82% correctly answered seven out of 10 questions, indicating an increased awareness of workshop content.

- GSAA is an active participant in the Hayward Promise Neighborhood project, which has a goal that includes a Cradle to Career Education Reform Network to support an educational program that is relevant to youth who are at highest risk for poor academic performance, dropping out of school, and getting pregnant in their teens.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Fremont will track the number of grants awarded; total grant dollars provided; the number of students and others reached through grants; the number of KFH-Fremont representatives who participate in the Teen Pregnancy Prevention Coalition; and the number of people reached through the coalition's work.

PRIORITIZED NEED IV: IMPROVE PREVENTION AND MANAGEMENT OF DIABETES AND CARDIOVASCULAR DISEASE

Diabetes requires rigorous management to reduce the risk of serious complications and premature death. It contributes to a variety of medical problems, including heart disease, stroke, high blood pressure, blindness, kidney disease, diseases of the nervous system, amputations, dental problems, and complications during pregnancy. Risk factors for diabetes include poor diet, lack of physical activity, and being overweight or obese. In Alameda County, 7.8% of adults had diabetes in 2007. African Americans (11.8%) were twice as likely to have diabetes as Latinos (5.7%). Education is an important aspect of socioeconomic status and a strong determinant of health. In Alameda County, adults with a high school education or less (11.1%) were more than twice as likely to have diabetes as those with a high school degree or higher (6.1%).

From 2006 to 2008, there were 40,111 coronary heart disease-related hospitalizations in Alameda County. The hospitalization rate for coronary heart disease ranged from a low of 612.2 per 100,000 to an average of 924.6 countywide. At 1,301.5, Newark has one of the highest rates. From 2006 to 2008, hospitalizations for stroke-related illness totaled 18,725. The rate was four times higher for African Americans than other groups in the county. Countywide the rate is 432.8 while in Newark it is 482.8.

2012 GOALS

1. Improve prevention of diabetes and cardiovascular disease.
2. Increase the ability of patients, families, and communities to manage the risk of acquiring complications due to diabetes and cardiovascular disease.

2012 STRATEGIES

1. Provide grants to community-based organizations to increase access to preventive health care services for vulnerable, low-income, and uninsured individuals who may be at risk of diabetes and cardiovascular disease.
2. Leverage Kaiser Permanente prevention expertise, including health education and prevention materials and strategies on lifestyle changes, targeting families, community agencies, coalitions, and safety-net providers.
3. Provide grants to community agencies, safety-net providers, schools, and others to help them educate and inform target audiences on diabetes and cardiovascular disease prevention.

4. Leverage Kaiser Permanente chronic care management expertise, including health education, materials, and strategies on lifestyle changes, to support families, community agencies, and safety-net providers.
5. Leverage Kaiser Permanente clinical programs and best practices such as PHASE (Prevent Heart Attacks and Strokes Everyday) and ALL (aspirin, Lisinopril, and Lovastatin).

TARGET POPULATION

Male and female adolescents, especially Latinos, in Newark.

COMMUNITY PARTNERS

Community partners include Fuel for Life (a project of Bay Area Community Services (BACS) and City of Fremont's Department of Human Services.

2012 YEAR-END RESULTS

- Spectrum Community Services received a \$15,000 grant (\$7,500 each from KFH-Hayward and KFH-Fremont) to help seniors prevent or manage cardiovascular disease and attain a healthy weight. Spectrum helps low-income and disadvantaged individuals, families, and seniors live independently. The program provided cardiorespiratory exercise and cardio health education in regular group class sessions to 403 older adults. In addition, these same older adults were encouraged to engage in cardiorespiratory exercise (combined with strength, mobility, and balance exercise) outside class. The instructor provided education about target heart rates and taught participants to find and calculate their heart rates. Participants routinely checked these rates before and after class. Spectrum also conducted four workshops on topics key to cardiovascular health, including treatments, medications, and healthy weight for 256 participants at three sites. A physician's assistant (PA) emphasized the importance of cardiovascular health and the value of monitoring blood pressure on a regular basis. All attendees received blood pressure screenings to see if they were within target rates, and several had elevated readings that were unexpected. In each case, the participant had the opportunity for a one-on-one discussion with the PA. In nearly every case, the PA advised them to see their doctor as soon as possible to determine if a problem existed and if treatment was needed.
- Fuel for Life, a BACS project, received \$15,000 to improve access to long-term care and diabetes/cardiovascular disease prevention and management programs for Tri-City area seniors coping with multiple chronic conditions of aging, and their caregivers. Since 1954, BACS's mission has been to deliver supportive services to marginalized adults to improve the quality of their lives and keep them connected to their community. Fuel for Life provided seniors at risk of nursing home placement, who participate in BACS's Fremont Adult Day Care program, with therapeutic day care activities that incorporated a healthy eating component. Because of this program, these at-risk seniors were able to age at home and improve eating habits. It is critical that these seniors receive meals that reduce risks associated with diabetes and cardiovascular disease to prevent higher levels of institutionalization and hospital readmission for those who have recently undergone hospitalization. A total of 2,351 breakfasts and 3,210 snacks were served. During the final month of Fuel for Life, an evaluation of these breakfasts and snacks was conducted, and 80% of participants who had the cognitive ability to respond to posttest surveys indicated that they now understood the importance of a healthy breakfast. Fremont Adult Day Care hired a registered dietitian to enhance its breakfast and snack menu. All meals served at the program must come under the California Child and Adult Food Program (CACFP) regulations and must also be economical. Providing a variety of good tasting meals and snacks that meet CACFP regulations is very difficult when the food must be purchased within budget constraints. To meet this challenge and increase BACS's capacity to serve healthy, low-cost meals, the registered dietitian reviewed the current menus and modified them to meet healthy standards for cardiovascular disease prevention.
- City of Fremont's Human Services Department received \$15,000 for EngAGE in Health Partnership, its self-management and behavior modification program embedded in the Wellness Center. Funding directly supported prevention programs designed to improve the health status of older adults with diabetes, cardiovascular disease, and other chronic conditions or functional limitations. A total of 26 older adults participated in Fit for Life exercise class and 12 enrolled in Enhance Wellness Program, an evidence-based model that helps older adults self-manage their health. Each participant completes a standardized questionnaire that measures social activity; alcohol use; smoking behavior;

depression; anxiety; physical activity; nutrition; falls; general health rating; health in the past 6 months, including emergency room visits and hospitalizations; and life satisfaction. Participants are reassessed every six months while they are in the program. Targeted populations for the program are immigrants from Afghanistan and Pakistan who live in Fremont, Newark, and Union City. The Muslim Support Network and Afghan Elderly Association recruited six health promoters and received 12 hours of training. Health screenings were conducted at a health fair; 2,254 had their blood pressure taken, 109 had glucose/lipid panels performed, and 122 received podiatry examinations. Another goal is to improve the self-efficacy and self-management behaviors of older adults with chronic illness and functional limitations. Eighteen lay leaders were trained to lead a chronic disease self-management program and four six-week sessions reached 59 persons from a wide range of ethnic and language groups. Participants learned about physical activity, nutrition, managing emotions, medication management, and communication with health providers.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

1. Provide grants to community-based organizations to increase access to preventive health care services for vulnerable, low-income, and uninsured individuals who may be at risk of diabetes and cardiovascular disease.
2. Leverage Kaiser Permanente prevention expertise, including health education and prevention materials and strategies on lifestyle changes, targeted to families, community agencies, coalitions, and safety-net providers.
3. Provide grants to community agencies, coalitions, safety-net providers, schools, and other agencies to educate and inform target audiences on diabetes and cardiovascular disease prevention.
4. Leverage Kaiser Permanente chronic care prevention and management expertise, including health education and prevention expertise, materials, and strategies on lifestyle changes, to support families, community agencies, coalitions, and safety-net providers.
5. Leverage Kaiser Permanente clinical best practices on programs such as PHASE.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Fremont will track the number of grants awarded; total grant dollars provided; the number of providers who receive information on best practices; the number of families, community agencies, coalitions, and safety-net providers that receive materials and expertise on prevention methods and approaches and learn nationally recognized standards and guidelines (such as PHASE and ALL); the number of people reached through grants; and the number of patients and their families who receive education and information.

PRIORITIZED NEED V: INCREASE VIOLENCE PREVENTION AND EDUCATION

Violence—including assault and homicide—is a major public health problem in the United States. Suicide, homicide, and assault account for most intentional injuries. The Healthy People 2010 target for mortality rates due to assault and homicide is 2.8 or fewer homicides per 100,000. Alameda County has an overall rate of 10.7. Alcohol use such as binge drinking can lead to domestic violence and is often underreported and hard to quantify. Although not reported in the Alameda County CHNA, the focus groups and PhotoVoice results pointed to a fear of using public open spaces due to neighborhood violence. In addition, the GSAA CBAG is particularly concerned that in the absence of culturally and linguistically appropriate interventions or community support, the stressors of the immigrant/refugee experience can lead to ineffective coping mechanisms such as aggressive and violent behavior.

2012 GOALS

1. Decrease risk factors and increase protective factors among youth to reduce aggressive behavior, self-harm, inappropriate coping behaviors, poor social relationships, and violence.

2. Decrease risk factors and increase protective factors related to domestic violence especially with at-risk populations.

2012 STRATEGIES

1. Provide grants to community-based organizations to support skill-building support groups for identified at-risk youth in school and community settings to reduce the impact of multiple risk factors, enhance protective factors, and involve families in supporting youth involvement and success. These organizations may include law enforcement, community coalitions, high schools, teen health clinics, counseling/health centers, youth activity centers, community health centers, juvenile detention facilities, youth shelters, and faith institutions.
2. KFH-Fremont representatives participate in coalitions and efforts such as the Gang Tattoo Removal Project.
3. Provide operational and physician support at KFH-Fremont and KFH-Hayward for the Gang Tattoo Removal Project.
4. Provide grants to community-based organizations, faith-based institutions, ethnicity-based institutions, and safety-net providers to support domestic violence awareness and prevention.
5. Share bilingual health education materials that focus on the importance of early detection and screening. Leverage Kaiser Permanente resources (e.g., Domestic Violence Advisory Group) to share best practices with community-based organizations.

TARGET POPULATION

Male and female adolescents, especially Latinos, in Newark.

COMMUNITY PARTNERS

Community partners include Friends of Children with Special Needs (FCSN), Niroga Institute, and East Bay Agency for Children (EBAC).

2012 YEAR-END RESULTS

- FCSN was formed in 1996 by 10 Chinese American families with individuals with special needs who wanted to support each other, share ideas, offer a hand to the newly diagnosed, and educate the community about people with special needs. FCSN now provides 44 comprehensive programs for more than 800 multiethnic families, including thousands of special-needs individuals of all ages. FCSN received \$15,000 for Happy Family, Healthy Life, its pilot domestic violence prevention project that reaches out to special needs families in the Asian community to heighten awareness and prevent domestic violence through seminars, education, counseling, support, and intervention. FCSN hosted outreach events for 338 people, stress/anger management seminars and counseling support sessions for 156 people, and yoga and meditation classes to promote mental and physical health for 79 people; and conducted three planning sessions with its collaborative partners, Autism Society of America (ASA), Citizens for Better Community (CBC), Christian Community School, Kiddo Land Learning Center, and Fremont School District. In addition, 183 participants attended workshops to recognize violent situations and learn prevention methods; 1,000 families received copies of the FCSN newsletter with articles by experts on self-advocacy and protection against violence and bullying; and 109 families attended a NO VIOLENCE event that was a collaboration between FCSN and its community partners.
- Niroga Institute received a \$15,000 grant to conduct Transformative Life Skills (TLS) classes for vulnerable students at two challenged Fremont schools, Robertson Continuation School, and Azevada Elementary School. Teachers at Azevada noted that the program focused on closing the achievement gap and enhanced students' health and well-being. TLS contributed to a more relaxed classroom environment and provided some students with tools for self-control. Students were more relaxed and focused on TLS days and teachers benefited from learning the tools of TLS to use when students are rowdy. In addition, 11 teachers and counselors at Robertson, Azevada, and Walters Middle School learned stress management, self-care and healing from secondary trauma, and how to create a more conducive classroom climate and a more positive schoolwide learning environment.
- Eden Youth and Family Center's (EYFC) Southern Alameda County New Start Tattoo Removal Program received a \$50,000 strategic grant (\$25,000 each from KFH-Fremont and KFH-Hayward) to provide a viable option for youth 13 to

25 who want to distance themselves from gang and/or drug involvement. By providing laser treatments to remove visible tattoos, the program allows young people to reintegrate into society. Youth outreach workers and tattoo removal program graduates target hard-to-reach youth, many of whom are currently involved in at-risk behavior and gang and/or drug lifestyles, with resources, intervention services, and recruitment into the tattoo removal program. Through participation in monthly support groups and volunteer commitments (youth must complete a 50-hour volunteer commitment to be eligible for the program), participants find peer support, exposure to healthy life alternatives, increased self-esteem, positive career and social development outcomes, and safe separation from their past lives. The project allowed 150 youth to participate in EYFC's New Start Tattoo Removal Program, which provided access to bimonthly laser treatments, access to real-world work experience through volunteer commitments, monthly peer support groups, and resources to make the transition out of the gang and/or drug lifestyle and to become productive members of society. New Start, a collaborative partnership with KFH-Hayward, St. Rose Hospital, and EYFC, utilizes volunteer nursing and medical staff for tattoo removal. Treatment takes place on a bimonthly rotating schedule at KFH-Hayward, KFH-Fremont, and St. Rose's Silva Clinic at the EYFC campus. Each session accommodated approximately 30 youth.

- EBAC received a \$15,000 grant to support its Child Assault Prevention (CAP) training center, part of EBAC's Ariana Project, which aims to maximize existing capacity for self-help within the Afghan refugee community in Fremont and the surrounding areas. EBAC's 13 distinct programs serve more than 19,000 children and families throughout Alameda County each year with services that give each child and family the specific resources, skills, and opportunities they need to help them reach their full potential. The Ariana project trained four women from the Afghan community who were in CAP prevention specialist training to become interns and continue their training by assisting in implementation of the CAP, parenting, and health and safety workshops. The four interns completed training in the Nurturing Parenting Program and CAP methodologies, on the mandates of California's child abuse reporting and domestic violence laws, and about Alameda County's Child Protective Systems. After completing training, the prevention specialist interns were certified as peer educators and paired with staff to begin providing services to the community. The CAP program provided 19 CAP workshops for 284 Afghan adults (197 women and 87 men, including mosque leaders, soccer coaches, and other community leaders) and 27 workshops for 663 Afghan children. The involvement and support of community leaders and their willingness to discuss a sensitive subject signal a significant and positive shift in the community that has led to more dialogue about this work. It is hoped that this will lead to more opportunities to work within the Afghan community and to make significant contributions to violence prevention education.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

1. Provide grants to community-based organizations to support skill-building support groups for identified at-risk youth in school and community settings to reduce the impact of multiple-risk factors, enhance protective factors, and involve families in supporting youth involvement and success. These organizations may include law enforcement, community coalitions, high schools, teen health clinics, counseling/health centers, youth activity centers, community health centers, juvenile detention facilities, youth shelters, and faith institutions.
2. Kaiser Permanente representatives participate in coalitions such as Gang Tattoo Removal Project.
3. Provide operational and physician support at KFH-Hayward and KFH-Fremont for the Gang Tattoo Removal Project.
4. Provide grants to community-based organizations, faith-based institutions, ethnicity-based institutions, and safety-net providers to support domestic violence awareness and prevention.
5. Share bilingual health education materials focusing on the importance of early detection and screening. Leverage Kaiser Permanente resources (e.g., Domestic Violence Advisory Group) to share best practices with community-based organizations.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Fremont will track the number of grants awarded; total grant dollars provided; the number of people reached through grants; the number of KFH-Fremont representatives who participate in coalitions; the number of people reached through coalition work; and the number of locations where health education materials are distributed.

Table 1

KAISER FOUNDATION HOSPITAL-FREMONT

2012 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: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members | 1 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 1,053 |
| Medi-Cal Managed Care members | 1,838 |
| Healthy Families Program members | 2,057 |
| Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) ¹ members | 46 |
| Operation Access – number of procedures ² (including general surgery, ophthalmology, gastroenterology, dermatology, plastic surgery, colorectal, optometry, and orthopedics) | 261 |
| Operation Access – number of medical volunteers ² | 129 |
| Operation Access – number of medical volunteer hours ² | 1,137 |
| Nursing Research projects (new, continuing, and completed) | 2 |
| Educational Theatre Programs – number of performances and workshops | 26 |
| Educational Theatre Programs – number of attendees (students and adults) | 9,935 |
| Graduate Medical Education – number of programs | 1 |
| Nurse practitioner and other nursing training and education beneficiaries | 18 |
| Deloras Jones nursing scholarship recipients | 1 |
| Other health professional training and education (non-MD) beneficiaries | 13 |
| Summer Youth and INROADS programs participants | 14 |
| Number of 2012 grants and donations made at the local and regional levels ³ | 104 |

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

²Because KFH-Hayward and KFH-Fremont share a hospital license, Operation Access data for these facilities is combined and includes data for the KFH-Union City medical offices, located in Greater Southern Alameda Area.

³The vast majority of regional grants impact three or more local hospitals. As such, a single regional grant may be included in the “Number of 2012 grants and donations” count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-FREMONT

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|--------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$3,035,612 |
| Healthy Families ² | 910,791 |
| Charity care: Charitable Health Coverage programs ³ | 850,575 |
| Charity care: Medical Financial Assistance Program ⁴ | 446,731 |
| Grants and donations for medical services ⁵ | 508,392 |
| Subtotal | \$5,752,101 |
| Other Benefits for Vulnerable Populations | |
| Summer Youth and INROADS programs ⁶ | \$68,020 |
| Grants and donations for community-based programs ⁷ | 91,981 |
| Community Benefit administration and operations ⁸ | 266,584 |
| Subtotal | \$426,584 |
| Benefits for the Broader Community⁹ | |
| Community health education and promotion programs | \$8,088 |
| Educational Theatre Programs | 57,258 |
| Facility, supplies, and equipment (in-kind donations) ¹⁰ | 0 |
| Community Giving Campaign administrative expenses | 5,337 |
| Grants and donations for the broader community ¹¹ | 42,911 |
| National board of directors fund | 12,261 |
| Subtotal | \$125,855 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$0 |
| Non-MD provider education and training programs ¹² | 192,761 |
| Grants and donations for the education of health care professionals ¹³ | 258,571 |
| Health research | 2,060,987 |
| Subtotal | \$2,512,319 |
| Total Community Benefits Provided | \$8,816,859 |

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.

KAISER FOUNDATION HOSPITAL (KFH)-FRESNO

7300 North Fresno Street
 Fresno, CA93720
 (559)448-4500

The KFH-Fresno service area includes eastern Fresno County, most of Madera County, northeast Kings County, and northwest Tulare County, and the cities and towns of Ahwahnee, Auberry, Bass Lake, Biola, Burrell, Caruthers, Clovis, Coarsegold, Del Rey, Dinuba, Five Points, Fresno, Fowler, Friant, Hanford, Helm, Kerman, Kingsburg, Laton, Madera, North Fork, Oakhurst, O'Neals, Orange Cove, Parlier, Piedra, Prather, Raisin City, Reedley, Riverdale, San Joaquin, Sanger, Selma, Squaw Valley, Sultana, Tollhouse, Tranquility, Traver, and Wishon.

COMMUNITY SNAPSHOT (*COUNTY-LEVEL DATA)

| | |
|-------------------------------|-----------|
| Total population: | 1,110,194 |
| Median age:* | 30.3 |
| Average household income:* | \$43,534 |
| Percentage living in poverty: | 29.9% |
| Percentage unemployed: | 17.5% |
| Percentage uninsured: | 17.43% |

| | |
|-----------------------------|--------|
| White: | 35.80% |
| Latino: | 49.01% |
| African American: | 4.35% |
| Asian and Pacific Islander: | 7.22% |
| Native American: | 0.80% |
| Other: | 2.81% |

KEY STATISTICS

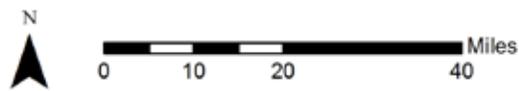
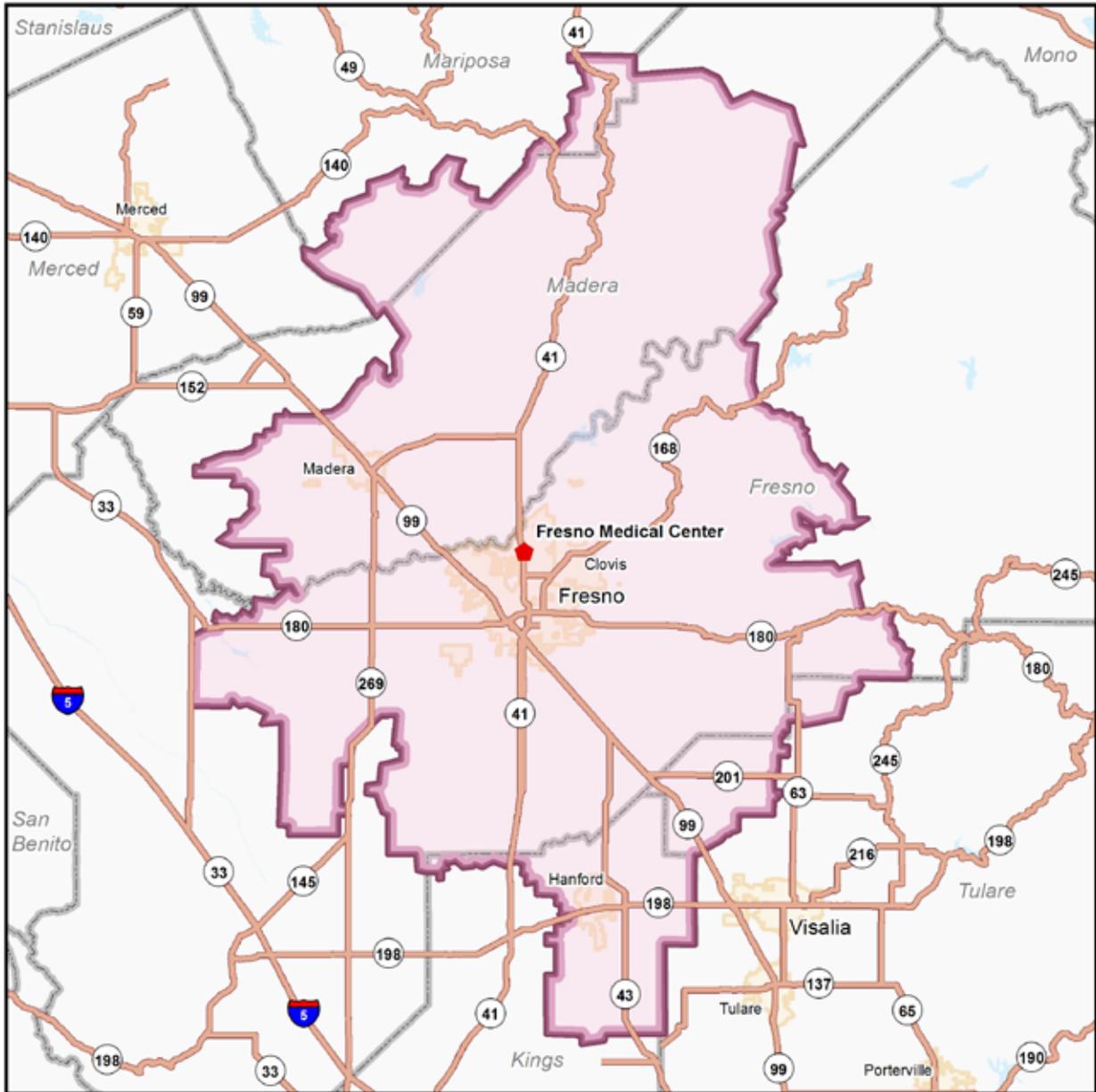
| | |
|-------------------------------------|---------|
| Year opened: | 1995 |
| KFH full-time equivalent personnel: | 850.9 |
| KFHP members in KFH service area: | 106,390 |

| | |
|------------------------|--------|
| Total licensed beds: | 169 |
| Inpatient days: | 27,467 |
| Emergency room visits: | 28,933 |

KEY LEADERSHIP AT KFH-FRESNO

| | |
|----------------------------|--|
| Jeffrey A. Collins | Senior Vice President and Area Manager |
| Richard R. Alves | Area Finance Officer |
| Varoujan Altebarmakian, MD | Physician-in-Chief |
| Jose DeAnda | Medical Group Administrator |
| Rob S. Veneski | Public Affairs Director |
| Ivonne Der Torosian | Community Benefit/Community Health Manager |

KFH Fresno Medical Center Area



- ◆ KFH Medical Center
- KFH Medical Center Area
- Cities and Towns
- County Boundary

Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
 Maps Produced by: the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES). March 2013.



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

KFH-Fresno contracted with Central Valley Health Policy Institute (CVHPI) at California State University, Fresno, to conduct a community health needs assessment (CHNA) of its service area. CVHPI's Data Warehouse analyzed birth, death, and hospitalization data. Population-adjusted rates were provided (by zip code and overall service area) for receipt of appropriate prenatal care, low birth weight, preterm births, hospitalizations for selected acute and chronic conditions, a composite measure of primary care sensitive/avoidable hospitalizations, and premature deaths (overall and for specific conditions).

The Data Warehouse provided estimates of chronic disease and high-risk health behaviors for the service area or the most accurate available geographic areas within the service area, using available California Health Interview Survey (CHIS) data, school fitness testing, reportable health events, and other data sources. The Data Warehouse also provided the most recent available estimates of demographic, educational attainment, and economic opportunity information for the service area.

Public health and health care leaders representing school districts, hospitals, clinics, county public health, nonprofit organizations, and funders participated in focus groups for Fresno and Madera counties. Five areas relevant to community health and well-being—economy and education, uninsured and access to health care, chronic disease prevention and management, mental health, and culturally and linguistically appropriate services for children, youth, and families—were used to identify conditions and opportunities in each area that support or inhibit community health and well-being, the policies or practices needed to change these, and the priorities for action.

KEY FINDINGS FROM THE 2010 CHNA

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

Economy and Education:

- According to the California Employment Development Department, Labor Market Information Division, the unemployment rate in 2010 in Fresno, Madera, and Kings counties was 16.9%, on average 4.6% above the statewide average.
- According to the U.S. Census Bureau, the percent of the total population living below 100% of the federal poverty level (FPL) in Fresno, Madera, Tulare, and Kings counties was 21.6%, on average 7.2% higher than the statewide average.
- The percent of young adults without a high school diploma was 11% higher than the statewide average of 19.2%, in all four counties.

Uninsured and Access to Health Care:

- According to 2009 estimates, more than 486,717 residents (29.8% of the population) in Tulare, Fresno, Kings, and Madera counties do not have health insurance, which is more than the statewide average of 23.8%. Madera County had the largest total number of uninsured residents, with 38% of nonelderly adults and children uninsured all or part of the year. The rate of job-based coverage in Madera County was relatively low, at 34.4%.
- Focus group input suggests there is a need to increase awareness of children's school-based needs for medical services. Support of school-based health centers and staffing continues to be a challenge.

Chronic Disease:

- While there has been success in educating people about diabetes, asthma, obesity, and chronic disease, challenges related to management and maintenance continue. A lack of access to culturally and linguistically appropriate services is due to lack of funding and support to sustain and manage adults and children with chronic conditions.
- According to CHIS 2007, the percentage of adults reporting diabetes in Tulare, Fresno, Kings, and Madera counties was 1.5% more than the statewide average of 7.8%. In California, 26% of the population reported a diagnosis of

hypertension; in Fresno, Madera, and Tulare counties the rate is 2% higher. The percent of residents in Madera diagnosed with heart disease was more than 2% higher than the statewide average of 6%. In Fresno, Kings, and Madera counties, the rate of asthma is 3% more than the statewide average of 13%.

- In the KFH-Fresno service area, Latino children were at higher risk for hospitalization for asthma and diabetes. They also have higher rates of bronchitis and appendicitis. African Americans are at least twice as likely to be hospitalized for hypertension, asthma, diabetes, and mental health-related conditions as Whites.
- Obesity remains a challenge underlying many prevalent chronic diseases. Risk behavior data for adults and seniors in the service area show higher rates for being overweight or obese and having a sedentary lifestyle than rates for the state.
- Students in Fresno and Tulare counties have Healthy Fitness Zone (HFZ) rates similar to California students on six out of six fitness standards. However, the percentage of Kings County students (especially 5th graders) who did not achieve the HFZ in six out of six fitness standards was an average of 6% higher than students statewide. The percentage of Madera County 5th graders who did not achieve the HFZ was 5% higher than 5th graders statewide, on one out of the six standards. For Madera County's 9th graders, the percentage was an average of 5% higher than statewide on two out of the six fitness standards.

Mental Health:

- Focus group input suggests there is a tremendous need to address mental health issues at the school and family level. Children and their families impacted by mental health problems have multiple risk factors, including family violence, substance abuse, health issues, and poverty, which contribute to family dysfunction.
- Lack of system capacity to meet these needs continues to be a huge challenge. Data on the serious emotional disturbance (SED) and serious mental illness (SMI) population groups and psychiatric caseloads suggest that additional psychiatrists may be needed to meet the needs of unserved SED/SMI population groups.
- Approximately 13,702 Fresno, Madera, Kings, and Tulare county residents are homeless; 20.8%, or 2,850, are seriously mentally ill. There are approximately 7,494 homeless people in Fresno, and approximately 1,559 are believed to suffer from serious mental illness.

Culturally and Linguistically Appropriate Services:

- Access to culturally and linguistically appropriate services continues to be a challenge for people residing in the KFH-Fresno service area. Cultural and language limitation negatively impacts an individual's ability to comfortably access health care and properly take medication or manage a chronic illness. Of the 1.6 million people living in the Central Valley, nearly 40% are Latino and the 50,000 Hmong people represent one-half of the total Hmong population in the United States. A survey designed to understand the health and prenatal care beliefs, practices, and needs of Central California Hmong women 18 to 35 and men 18 to 45 revealed the persistence of linguistic barriers for 91.2% of participants.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-FRESNO SERVICE AREA

1. Access to health insurance coverage and health care services
2. Obesity rates
3. Chronic disease prevention and management
4. Workforce development

2012 YEAR-END RESULTS

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

Linguistic and cultural diversity, the rural environment, and the public health infrastructure continue to impact access to health care, preventive health care, mental health, and dental health for low-income families and children in the KFH-Fresno service area. The 2010 CHNA further indicates challenges in preparing the health system infrastructure for significant growth in the number of insured as a result of the new health care law. Continued insurance coverage and health care access for the undocumented also are challenges. KFH-Fresno is experienced in serving the greater population, which is in need of appropriate health care, through community partnerships. KFH-Fresno continues to participate in several government-subsidized health coverage programs that benefit adults and children in its service area.

2012 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.

2012 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. Support outreach, enrollment, retention, and utilization efforts with the provision of grant funding and/or technical assistance.
4. Support early screening, referral assessment, and intervention services for uninsured and underinsured adults and children.
5. Participate in collaborative efforts to maximize services for low-income adults and children.
6. Leverage Kaiser Permanente resources to provide basic technical assistance (TA) and training support (i.e., conference speakers, presenters, and health education material).
7. Work with safety-net and school health partners to identify future TA needs.
8. Leverage Kaiser Permanente resources to support access to health care and social services through the KFH-Fresno Free Surgery Program, and the use of an in-house application and enrollment process.

TARGET POPULATION

Immigrants, refugees, and residents of low-income neighborhoods in the KFH-Fresno service area; underserved rural residents; and children and youths at risk for poor health outcomes.

COMMUNITY PARTNERS

Community partners include Buddhist Tzu Chi Medical Foundation (Tzu Chi) USA; Central Valley Children's Services Network, Centro Binacional para el Desarrollo Indígena Oaxaqueño, Inc. (CBDIO); Clinica Sierra Vista; Central, Clovis, Fresno(FUSD), and Kings Canyon (KCUSD) unified school districts; Comprehensive Youth Services; Darin M. Camarena Health Centers, Inc. (DMCHC); Comprehensive Youth Services; Exceptional Parents Unlimited (EPU); Fresno Barrios Unidos; Fresno County Children's Health Initiative; Fresno County Department of Public Health; The Foundation @ Fresno County Office of Education (FCOE); Fresno Hospital Council; Marjaree Mason Center; and United Health Centers of the San Joaquin.

2012 YEAR-END RESULTS

- Tzu Chi is an organization of volunteers that provides uninsured and underserved populations with services, including free monthly health clinics, health education, resource referral, emergency relief, care for the elderly, assistance to the homeless, and distribution of books and school supplies to schoolchildren. KFH-Fresno provided a \$50,000 grant to support 15 free health clinics and weekly mobile medical clinics in rural areas. More than 1,500 patients have accessed 5,578 services, and 206 patients received referrals for more comprehensive care. Health education is expanding at Tzu Chi, with the objective of helping the 47% of clinic patients who have diabetes and hypertension learn to better manage their chronic conditions. More than 300 volunteer hours were provided by KFH-Fresno providers, including Elvira Sabangan, RN; Minerva Mangulabnan, RN; Tamarra Barigian, RN; Dawn Silva, RN; Alma Aldrete, RN; Adeyinka Sangokoya, RN; Ani Sanikian, RN; Antoinette Combs, RN; Dawn Celeste Bernard, RN; Rosalinda Benitez, RN; Yolanda Moran, RN; Vicki Harris, NP, Pediatrics; Miye Arikawa, Pharmacy; Dana Determen, NP, and Daniel Crogan, MD, Dermatology; and Win Myint, MD, Chunxia Li, MD, Joan Clark, NP, and Siew Lin Wong, NP, Adult Medicine.
- Established in 1980, DMCHC is a federally funded community/migrant health center in Madera County originally designed to be a comprehensive, licensed primary care clinic serving low-income, medically underserved, and uninsured populations, including farmworkers and their families. KFH-Fresno continued its support of DMCHC's insurance enrollment program with a \$30,000 grant. To date, insurance enrollment specialists have assisted 3,217 patients, successfully enrolled 1,817 into publicly subsidized programs or its sliding fee program, and helped 491 maintain health coverage through recertification. Additional grant goals include streamlining enrollment processes to include expanded utilization of One E-App or a similar product and continued improvement of patient tracking processes. KFH-Fresno Compliance & Privacy Officer Patty Thompson and Monica Ansejo-Wilhite, RN, are DMCHC board members.
- The Foundation @ FCOE is committed to extending greater opportunities to Fresno County students, with an emphasis on closing the achievement gap. The fundraising arm of FCOE, the foundation serves 32 school districts and roughly 195,000 students. A \$25,000 grant to the foundation helps support an oral health program managed by FCOE health services, which provides consultation, collaboration, coordination, and in-service training on health and environmental issues affecting students, staff, schools, and the community. Areas of assistance include mandated screenings, immunizations, substance abuse, AIDS, medically fragile students, alternative education, communicable diseases, blood-borne pathogens exposure control plans, employee wellness, nutrition, child abuse, policies and procedures, and staff development for school district nurses. The grant funds simple, preventive dental treatments and education for students who don't have Denti-Cal or other dental insurance resources and would likely not get services otherwise. Expected outcomes include lowering dental cavities and providing better understanding of general oral health to 200 students. KFH-Fresno Public Affairs Director Rob Veneski was a foundation board member in 2012.
- KCUSD is a K–12 public school system serving approximately 10,000 students in a 600-square-mile area, including the cities of Reedley and Orange Cove, and the foothill and mountain communities of Navelencia, Squaw Valley, Dunlap, and Miramonte. The district currently employs approximately 1,000 adults and includes an at-risk infant program, a preschool, 12 elementary schools, three middle schools, three high schools, an alternative education program, and an adult education program. KFH-Fresno provided \$35,000 to support a bilingual community liaison at KCUSD's new school-based health center, which will serve 6,400 students and families who lack access to health care, and provide immunizations, screenings, and required physicals, as well as treatment and therapies for asthma, childhood obesity issues, diabetes, and other health issues prevalent throughout the valley. The liaison's primary role is to assist parents with accessing appropriate health services and health coverage for their children.
- Serving families with children up to age 26 who have a variety of disabilities, EPU is staffed by parents of special-needs children who are trained to provide support and education to families seeking to ensure that their children's needs are met within the family, school, and community. Approximately 800 families receive a wide range of services each week. In 2009, in response to narrower eligibility criteria for infants receiving early intervention services in California, EPU created Gentle Start, a program that offers a wide range of services for infants and toddlers 0 to 3 who are at medical and developmental risk for learning, behavioral, and developmental challenges. KFH-Fresno supported the program with a \$32,500 grant to provide 175 high-risk infants and toddlers access to screening, assessment, monitoring, and early intervention; provide high-risk infants and toddlers with speech delays access to the Tot Talk language-rich play groups; refer high-risk infants and toddlers to additional and ongoing services if their developmental screening indicates

a continuing need; and strengthen referral relationships with local hospitals that have intermediate and intensive care nurseries. KFH-Fresno Area Safety Leader Raed M. Khoury is on EPU's board of directors.

- KFH-Fresno continues to provide linkages to Kaiser Permanente resources to support health initiatives within its service area:
 - KFH-Fresno providers volunteered 66 hours to offer free health physicals to more than 200 students in FUSD, the fourth-largest school district in California, serving more than 73,000 students. Provider volunteers included pediatricians Aimee Simbre, MD, Sheena Gordon, MD, Lorraine Lopez, MD, and Jose Rendon, MD; Adult Medicine physicians Jesus Rodriguez, MD, Leng Thao, MD, Valerie Tavares, MD, Karuna Kem, MD, Angela Kuo, MD, and Assistant Physician-in-Chief and Chief of Dermatology Ken Ellzey, MD.
 - For more than 25 years, Kaiser Permanente has brought health education to our communities through Educational Theatre Programs (ETP). Using music, comedy, and drama, these live theatre productions are offered to schools and communities free of charge in each of Kaiser Permanente's eight regions. In 2012, ETP performed in front of 6,686 people in 15 schools in the KFH-Fresno Service Area.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

1. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and Kaiser Permanente Child Health Plan); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.
2. Provide charity care through MFA and maximize efficiencies.
3. Support outreach efforts to increase enrollment, retention, and utilization efforts, through grant funding and/or TA.
4. Support health screening, referral assessment, and intervention services for uninsured and underinsured adults and children.
5. Partner with schools, community-based organizations, and other funding agencies to create a strategic alignment that supports access to health insurance and health services for students.
6. Leverage Kaiser Permanente resources to provide basic TA and training support (i.e., conference speakers, presenters, and health education material).

MONITORING PROGRESS OF 2013 STRATEGIES

To evaluate progress and success in achieving the stated goals, KFH-Fresno will track the number of individuals enrolled in KFHP/H Charitable Coverage Programs; the number of people applying for and receiving MFA; the number of newly enrolled people receiving health insurance and resource assistance; the number of grants funded; total dollars provided in grants; grantee evaluations measuring impact of grants; and the type of Kaiser Permanente resources used to leverage grants.

PRIORITIZED NEED II: OBESITY RATES

Obesity remains a challenge that underlies many prevalent chronic diseases. Data for risk behaviors of adults and seniors in the service area show higher proportions of overweight or obese individuals and sedentary lifestyles for adults and seniors than statewide estimates. Participants in the 2010 CHNA forums indicated that families continue to face challenges in accessing safe places to play and be active, obtaining healthy and affordable food, and, in some areas, accessing clean and safe drinking water. KFH-Fresno continues to be a collaborative partner with community and regional programs working on policy, environmental, and organizational changes to accomplish the following 2012 goals.

2012 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, worksites).

2012 STRATEGIES

1. Support greater access to water and nutrient-rich beverages in schools.
2. Support improved access to fresh fruits, vegetables, and healthy food in institutional and community settings.
3. Support health education, nutrition, wellness, and physical activity programs in schools and during out-of-school time.
4. Support efforts to provide safe places for children, families, and seniors to be physically active (joint use between schools and communities, safe routes to school, etc.).
5. Continue to participate with KFH-Fresno area school districts to develop strategies to increase fresh, healthy choices for student breakfast, lunch, and vending machine offerings.
6. Support programs that engage residents in improving community health habits.
7. Promote Kaiser Permanente resources to community agencies.
8. Use KPcares.org to recruit volunteers to partner with community programs.

TARGET POPULATION

School-age children and youth, residents living in areas with high incidence of obesity as indicated in the 2010 CHNA, underserved rural residents, children and youth at risk for poor health outcomes, and seniors.

COMMUNITY PARTNERS

Community partners include California Teaching Fellows Foundation; DMCHC; Center for Multicultural Cooperation (CMC); Central, Fresno (FUSD), Kerman, Madera, and Sanger unified school districts; Central Valley Children's Partnership; Central Valley Health Network (CVHN); Central Valley Health and Nutrition Collaborative; Children's Hospital Central California; City of Madera; City of Selma; Community Food Bank; FCOE; Fresno County Department of Public Health; Fresno Metro Ministry (Metro); iCan Junior Triathlon; Childhood Obesity Prevention Task Force; Kings County Department of Public Health; Madera Health Department; Off the Front (OTF); Reading and Beyond; The California Endowment; The Children's Movement of Fresno County; UC Cooperative Extension; and area schools.

2012 YEAR-END RESULTS

- California Teaching Fellows Foundation (CTFF), which originated in the Kremen School of Education and Human Development at California State University, Fresno (CSUF), was founded in 2004 to increase opportunities for Fresno's culturally diverse college students to work in low-income schools to gain paid, early field experience in educational settings, increase academic achievement of K–12 students, and build a college-going culture among the youth served. CSUF continues to collaborate in student recruitment and professional development. Each day, more than 750 college students serve more than 15,000 K–12 students throughout Fresno County school districts. In 2012, KFH-Fresno supported CTFF's work with a \$35,000 grant for Central Unified School District's Central Enrichment Summer Activities (CESA), a program designed to expand health, wellness, and nutrition services for 100 middle school students enrolled in CESA. A total of 420 participants experienced a minimum of 60 minutes of daily physical activity, including dance, swimming, walking, jogging, team sports, stretching, and calisthenics. Culinary classes taught the value of nutrition, the importance of eating five or more servings of fruits and vegetables daily, the food pyramid, and how to decipher food

labels, and helped students create individual eating plans appropriate for their body mass index. Pedometers were issued, and students tracked their daily and weekly activity progress.

- In September 2011, Fresno County Department of Public Health received a Community Transformation Grant (CTG) for Capacity Building from the Centers for Disease Control and Prevention (CDC). A coalition of Fresno County groups convened to lay the groundwork for the CTG efforts and identified four specific issues: tobacco-free living; healthy eating and active living; safe and healthy physical environments; and clinical preventive services. Youth coalition members are helping to create and maintain healthy and positive social changes. Over the past year, these young people have advised CTG members on issues relating directly to youth, conducted a series of surveys with county residents, and completed a Photo voice project to highlight opportunities and barriers that exist and affect community health. To support CTG efforts, CMC received \$3,500 to create an interactive tool to showcase youth involvement and leadership; to create an effective and personal way for county residents to understand the importance of safe and healthy physical environments; to engage residents in the process of community transformation; and to create a tool for the CTG coalition to use as it works to create safer and healthier physical environments. In addition to funding CMC, KFH-Fresno has been a collaborative partner in Fresno County's CTG policy scan and strategic planning through the involvement of Community Benefit/Community Health Manager Ivonne Der Torosian.
- Created by the faith community to provide ministry service, Metro has advocated for systems and policy changes throughout its 41-year history and works primarily with underserved, low-income, and ethnically diverse communities. KFH-Fresno awarded \$29,986 to Metro to reestablish the Coordinated School Health (CSH) Committee as the lead entity for improving health throughout FUSD. Key objectives for the CSH revitalization grant include implementation, monitoring, and evaluation of the application of FUSD's School Wellness Policy; collaboration with FUSD to prioritize the eight components of CSH, which are part of the policy; and engaging parents and youth as lead representatives on the committee to achieve policy sustainability. KFH-Fresno Physical Therapist Andrea DeZubriais on the CSH committee.
- KFH-Fresno service area continues to struggle with high unemployment, and residents experience one of California's highest food hardship rates, with more than 22% of low-income households experiencing food insecurity. KFH-Fresno continues to partner with Fresno Community Food Bank to increase access to and consumption of fresh fruits and vegetables and healthy, shelf-stable items to rural areas of Fresno, Madera, and Kings counties, providing a \$50,000 grant to help expand the food bank's mobile pantry food distribution route from 7 to 10 sites per month. The food bank aims for a total of 120 distributions per year and distribution of 1.2 million pounds of food to 96,000 people. In addition to financial support, 64 KFH-Fresno volunteers helped distribute 30,000 pounds of food to 672 families during the MLK Day of Service and 31 helped assemble more than 500 meal boxes for the holidays. KFH-Fresno Area Quality Leader Celia Ryan is a Fresno Community Food Bank board member.
- Launched in December 2010, Fresno Food System Alliance (FSA) leads the way in creating new relationships in the community and new thinking about food and farming in America's most important agricultural county. FSA has mapped an agenda for taking farm-to-school programs to all school districts in the county, tackling tough issues like water and agricultural labor, and is increasingly engaged in improving access to healthy foods in the Fresno area. In October 2012, FSA held its monthly meeting at the KFH-Fresno Medical Center. In attendance were FSA members from Fresno County Department of Public Health, Fresno County Farm Bureau, Central California Regional Obesity Prevention Program, Fresno County Economic Opportunities Commission, and local growers. Kaiser Permanente's Director of National Nutrition Services, Procurement & Supply, Jan C. Villarante, presented, highlighting Kaiser Permanente's vision for a healthy food system and commitment to a healthy, sustainable food supply, and helped answer questions about local produce sourcing. As a follow-up to the meeting, FSA received Kaiser Permanente's Healthy Picks criteria.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

1. Increase year-round access to fresh fruits, vegetables, and healthy food choices in community settings.
2. Increase access to safe places for children and families to be physically active.

3. Focus on policy and environmental change to make healthy eating and active living easier for service area residents.
4. Continue to partner with Fresno area school districts to support strategies that improve health and wellness, healthy meals, increased water access, and increased physical activity for students, community, and staff.
5. Support programs that engage and empower residents to improve community health.
6. Promote Kaiser Permanente resources to community agencies.

MONITORING PROGRESS OF 2013 STRATEGIES

To evaluate progress and success in achieving the stated goals, KFH-Fresno will track the number of strategies developed and implemented to increase healthy food, drink, and physical activity options in schools and in the community; the number of students and residents impacted by strategies; the number of grants funded; total dollars provided in grants; grantee evaluations measuring impact of grants; feedback provided by students and residents; and Kaiser Permanente resources used to leverage Kaiser Permanente grants.

PRIORITIZED NEED III: CHRONIC DISEASE PREVENTION AND MANAGEMENT

Despite success in increasing awareness of chronic conditions, including diabetes, asthma, and cardiovascular disease, the lack of access to culturally and linguistically appropriate services continues to be a challenge in supporting adults in managing their chronic conditions. Data from the 2010 CHNA indicates that Latinos and African Americans experience higher hospitalization rates due to unmanaged chronic conditions. Plus, cultural and language limitations in the Hmong community negatively impact the ability to comfortably access health care, properly take medication, or manage a chronic illness.

2012 GOAL

Improve the management of diabetes, asthma, and cardiovascular diseases, with an emphasis on serving adults and children living in rural communities and areas with high rates of chronic disease.

2012 STRATEGIES

1. Support programs that enhance and improve the health service experience through improved health literacy, communications, and interactions.
2. Support strategies that facilitate education and self-management in community settings (health care, home, work, and community-based organizations).
3. Continue to work with community stakeholders to identify, develop, and test strategies that promote effective care coordination for individuals with chronic conditions.
4. Use Kaiser Permanente resources to recruit volunteers, supplement health education information, and promote physical activity and decreased calorie consumption among youths, adults, and seniors.

TARGET POPULATION

Immigrants, refugees, school-age children and youth, and residents living in areas with high incidence of asthma, cardiovascular disease, and diabetes; and underserved rural residents, children and youth at risk for poor health outcomes, and seniors.

COMMUNITY PARTNERS

Community partners include American Lung Association, DMCHC, Central Valley Health and Nutrition Collaborative, Fresno Center for New Americans, Fresno County Department of Public Health, FCOE, FUSD, Kings County Department of Public Health, Madera County Public Health Department (MCPHD), and United Health Centers of the San Joaquin Valley (UHC).

2012 YEAR-END RESULTS

- Incorporated as a nonprofit organization in 1991 to respond to the growing needs of Southeast Asians (Cambodians, Hmong, Lao, and Vietnamese), Fresno Center for New Americans (FCNA) now also serves the needs of Russian and other former Soviet Union refugees in Fresno County. FCNA's scope of service includes providing resources to access education, employment, and social services. KFH-Fresno supported FCNA in addressing the immediate issues of chronic disease impacting the Southeast Asian community with a \$50,000 grant. The program established a pilot workgroup of providers to develop best practices for reaching and treating the Hmong community. During the grant period, the care of 15 patients with hypertension and diabetes will be tracked and best practices developed to assist providers in managing their care. Program participants will attend monthly workshops focused on a variety of topics, such as reducing stress, overcoming depression, managing diabetes, healthy eating, and the benefits of physical activity. Health education materials, podcasts, and curriculum are being translated into Hmong and redesigned to be understood by patients with limited or nonexistent reading skills. FCNA will also host talk shows on "Living with Chronic Illnesses" to reach more than 500 Hmong community members.
- Incorporated in January 1971, UHC, a private nonprofit organization with corporate offices in Parlier, has a primary aim of providing comprehensive medical, dental, and community health services to the medically underserved in central San Joaquin Valley. KFH-Fresno's \$50,000 grant supports UHC's Comprehensive Group Diabetes Education program, which was designed to sustain and enhance the current health education services being provided by incorporating comprehensive group health education that utilizes a culturally appropriate, American Diabetes Association–approved curriculum. Principle objectives are to offer regularly scheduled group classes that develop patient knowledge, skills, and motivation to control their diabetes; to identify and reach out to an estimated 360 patients with diabetes who don't comply with their treatment and/or chronic care plans; to assure that participating patients are up to date on their diabetes care guidelines (i.e., annual foot/retinal/depression screenings, current HbA1c, etc.); and to increase the target population's access to nutrition and health education.
- With a goal to prepare career-ready graduates through high-quality instruction, district programs and services, and targeted resources, FUSD serves more than 73,000 preschool through grade 12 students, of which 83% participate in free and reduced-price meals programs, 59% are socioeconomically disadvantaged, and 17,793 are English-language learners. FUSD's Asthma Management Program (AMP) includes goals to establish asthma-related policy and to reduce the frequency and severity of asthma symptoms and episodes in students. AMP utilizes asthma education and programs designed to improve asthma-related services to students and educate students, parents, and school staff (teachers, nurses, physical education teachers, and coaches) about asthma management and response. A \$70,000 grant from KFH-Fresno supports the continuation and expansion of these programs, initially funded by a grant from the Centers for Disease Control and Prevention. The KFH-Fresno grant addresses an identified gap in the delivery of health and health education services within FUSD by providing 1,114 students and parents, from seven elementary schools and 15 middle schools, with age-appropriate education regarding identification and management of asthma. The overall objective is to improve school attendance and, consequently, academic performance by eliminating the barriers to full participation in school-based activities that poorly managed asthma can create.
- Binacional Health Week (BHW) is an opportunity to mobilize community efforts to improve the health and well-being of underserved Latinos living in the United States and Canada. In 2012, BHW activities took place in Madera, in the heart of the HEAL (Healthy Eating Active Living) Zone project funded by Kaiser Permanente Northern California Region. To support BHW, two KFH-Fresno chronic disease educators, Lorena Ayala-Lawless, RN, and Liz Jimenez, RN, conducted a diabetes/hypertension workshop to parents at Sierra Vista Elementary School. Attendees received other Kaiser Permanente resources, including healthy goal-setting magnets, healthy tip sheets, and a Fast Food Nutrition Guide in English and Spanish.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

To evaluate the progress and success in achieving the stated goals, KFH-Fresno will track patient feedback on health service experience; the number of patients accessing health education; improved self-management of chronic conditions; improved individual health indicators; the number of grants funded; total dollars provided in grants; grantee evaluations measuring impact of grants; and the type of Kaiser Permanente resources used to leverage Kaiser Permanente grants.

PRIORITIZED NEED IV: WORKFORCE DEVELOPMENT

Despite regional efforts to improve economic development, many jobs continue to go unfilled because the pool of unemployed persons lacks the necessary skills. Low-income neighborhoods provide few, if any, resources for employment or opportunities for new Americans to develop skills that fit with job opportunities. The percentage of youth and young adults in the KFH-Fresno service area without a high school diploma remains higher than the statewide average, with Madera showing the highest percentage. KFH-Fresno continues to partner to impact the high school career pipelines and increase opportunities for unemployed and underemployed adults.

2012 GOAL

1. Increase academic and job skills readiness with an emphasis on serving at-risk youth.
2. Develop workforce capacity, job skills, and employment opportunities for adults.

2012 STRATEGIES

1. Support academic services to improve high school completion rates and career readiness among youth.
2. Support educational and training programs for low-income, low-skilled adults for careers in high-demand industries with an emphasis on health care careers.
3. Support workforce capacity improvement programs.
4. Support the health care workforce to promote cultural and linguistic competency training that is sensitive to the variations of diverse communities.
5. Find opportunities to link clinical and nonclinical staff to students interested in health care careers.

TARGET POPULATION

Unemployed and underemployed adults, at-risk youth in lower-performing schools, and residents of impoverished and low-income neighborhoods.

COMMUNITY PARTNERS

Community partners include Association of Mexican American Educators, California Health Collaborative, California Teaching Fellows Foundation, DMCHC, Court Appointed Special Advocates (CASA) of Fresno and Madera Counties, FCOE, Central and Fresno (FUSD) unified school districts, Reading and Beyond (R&B), San Joaquin Valley Workforce Funders Collaborative, The California Endowment, University of California, San Francisco's (UCSF) Fresno Latino Center for Medical Education and Research/Doctors Academy programs, and Children's Movement of Fresno County.

2012 YEAR-END RESULTS

- UCSF's Fresno Latino Center for Medical Education and Research founded and operates a unique K–16 program that addresses county, state, and national shortages of under-represented health professionals by providing an educational pipeline program for minority and disadvantaged students interested in pursuing a health career. KFH-Fresno continued its support of Doctors Academy (DA) with a \$40,000 grant to the Regents of the University of California for the Health Careers Opportunity Program (HCOP), which supports rural students entering college through the Fresno State Health Scholars Program or through the Alumni Support Program (for students attending a college or university other than

California State University, Fresno). The grant's overarching objective is to strengthen the transition of DA students from high school to college, strengthen the skills necessary for pre-med and allied health majors to help students perform well during the critical first two years of college, and help students ascend to more competitive academic levels as they prepare for graduate or health professions school admission. The grant aims to serve 401 students. In addition to grant support, KFH-Fresno clinical and nonclinical personnel volunteered on behalf of DA high school students, providing four students with 180 hours of nonpaid summer clinical and research internship opportunities. Sidney Carpenter, MD, Pathology; Lorraine Lopez, MD, and Aimee Simbre, MD, Pediatrics; and Nelson Rodriguez, MD, Adult Medicine, served as mentors. Medical Group Administrator Jose DeAnda, Care Experience Leader and STAR Leadership Director Katie Dill, RN, and Antoinette Coombs, RN, participated in the annual roundtable discussion with students.

- R&B serves low-income to poverty-level communities and provides programming for children 0 to 18, and their parents and families. A community-based grassroots organization, R&B has developed strategies and best practices to successfully touch even the most difficult-to-reach rural and urban families. KFH-Fresno provided a \$50,000 grant to support R&B's one-stop program, which has goals to expand to the Mosqueda and Dickey community centers and to provide job skills training, access to employment opportunities and resources, and wraparound services to 297 low-income older youth and adults. R&B leverages this support through partnerships with UC Cooperative Extension Service's Cal-Fresh program, Fresno County Economic Opportunities Commission, Tzu Chi, and FUSD's Men's Alliance program. KFH-Fresno's Katie Dill, RN, serves on the R&B board of directors.
- FUSD received a \$70,000 grant from KFH-Fresno to help expand Men's Alliance at seven high schools and Women's Alliance at two high schools. The programs target male and female students who demonstrate at-risk behaviors that leave them feeling disconnected from school and have suspension/expulsion incident rates that are significantly higher than that of the average FUSD student. Program goals include improved academic performance, graduation rates, school attendance and participation, and reduced behaviors that lead to suspension and expulsion. Participants receive and benefit from firsthand, real-world workplace experience, practices, and expectations in community and business settings. A total of 225 students will benefit from the Men's and Women's alliances.

2013 GOALS UPDATE

The 2013 goals will remain unchanged.

2013 STRATEGIES UPDATE

1. Increase access to strong programs for at-risk youth in at least one school district or two high schools during the 2013 school year.
2. Increase access to educational and training opportunities, and to wrap-around service support for low-income, low-skilled adults by supporting a minimum of one organization serving low-income people.
3. Support workforce capacity improvement programs in a minimum of two organizations serving the health needs of the KFH-Fresno service area.
4. Find opportunities to leverage Kaiser Permanente resources to promote cultural and linguistic competency, to promote Kaiser Permanente best practices in clinical and nonclinical settings, and to link clinical and nonclinical staff to students interested in health care careers training.

MONITORING PROGRESS OF 2013 STRATEGIES

To evaluate the progress and success in achieving the stated goals, KFH-Fresno will track the number of students enrolled in career readiness programs either in school or out of school; increased school attendance of target student population; the number of adults enrolled in and completing educational training programs; the number of adults able to enter the workforce as a result of training programs; the quality of workforce improvement processes (measured by the number of strategies that become operational, long-term practices); the number of grants awarded, total dollars provided in grants; grantee evaluations measuring impact of grants; and the type of Kaiser Permanente resources used to leverage Kaiser Permanente grants.

Table 1

KAISER FOUNDATION HOSPITAL-FRESNO

2012 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: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 3,639 |
| Medi-Cal Managed Care members | 4 |
| Healthy Families Program members | 4,603 |
| Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) ¹ members | 85 |
| Nursing Research projects (new, continuing, and completed) | 3 |
| Educational Theatre Programs – number of performances and workshops | 49 |
| Educational Theatre Programs – number of attendees (students and adults) | 6,686 |
| Graduate Medical Education – number of programs | 5 |
| Graduate Medical Education – number of affiliated and independent residents | 32 |
| Nurse practitioner and other nursing training and education beneficiaries | 29 |
| Deloras Jones nursing scholarship recipients | 2 |
| Other health professional training and education (non-MD) beneficiaries | 18 |
| Summer Youth and INROADS programs participants | 10 |
| Number of 2012 grants and donations made at the local and regional levels ² | 81 |

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

²The vast majority of regional grants impact three or more local hospitals. As such, a single regional grant may be included in the “Number of 2012 grants and donations” count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-FRESNO
COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$731,066 |
| Healthy Families ² | 1,235,501 |
| Charity care: Charitable Health Coverage programs ³ | 2,781,553 |
| Charity care: Medical Financial Assistance Program ⁴ | 2,934,243 |
| Grants and donations for medical services ⁵ | 689,119 |
| Subtotal | \$8,371,482 |
| Other Benefits for Vulnerable Populations | |
| Summer Youth and INROADS programs ⁶ | \$48,586 |
| Grants and donations for community-based programs ⁷ | 210,173 |
| Community Benefit administration and operations ⁸ | 308,707 |
| Subtotal | \$567,465 |
| Benefits for the Broader Community⁹ | |
| Community health education and promotion programs | \$9,629 |
| Educational Theatre Programs | 143,146 |
| Facility, supplies, and equipment (in-kind donations) ¹⁰ | 0 |
| Community Giving Campaign administrative expenses | 6,354 |
| Grants and donations for the broader community ¹¹ | 62,343 |
| National board of directors fund | 14,598 |
| Subtotal | \$236,070 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$152,025 |
| Non-MD provider education and training programs ¹² | 345,238 |
| Grants and donations for the education of health care professionals ¹³ | 267,407 |
| Health research | 2,453,847 |
| Subtotal | \$3,218,517 |
| Total Community Benefits Provided | \$12,393,534 |

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.

KAISER FOUNDATION HOSPITAL (KFH)-HAYWARD

27400 Hesperian Boulevard
 Hayward, CA 94545
 (510) 784-4000

The KFH-Hayward service area covers the southern part of Alameda County. The cities served include Castro Valley, Hayward (including the unincorporated areas of Ashland, Cherryland, and Fairview), San Leandro, San Lorenzo, and Union City.

COMMUNITY SNAPSHOT (*COUNTY-LEVEL DATA)

| | |
|-------------------------------|----------|
| Total population: | 432,168 |
| Median age:* | 36.1 |
| Average household income:* | \$70,217 |
| Percentage living in poverty: | 10.06% |
| Percentage unemployed: | 8.92% |
| Percentage uninsured: | 13.09% |

| | |
|-----------------------------|--------|
| White: | 27.84% |
| Latino: | 29.26% |
| African American: | 9.56% |
| Asian and Pacific Islander: | 28.18% |
| Native American: | 0.30% |
| Other: | 4.86% |

KEY STATISTICS

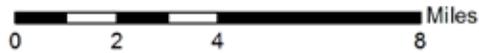
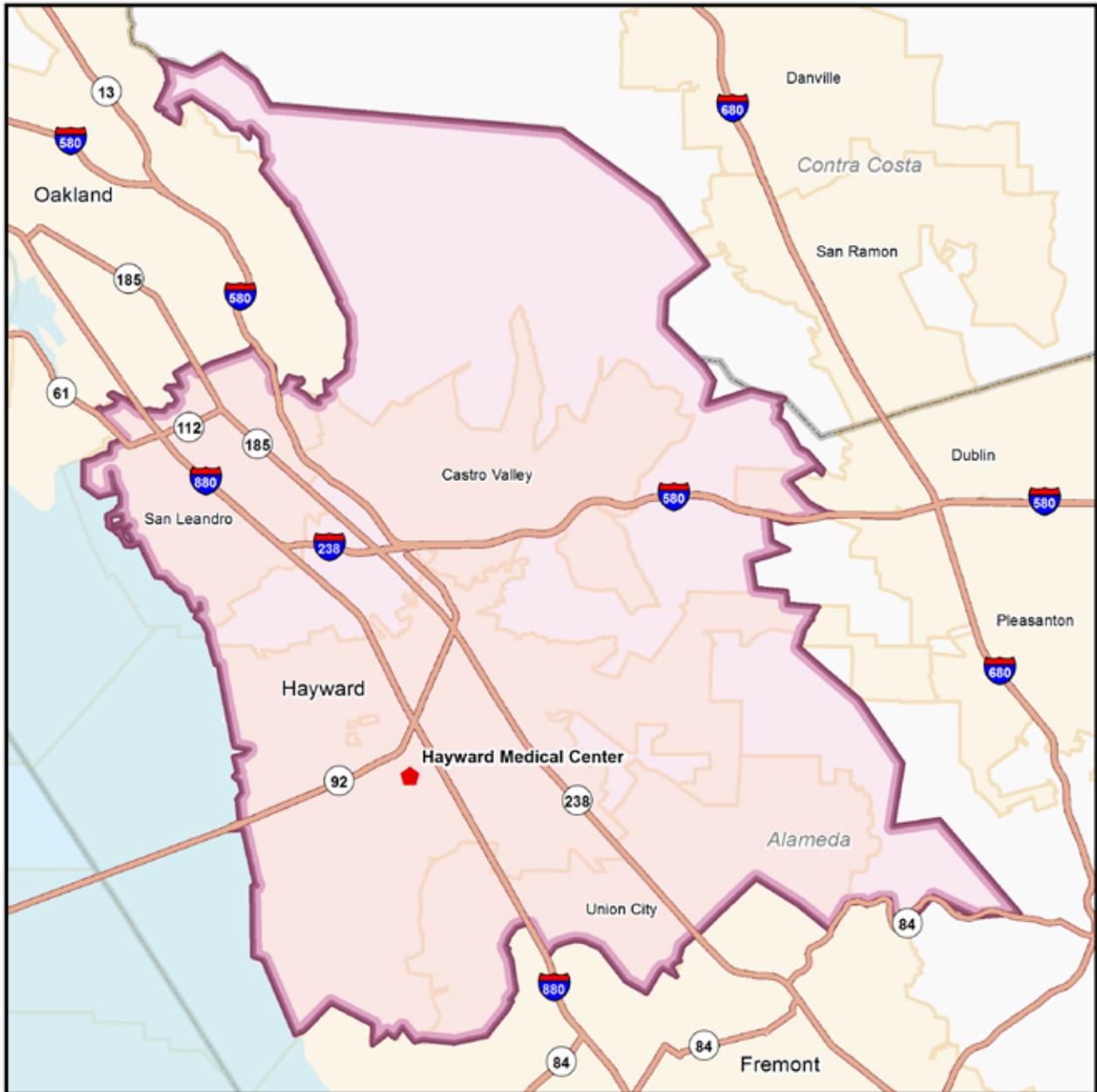
| | |
|-------------------------------------|---------|
| Year opened: | 1966 |
| KFH full-time equivalent personnel: | 1,246 |
| KFHP members in KFH service area: | 177,630 |

| | |
|------------------------|--------|
| Total licensed beds: | 213 |
| Inpatient days: | 41,715 |
| Emergency room visits: | 50,304 |

KEY LEADERSHIP AT KFH-HAYWARD

| | |
|----------------------|--|
| Tom Hanenburg | Senior Vice President and Area Manager |
| Debbie Hemker | Chief Operating Officer |
| Charles Thevnin | Area Finance Director |
| Robert Greenberg, MD | Physician in Chief |
| Victoria O’Gorman | Medical Group Administrator |
| Debra M. Lambert | Public Affairs Director |
| Arleen R. Carino | Community Benefit/Community Health Manager |

KFH Hayward Medical Center Area



- ◆ KFH Medical Center
- KFH Medical Center Area
- Cities and Towns
- County Boundary

Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
 Maps Produced by: the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES). March 2013.



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

Previous hospital collaborations to support the Alameda County CHNA have been successful, and KFH-Fremont and KFH-Hayward continue to participate in this partnership. In late 2008 and early 2009, Alameda County members of the Hospital Council of Northern and Central California conducted another countywide CHNA by contracting with the county's Community Assessment, Planning, and Education (CAPE) unit to complete the quantitative data collection and analysis. Participating hospitals—Alta Bates Summit Medical Center, Eden Medical Center, KFH-Oakland, KFH-Hayward, KFH-Fremont, St. Rose Hospital, Valley Care Health System, and Washington Hospital—worked in partnership with the Hospital Council to define specific demographic and health status measures for review and analysis and jointly reviewed and discussed the results. The KFH-Hayward Community Benefits Advisory Group (CBAG) used these findings to select the 2011–2013 priorities.

Community voices augmented data provided by CAPE via two mechanisms. Lavender Seniors, Tiburcio Vasquez Health Center Promotoras, and Filipino Advocates for Justice each conducted a PhotoVoice project. And Greater Southern Alameda Area (GSAA) Community Benefit consultant Nancy Shemick conducted two focus groups in southern Alameda County, one in Spanish with primarily monolingual community members at Tiburcio Vasquez Community Health Center and another composed primarily of immigrant Afghan residents. The GSAA CBAG used findings from CAPE, PhotoVoice, and the focus groups to identify the priority needs for KFH-Hayward's 2011–2013 Community Benefit Plan. Those recommendations were brought to GSAA leadership for discussion and ratification in late 2010.

KEY FINDINGS FROM THE 2010 CHNA

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

Teen Pregnancy and Births to Teen Mothers:

- Disparities between ethnic groups are marked. Latinos have the highest rates of teen births in the entire county, 7.4 times higher than Asian/Pacific Islander teens. African American teens had rates that were 4.9 times higher than Asian/Pacific Islander teens.

Injury:

- In southern Alameda County, the assault and homicide rates were highest in San Leandro.

Access to Preventive Health Care:

- Mortality due to lung cancer and colorectal cancer was highest in Ashland and Cherryland.
- Colorectal cancer incidence and mortality have both declined since the early 1990s; however, the mortality rate among Latinos has increased in recent years.
- Prostate cancer incidence is highest in Fairview.

Chronic Disease:

- Hayward, San Lorenzo, and Cherryland have the highest diabetes mortality rates.
- The highest coronary heart disease hospitalization rates are found in Hayward, and the highest mortality rates are found in Fairview.
- The highest stroke hospitalization rates are found in Hayward, and highest mortality rates are in Ashland and Fairview.

Overweight and Obesity:

- Hayward, San Leandro, San Lorenzo, and Union City have some of the highest obesity rates in the county.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-HAYWARD SERVICE AREA

1. Improve access to prevention and primary care services.
2. Reduce obesity and overweight in adults and children.
3. Reduce teen pregnancy rates.
4. Improve prevention and management of diabetes and cardiovascular disease.
5. Increase violence prevention and education.

2012 YEAR-END RESULTS

PRIORITIZED NEED I: IMPROVE ACCESS TO PREVENTION AND PRIMARY CARE SERVICES

In Alameda County, an estimated 12.6% of nonelderly adults were uninsured in 2005–2007. Adults under 25 were more than twice as likely to be uninsured compared to older adults. Almost one in four Latinos was uninsured, four times the percentage of uninsured whites. Asians/Pacific Islanders and African Americans also had more than double the uninsured rate as whites. Low-income noncitizens, those with limited English proficiency, and recent immigrants were much less likely to be insured than high-income U.S.-born citizens, the English proficient, and long-term immigrants. Oakland and Hayward had the highest uninsured rates in the county—one in five residents. Berkeley had the highest rate of uninsured children. Pleasanton had the lowest rate of uninsured children and nonelderly adults in the county.

Two-thirds of women in the county had received a mammogram in the last two years. Asian/Pacific Islander women were least likely to have a mammogram. Low-income women had the highest mammography screening rates of all income groups. Only one in four uninsured women had received a mammogram. Nearly 75% of adults had been screened for colorectal cancer. African Americans and Latinos had lower rates of colorectal cancer screening than other racial/ethnic groups. Seniors and the insured were substantially more likely to be screened for colorectal cancer than other groups. Only one in four men 40 years or older had received a prostate-specific antigen (PSA) test. Seniors were twice as likely as nonelderly men to have a PSA test. African American and white men had significantly higher PSA screening rates than Asian/Pacific Islander and Latino men. Access to prevention and screening services can identify prostate cancer in its earlier stages, helping to reduce the mortality rate.

2012 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.

2012 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. Through community grant making, GSAA will provide financial, technical assistance (TA) and capacity-building support to primary care providers who comprise the safety net of southern Alameda County.

TARGET POPULATION

Those at high risk for experiencing disparities in cancer rates. For example, Asians at risk for colon cancer in Union City.

COMMUNITY PARTNERS

Community partners included Hayward Unified School District (HUSD), Lavender Seniors of the East Bay (a Bay Area Community Services [BACS] project), Congregations Organizing for Renewal (COR), and the Tiburcio Vasquez Promotoras Advisory Committee.

2012 YEAR-END RESULTS

- Health Care Access for HUSD Families received a \$15,000 grant to provide access to prevention and primary care information to parents of HUSD students (pre-K to 6th grade), helping improve health outcomes for HUSD families. By the end of the project, 748 parents had participated in a series of health education workshops and events on disease prevention and primary care options coordinated by AmeriCorps volunteers and offered through the parent centers at all 21 HUSD elementary schools and one SIAC (Student and Information Center) preschool site. Survey results indicated

that nearly 20% of participating parents began to make positive changes toward a healthier lifestyle as a result of participating in the six-week session. According to the pretest, 375 of the participating parents, slightly more than half, scored as “not healthy,” based on their responses to questions about their eating and exercise habits. On the posttest, the number who ranked as “not healthy” had dropped to 306, which means that 69 parents, nearly 20%, measurably improved their health during the course of the project.

- Lavender Seniors of the East Bay, a BACS project, received a \$30,000 strategic grant (\$15,000 each from KFH-Hayward and KFH-Fremont) to increase the capacity of South Alameda County senior centers and health and human service providers to be more culturally responsive to the needs of LGBT elders by adopting appropriate standards of care, including policy, education, and visibly welcoming services for the prevention and early intervention of physical and mental health disparities as well as physical violence and verbal harassment. Prior to the mid-1970s, LGBT elders were considered sick criminals. As a result, many do not access supportive services, fear being “outed,” have limited peer or family support, and are at high risk for isolation and health disparities. The project implemented three strategies to enable marginalized LGBT elders at risk of health disparities and mistreatment by service providers to access services in a culturally appropriate environment. As part of this strategy, local data on knowledge about and attitudes toward LGBT elders were collected through a needs assessment survey of 156 consumers, staff, and volunteers at five southern Alameda County senior centers—Fremont, Hayward, Castro Valley, San Leandro, and Newark. Survey results indicated big gaps in staff knowledge about LGBT issues. Also, 14% of consumers did not know LGBT people or would not feel comfortable sharing activities with them. To address these gaps, training and TA were provided to four seniors centers (note: Newark refused to participate after the survey). Posttraining tests demonstrated that on average 96.6% of training participants increased their knowledge and awareness of LGBT aging issues and intervention strategies to improve services. Four centers implemented at least two standards of LGBT elder care, which improved access to services. The project also increased senior civic engagement because the goals and objectives were addressed through a coalition of 14 LGBT elders.
- COR received a \$15,000 grant (\$7,500 each from KFH-Hayward and KFH-Fremont) to expand health resource information and access resulting from the Alameda County Affordable Care Act (ACA) to low-income residents. Three health care fairs were conducted with member/partner congregations in primarily low-income communities of color. An event at Hayward’s Iglesia Cristiana Monte de Los Olivos, a primarily Latino congregation and community, drew 115 residents and community members, the majority of whom were immigrants and undocumented. Some of the more pressing concerns that arose during the event were related to access to primary care services and mental health issues. A second event, held in Fremont, attracted 150 participants from partner congregations and Fremont schools. At the last event, held in Hayward in conjunction with a deferred action event, students were educated on preventive care options and ACA, and California Dreamers were assisted in applying for the Deferred Action. The fair raised awareness for more than 150 immigrant high school and college students. The health access events and surveys revealed a great need for more community education about existing health care services, ACA, and additional health-related matters. This is a high-priority need in communities of color and in immigrant communities where under- and unemployment and crime rates are high.
- GSAA staff participated in the Tiburcio Vasquez community health center’s promotoras advisory committee, serving as a technical resource for the promotoras on strategies to increase community awareness about accessing primary care medical services at the health center.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

1. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and Kaiser Permanente Child Health Plan); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.
2. Provide charity care through the MFA policy and maximize efficiencies.

3. Provide grants to community-based organizations such as safety-net providers, to increase access to health care services for vulnerable, low-income, and uninsured individuals and to educate patients on the importance of early screening and detection.
4. Provide operational and physician support to Operation Access at KFH-Hayward, KFH-Fremont, and the KFH-Union City medical offices.
5. Share bilingual health education materials focusing on the importance of early detection and screening.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Hayward will track the number of grants; the total dollars provided in grants; the number of people reached through grants; the number of projects shared among grantees; the number and types of policies adopted as a result of this work; the number of community members educated and/or who make purchases from healthier food vendors, such as farmers markets; the number of people reached through combined efforts; the number of hours and other resources contributed by Government Relations staff; the number of participants trained on policy development and advocacy; and the number of KFH-Hayward employees and physicians who participate in coalitions.

PRIORITIZED NEED II: REDUCE OBESITY AND OVERWEIGHT IN ADULTS AND CHILDREN

Obesity and overweight have been recognized in recent years as a national epidemic with severe health consequences for both adults and children. Adults who are obese or overweight are more likely to be depressed and have chronic diseases such as arthritis, breathing problems, diabetes, certain types of cancer, heart disease, and stroke. It has been estimated that half of overweight schoolchildren will remain overweight as adults. Being overweight in childhood has been linked to health problems that can last into adulthood, including poor heart health, type 2 diabetes, and impaired mental health. In Alameda County, CHIS data show that 18% of adults are obese and another 34% are overweight; and obesity rates are much higher for African Americans (29%) and Latinos (23%). Studies measuring obesity among children in Alameda County found rates ranging from 16% of those 12 to 19 to 27% of 5th, 7th, and 9th graders.

2012 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).

2012 STRATEGIES

1. Support multicultural coalitions that create capacity to impact local policy on making healthy foods accessible. Work in conjunction with East Bay Area on countywide coalitions. Collaborate with Alameda County Parks and Recreation Department, Alameda County Office of Education, Alameda County Public Health Department, and others.
2. Provide grant funding to multicultural coalitions to support advocacy training that creates capacity to impact local policies on the built environment (i.e., use of green space, parks, safe routes to school, and walkable communities).
3. Leverage Kaiser Permanente Government Relations resources to consult and train on policy and advocacy development with grantees.
4. KFH-Hayward staff and physicians participate in obesity coalition(s) within the service area.

TARGET POPULATION

Overweight children, especially low-income and vulnerable children in Hayward, Union City, San Leandro, and San Lorenzo.

COMMUNITY PARTNERS

Community partners include Hayward Unified School District (HUSD), Alameda County Deputy Sheriff's Activity League (DSAL), and Community Child Care Council of Alameda County (4Cs).

2012 YEAR-END RESULTS

- Through a \$20,000 grant to Alameda County (DSAL, the multiagency Prescribe to Thrive partnership enabled health care professionals to prescribe fitness and recreation programs to youth and their families as preventive medicine. This was accomplished by providing a platform that allowed recreation, fitness, nutrition, health care, mental health, and public safety agencies to join forces to establish free or low-cost fitness and recreation activities for the maximum number of youth in Alameda County's underserved unincorporated communities; and by establishing a robust, multiagency referral (or prescription) system to help ensure that youth struggling to overcome obesity and other health problems do not fall between the cracks and are included in fitness activities that are enjoyable and sustainable. Local safety-net clinical partners issued "fitness prescriptions" to more than 200 students, encouraging them to participate, via the Prescribe to Thrive partnership, in one or more of the following options: boxing, personal fitness, yoga, a basketball league, or volleyball. Fifty participants made follow-up visits to their clinicians to compare their current health status to what it was prior to engaging in DSAL's menu of recreation and fitness options. The program has become increasingly popular and close to 1,200 youth regularly participate in two or more DSAL activity menu items.
- HUSD received a \$10,000 grant for Teen Fit Chef, a program designed to help reduce the obesity trend and educate students on the fundamentals of a healthy lifestyle through nutrition and exercise. One goal was to target Hayward High School, a high-need, high-poverty high school. HUSD engaged 106 students in after-school instruction in nutrition, cooking, and fitness. The second goal reached an additional 143 unduplicated students in the after-school program through cooking demonstrations and brief nutrition education lessons. HUSD recruited 80 Hayward High School students enrolled in the after-school program to participate in the Teen Fit Chef culinary academy. Teen Fit Chef participants shared their nutrition and exercise knowledge with fellow students through peer discussions and cooking demonstrations. KFH-Hayward pediatrician Paul Espinas, MD, taught one of the healthy eating, active living classes. By the end of the project, students demonstrated increased knowledge about healthy eating and exercise:
 - 90% indicated they have the knowledge to accurately read food labels.
 - 90% exercised for 20–30 minutes three or more days a week.
 - 95% were eating fruit and vegetables three or more days a week.
 - 81% are walking to or from school.
 - 77% are cooking for themselves or their families; and 14% are eating fast food three or more times per week.
 - Students had a marked improvement in their understanding of the role of nutrition and exercise in managing weight, and reducing obesity and the long-term risks of potentially life-threatening diseases.
 - Most students reported that they were cooking more with their families at home and reading food labels.
- 4Cs received a \$14,000 grant (\$7,000 each from KFH-Hayward and KFH-Fremont) to develop nutrition and physical activity policies that encourage healthy lifestyles and prevent overweight and obesity in child care programs. The Child Care Obesity Prevention Policies project focused on the development and adoption of written food service, child feeding, and physical activity policies and practices that support obesity prevention among providers in southern Alameda County. 4Cs provided training and resources to 18 child care programs and 600 parents and staff serving 350 children. Child care providers benefited from the project by learning how to assess current feeding and food service practices and physical activity programs and identify areas of improvement and concern. Using best practices as guidance, policies were developed to address areas of concern. Over time, these policies, which encourage healthy lifestyles and prevent overweight and obesity, will have a long-lasting effect on countless children in the child care system.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Hayward will track the number of grants; the total dollars provided in grants; the number of people reached through grants; the number of projects shared among grantees; the number and types of policies adopted as a result of this work; the number of community members educated and/or who make purchases from healthier food vendors, such as farmers markets; the number of people reached through combined efforts; the number of hours and other resources contributed by Government Relations staff; the number of participants trained on policy development and advocacy; and the number of KFH-Hayward employees and physicians who participate in coalitions.

PRIORITIZED NEED III: REDUCE TEEN PREGNANCY RATES

Although teen births have decreased overall in the last 10 years, Alameda County's teen birthrate of 26.5 per 1,000 females 15 to 19 remains unacceptable. According to the Alameda County Report, the highest-risk groups are African Americans and Latinos in Cherryland, Ashland, and Hayward. Because the teen pregnancy rate may be twice as high as the birthrate, we know that teens are still not practicing birth control and are at higher risk for sexually transmitted infections (STIs).

2012 GOAL

Decrease risk factors and increase protective factors that decrease unprotected teen sex and teen pregnancy rates.

2012 STRATEGIES

1. Provide grant funding to organizations such as Newark Memorial High School (NMHS) to increase the ability of families to communicate about teen health, teen pregnancy, and sexual and reproductive health, and to promote policies that support families and communities in creating an encouraging, safe environment that promotes and facilitates knowledge and communication about teen pregnancy and overall sexual and reproductive health.
2. Provide grant support for programs that provide young men and women with culturally competent and linguistically appropriate tools and education to help them make informed and healthy decisions to avoid risky sexual behaviors that lead to teen pregnancy, STIs, and HIV/AIDS.
3. Provide grant support to community-based organizations and coalitions that focus on enhancing sexual health education to include healthy relationships, the pursuit of education, the role of young men and women in preventing teen pregnancy, and a more complete understanding of the implications that teen pregnancy and childbearing have for young men and women, their families, and their communities.
4. KFH-Hayward staff members participate in countywide Teen Pregnancy Prevention Coalition (Alameda Health Care Services Agency, Alameda County Public Health Department, Asian Health Services, and Girls, Inc.).
5. Strategic grant funding to Tri-City Health Center for the Teen Center at NMHS.

TARGET POPULATION

Male and female adolescents and their parents.

COMMUNITY PARTNERS

Community partners include Brighter Beginnings, Hayward Unified School District (HUSD), Tiburcio Vasquez Health Center and its Promotoras Advisory Committee, and Hayward Promise Neighborhood project.

2012 YEAR-END RESULTS

- A \$15,000 grant to HUSD was awarded to help teens build healthy relationships and to help parents of 6th graders learn how they can help their child build healthy relationships and avoid teen pregnancy. By the end of the project, 51 parents had participated in informational workshops that exposed them to local and county health statistics about teen pregnancy and taught them about related resources. All of the parents received relevant information and resource materials, increased their knowledge about the health issues and other concerns surrounding teen pregnancy, and also increased their knowledge about the importance of communicating with their child about healthy relationships. Surveys, conducted in English and Spanish, which measured the level of parent awareness upon completion of the workshop, showed that 32 participants (60%) reported an increase in knowledge about teen pregnancy and the characteristics of a healthy relationship and that 23% reported that they now have one-on-one talks with their child about these issues. This is consistent with anecdotal responses reported by program staff. During the workshop, parents expressed that teen pregnancy was a key concern, but many were reluctant to address these issues with their child. However, during the workshop series discussions, many realized that they themselves had gotten relationship information informally from friends, not their own parents, and that this initial information had often been inaccurate. This drove home the need to change this pattern and learn how to communicate with their teens about relationship issues.
- Tiburcio Vasquez Health Center, a Federally Qualified Health Center (FQHC) caring for the medically underserved in the Hayward area, received a \$20,000 grant to build awareness of teen pregnancy prevention and health resources for youth using a peer-led model to reach other youth and their parents. Health center staff from James Logan and Tennyson high schools provided training on teen pregnancy and STI prevention to 90 youth who will become peer educators on their respective high school campuses. Focusing on 9th graders, health center health educators and the youth peer educators led presentations on teen pregnancy prevention, reaching 1,413 students at the two high school campuses. Nearly all of the students who received teen pregnancy prevention services are able to identify James Logan Health Center as their primary site for birth control and STI/HIV prevention. A teen parenting panel was also conducted to share firsthand experiences from teen parents. Eleven pregnant and parenting teens from HUSD and New Haven Unified School District (NHUSD) made up the panel and addressed 719 youth attendees on the challenges/barriers of being a teen parent and the benefits of delaying teen parenthood. The health educators and peer educators assisted with individualized family planning education, pregnancy testing, and counseling for 319 James Logan and Tennyson students who were drawn from the school presentations, self-referrals, and community outreach and requested these services. As a result of the peer educators' efforts, health center staff registered more than 730 students who wanted to be health center patients. These students will go to the health center to complete their family planning visits and registration process. The parent coordinator worked with 35 Spanish-speaking parents in weekly structured sessions to teach them effective strategies to communicate with their children about delaying sexual activity, STI/HIV prevention, and available community resources, including the Tennyson Health Center. A Café Parent Group was also created to empower and educate Latino parents, thereby building stronger families and healthier children. It was also a safe space for Latino parents to discuss their issues or concerns on a weekly basis and provided a sense of community and support. As measured by pre- and postsurveys, 35 Café parents reported an increase in positive parenting strategies, including effective communication and disciplining.
- Brighter Beginnings, a nonprofit community education resource center that manages The Be Wise program, received a \$20,000 grant to increase male responsibility in teen pregnancy prevention. Since 1984, Brighter Beginnings' Family Strengthening Centers have used a holistic view of developing healthy families with a broad array of programs that help clients cope with multiple personal, familial, and economic problems. The organization has created a robust collaboration with like-minded agencies to give client-families access to vital services such as health care, child care, housing, education, job training and employment, and monetary aid and temporary benefits. Be Wise was able to reach 29 male residents at Camp Sweeney, a 24-hour residential facility for youth mandated to attend by juvenile court. At the end of each three-month Wise Guys series, posttest surveys showed that 75% of participants increased their knowledge of healthy sexual attitudes and behavior as well as the risks and consequences of sexual involvement. Be Wise had a second goal of educating and training eight pregnant or parenting students at William P. Burke Academy through a collaborative program run by the County Office of Education that provides expectant and parenting teens with multilevel support at a single site. Be Wise educated and trained a total of 16 peer educators; 92% of whom were more comfortable talking about birth control and presenting to a group and more knowledgeable about teen pregnancy prevention, specifically barrier birth control methods, such as the female condom and diaphragm, which many young

people are unfamiliar with. With a third goal of increasing knowledge about pregnancy prevention and the responsibilities of parenting, Be Wise worked with 90 students at KIPP King Collegiate High School. Teen parent peer educators reached more than 240 students at four different class presentations at KIPP King, providing information and resources about safer sex, birth control methods, and teen pregnancy and STI prevention. Three Brighter Beginnings teen fathers also attended the presentations and spoke about being a teen parent from a father's perspective. Of those reached during the KIPP King peer educator classroom presentations, 99% reported knowing how important it is to use safer sex practices to protect themselves from STIs and HIV and from getting pregnant; 90% reported feeling well informed about the different ways they can keep themselves safe from STIs and HIV and from getting pregnant; and 92% stated that the presentation was personally valuable to them.

- GSAA is an active participant in the Hayward Promise Neighborhood project, which has a goal that includes a Cradle to Career Education Reform Network to support an educational program that is relevant to youth who are at highest risk for poor academic performance, dropping out of school, and getting pregnant in their teens.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Hayward will track the number of grants; the total dollars provided in grants; the number of students and other reached through grants; the number of KFH-Hayward representatives who participate in the Teen Pregnancy Prevention Coalition; and the number of people reached through the coalition's work.

PRIORITIZED NEED IV: IMPROVE PREVENTION AND MANAGEMENT OF DIABETES AND CARDIOVASCULAR DISEASE

Diabetes requires rigorous management to reduce the risk of serious complications and premature death. It contributes to a variety of medical problems, including heart disease, stroke, high blood pressure, blindness, kidney disease, diseases of the nervous system, amputations, dental problems, and complications during pregnancy. Risk factors for diabetes include poor diet, lack of physical activity, and being overweight or obese. In Alameda County, 7.8% of adults had diabetes in 2007. African Americans (11.8%) were twice as likely to have diabetes as Latinos (5.7%). Education is an important aspect of socioeconomic status and a strong determinant of health. In Alameda County, adults with a high school education or less (11.1%) were almost twice as likely to have diabetes as those with a high school degree or higher (6.1%). The age-adjusted diabetes mortality rates are highest in Hayward at 31.7 per 100,000, followed by San Lorenzo and Cherryland.

From 2006 to 2008, there were 40,111 coronary heart disease–related hospitalizations in Alameda County. Although the Healthy People 2010 goal is fewer than 50 deaths per 100,000, the coronary heart disease mortality rates ranged from a low of 61.8 to a high of 154.7 in Fairview. In addition to Fairview, Union City had the highest rates in the county. Hospitalizations for stroke-related illness totaled 18,725 from 2006 to 2008. The rate was four times higher for African Americans than for other groups in the county. Hayward and Union City experienced rates of 484.4 and 447.1, respectively.

2012 GOALS

1. Improve prevention of diabetes and cardiovascular disease.
2. Increase the ability of patients, families, and communities to manage the risk of acquiring complications due to diabetes and cardiovascular disease.

2012 STRATEGIES

1. Provide grants to community-based organizations to increase access to preventive health care services for vulnerable, low-income, and uninsured individuals who may be at risk of diabetes and cardiovascular disease.
2. Leverage Kaiser Permanente prevention expertise, including health education and prevention materials and strategies on lifestyle changes, targeting families, community agencies, coalitions, and safety-net providers.
3. Provide grants to community agencies, safety-net providers, schools, and others to help them educate and inform target audiences on diabetes and cardiovascular disease prevention.
4. Leverage Kaiser Permanente chronic care management expertise, including health education, materials, and strategies on lifestyle changes, to support families, community agencies, and safety-net providers.
5. Leverage Kaiser Permanente clinical programs and best practices such as PHASE (Prevent Heart Attacks and Strokes Everyday) and ALL (Aspirin, Lisinopril, and Lovastatin).

TARGET POPULATION

Adults with or at risk for diabetes and cardiovascular disease, particularly Pacific Islanders, African Americans, and Latinos.

COMMUNITY PARTNERS

Community partners include Spectrum Community Services, Inc.; LIFT-Levántate; and Hayward Unified School District (HUSD).

2012 YEAR-END RESULTS

- Spectrum Community Services received a \$15,000 grant (\$7,500 each from KFH-Hayward and KFH-Fremont) to help seniors prevent or manage cardiovascular disease and attain a healthy weight. Spectrum helps low-income and disadvantaged individuals, families, and seniors live independently. The program provided cardiorespiratory exercise and cardio health education in regular group class sessions to 403 older adults. In addition, these same older adults were encouraged to engage in cardiorespiratory exercise (combined with strength, mobility, and balance exercise) outside class. The instructor provided education about target heart rates and taught participants to find and calculate their heart rates. Participants routinely checked these rates before and after class. Spectrum also conducted four workshops on topics key to cardiovascular health, including treatments, medications, and healthy weight for 256 participants at three sites. A physician's assistant (PA) emphasized the importance of cardiovascular health and the value of monitoring blood pressure on a regular basis. All attendees received blood pressure screenings to see if they were within target rates, and several had elevated readings that were unexpected. In each case, the participant had the opportunity for a one-on-one discussion with the PA. In nearly every case, the PA advised them to see their doctor as soon as possible to determine if a problem existed and if treatment was needed.
- LIFT-Levántate received a \$15,000 grant (\$7,500 each from KFH-Hayward and KFH-Fremont) for Health Heroes Summer Camp, a collaborative project that enables low-income youth to become peer educators who adopt and become advocates for healthy life choices specifically related to diabetes prevention. A nonprofit organization, LIFT's mission is to educate and motivate children and families to engage in healthy activities, with a specific focus on proper nutrition, gardening, physical activity, chronic illness, and positive life choices. With this grant, LIFT provided a free, multicultural summer camp for low-income, underserved youth in San Leandro most at risk for overweight, obesity, and diabetes. Latino, African American, and Asian youth were engaged in culturally appropriate project-based learning and collaborative learning activities to develop the skills and confidence to become health advocates and peer educators in their communities, schools, and families. Guest educators included Jeff Ritterman, MD, a KFH-Richmond physician who discussed the Richmond Soda Tax Initiative, community engagement strategies, and advocacy on behalf of public health issues; and KFH-Oakland physician and administrator Preston Maring, MD, who spoke about Health Champions and effectively using farmers markets. The first goal of this grant was educational. The health educators facilitated hands-on experiments and projects, including learning to read food labels and how to debunk false marketing claims, to help participants become informed consumers. Youth were trained and learned to present the Sugar Savvy, ReThink

Your Drink, and Take Back the Tap curriculums. Semipro athletes with type 1 diabetes showed campers how to lead active, healthy lives while facing steeper challenges than their peers.

The second project goal was to raise awareness in low-income communities about the risks of type 2 diabetes. During summer camp, 22 participants received extensive training in the risks, causes, myths, and realities of preventing type 2 diabetes and management strategies to support healthy lifestyles and to reduce the possibilities of suffering from this chronic disease. Youth worked closely with certified diabetes educators and diabetics on staff to measure blood glucose throughout the day; learn how diet, activity, stress, and other lifestyle behaviors increase or reduce the risk of developing type 2 diabetes; and what the environmental factors are in their own communities, schools, and homes that impact the disease. In addition, campers learned how the skills and information they gained could be utilized to bring awareness and engage schools and families in prevention activities throughout the year. For example, students learned how to increase access to healthy, affordable food in their communities; how to motivate peers to engage in fun physical activities; how families could create support structures; and how they could be models for healthy choices and catalysts for positive change. And participants indicated that they were making healthier nutrition and physical activity choices:

- . 92% of participants reported drinking more water and less sugary beverages.
- . 50% of participants reported that they started cooking more at home with their families.
- . 67% of participants reported that they started playing more actively since attending camp.
- . Three campers said they posted their ReThink Your Drink posters in their homes and in the kitchen.
- . One camper went home, calculated the number of teaspoons in the liter soda bottle in the refrigerator, and then told her family why it was not a healthy option to drink and that water is better
- . HUSD received a \$10,000 grant to connect seniors with schoolchildren for the Walking Grannies Diabetes and Cardiovascular Health Project. Teams of four senior volunteers (“walking grannies”), recruited from exercise classes at local senior centers, were assigned to each school and engaged 201 elementary school students in regular exercise and information sessions during recess. The goal was to raise awareness about the importance of exercise in fostering good health, maintaining healthy body weight, and preventing and managing diabetes and cardiovascular disease. At each school, individual walking club sessions were held back to back, at the early and late recesses, twice a week. For each 40- to 60-minute session, two seniors worked with the students and the other two handled attendance records, logged laps, and other administrative tasks. The pairs would then switch for the next class. The outcomes included:
 - o At the start of the fall 2012 session, most students could walk only one or two laps (each lap was approximately a quarter mile). By the end of the session, 95% of students could walk 10 to 12 laps per session (2 to 3 miles) and many had started jogging.
 - o Postsession surveys showed that the majority of students answered yes to the question about whether or not they believed walking at least twice a week could help them lead a healthier life, which demonstrated a change in attitude toward physical exercise and a greater knowledge of the benefits of physical exercise.
 - o By the end of fall session, the majority of students indicated that during the past week they had gone outside for physical activity (outside school hours) either two or three or four or five times per week, as opposed to zero or one or two or three times a week before the program.
 - o By the end of the project, the percentage of students who stated that their family now participates in some form of group exercise, such as walking together, had doubled or even tripled.
 - o By the end of the project, there was a dramatic increase in the number of students at all sites who reported that their family now provided them with healthy snacks, showing the impact of the project’s nutritional component.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Hayward will track the number of grants; the total dollars provided in grants; the number of providers who receive information on best practices; the number of families, community agencies, coalitions, and safety-net providers who receive materials and expertise on prevention methods and approaches and learn nationally recognized standards and guidelines (such as PHASE/ALL); the number of people reached through grants; and the number of patients and their families who receive education and information.

PRIORITIZED NEED V: INCREASE VIOLENCE PREVENTION AND EDUCATION

Violence, including assault and homicide, is a major public health problem in the United States. Suicide, homicide, and assault account for most intentional injuries. The Healthy People 2010 target for mortality rates due to assault and homicide is 2.8 or fewer homicides per 100,000. Alameda County has an overall rate of 10.7, while Hayward's rate is 6.9 and San Leandro's is 13.2. Almost 75% of these deaths are due to guns. The African American homicide rate (43.8) was significantly higher than that of any other racial or ethnic group in Alameda County. There were 15,089 emergency department visits for assault-related injuries between 2006 and 2008. Rates in San Leandro (385.3) and Hayward (372.7) were higher than the Alameda County rate of 328.6. Juvenile probation data indicates that Hayward as a whole has a juvenile probation rate of 15.2/1000, which is 42% above the 10.8/1000 countywide rate.

2012 GOALS

1. Decrease risk factors and increase protective factors among youth to decrease aggressive behavior, self-harm, inappropriate coping behaviors, poor social relationships, and violence.
2. Decrease risk factors and increase protective factors related to domestic violence especially with at-risk populations.

2012 STRATEGIES

1. Provide grants to community-based organizations to support skill-building support groups for identified at-risk youth in school and community settings that work to reduce the impact of multiple risk factors, enhance protective factors, and involve families in supporting youth involvement and success. These include, but are not limited to, law enforcement, community coalitions, high schools, teen health clinics, counseling centers, health centers, youth activity centers, community health centers, juvenile detention facilities, youth shelters, and faith institutions.
2. KFH-Hayward representatives participate in coalitions and efforts such as the Tattoo Removal Project.
3. Provide operational and physician support at KFH-Fremont and KFH-Hayward for the Tattoo Removal Project.
4. Provide grants to community-based organizations (such as SAVE and Building Futures for Women and Children), faith-based institutions, ethnicity-based institutions, and safety-net providers to support domestic violence awareness and prevention.
5. Share bilingual health education materials that focus on the importance of early detection and screening. Leverage Kaiser Permanente resources (such as the Domestic Violence Advisory Group) to share best practices with community-based organizations.

COMMUNITY PARTNERS

Community partners include Soulciety, Passion Society, Eden Youth and Family Center's (EYFC) New Start Tattoo Removal Program, and Hayward Promise Neighborhood.

2012 YEAR-END RESULTS

- Soulciety received a \$15,000 grant for Lost and Found, a program that educates students on violence prevention and empowers them to discover creative outlets through academic and creative arts activities, motivational assemblies, after-school programs, social media, and mentorship. Soulciety is a Hayward-based agency with a mission to enrich and empower the lives of at-risk and underprivileged youth and other community members by promoting physical,

mental, and emotional growth and well-being. Soulciety implements a multiservice approach that includes job placement and training, leadership development, innovative mentorship, creative growth, health awareness, and community service to guide youth becoming productive, effective leaders while serving their community. Lost and Found, a youth-led program, serves at-risk junior high school students in Hayward and San Lorenzo. Through assemblies and rallies, Lost and Found mentors discuss ways youth can deal with bullying and other violent behaviors. Mentors learn anger management techniques from a marriage and family therapist (MFT) and a certified anger management instructor. These techniques are used to help equip high-risk youth with tools necessary to prevent violent behaviors. An online social networking group was established to engage youth in positive, motivational conversations that further equip them to avoid cyberbullying and provide a forum for expression. The MFT and certified anger management instructor taught a series of anger management and de-escalation workshops to equip a group of high school mentors with violence reduction tools and to train them as peer role models. Nine mentors coordinated and facilitated five assemblies at Bohannon, Ochoa, and Washington Manor middle schools, reaching 800 to 900 students, to promote violence prevention through motivational speaking, anger management and communication skills, and helping students find creative outlets. The mentors coordinated an after-school arts program at two middle schools, providing positive alternatives to violence and guidance in developing a creative outlet; 60 high-risk students participated. These mentors also coordinated and facilitated a tutoring program for students at four middle schools.

Regular communication with teachers helped assess the needs of high-risk students and develop mechanisms to address those needs. Of the 60 participants, 50 improved their attendance (83%) and 48 improved their academic performance. Mentors developed and implemented an interactive social media campaign, posting three discussion threads per week that addressed the nine elements of effective bully prevention to reduce cyberbullying and to promote violence prevention through education and awareness. Posttests of 62 youth at four schools revealed that 81% increased their implementation of cyberbullying prevention techniques.

- Passion Society received a \$15,000 grant (\$7,500 each from KFH-Hayward and KFH-Fremont) for its innovative Youth for Peace (Y4P) project, which integrates conventional and social media and peace marches, rallies, and summits, powered by youth leadership, to spread the message of peace. Passion Society was established in 2003 to help children and young adults find and develop their passion for arts and music. The grant supported youth in developing a social media plan to promote the key messages they identified to educate their peers about violence. The original plan was to utilize Passion Society and Y4P's existing social media sites, but the youth decided it was more authentic to use their own social networks to reach out to their peers, family, and friends. Fifteen youth completed six training sessions and developed a social media plan that includes an article on www.patch.com as well as pages on Twitter, Facebook, and YouTube. Y4P implemented the social media plan, which resulted in two or three high-definition videos and 10 Flip Cam interviews on YouTube, three online/print media stories, two radio interviews, and one television interview. More than 50 youth participated in the videos. Promotion efforts yielded 300 to 5,000 Facebook friends and 50 to 12,000 Twitter followers. Y4P wanted to show that while violence is viewed differently by different people, everyone is affected by it—whether they are a victim or bystander or know someone who is. Many of the interviews are raw, uncut, and unscripted.
- Eden Youth and Family Center's (EYFC) Southern Alameda County New Start Tattoo Removal Program received a \$50,000 strategic grant (\$25,000 each from KFH-Hayward and KFH-Fremont) to provide a viable option for youth 13 to 25 who want to distance themselves from gang and/or drug involvement. By providing laser treatments to remove visible tattoos, the program allows young people to reintegrate into society. Youth outreach workers and tattoo removal program graduates target hard-to-reach youth, many of whom are currently involved in at-risk behavior and gang and/or drug lifestyles, with resources, intervention services, and recruitment into the tattoo removal program. Through participation in monthly support groups and volunteer commitments (youth must complete a 50-hour volunteer commitment to be eligible for the program), participants find peer support, exposure to healthy life alternatives, increased self-esteem, positive career and social development outcomes, and safe separation from their past lives. The project allowed 150 youth to participate in EYFC's New Start Tattoo Removal Program, which provided access to bimonthly laser treatments, access to real-world work experience through volunteer commitments, monthly peer support groups, and resources to make the transition out of the gang and/or drug lifestyle and to become productive members of society. New Start, a collaborative partnership with KFH-Hayward, St. Rose Hospital, and EYFC, utilizes volunteer nursing and medical staff for tattoo removal. Treatment takes place on a bimonthly rotating schedule at KFH-Hayward, KFH-Fremont, and St. Rose's Silva Clinic at the EYFC campus. Each session accommodated approximately 30 youth.

- To tackle the special needs of juvenile probationers, GSAA partners with Hayward Promise Neighborhood to support a safer park system, improve access to free library services, mitigate bullying and harassment in school settings, and revitalize a Neighborhood Watch system.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Hayward will track the number of grants; the total dollars provided in grants; the number of people reached through grants; the number of KFH-Hayward representatives who participate in coalitions; the number of people reached through coalition work; and the number of locations where health education materials are distributed.

Table 1

KAISER FOUNDATION HOSPITAL-HAYWARD

2012 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: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members | 5 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 2,956 |
| Medi-Cal Managed Care members | 6,188 |
| Healthy Families Program members | 4,828 |
| Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) ¹ members | 61 |
| Operation Access – number of procedures ² (including general surgery, ophthalmology, gastroenterology, dermatology, plastic surgery, colorectal, optometry, and orthopedics) | 261 |
| Operation Access – number of medical volunteers ² | 129 |
| Operation Access – number of medical volunteer hours ² | 1,137 |
| Health Research projects (new, continuing, and completed) | 2 |
| Nursing Research projects (new, continuing, and completed) | 7 |
| Educational Theatre Programs – number of performances and workshops | 148 |
| Educational Theatre Programs – number of attendees (students and adults) | 28,025 |
| Graduate Medical Education – number of programs | 3 |
| Graduate Medical Education – number of affiliated and independent residents | 16 |
| Nurse practitioner and other nursing training and education beneficiaries | 41 |
| Deloras Jones nursing scholarship recipients | 2 |
| Other health professional training and education (non-MD) beneficiaries | 39 |
| Summer Youth and INROADS programs participants | 14 |
| Number of 2012 grants and donations made at the local and regional levels ³ | 126 |

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

²Because KFH-Hayward and KFH-Fremont share a hospital license, Operation Access data for these facilities is combined and includes data for the KFH-Union City medical offices, located in Greater Southern Alameda Area.

³The vast majority of regional grants impact three or more local hospitals. As such, a single regional grant may be included in the “Number of 2012 grants and donations” count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-HAYWARD

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$10,977,189 |
| Healthy Families ² | 2,533,612 |
| Charity care: Charitable Health Coverage programs ³ | 2,227,740 |
| Charity care: Medical Financial Assistance Program ⁴ | 2,897,140 |
| Grants and donations for medical services ⁵ | 446,952 |
| Subtotal | \$19,082,634 |
| Other Benefits for Vulnerable Populations | |
| Summer Youth and INROADS programs ⁶ | \$68,020 |
| Grants and donations for community-based programs ⁷ | 136,231 |
| Community Benefit administration and operations ⁸ | 518,576 |
| Subtotal | \$722,827 |
| Benefits for the Broader Community⁹ | |
| Community health education and promotion programs | \$16,077 |
| Educational Theatre Programs | 386,495 |
| Facility, supplies, and equipment (in-kind donations) ¹⁰ | 20,157 |
| Community Giving Campaign administrative expenses | 10,609 |
| Grants and donations for the broader community ¹¹ | 41,911 |
| National board of directors fund | 24,373 |
| Subtotal | \$499,622 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$234,145 |
| Non-MD provider education and training programs ¹² | 1,000,213 |
| Grants and donations for the education of health care professionals ¹³ | 569,915 |
| Health research | 4,116,730 |
| Subtotal | \$5,921,003 |
| Total Community Benefits Provided | \$26,226,086 |

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.

KAISER FOUNDATION HOSPITAL (KFH)-IRVINE

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The KFH-Irvine service area includes the communities of Aliso Viejo, Balboa Island, Capistrano Beach, Corona Del Mar, Costa Mesa, Coto de Caza, Dana Point, El Toro, Foothill Ranch, Fountain Valley, Huntington Beach, Irvine, Irvine Hills, Ladera Ranch, a section of Lake Elsinore, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest, Midway City, Mission Viejo, Newport Beach, Newport Coast, Rancho Santa Margarita, San Clemente, San Juan Capistrano, Seal Beach, South Laguna, Sunset Beach, Trabuco Canyon, and Westminster.

COMMUNITY SNAPSHOT (2010 COMMUNITY HEALTH NEEDS ASSESSMENT FOR KFH-IRVINE)

| | |
|-------------------------------|-----------|
| Total population: | 3,091,673 |
| Median age: | 36.8 |
| Median household income: | \$101,692 |
| Percentage living in poverty: | 10.7% |
| Percentage unemployed: | 9.3% |
| Percentage uninsured: | 17.8% |

| | |
|-----------------------------|------|
| White: | 45% |
| Latino: | 33% |
| Asian and Pacific Islander: | 16% |
| Other: | 3% |
| African American: | 2% |
| Native American: | 0.3% |

KEY FACILITY STATISTICS

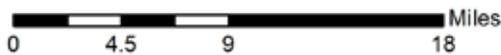
| | |
|-------------------------------------|---------|
| Year opened: | 2008 |
| KFH full-time equivalent personnel: | 915 |
| KFHP members in KFH service area: | 168,202 |

| | |
|------------------------|--------|
| Total licensed beds: | 150 |
| Inpatient days: | 44,482 |
| Emergency room visits: | 38,003 |

KEY LEADERSHIP AT KFH-IRVINE

| | |
|-----------------------|--|
| Julie Miller-Phipps | Senior Vice President and Executive Director |
| Nancy Gin, MD | Area Medical Director |
| Karen Tejcka | Chief Administrative Officer |
| Melvin Benner | Area Finance Director |
| John E. Stratman, Jr. | Senior Director, Public Affairs and Brand Communications |
| Cheryl Vargo | Senior Community Benefit Health Specialist |

KFH Orange County - Irvine Medical Center Area



- KFH Medical Center
- KFH Medical Center Area
- Cities and Towns
- County Boundary

Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
Maps Produced by: the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES). March 2013.



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

Jointly funded by the Health Care Agency of Orange County, Children and Families Commission, CalOptima, and the nine-member Orange County Hospital Association of Southern California (HASC), the Orange County Health Needs Assessment (OCHNA) is a community-based, not-for-profit collaborative created and designed to meet SB 697 requirements. Owing to the economic downturn, county hospitals and government partners were unable to provide adequate funding to conduct the random digit-dial telephone survey of 5,000 households for the Orange County 2010 CHNA. A CHNA plan was developed that used a mixed-mode approach to data collection, including a trend analysis of four previous OCHNA health needs surveys (1998, 2001, 2004, and 2007) and additional primary data from the Census Bureau's American Community Survey (ACS) and California Health Interview Survey (CHIS). Population estimates for OCHNA 1998 and 2001 were updated with the state's latest Department of Finance estimates, so these new estimates will differ from county estimates provided in previous OCHNA reports. In addition, OCHNA incorporated objective/secondary data sources, demographics, and census data. As a source of qualitative data, OCHNA administered an online key informant survey of community-based organizations, foundations, health advocates, community clinics, local political/policy leaders, public health organizations, and other hospitals. Data came from numerous sources cited within the report, including Department of Finance, 2010 Census estimates by Nielsen Claritas, Orange County Health Care Agency, and Healthy People 2020 (used as benchmarks).

KEY FINDINGS FROM THE 2010 CHNA

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

Health Care Access and Coverage:

- Residents (of all ages) in Santa Ana were more than twice (36.1% vs. 17.8%) as likely not to have health care coverage as the general population of Orange County. [Source: U.S. Census Bureau, 2009 ACS]
- According to the 2009 ACS, the rate of uncovered children 0 to 17 was almost three times (3.5% vs. 10.4%) the 2007 OCHNA child estimate, and the adults 18 and older noncoverage rate was more than double (20.3% vs. 9.1%) the OCHNA 2007 estimate. [Sources: U.S. Census Bureau, 2009 ACS; and OCHNA 2007]
- Older adults 65 and older had the lowest rates of noncoverage (2.4%, or an estimated 8,260), while those 18 to 24 had the highest rate of noncoverage (31.8%, or an estimated 279,427). [Source: U.S. Census Bureau, 2009 ACS]
- Approximately one out of every three adults in the service area lacked dental, vision, and mental health care coverage. [Source: OCHNA 2007]
- 20.3% (43,710) of children 0 to 5 in the service area had public health care coverage, which may include Medi-Cal or Healthy Families. 54.5% (205,275) of older adults (65 and older) had Medicare coverage, while an additional 2.8% (10,619) had Medi-Cal coverage. [Source: U.S. Census Bureau, 2009 ACS]
- Access to health care when a child needs it is a topic of concern for parents who often find themselves in an ER when their regular source of care is not available. About one in three (33.4%, or an estimated 222,948) parents indicated that their child's health care provider *does not* offer evening or weekend hours; and 2.1% (46,828) of adults utilized the ER for routine health care. With regard to ER usage, there were no significant race/ethnicity differences. [Source: OCHNA 2007]
- 37.0% (658,420) of adults reported that their provider did not offer health care services in the evenings or on weekends. One in 10 adults (10.3%, or an estimated 76,837) in the service area did not have a routine checkup in more than five years. [Source: OCHNA 2007]

Obesity, Nutrition, and Exercise:

- In 2004, 51.8% of adults were overweight or obese in the service area. In 2007, the percent of overweight/obese adults in the service area grew to 53.5%, an increase of 3.3%. [Source: OCHNA 2001–2007]

- The service area *did not meet* the Healthy People 2020 objective of 14.6% of children and adolescents who are overweight (\geq 95th percentile on the BMI-for-age growth charts); 16.7% (88,814) were overweight in 2007, 2.1 percentage points *more* than the HP 2020 objective. [Source: OCHNA 2007]
- White and Hispanic/Latino are the two largest race/ethnic groups in the service area: 35.6% (83,175) of Hispanic/Latino children 2 to 17 were overweight or at risk of overweight, compared to 26.4% (52,490) of white children 2 to 17. 36.1% (9,010) of Vietnamese children were overweight (\geq 95th percentile) or at risk of overweight (85th to < 95th percentile), a higher percentage than other Asian/Pacific Islander children, 23.4% (9,752) of whom were overweight or at risk. [Source: OCHNA 2007]
- It was determined that 55.8% (586,890) of white adults and 60.6% (337,564) of Hispanic/Latino adults in the service area were overweight or obese. Vietnamese adults had higher rates of obesity than other Asian/Pacific Islander adults. 53.3% (30,963) of Vietnamese adults were overweight or obese, compared to only 30.3% (53,400) of non-Vietnamese Asian adults. [Source: OCHNA 2007]
- Public school students in grades 5, 7, and 9 are required to take the California Physical Fitness Test (PFT), which assesses students on six fitness standards: aerobic capacity, body composition, flexibility, abdominal, trunk, and upper body strength. PFT pass rates are determined for all Orange County school districts. In the 2008–2009 school year, 34.5% (12,355 students) of 5th graders, 43.7% (16,182 students) of 7th graders, and 45.0% (17,273 students) of 9th graders met all of the six fitness standards countywide. [Source: California Department of Education Dataquest]
- Among adults 18 and older in the service area, 46.1% (990,093) reported that they did not eat five servings of fruits and vegetables per day. Of this group, 5.3% (52,799) indicated that fruits and vegetables were too expensive, and 7.3% (72,688) indicated that they were not sure what a serving is or did not know how to select fruits and vegetables to eat. [Source: OCHNA 2007]

Major and Chronic Diseases:

- 27.9% (654,239) of adults in the service area indicated that they had an ongoing or a serious health problem, like heart disease, arthritis, or a mental health condition that requires frequent medical care, such as regular doctor visits and/or daily medications. [Source: OCHNA 2007]
- Heart disease was the leading cause of death in Orange County in 2008, followed by cancer. [Source: State of California, Department of Public Health, Vital Statistics Query System]
- Asthma is the leading type of chronic illness in children. In the service area, 9.4% (75,514) of children 0 to 17 had asthma in 2007. [Source: OCHNA 2007]
- Among children and adolescents with asthma, 46.4% were Hispanic/Latino and 31.4% were white. [Source: OCHNA 2007]
- The California Cancer Registry and American Cancer Society's *2010 California Cancer Facts and Figures* report estimated 11,000 new cases of cancer in Orange County during 2010. [Source: State of California, Department of Public Health, California Cancer Registry]
- In the OCHNA 2004 survey, 7.3% (161,025) of adults 18 and older in the service area reported that they had diabetes. According to CHIS 2009, 7.7% of adults 18 and older reported that they had diabetes.
- Higher percentages of diabetes are related to lower household income. While 4.5% (28,332) of adults with annual household income of \$75,000 or more have diabetes, 8.9% (23,477) of adults with less than \$25,000 annual household income have diabetes. [Source: OCHNA 2004] According to CHIS 2009, 9.5% of adults with annual household incomes of \$50,000 or below had diabetes, compared to 3.2% of adults with annual household incomes above \$50,000.
- Of adults in the service area who had diabetes in 2004, 9.5% (14,151) were normal weight, 47.5% (70,911) were overweight, and 43.0% (64,223) were obese. According to CHIS 2009, 17.4% of adults with diabetes were of normal weight, 48.4% of adults with diabetes were overweight, and 34.2% of adults with diabetes were obese.

- The *2008 OCHCA Health Indicators Report* presented a countywide HIV/AIDS incidence rate of 17.95 per 100,000 population from 2005 to 2007 (1,649 cases).

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-IRVINE SERVICE AREA

1. Access to health care coverage and health care services
2. Reducing obesity and the onset and complications of diabetes management
3. Chronic disease prevention, education, and management

2012 YEAR-END RESULTS

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

According to the 2010 OCHNA, ethnic/minority populations throughout Orange County experienced the largest health care coverage losses, with 15% of all Asians and almost one in three Latinos (32%) having no health care coverage in 2009. Slightly more than 43% of Latino adults are without coverage, and Latino children were more than four times (16%) more likely than white children (3%) to be without coverage. Overall, the uninsured rate in Orange County more than doubled from 2007 to 2009 for adults 18 and over (from 9% to 20%) and children 0 to 17 (from under 4% to over 10%). In fact, the 2009 ACS lack of health coverage estimates for children and adults are higher than estimates collected for the 1998 OCHNA. For an increasing number of families who have experienced job loss and the loss of health care and prescription coverage, access to preventive care and disease management has also been lost. This may lead many to put off needed care until it becomes a trip to the emergency room. In addition, safety-net programs have either increased their premiums, reduced covered services, or both.

2012 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.
3. Provide financial and other support to improve health care coverage and health care access for children and adults.

2012 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. Increase participation in planned partnerships, including Surgical Intervention "Surgery Days."
4. Provide grant funding to organizations that provide and/or support effective enrollment in public programs.
5. Provide grant funding for safety-net clinics to increase primary care and specialty services.

TARGET POPULATION

Children and adults without health insurance, Latinos, low-income populations, families below the poverty level, populations speaking Spanish and Asian or Pacific Island languages at home, seniors, and geographic areas with disproportionate need.

COMMUNITY PARTNERS

Community partners include Access OC Southern California, Coalition of Orange County Health Centers and its individual member clinics and other safety-net providers, Children's Health Initiative of Orange County, Hurtt Family Health Clinic, Laguna Beach Community Clinic (LBCC), National Alliance on Mental Illness (NAMI) Orange County chapter, and Orange County Health Care Agency.

2012 YEAR-END RESULTS

- Hurtt Family Health Clinic received a \$12,500 grant to support its Prescription Assistance Program that addresses the need for affordable medications for uninsured populations through access to the clinic and its mobile programs. In addition to receiving needed medication, patients are screened in both settings for eligibility to federal, state, or local health insurance benefits. Inability to afford the cost of medications increases health risks and complications, resulting in poorer health outcomes and increased cost of health care over the long term. The target population also has access

to eligibility screening for federal, state, or local health care programs and to a medical home and specialty referrals. Approximately 450 unduplicated patients' receive medication assistance.

- Children's Health Initiative of Orange County (CHIOC) provides enrollment, retention, and care coordination services for the uninsured and underserved. CHIOC received a \$20,000 grant from KFH-Irvine. CHIOC's goals for 2012 include reaching out to 16,900 families at health fairs and community events; completing 3,900 applications; enrolling 7,150 children and families in health care and social services programs; providing care coordination to families and to an additional 15,000 individuals; and connecting 7,500 children and families to health and dental care.
- Laguna Beach Community Clinic (LBCC) was awarded a \$7,500 grant for the Across the Lifespan: Preventative and Ongoing Medical Care Program. LBCC provided accessible primary, specialized, and preventive care for 3,333 patients during the grant period. LBCC Medical Director and COO Thomas C. Bent, MD, also serves as part-time faculty for the Kaiser Permanente Orange County Family Medicine Residency training program.
- Kaiser Permanente Southern California Region funded care- and coverage- related grants to increase access to affordable, quality health care and health insurance coverage for low-income, uninsured and underinsured individuals and families in our communities. Grants are made to support the education and potential and future enrollment of eligible individuals into publicly funded health insurance products. In 2012, California Coverage and Health Initiatives, a project of Tides Center, received a grant for \$50,000 in 2012 to support the core operations of the association as it advocates for children's access to health coverage on a statewide and regional level through the aligned work of the 24 county-based Children's Health Initiatives.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

Participation in the KFHP/H Charitable Health Coverage Programs and government programs (Medi-Cal and Healthy Families) will be monitored through quarterly analysis of membership reports. Monitoring of charity care through MFA and maximizing efficiencies will be accomplished by evaluating progress of business line goals. Increased participation in planned Charity Care partnerships including Surgical Intervention "Surgery Days" will be measured through the number of patients receiving care. Grant funding to organizations that provide and/or support effective enrollment in public programs will be measured by the number of people who receive enrollment assistance. Finally, grant funding for safety-net clinics will be measured by the number of grants awarded.

PRIORITIZED NEED II: REDUCING OBESITY AND THE ONSET AND COMPLICATIONS OF DIABETES

Poor diet and physical inactivity is a leading cause of preventable death in the United States. In 2007, the percent of overweight/obese adults in the service area grew to 53.5%, an increase of 3.3%. There were also notable gender differences in weight status in the Orange County service area, with males of all ages more likely to be overweight or obese compared to females, who were more likely to be at a healthy weight. Among adults 18 and older in the KFH-Irvine service area, 46.1% (990,093) of adults reported that they did not eat five servings of fruits and vegetables in their daily diet. According to the OCHNA 2007 survey, 24.8% (128,981) of children 6 to 17 ate fast food at least three times in the previous week. The service area did not meet the Healthy People 2020 objective of 14.6% of children and adolescents who are overweight; 16.7% (88,814) were overweight in 2007, 2.1 percentage points *more* than the Healthy People 2020 objective.

Type 2 diabetes is linked to obesity and physical inactivity. According to the 2009 CHIS, an estimated 6.3% of adults 18 to 64 and 16.8% of seniors 65 and older were ever diagnosed with diabetes, failing to meet the Healthy People 2010 objective of no more than 2.5%. Based on analysis of deaths from 2003 through 2005, the most recent data available, the age-

adjusted death rate for diabetes-related deaths in the service area was 65.9 per 100,000, failing to meet the Healthy People 2020 objective of 65.8 deaths per 100,000.

2012 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).

2012 STRATEGIES

1. Provide grant funding to increase available fresh produce in low-income neighborhoods and provide education and support for increased consumption of the fresh produce.
2. Leverage lessons learned from the Healthy Eating, Active Living (HEAL) 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. Promote Educational Theatre healthy eating programs in local schools.
5. Provide financial and other support to improve diet, eating habits, and physical activity among children, adults, and seniors, and reduce the complications associated with diabetes.

TARGET POPULATION

Overweight and obese children, adults, and seniors and/or individuals with diabetes.

COMMUNITY PARTNERS

Community partners include Health Funders Partnership of Orange County, area school districts, El Viento Foundation, Inside the Outdoors Foundation, Newport Sports Museum Foundation, Orange County Department of Education, and Oak View Renewal Partnership.

2012 YEAR-END RESULTS

- KFH-Irvine continued a partnership with Inside the Outdoors Foundation, awarding a \$15,000 grant for its Step Outdoors Program, which uses creative hands-on outdoor health education experiences to reach children and families, empowering them to make healthy food and activity choices. The program works to revise and expand existing field trip and outdoor science school programs to address the epidemic of obesity and diabetes. Key goals are to empower participants to make healthy food and activity choices that will help reduce obesity and diabetes. Their health education programs reach approximately 28,500 children, 1,000 teachers, and 4,500 parents. Another 81,000 students, teachers, parents, and community members will benefit youth service-learning projects, for a total impact of 115,000 annual participants.
- KFH-Irvine awarded El Viento Foundation a \$10,000 grant for its Establishing Healthful Living: El Viento Summer Program, which provides physical activity and a safety foundation for aquatic activities for disadvantaged youth at high risk for developing diabetes. Youth who participate in El Viento have the opportunity to increase their awareness of the need for daily physical/swimming activity; engage in regular physical activity; gain confidence in their ability to make sound lifestyle choices; and learn about the relationship between physical fitness and reduced risk for diabetes and other chronic health conditions. They also explore the relationship between physical fitness and mental fitness for academic success.

- A \$15,000 grant was awarded to Orange County Department of Education for its Move More, Eat Healthy, and OC Schools Pilot Project. The pilot project engages 25 elementary schools, which offer free or reduced-rate lunch, in increasing physical activity and healthy eating behaviors for students. Participating schools represent seven school districts and one charter school, serving students in Laguna Hills, Lake Forest, Mission Viejo, Rancho Santa Margarita, San Juan Capistrano, and Trabuco Canyon. The goal is to increase participation from one teacher per school to four, for a total of 100 teachers serving an estimated 3,000 low-income students. The initial training component consists of a two-day institute for 100 teachers, who will be trained to use tools and resources in their classrooms including DVD and web-based physical activity and nutrition education videos and classroom physical activity and nutrition education kit. Implementation of the Move More, Eat Healthy, OC Schools Pilot Project takes place during the 2012–13 school year.
- Kaiser Permanente Southern California Region provided a \$200,000 grant to NCB Capital Impact to continue to support the California FreshWorks’s outreach and subgrant support to California nonprofit and community collaborations to bring innovative forms of healthy food retail and distribution to underserved communities.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

Agencies will provide reports and data about programs funded by KFH-Anaheim, including tracking the number of clients served, client demographics, services provided, and achievements of predetermined outcomes, and tracking the amount of funding provided through grants. Promotion of Educational Theatre healthy eating programs will be measured through increased number of schools reached.

PRIORITIZED NEED III: CHRONIC DISEASE PREVENTION, EDUCATION, AND MANAGEMENT

Chronic conditions and diseases are among the most prevalent, costly, and preventable of all health problems. To some degree, the major chronic disease killers are attributable to lifestyle and environment. In particular, health-damaging behaviors, such as lack of exercise, bad diet, or tobacco use, can lead to chronic conditions that in turn can decrease the quality of life. The common chronic diseases in Orange County (from most to least prevalent) include high blood pressure, high cholesterol, arthritis, asthma, cancer, diabetes, heart disease, and stroke (CHIS, 2005/2009). The 2008 OCHCA Health Indicators Report presented a countywide HIV/AIDs incidence rate of 17.95 per 100,000 from 2005 to 2007 (1,649 cases). Heart disease was the leading cause of death for Orange County in 2008, followed by cancer, according to the California Department of Public Health (CDPH). Several leading causes of death in the service area did not meet Healthy People 2010 objectives. The age-adjusted death rate for chronic pulmonary diseases such as bronchitis and emphysema was 94.8 per 100,000 for 45 and older, compared to the Healthy People 2020 objective of 98.5/100,000. Suicide, an indicator of mental health, was 8.3 per 100,000; the Healthy People 2020 objective is 10.2/100,000. Cirrhosis, an indicator of alcohol abuse, was 10.7 per 100,000; the Healthy People 2020 objective is 8.2/100,000. In 2006, the rate of substantiated child abuse in Orange County was 11.7 per 1,000 children 0 to 17, not meeting the Healthy People 2020 objective of 8.5/1,000. Diabetes was the seventh leading cause of 2007 deaths in the United States, according to the Centers for Disease Control. Type 1 diabetes accounts for 5% to 10% of all diagnosed cases, and type 2 diabetes accounts for 90% to 95% of cases.

2012 GOALS

1. Improve asthma care management and lung health in children, adults, and family members with an emphasis on serving low-income, underserved populations.
2. Expand education and support services for people with Alzheimer’s disease and their families and caregivers.

3. Develop partnerships with community organizations that focus on detection, education, and management of chronic diseases.
4. Provide financial and other support to various agencies that provide mental health, crisis intervention, and other services for women affected by domestic violence and for children and their families affected by child abuse.

2012 STRATEGIES

1. Provide grant funding for prevention, education, and care management of asthma and lung health in children, adults, and family members, with an emphasis on serving the Latino population.
2. Provide grant funding for programs that expand education and support services for people with Alzheimer's disease, families, and caregivers.
3. Provide grant funding to improve detection, education, and management of chronic diseases.
4. Provide grants or partner with community clinics or organizations that work to improve management of chronic conditions for the underserved.
5. Provide grants or partner with various agencies providing mental health, crisis, and other services for women affected by domestic violence and for children and their families affected by child abuse.

TARGET POPULATION

Children with asthma, adults with heart disease and hypertension, seniors with Alzheimer's disease, and those affected by family violence (child abuse, domestic violence, and elder abuse), with an emphasis on the uninsured and underinsured.

COMMUNITY PARTNERS

Community partners include AIDS Services Foundation Orange County, Alzheimer's Association Orange County Chapter (AAOC), The Raise Foundation, and Shanti Orange County (Shanti OC).

2012 YEAR-END RESULTS

- AIDS Services Foundation Orange County received a \$20,000 grant from KFH-Irvine for its HIV Case Management Program, which serves as the gateway to medical and supportive services for clients living with HIV/AIDS. Case managers conduct client intakes, work with clients to identify needs and develop plans to meet them, facilitate access to vital services such as housing assistance, make referrals to outside agencies, and provide answers to the many questions clients may have regarding their health and well-being. ASF expects to serve 700 clients during the 12-month grant period. Key outcomes are for high percentages of clients to report that services improved their quality of life and helped them get medical care; maintain safe, affordable, and permanent housing; and learn about other available services/resources. SCPMG physician Arnold Henson, MD, serves on the board of directors. KFH-Irvine has been a partner with ASF since 1995.
- KFH-Irvine awarded a \$10,000 grant to AAOC for the Physician Outreach and Education (POE) program, which addresses the need to assist the growing number of people with Alzheimer's and related dementias to obtain more ready and accurate diagnosis and early interventions. POE provides education and training to Orange County primary care physicians on the diagnostic and screening criteria for Alzheimer's and related dementias; offers training to ancillary providers to enhance their awareness of AAOC programs and services; enhances connections to AAOC's community-based services and resources; and continues support for the Helpline, support groups, care continuation, and caregiver education. Melvin Benner, Area Finance Director, serves on AAOC's Executive Committee. KFH-Irvine has been a partner with AAOC since 1995.
- Shanti OC received a \$10,000 grant award for its HIV/AIDS Education, Outreach, and Prevention Program. The program provides information, education, and support to empower low- to moderate-income individuals living with HIV disease so they can better adhere to medical treatment, achieve optimal wellness, and prevent further spread of the disease. Shanti OC's serves 750 adults, and assessment tools are used to measure client progress, including depression inventories.

- The Raise Foundation received a \$60,000 capacity building grant to support a director of development. The development director created awareness through marketing and public relations as well as diversifying Raise's funding sources and expanding donor and volunteer base to serve more clients. A detailed resource development plan for 2012 was developed and includes the cultivation and solicitation of major donors, corporations, and foundations; the formation of committees and fundraising auxiliaries; the procurement of sponsorship for current events; and the implementation of new fundraising events and direct mail campaigns.
- Kaiser Permanente's Southern California Safety Net Partnerships increases the capacity of safety-net providers to operate efficiently, enhance quality of care, and improve access to care for the underserved by supporting capacity of clinic and hospital networks/consortia and other statewide organizations to support clinical and management infrastructure and policy advocacy for safety-net providers. In 2012, the Coalition of Orange County Community Clinics received a \$165,000 grant. The Coalition engaged in a process to bring resources and opportunities for member clinics to enhance the quality of clinical care delivered to their patient populations and to strengthen operations as they prepare for the impact of health reform.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

Agencies will provide reports and data about programs funded by KFH-Anaheim, including the number of clients served, client demographics, services provided, and achievements of predetermined outcomes.

Table 1

KAISER FOUNDATION HOSPITAL-IRVINE

2012 Key Community Benefit Program Metrics

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

| | |
|--|-------|
| Charity Care: Medical Financial Assistance Program recipients | 1,565 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members | 183 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 722 |
| Medi-Cal managed care members | 4,130 |
| Healthy Families Program members | 6,891 |
| Community Surgery Day patients | 24 |
| Nursing Research projects (new, continuing, and completed) | 4 |
| Educational Theatre – number of performances and workshops | 82 |
| Educational Theatre – number of attendees (students and adults) | 8,907 |
| Graduate Medical Education – number of programs | 2 |
| Graduate Medical Education – number of affiliated and independent residents | 2 |
| Nurse practitioner and other nursing training and education beneficiaries | 2 |
| Deloras Jones nursing scholarship recipients | 6 |
| Other health professional training and education (non-MD) beneficiaries | 5 |
| Summer Youth and INROADS programs participants | 17 |
| Number of 2012 grants and donations made at the local and regional levels ¹ | 68 |

¹The vast majority of regional grants impact three or more hospitals. As such, a single regional grant may be included in the “Number of 2012 grants and donations” count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-IRVINE
COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|--------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$3,978,273 |
| Healthy Families ² | 789,707 |
| Charity care: Charitable Health Coverage programs ³ | 902,635 |
| Charity care: Medical Financial Assistance Program ⁴ | 1,158,113 |
| Grants and donations for medical services ⁵ | 245,040 |
| Subtotal | \$7,073,768 |
| Other Benefits for Vulnerable Populations | |
| Watts Counseling and Learning Center ⁶ | \$0 |
| Educational Outreach Program | 0 |
| Summer Youth and INROADS programs ⁷ | 46,222 |
| Grants and donations for community-based programs ⁸ | 342,747 |
| Community Benefit administration and operations ⁹ | 251,993 |
| Subtotal | \$640,962 |
| Benefits for the Broader Community¹⁰ | |
| Community health education and promotion programs | \$46,580 |
| Educational Theatre | 302,600 |
| Facility, supplies, and equipment (in-kind donations) ¹¹ | 0 |
| Community Giving Campaign administrative expenses | 4,701 |
| Grants and donations for the broader community ¹² | 10,896 |
| National board of directors fund | 14,197 |
| Subtotal | \$378,974 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$0 |
| Non-MD provider education and training programs ¹³ | 225,193 |
| Grants and donations for the education of health care professionals ¹⁴ | 35,595 |
| Health research | 986,659 |
| Continuing Medical Education | 340 |
| Subtotal | \$1,247,787 |
| Total Community Benefits Provided | \$9,341,491 |

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 Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Los Angeles, KFH-West Los Angeles, and KFH-Downey.
- ⁷ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Summer Youth students hired.
- ⁸ Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the 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.
- ⁹ The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- ¹⁰ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a number of related denominators such as the number of Educational Theatre performances or health education programs.
- ¹¹ 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.
- ¹² Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ¹³ Amount reflects the net expenditures after tuition reimbursement for health professional education and training programs.
- ¹⁴ Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, 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.

KAISER PERMANENTE (KP)-KERN COUNTY

Kern County Administrative Office
 5055 California Avenue, Suite 240
 Bakersfield, CA 93309
 (661) 334-2008

The KP-Kern County medical care service area includes Arvin, Bakersfield, Buttonwillow, Delano, Kernville, Lake Isabella, Lamont, McFarland, Oildale, Shafter, Taft, Tehachapi, Wasco, and Wofford Heights.

KEY FACILITY STATISTICS

| | |
|-------------------------------------|---------|
| Year opened: | 1988 |
| KFH full-time equivalent personnel: | 42 |
| KFHP members in KFH service area: | 100,289 |

COMMUNITY SNAPSHOT (2010 COMMUNITY HEALTH NEEDS ASSESSMENT FOR KP-KERN COUNTY)

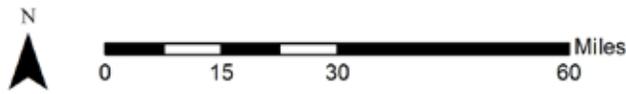
| | |
|-------------------------------|----------|
| Total population: | 807,407 |
| Median age: | 30 |
| Median household income: | \$44,716 |
| Percentage living in poverty: | 20.5% |
| Percentage unemployed: | 15.4% |
| Percentage uninsured: | 25.4% |

| | |
|------------------------------|-----|
| Latino: | 47% |
| White: | 40% |
| African American: | 6% |
| Asian and Pacific Islander: | 4% |
| Other and two or more races: | 2% |
| Native American: | 1% |

KEY LEADERSHIP AT KP-KERN COUNTY

| | |
|----------------|---|
| David Womack | Executive Director |
| Gigi Thurmond | Director of Hospital and Health Plan Operations |
| Dan McReynolds | Area Chief Financial Officer |
| Julia Bae, MD | Area Medical Director |
| Sharon Peters | Chief Administrative Officer |
| Leslie Golich | Director, Public Affairs and Brand Communications |
| Kristin Weber | Senior Community Benefit Health Specialist |

Kaiser Permanente Kern County Medical Care Service Area



- ◆ KFH Medical Center
- KFH Medical Center Area
- Cities and Towns
- County Boundary

Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
 Maps Produced by: the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES). May 2013.



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

The 2010 CHNA is a collaborative effort of Bakersfield Memorial Hospital, Delano Regional Medical Center, KP-Kern County, Kern County Department of Public Health, Mercy Hospitals of Bakersfield, San Joaquin Community Hospital, and other local partners. The 2010 assessment is a Web-based, living CHNA, which uses the Healthy Communities Network (HCN) web tool to display health status and track progress in the community. The technology allows the CHNA to refresh and stay current each year by highlighting important issues in the community and is now available to the public at www.healthykern.org, which provides more than 120 health and quality-of-life indicators for Kern County. Rather than focus on one isolated area of need, the CHNA sought to create a comprehensive county overview using multiple health and quality-of-life indicators. The CHNA process involves assessment and understanding of demographics, health access, health care usage, health behaviors, and health status, as well as social and environmental factors that ultimately affect health outcomes. Review and evaluation of this quantitative data combined with community consultation and feedback have enabled us to identify key priority areas in the community that require attention.

KEY FINDINGS FROM THE 2010 CHNA

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

Access to Health Care:

- 57% of adults have private health insurance.
- 87.5% of people have a usual source of health care.
- 91% of children have health insurance.
- African American (47.9%) and Latinos (36.3%) have the lowest rates of health coverage.

Obesity:

- 29.3% of Kern County adults are obese.
- Latinos are leading at 34% with whites next at 26%.
- Males 45 to 65 have the highest obesity rates.

Diabetes:

- Kern County places in the bottom quartile of California counties for *all* diabetes-related indicators.
- During the 2006–2008 measurement period, the hospitalization rate due to diabetes was 28.4 hospitalizations per 10,000 population and ranked 55 out of 58 California counties.

Mortality Rates:

- Kern County was rated 58th out of 58 California counties for age-adjusted rate of death due to heart disease; 25% higher than the national average.
- Kern County was rated 57th out of 58 California counties for age-adjusted rate of death due to diabetes complications.
- Kern County was rated 45th out of 58 California counties for infant mortality.

Adolescent Health:

- In 2006–2008, Kern County had the highest teen birthrate of all California counties at 63.7 births per 1,000 females 15 to 19, compared to 36.6 per 1,000 females 15 to 19 statewide.
- The HIV prevalence rate is 62.5 cases per 100,000 population, ranking 49th out of 58 California counties.

- The chlamydia incidence rate ranks 58th of 58 counties in California; the gonorrhea incidence rate ranks 55th.
- In 2009, the gonorrhea incidence rate in Kern County was 98.8 per 100,000 population; the Healthy People 2010 target is 19. However, unlike chlamydia rates, gonorrhea rates have been in steady decline since 2006.
- From 2005 to 2008, the number of students who completed high school decreased from 81.6% to 73.5%.
- The dropout rate during this period was 5.5%, placing Kern County 42nd out of 56 reporting counties.
- Students who do not finish high school are more likely than people who finish high school to lack the basic skills required to function in an increasingly complicated job market and society.

Infant Health:

- In California, 6.9% of infants have a low birth weight. Kern County ranks 50th among the 58 counties in California at 7.4%.
- In 2009, 1.4% of babies in Kern County were born with a very low birth weight.

Basic Needs—Poverty and Unemployment:

- Based on the U.S. 2000 Census, 28.2% of children live below the federal poverty level.
- 16.8% of families live below the federal poverty level.
- 20.8% of people live below the federal poverty level.
- 10.5% of people 65 and older live below the federal poverty level.

Air Quality:

- During 2006–2008, the annual ozone air quality was rated an F (a 5 in the numeric scale) in Kern County, whereas the U.S. standard is a B or better (a 1 or 2 in the numeric scale).
- Annual particle pollution is also very high, rating an F or 5, during 2006–2008.

Public Safety:

- In 2008, Kern County ranked 27th of 35 reporting counties in California, with a violent crime rate of 562.3 crimes per 1,000 population.
- The child abuse rate in Kern County ranks 52nd of the 58 California counties. From 2004 to 2008, child abuse in Kern County steadily increased.
- The Healthy People 2010 national health target is to reduce the child maltreatment rate to 10.3 cases per 1,000 children under 18. The current rate in Kern County is nearly two times the target value.

PRIORITIZED NEEDS IDENTIFIED FOR THE KP-KERN COUNTY SERVICE AREA

1. Access to health insurance coverage and health care services
2. Prevention and management of obesity, diabetes, and heart disease
3. Teen birthrate and infant health rates

2012 YEAR-END RESULTS

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

Although access to health care indicators are not showing in the red for Kern County, there is still concern among Kern County health care experts that this issue needs to be addressed. Based on 2007 data, Kern County indicators show that adults with private health insurance and people with a usual source of health insurance are 57% and 87.5%, respectively, and children with health insurance are at 91%. African American and Latinos who have health insurance are lowest at 47.9% and 36.3%, respectively. Anecdotal evidence suggests that the 2010 data, which will be released in 2011, will reflect a much grimmer picture, especially for the adult population.

2012 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.

2012 STRATEGIES

1. Participate in medical care/coverage programs such as Medi-Cal Managed Care, Medi-Cal Fee for Service, and Healthy Families, as well as Kaiser Permanente–sponsored programs Medical Financial Assistance (MFA, charity care), Kaiser Permanente Child Health Plan, and STEPS.
2. Provide grants to organizations that provide access to primary and/or specialty care to the uninsured/underinsured or to organizations working toward providing health care coverage to children and/or adults.
3. Share Kaiser Permanente intellectual assets through physician and staff engagement efforts to partner with local health delivery systems to improve the quality and efficiency of care provided in the community.

TARGET POPULATION

Uninsured/underinsured residents of Kern County with limited access to care or coverage.

COMMUNITY PARTNERS

Community partners include Clinica Sierra Vista, National Health Services, Inc.; Kern Medical Center; Kern County Department of Public Health; Community Action Partnership of Kern Family Health Center; Bakersfield Homeless Center; school-based clinics; and Children's Health Initiative of Kern County (CHI).

2012 YEAR-END RESULTS

- KP-Kern County participates in government-subsidized and special health care coverage programs to provide access to medical care services for vulnerable populations. In 2012, the service area was the medical home for Medi-Cal (managed care and fee-for-service) members and more than 5,000 Healthy Families Program members.
- Mercy Foundation Bakersfield received a \$20,000 grant for the Children's Health Initiative. The CHI works to raise awareness of the options for low-income families, and focuses on the importance of health care through public presentations and the news media. The funding will pay for Certified Application Assistants (CAAs) to help families' complete applications that result in successful enrollments.
- Clinica Sierra Vista received a \$25,000 grant for the Rapid HIV Testing & Linkages Project. The project conducts 1,000 HIV rapid tests in a year throughout Kern County for persons with high risk factors including those with a history of injection drug use, sharing needles, sex for money, and other unprotected high risk sexual behaviors.
- Flood Bakersfield Ministries Inc., received a \$25,000 grant for Project Home. Through Project Home funding, Flood will add a medical social worker to its staff, which will create a critical link between those homeless individuals who are unlikely to access appropriate health services for their conditions and will increase the population's enrollment and maintenance of health care coverage.

- Kaiser Permanente Southern California Region funded Quality Improvement (QI) projects for safety-net organizations to build stronger programs and infrastructure that improves service for patient populations at risk of racial and ethnic health disparities, with special focus on improved management of chronic conditions and patient outcomes. In 2012, the County of Kern received a \$150,000 grant to support Kern Medical Center's efforts to respond to the Medicaid 1115 Waiver Delivery System Reform Incentive Pool.¹

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

Progress will be monitored by the number of members who participate in care and coverage programs through Kaiser Permanente, the percentage of grant dollars allocated to organizations that provide access to primary and specialty care, the percentage of grant dollars allocated to organizations that provide access to health care coverage to children and/or adults, the number of KP-Kern County physicians and staff who participate, and the type of engagement and assistance provided.

PRIORITIZED NEED II: PREVENTION AND MANAGEMENT OF OBESITY, DIABETES, AND HEART DISEASE

Obesity increases the risk of many diseases and health conditions, including heart disease, type 2 diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems, and osteoarthritis. Losing weight and maintaining a healthy weight help to prevent and control these diseases. Being overweight or obese also carries significant economic costs due to increased health care spending and lost earnings. With an overall adult obesity rate of 29.3%, Kern County is far above the 15% Healthy People 2010 goal. The high mortality rates in Kern County point to multiple systemic problems in the health care system. Mortality rates in Kern County rank in the bottom third of all California counties. In addition, the rates for nearly all causes of death are increasing over time. The age-adjusted death rates due to coronary heart disease, diabetes, and stroke all place Kern County in the bottom quartile of California's 58 counties. Significant racial and ethnic disparities exist for many death rates, especially for African Americans.

2012 GOALS

1. Increase consumption of fresh fruits and vegetables.
2. Increase physical activity in community and institutional settings.
3. Decrease mortality rates for heart disease, diabetes, and stroke.

2012 STRATEGIES

1. Provide grants to community-based organizations that address access to healthy food choices, environmental changes that lead to an increase in physical activity, and/or public policy issues that will result in a more healthy and active community.
2. Provide technical assistance (TA) and clinical expertise to community-based organizations in the form of shared best practices and intellectual assets.
3. Provide grants to community-based organizations that address preventing and successfully managing obesity, heart disease, diabetes, and stroke.

¹ This grant was distributed from the Kaiser Permanente Southern California Charitable Contribution Fund, a donor-advised fund administered by the California Community Foundation. Accordingly, the grant amount was not included in the community benefit totals for 2012 (Table A, B and 2).

TARGET POPULATION

Low-income residents of Kern County who are at risk for obesity, heart disease, diabetes, and/or stroke, especially those who reside in areas of the county where there is limited access to outdoor recreation or fresh fruits and vegetables.

COMMUNITY PARTNERS

Community partners include parks and recreation departments throughout Kern County, Kern County Department of Public Health, local school districts, and community-based organizations.

2012 YEAR-END RESULTS

- Stop the Violence Movement, Inc., received a grant for \$20,000 to implement a farmers market and community garden project in Southeast Bakersfield. The overall goal of the project is to provide low-income children and families with greater access to affordable fresh fruits and vegetables to promote healthy living in their community.
- The Salvation Army, Golden State Division, received a grant for \$20,000. The Fresh Produce Project will increase the consumption of healthy food and beverages for the underserved poor families living in rural Kern County towns of Shafter, Wasco, Taft, and Buttonwillow.
- Kaiser Permanente staff including physicians presented three screenings of the HBO documentary *Weight of the Nation*. After each screening, members of our Kaiser Permanente executive leadership team, along with our physicians, led panel discussions and engaged residents on how they can help make a change and combat obesity in our community.
- Staff from KP-Kern County's Professional Education Department partnered with the Kern County Department of Public Health to create a local obesity symposium to be presented in the first quarter of 2013.
- KP-Kern County staff participated as part of the committee to support the Kern County Department of Public Health's Federally Funded Community Transformation Grants proposal. Kern County was selected to receive funding for the planning phase and is well positioned to receive implementation phase funding by the end of 2012.
- Kaiser Permanente Southern California Region's Healthy Eating and Active Living Partnership Grants are site-specific collaborative projects led by community stakeholders that are focused on improving community environments (e.g. parks, stores, and schools) to increase consumption of healthy food and beverages, decrease calorie consumption, and increase physical activity in efforts to combat obesity. The County of Kern Department of Public Health received \$50,000 to increase the capacity of a collaborative partnership to engage in policy and environmental change strategies to combat high obesity rates in the underserved community of Oildale.
- Kaiser Permanente Southern California Region's Operation Splash grants support recreation and parks departments and districts to provide children and adults with free swim lessons, junior lifeguard preparation, and to launch healthy beverage campaigns. North of the River received \$30,000 to provide 300 free swim lessons to children and 300 free Splash passes for recreational swimming.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

Progress will be monitored by the percentage of grant dollars allocated to organizations that provide programs that increase access to healthy food and physical activity and by the percentage of grant dollars allocated to organizations focused on decreasing calorie consumption.

PRIORITIZED NEED III: TEEN BIRTHRATE AND INFANT HEALTH RATES

The teen birthrate in Kern County has been consistently high for many years. This has led to more low-birth-weight babies and also leads to a lack of education attainment for female youth. In 2006–2008, Kern County had the highest teen birthrate of all California counties at 63.7 births per 1,000 females 15 to 19, compared to 36.6 per 1,000 statewide. Babies born with a low or very low birth weight are more likely than babies of normal weight to require specialized medical care and often must stay in the intensive care unit. Low birth weight is often associated with premature birth, and babies born with very low birth weight are at the highest risk of dying in their first year. While many medical advances have enabled premature infants to survive, there is still risk of infant death or long-term disability.

The infant mortality rate in Kern County is also exceedingly high. Kern County ranks 45th out of all 58 counties in California with an infant mortality rate of 7.2/1,000, and the trend is rising. The leading causes of death among infants are birth defects, preterm delivery, low birth weight, sudden infant death syndrome (SIDS), and maternal complications during pregnancy. The Healthy People 2010 national health target is to reduce the infant mortality rate to 4.5 deaths per 1,000 live births.

Disparities can be seen among indicators of teen sexual health, maternal health, and infant health such as teen birthrate, prenatal care, low birth weight, and infant mortality rates. Birth and infant health outcomes tend to be worse for African Americans. In addition, in Kern County, African American and Latino teens have a birthrate nearly 3.5 times as high as white females.

2012 GOALS

1. Decrease teen pregnancy rates in Kern County.
2. Improve infant birth weights.

2012 STRATEGIES

1. Provide grants to community-based organizations that address teen pregnancy prevention.
2. Provide grants to community-based organizations that address the importance of prenatal and postnatal care.
3. Provide TA and clinical expertise to community-based organizations by sharing Kaiser Permanente intellectual assets.
4. Facilitate utilization of Kaiser Permanente's Educational Theatre in areas of Kern County that have significantly higher teen pregnancy rates.

TARGET POPULATION

Preteens, teens, and young mothers in Kern County with an emphasis on Latinos and African Americans.

COMMUNITY PARTNERS

Community partners include Clinica Sierra Vista, Kern County Network for Children, Kern County Superintendent of Schools, and Stop the Violence, Inc.

2012 YEAR-END RESULTS

- Community Action Partnership of Kern received a \$25,000 grant for The Friendship House Community Center Teen Pregnancy Prevention Project. The project will work to reduce teen pregnancy rates in Southeast Bakersfield through prevention and health education activities that include linkages to family planning services and reproductive health care.
- KPKC staff worked with regional leaders from Educational Theatre to bring the performance of "What Goes Around" to approximately 100 young women who are part of a local nonprofit organization called Latina Leaders. After the presentation there was a panel discussion where members from the community as well as safety-net clinic providers further explored the prevention of teen pregnancy and provided participants with the local resources available to them.
- Staff from KP-Kern County participates on the Kern Cares Committee. Kern Cares is a local committee organized to communicate health issues and concerns related to child abuse to the community. May was the teen pregnancy

prevention month communication topic. Kaiser Permanente social media was used to communicate local community resources and prevention messages.

- The Kaiser Permanente Southern California Region funded Quality Improvement (QI) projects for safety-net organizations to build stronger programs and infrastructure that improves service for patient populations at risk of racial and ethnic health disparities, with special focus on improved management of patient outcomes. In 2012, The California Family Health Council received a \$100,000 grant to build the capacity of Title X agencies statewide to utilize family planning performance measures data to improve the quality of reproductive health care work and to build the capacity of Title X agencies to utilize family planning performance measures data to improve the quality of reproductive health care.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

Progress will be monitored by percentage of grant dollars allocated to organizations that provide programs that decrease teen pregnancy, the percentage of grant dollars allocated to organizations that improve infant mortality rates, the number of KP-Kern County physicians and/or staff and the type of engagement and assistance provided to nonprofit organizations addressing teen pregnancy rates, and the number of physicians and/or staff and the type of engagement and assistance provided to nonprofit organizations addressing infant mortality rates.

Table 1

KAISER PERMANENTE-KERN COUNTY

2012 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 | 440 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members | 52 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 1,002 |
| Medi-Cal managed care members | 7 |
| Healthy Families Program members | 3,769 |
| Health Research projects (new, continuing, and completed) | 1 |
| Nursing Research projects (new, continuing, and completed) | 1 |
| Educational Theatre – number of performances and workshops | 13 |
| Educational Theatre – number of attendees (students and adults) | 3,314 |
| Nurse practitioner and other nursing training and education beneficiaries | 9 |
| Deloras Jones nursing scholarship recipients | 2 |
| Other health professional training and education (non-MD) beneficiaries | 2 |
| Hippocrates Circle students | 30 |
| Number of 2012 grants and donations made at the local and regional levels ¹ | 58 |

¹The vast majority of regional grants impact three or more hospitals. As such, a single regional grant may be included in the “Number of 2012 grants and donations” count for multiple hospitals.

Table 2

KAISER PERMANENTE-KERN COUNTY
COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|--------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$55,259 |
| Healthy Families ² | 997,557 |
| Charity care: Charitable Health Coverage programs ³ | 401,662 |
| Charity care: Medical Financial Assistance Program ⁴ | 20,047 |
| Grants and donations for medical services ⁵ | 177,347 |
| Subtotal | \$1,651,872 |
| Other Benefits for Vulnerable Populations | |
| Watts Counseling and Learning Center ⁶ | \$0 |
| Educational Outreach Program | 0 |
| Summer Youth and INROADS programs ⁷ | 0 |
| Grants and donations for community-based programs ⁸ | 232,592 |
| Community Benefit administration and operations ⁹ | 272,984 |
| Subtotal | \$505,576 |
| Benefits for the Broader Community¹⁰ | |
| Community health education and promotion programs | \$27,773 |
| Educational Theatre | 47,973 |
| Facility, supplies, and equipment (in-kind donations) ¹¹ | 0 |
| Community Giving Campaign administrative expenses | 2,803 |
| Grants and donations for the broader community ¹² | 6,497 |
| National board of directors fund | 8,465 |
| Subtotal | \$93,511 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$0 |
| Non-MD provider education and training programs ¹³ | 503,499 |
| Grants and donations for the education of health care professionals ¹⁴ | 15,261 |
| Health research | 588,284 |
| Continuing Medical Education | 203 |
| Subtotal | \$1,107,247 |
| Total Community Benefits Provided | \$3,358,206 |

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 Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Los Angeles, KFH-West Los Angeles, and KFH-Downey.
- ⁷ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Summer Youth students hired.
- ⁸ Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the 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.
- ⁹ The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- ¹⁰ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a number of related denominators such as the number of Educational Theatre performances or health education programs.
- ¹¹ 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.
- ¹² Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ¹³ Amount reflects the net expenditures after tuition reimbursement for health professional education and training programs.
- ¹⁴ Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, 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.

KAISER FOUNDATION HOSPITAL (KFH)-LOS ANGELES

4841 Hollywood Boulevard
 Los Angeles, CA 90027
 (323) 783-4453

The KFH-Los Angeles service area includes Alhambra, Altadena, Arcadia, Burbank, Glendale, La C nada Flintridge, La Crescenta, Los Angeles, Monrovia, Monterey Park, Montrose, Pasadena, San Gabriel, San Marino, Sierra Madre, South Pasadena, and West Hollywood (East). Communities include Atwater, Boyle Heights, Chinatown, City Terrace, Downtown, Eagle Rock, East Los Angeles, Echo Park, El Sereno, Glassell Park, Hancock Park, Highland Park, Hollywood, Hollywood Hills, Laurel Canyon, Los Feliz, Montecito Heights, and Silverlake.

COMMUNITY SNAPSHOT (2010 COMMUNITY HEALTH NEEDS ASSESSMENT FOR KFH-LOS ANGELES)

| | |
|-------------------------------|-----------|
| Total population: | 1,740,308 |
| Median age: | 39 |
| Median household income: | \$10,717 |
| Percentage living in poverty: | 18.8% |
| Percentage unemployed: | 9.5% |
| Percentage uninsured: | 20% |

| | |
|------------------------------|------|
| Latino: | 49% |
| White: | 27% |
| Asian and Pacific Islander: | 17% |
| African American: | 4% |
| Other and two or more races: | 3% |
| Native American: | 0.2% |

KEY FACILITY STATISTICS

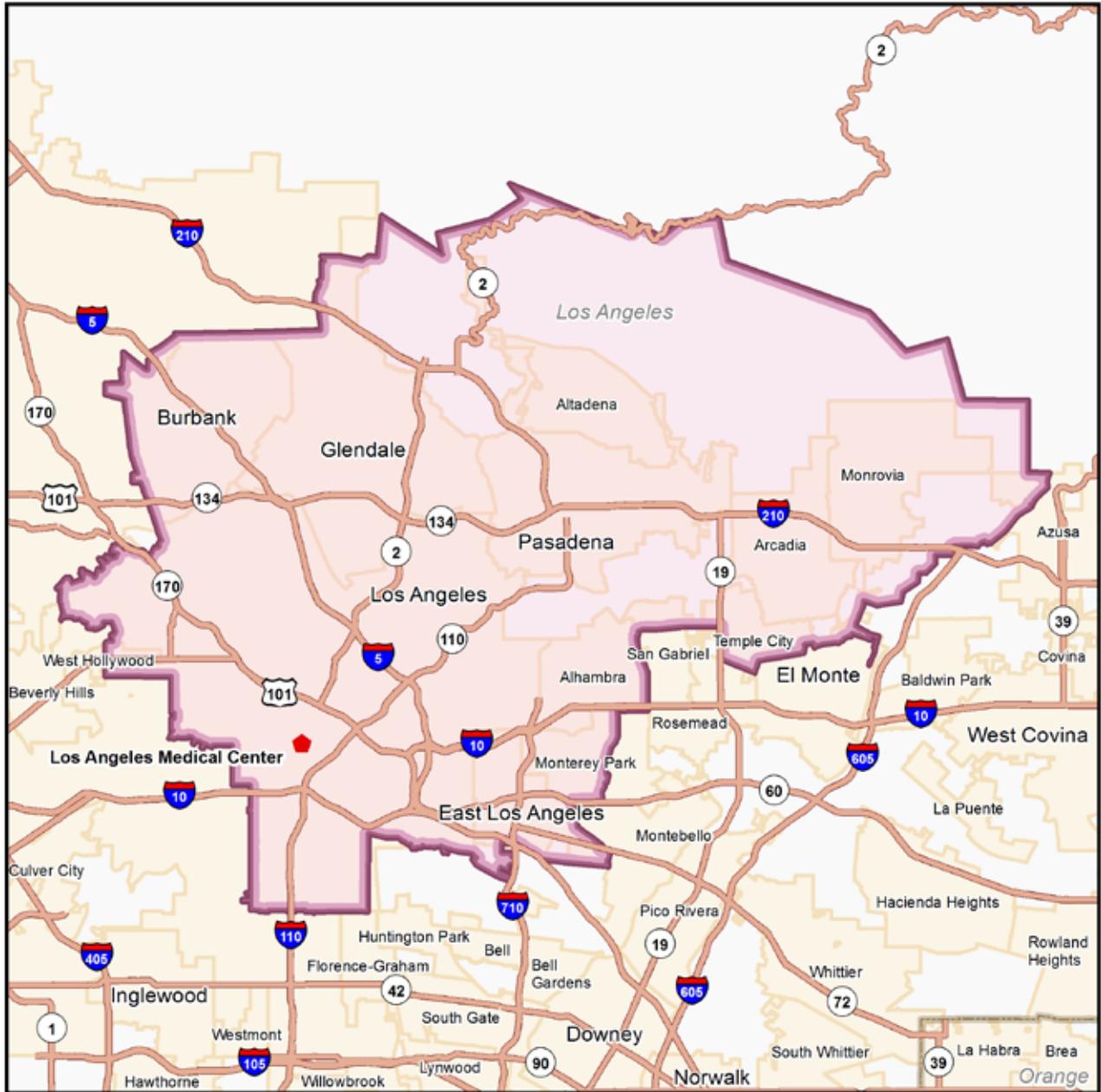
| | |
|-------------------------------------|---------|
| Year opened: | 1953 |
| KFH full-time equivalent personnel: | 2,528 |
| KFHP members in KFH service area: | 276,699 |

| | |
|------------------------|---------|
| Total licensed beds: | 464 |
| Inpatient days: | 123,500 |
| Emergency room visits: | 72,405 |

KEY LEADERSHIP AT KFH-LOS ANGELES

| | |
|-------------------|---|
| Mark Costa | Executive Director |
| Derek Berz | Chief Operating Officer |
| Sanjit Sodhi | Area Chief Financial Officer |
| Michael Tome, MD | Area Medical Director |
| William Grice | Chief Administrative Officer |
| Catherine Gaughen | Director, Public Affairs and Brand Communications |
| Mario Ceballos | Community Benefit Health Manager |

KFH Los Angeles Medical Center Area



- ◆ KFH Medical Center
- KFH Medical Center Area
- Cities and Towns
- County Boundary

Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
 Maps Produced by: the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES). May 2013.



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

The most recent data for Los Angeles County indicate that 19.2% of county residents did not have a regular source of care and 11.8% could not afford to see a doctor. In 2008, 20% of the residents were uninsured. Data collected in 23 of the 54 zip codes in the KFH-Los Angeles service area show that the uninsured rate for individuals under 65 was higher than 20%. The percentages of individuals reporting having a regular source of care varied by geography, with SPAs 4, 6, and 7 in the service area reporting a lower percentage than other regions. These regions also reported a higher percentage of adults receiving medical services at Los Angeles County Health Department facilities. Health insurance is a particular problem for immigrants who are undocumented, small business owners, or ineligible for public insurance programs. There is also a disparity in access to specialty care, particularly in medically underserved areas. The percentages of adults and children who did not obtain dental care in the past 12 months because they could not afford it were higher in the service area than in the county overall. The need for mental health services has increased, given the high level of stress due to the worsening economy and unemployment. The most frequently cited mental health issue continues to be depression. In particular, women, older adults, and American Indians had the highest rate of depression in Los Angeles.

KEY FINDINGS FROM THE 2010 CHNA

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

Access to Health Care:

- In 23 of the 54 zip codes in the service area, the uninsured rate for individuals under 65 was higher than 20%.
- The percentages of individuals reporting having a regular source of care varied by geography, Service Planning Areas (SPAs) 4, 6, and 7 in the service area reporting a lower percentage than the other regions. These regions also reported a higher percentage of adults receiving medical services from Los Angeles County Health Department facilities.
- The percentages of adults and children who did not obtain dental care in the past 12 months because they could not afford it were higher for the KFH-Los Angeles service area than for Los Angeles County.
- The cost of prescription medication continues to be a problem for low-income, uninsured, and underinsured individuals and families. The percentage of adults who did not get their prescription medication in the past year because they could not afford it was higher for the service area than for Los Angeles County.
- Two of the biggest barriers to accessing care were transportation and lack of linguistically appropriate providers. An additional barrier particular to senior care was a lack of service coordination among an overly fragmented and often competitive long-term care system for this population.
- For community clinics, recent and impending budget cuts, delayed payments, and a growing low-income underinsured population exacerbate an already overburdened system.

Obesity, Diabetes, and Chronic Diseases:

- In 2007, 57.4% of the population 12 and over in Los Angeles County was either overweight or obese. All but one of the six SPAs in the service area had an increase in the overweight/obesity rate from 2003–2005 to 2007. Only SPA 5 showed a slight decrease between the two time periods.
- All regions within the service area had an increase in the prevalence rate of diabetes, except SPA 6, which still had the highest prevalence rate.
- Three SPAs within the service area—SPAs 2, 4, and 6—had an increase in the prevalence rate of asthma.
- The service area has seen an average 2.7% increase in heart disease in the last 10 years. There was also an increase in hypertension and high cholesterol across all regions in the service area.

Mental Health:

- The need for mental health services has increased, given the high level of stress due to the worsening economy and unemployment.
- The most frequently cited mental health issue continues to be depression. Diagnosis of depression has risen since 1999. In particular, women, older adults, and American Indians had the highest rate of depression in Los Angeles.

Health Behavior and Preventive Care:

- Less than half the adults in the KFH-Los Angeles service area consumed at least five servings of fruits and vegetables per day. Regardless of economic diversity and various levels of access to fresh fruits and vegetables, there is not much difference among the zip codes in this service area.
- The service area had an increase in individuals who were overweight or obese, especially in SPAs 6 and 7. Culturally and linguistically available health education, prevention strategies, and promotion of healthy lifestyles are often cited as needed resources. Community members cited lack of green space and the economic downturn as barriers to engaging in healthier behaviors.

HIV/AIDS, Cancer, and Other Diseases:

- In the KFH-Los Angeles service area, the number of HIV/AIDS cases decreased from 2007 (847) to 2009 (435). However, a disproportionate number of cases were reported among people of color and youth. Latino and immigrant groups lacked awareness in HIV prevention and proper use of HIV medication.
- Although the number of HIV/AIDS cases has decreased, the number of individuals living with HIV has increased because many people with HIV are living longer as a result of better medication. In the service area, 19,044 individuals are living with AIDS.
- In Los Angeles County, more than 34,335 residents were diagnosed with cancer in 2010. Most incidents were attributed to breast, colon, and cervical cancer.
- Even though breast cancer was still the most common form of cancer in the KFH-Los Angeles service area, it was on a downward trend, and more women over 40 reported having a mammogram in 2007 or in the previous two years.
- Among sexually transmitted infections (STIs), the rate of chlamydia in Los Angeles County remained higher than that of the state or the nation.
- The number of pertussis cases has increased in 2010. In just one year, there were five times more cases in California in 2010 than in 2009.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-LOS ANGELES SERVICE AREA

1. Access to health insurance coverage and health care services
2. Access to obesity, diabetes, cancer, HIV/AIDS, and chronic disease prevention and management
3. Access to programs, interventions, and services for at-risk inner-city youth

2012 YEAR-END RESULTS

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

The most recent data for Los Angeles County indicate that 19.2% of county residents did not have a regular source of care and 11.8% could not afford to see a doctor. Furthermore, 20% of residents were uninsured in 2008. Data collected in 23 of the 54 zip codes in the KFH-Los Angeles service area show that the uninsured rate for individuals under age 65 was higher than 20%. The percentages of individuals reporting having a regular source of care varied by geography, with SPAs 4, 6, and 7 in the service area reporting a lower percentage than other regions. These regions also reported a higher percentage of adults receiving medical services at Los Angeles County Health Department facilities. Health insurance is a particular problem for immigrants who are undocumented, small business owners, or ineligible for public insurance programs. There is also a disparity in access to specialty care, particularly in medically underserved areas. The percentages of adults and children who did not obtain dental care in the past 12 months because they could not afford it were higher in the service area than in the county overall. The need for mental health services has increased, given the high level of stress due to the worsening economy and unemployment. The most frequently cited mental health issue continues to be depression. In particular, women, older adults, and American Indians had the highest rate of depression in Los Angeles.

2012 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.

2012 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 increase the number of low-income people who enroll in or maintain health care coverage.
4. Provide grant funding to increase access to health care services for low-income and uninsured individuals, including specialty care, dental, and mental health services organizations.
5. Collaborate with local community clinics to provide care to the uninsured and explore opportunities to increase integrated access to specialty care services, including surgeries and procedures for low-income, uninsured individuals.
6. Increase the frequency of and expand services provided through KFH-Los Angeles' partnerships with Asian Pacific Healthcare Venture, Inc.; Eisner Pediatric & Family Medical Center; JWCH Institute, Inc.; Korean Health, Education, Information & Research (KHEIR) Center; Hollywood Sunset Free Clinic; and The Saban Free Clinic.
7. Continue supporting the participation of Community Health Fellows, physicians, and residents at Marshall High School-based clinic operated by Asian Pacific Healthcare Venture, and Hollywood High School-based clinic operated by The Saban Free Clinic.
8. Encourage and support the increased participation of KFH-Los Angeles physicians and staff in local community clinics and nonprofit organizations.

TARGET POPULATION

Uninsured and underinsured individuals and low-income children and adults.

COMMUNITY PARTNERS

Community partners include Asian Pacific Health Care Venture; Kids' Community Dental Clinic of Burbank; Eisner Pediatric & Family Medical Center; Glendale Community Free Health Clinic; Hollywood Sunset Free Clinic (HSFC); JWCH Institute;

Inc.; Korean Health, Education, Information & Research (KHEIR) Center; Los Angeles Unified School District (LAUSD) Medical Services Division; St. John's Well Child & Family Center; The Saban Free Clinic; and Worksite Wellness LA, among others.

2012 YEAR-END RESULTS

- KFH-Los Angeles supported Asian Pacific Healthcare Venture with a \$10,000 grant to provide health care services to over 100 low-income, uninsured and underinsured patients who are unable to pay for primary health care, prevention, and other services.
- KFH-Los Angeles provided LAUSD with five examination beds valued at \$13,500 to equip the new Hollywood High Wellness Center. The Wellness Center is available to Hollywood High students in need of primary care, mental health, and a wide range of prevention services. Currently operated by LAUSD and supported by KFH-Los Angeles' Pediatrics Community Fellow and residents, this Wellness Center will open to the Hollywood High community at large once a new Federally Qualified Health Center (FQHC) community clinic operator is selected by the school district.
- A \$12,000 grant was awarded to Glendale Community Free Health Clinic to assist up to 3,800 uninsured patients with free preventive medicine, including laboratory testing, medication, radiology, and ancillary services. Clinic patients with chronic diseases such as hypertension, hyperlipidemia, diabetes, thyroid, and asthma receive care management and referrals to help reduce emergency visits and hospitalization.
- JWCH Institute received a \$10,000 grant to recruit and hire a part-time enrollment specialist to assist 200 homeless individuals eligible to enroll in the County's Healthy Way LA health services program, Medi-Cal, Social Security, Veteran Administration, and/or other publicly funded programs.
- KFH-Los Angeles supported the Kids' Community Dental Clinic of Burbank with a \$12,000 grant to provide oral health prevention education, screenings, and preventive treatments to 2,000 underserved children in schools within the greater Burbank and Northeast Los Angeles areas. The funded program aims to educate children and their parents in dental care prevention to improve oral and overall health, and to reduce the need for restorative dental care.
- Since 2004, in response to limited access to specialty care services for Los Angeles County's underserved, more than 430 children and youth received treatment under the KFH-Los Angeles/Eisner Pediatrics Specialty Care Referral Program. Each year on a continuous basis, KFH-Los Angeles pediatrics department coordinates with Eisner Pediatrics & Family Health Center to identify low-income children and youth who need specialty care services such as cardiology, dermatology, nephrology, orthopedics, ophthalmology, surgery, and urology. Once qualified for the referral program, patients receive specialty care services and follow-up care from KFH-Los Angeles physicians. In 2012, 31 Eisner patients were referred to KFH-Los Angeles for specialty care referrals and services. In addition, KFH-Los Angeles Pediatrics Community Medicine Fellow, Kiran Miitha, MD, and residents help staff a weekly clinic for pediatric patients.
- In August 2011, KFH-Los Angeles and KHEIR Center began a community clinic hub specialty care referral pilot program for patients of KHEIR Center and other participating community clinics. This program helps increase access to specialty care for the uninsured and underinsured in Los Angeles County. The program is supported by KFH-Los Angeles specialists who volunteer at KHEIR Center, providing specialty care consults in ophthalmology and rheumatology. In 2012, approximately 124 patients received specialty care consult services in the areas of ophthalmology, obstetrics and gynecology, and neurology. Since its inception in August 2011, over 220 underserved patients have received specialty care consult services and care within a community clinic setting.
- Each year, a group of KFH-Los Angeles volunteer radiologists read hundreds of x-ray films of patients from JWCH Institute, Inc.'s Center for Community Health located in Los Angeles' Skid Row. JWCH Institute is a FQHC serving the homeless and underserved in Los Angeles County. In 2012 volunteer physicians read over 2,500 x-rays films. Since its inception in 2006, more than 15,500 x-rays have been read by KFH-Los Angeles radiologists.
- KFH-Los Angeles continued to support Asian Pacific Health Care Venture's Marshall High School-based clinic located in the Los Feliz/Silverlake area. Asian Pacific Health Care Venture is a local FQHC caring for low-income, un/under-insured patients. The Marshall High clinic is staffed once a week by a Community Health Fellow (Family Medicine) and medical residents who provide teen health, HIV/STD education and prevention, sexual health information, and annual and sports physicals, as well as acute care to students.

- A team of KFH-Los Angeles' Internal Medicine residents and their faculty mentors volunteer approximately 100 hours every month at Hollywood Sunset Free Clinic. In 2012, 37 Internal Medicine residents volunteered at Hollywood Sunset Free Clinic. They delivered a wide range of services such as general medicine, chronic disease management, preventive health, and comprehensive women's health care, including domestic violence, pap smears, HIV screening, treatment of STDs, and breast cancer detection. In addition, Dr. Janani Krishnaswami, KFH-Los Angeles's Internal Medicine Community Medicine Fellow, volunteered two half days per week during the first half of the year, for a total of 36 hours per month. Dr. Kishnaswami provided direct patient services to adult and pediatric patients, as well as helped mentor rotating residents from our residency programs. During the second part of 2012, Dr. Krishawami continued to volunteer one half day per week for a total of 20 hours per month. Lastly, nine Internal Medicine residents also volunteered on a rotation basis for a total of 16–20 hours per month.
- Kaiser Permanente Southern California Region funded care- and coverage- related grants to increase access to affordable, quality health care and health insurance coverage for low-income, uninsured and underinsured individuals and families in our communities. Grants are made to support the education and potential and future enrollment of eligible individuals into publicly funded health insurance products. In 2012, Asian Pacific American Legal Center of Southern California Inc. was awarded \$200,000 to continue conducting health care reform outreach to ensure that the diverse Asian American and Pacific Islander communities in Southern California are adequately informed about the Affordable Care Act and related programs to maximize access, decision-making, and utilization of public supported health care products.
- Children Now received a grant for \$25,000 to support the organization's core operations as it educates policymakers and engages health allies to ensure that California children, including those in Orange County, have quality, affordable health coverage and access.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

To assess the progress and success in achieving the stated goals, the following indicators will be used: the number of grants awarded, total dollars provided in grants, the number of people reached through grants, the number of collaborating partners, the number of patients served through KFH-Los Angeles' partnerships with community clinics and other social services organizations, the number of people receiving charity care services, Kaiser Permanente Child Health Plan and STEPS members, and the number of individuals receiving MFA.

PRIORITIZED NEED II: ACCESS TO OBESITY, DIABETES, CANCER, HIV/AIDS, AND CHRONIC DISEASE PREVENTION AND MANAGEMENT

Despite success in increasing awareness of chronic conditions, including obesity, diabetes, cardiovascular disease, and cancer, the lack of access to culturally and linguistically appropriate services continues to be a challenge in supporting children and adults in managing their chronic conditions. In 2007, 57.4% of the population 12 and over in Los Angeles County were either overweight or obese. All but one of the six SPAs in the KFH-Los Angeles service area had an increase in overweight/obesity rate from 2003–2005 to 2007. Only SPA 5 showed a slight decrease between the two time periods. Childhood obesity is a serious threat in society. Regular physical exercise and proper eating habits are important for avoiding obesity and health conditions related to obesity. Lack of fitness and nutrition, especially among children and youth populations, contributes to obesity, which is a precursor to a host of chronic illnesses, such as diabetes. Some focus group and interview participants cited the lack of safe parks or green spaces in their communities as a reason why physical activity levels are limited among youth and adults. Also, poor diet is an increasing health concern for many families and advocates.

All regions within the KFH-Los Angeles service area had an increase in the prevalence rate of diabetes, except SPA 6. However, SPA 6 still had the highest prevalence rate. Three SPAs within the service area—SPAs 2, 4, and 6—had an increase in the prevalence rate of asthma. The service area had seen an average 2.7% increase in heart disease in 10 years. There was also an increase in hypertension and high cholesterol across all regions in the service area. Data from the 2010 CHNA indicates that Latinos and African Americans experience higher hospitalization rates due to unmanaged chronic conditions. The number of HIV/AIDS cases in the service area decreased from 2007 (847) to 2009 (435). However, a disproportionate number of cases were reported among people of color and youth. Latino and immigrant groups lacked awareness in HIV prevention and proper use of HIV medication. Although the number of HIV/AIDS cases has decreased, the number of individuals living with HIV has increased as many people living with HIV are living longer as a result of better medication. In the service area, 19,044 individuals are living with AIDS. In Los Angeles County, more than 34,335 residents were diagnosed with cancer in 2010. Most incidents were attributed to breast, colon, and cervical cancer. Even though breast cancer was still the most common form of cancer in the KFH-Los Angeles service area, it was on a downward trend, and more women over the age of 40 reported having a mammogram in 2007 or the previous two years. Plus, cultural and language limitations among the immigrant and refugee community negatively impact its ability to comfortably access health care, properly take medication, or manage a chronic illness.

2012 GOALS

1. Improve education, prevention, and management of obesity, diabetes, cardiovascular diseases, cancer, and HIV/AIDS with an emphasis on serving low-income and underserved individuals and families at high risk for chronic diseases.
2. Support programs that decrease calorie consumption (e.g., soda/sugar-sweetened beverages, portion size, snacking, and fast-food consumption) and increase consumption of fresh fruits and vegetables.
3. Increase physical activity in community and institutional settings (e.g., safe walking and biking routes, parks and hiking trails, joint use agreements, schools, and after-school settings).

2012 STRATEGIES

1. Support culturally and linguistically appropriate health education, nutrition, and wellness programs.
2. Support programs that link at-risk individuals to community health care programs and services.
3. Provide grant funding to increase access to health care services for low-income and uninsured individuals, including specialty care, dental, and mental health services organizations.
4. Support agencies and programs that provide linguistically and culturally appropriate obesity and chronic disease prevention education, self-care, and disease management to low-income, uninsured individuals.

TARGET POPULATION

Low-income and underserved individuals and families at high risk for chronic diseases.

COMMUNITY PARTNERS

Community partners include the Alliance for Housing and Healing (AHH), Bienestar Human Services, Bienvenidos Children's Center, Glendale Healthy Kids, LAUSD Hollywood Wellness Center at Hollywood High, Hope Street Family Center, St. Barnabas Senior Center of Los Angeles, URDC Human Services Corporation—Bill Moore Community Clinic, East Los Angeles YMCA, and YWCA, among others.

2012 YEAR-END RESULTS

- Bienvenidos Children's Center was awarded a \$12,000 grant to support the Health Education Awareness Team (HEART) to help establish a medical home model for the students and families of Garfield, Torres, and Wilson High Schools. The HEART Program's objective is to increase youth involvement with their respective school-based health clinics. The HEART program facilitates communication between students (peer-to-peer) and care providers to increase health access and lessen barriers or stigma regarding health care issues, including mental health, HIV/STD prevention, and reproductive health.

- KFH-Los Angeles provided Glendale Healthy Kids with a \$10,000 grant for its Fit & Ready Program to engage 350 low-income, Latino youth and their parents in healthy eating and nutrition education, including cooking classes and basic gardening principles to encourage a diet rich in fresh fruits and vegetables. This program aims to increase each child's total time of physical activity through health education and obesity prevention among children and their families.
- Hope Street Family Center received a \$10,000 grant for its Youth Fitness Program to engage 200 low-income children and their families in health prevention, wellness, and physical activities. Through this program, the center aims to engage the participating youth in community running races, yoga, and circus arts physical activities to improve core strength, flexibility, endurance, and hand-eye coordination.
- KFH-Los Angeles supported URDC Human Services Corporation's Bill Moore Community Clinic by providing \$12,000 to serve at least 450 low-income residents diagnosed with or at risk of chronic health conditions. Through its Chronic Disease Management, Education and Medical Intervention Program, URDC provides 450 or more physician visits to low-income residents diagnosed with or at risk for chronic disease; offers a minimum of 200 hours of health education to residents in its geographic service area; and provides case management, follow-up, or monitoring for health maintenance to 450 patients along with medication, supplies, and laboratory services to chronic disease patients.
- KFH-Los Angeles provided a \$10,000 sponsorship to AIDS Research Alliance to help support its prostratin cure research project as well as to continue its efforts to engage with partner agencies to increase the awareness and participation of Latinos and African Americans in HIV/AIDS research projects.
- AHH received a \$10,000 grant to support its Housing and Bridges Program to provide 300 individuals with HIV/AIDS with housing, health care, and other social services. Using a housing model, AHH clients receive appropriate HIV/AIDS treatment services. They and their families are housed in well-maintained, rental units; receive in-home supportive services from skilled personnel; and are linked to a range of social services to increase independence as well as emotional and financial stability.
- KFH-Los Angeles provided AIDS Services Center (ASC) a \$10,000 grant to support its HIV/AIDS Prevention and Treatment Program targeting HIV/AIDS-infected clients living in East Los Angeles, Glendale, Pasadena, and Los Angeles areas. ASC serves approximately 3,300 individuals with culturally sensitive HIV prevention education and testing, and coordinated comprehensive clinical services for 300 HIV/AIDS infected clients.
- Using KFH-Los Angeles' Pediatrics Obesity Clinic HEAL (Healthy Eating, Active Living) model, a team of physicians, administrators, and staff continued to partner with The Saban Free Clinic, sharing knowledge and helping to implement a school-based pediatrics obesity clinic model to help identify and prevent obesity among students at Hollywood High School.
- Kaiser Permanente Southern California Region awarded Los Angeles Conservation Corps received a \$50,000 grant to support Los Angeles Food Policy Council's efforts to improve and advance food policies that promote healthy and sustainable food systems in the Los Angeles region, including the development of a regional food hub to improve the food infrastructure and distribution system.¹
- Los Angeles Universal Preschool received a \$50,000 grant to support the Fit by 5 project to increase healthy eating and physical activities in preschools. The project is to provide trainings to preschool staff on nutrition and physical activities, and provide trainings to parents on obesity prevention and health and wellness.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

¹ This grant was distributed from the Kaiser Permanente Southern California Charitable Contribution Fund, a donor-advised fund administered by the California Community Foundation. Accordingly, the grant amount was not included in the community benefit totals for 2012 (Table A, B and 2).

MONITORING PROGRESS OF 2013 STRATEGIES

To assess the progress and success in achieving the stated goals, the following indicators will be used: the number of grants awarded, total dollars provided in grants, the number of people reached through grants, the number of organizations reached with shared assets, and the number of providers making referrals to community health programs.

PRIORITIZED NEED III: ACCESS TO PROGRAMS, INTERVENTIONS, AND SERVICES FOR AT-RISK INNER-CITY YOUTH

In the KFH-Los Angeles service area, children 0 to 18 account for 23.0% of the population. Inner-city youth face many issues that can be detrimental to their health and general well-being, including but not limited to childhood obesity, gangs, violence, teen pregnancy, HIV/STDs, alcohol and drug abuse, poverty, homelessness, and low self-esteem, which can result when children face these issues without help. In addition, 29.4% of the service area population had less than a high school education, compared to 31.0% of the overall Los Angeles County population. While violent crime and property crime rates in the county have decreased in recent years, gang-related crime, juvenile felony arrests, and homicide death rates have increased. When asked directly on the California Healthy Kids Survey from 2006–2008, “Do you consider yourself a member of a gang?” approximately 6% to 8% of girls and 11% of boys in grades 7, 9, and 11 reported that they consider themselves gang members. Students enrolled in Community Day Schools or continuation programs were more likely to report gang involvement (11.9% of girls and 21.1% of boys). Community members are concerned with gang activity and its relationship to crime proliferation, shootings, and drug-related activities. Teen pregnancy, domestic violence, and child abuse also remain as serious challenges throughout California and Los Angeles County.

2012 GOALS

1. Support community-based organizations that work to overcome issues affecting at-risk youth.
2. Strengthen partnerships with community-based organizations that focus on reducing and preventing school dropout, gang involvement, and community violence that target at-risk youth.
3. Support organizations that provide a full range of basic resources, including food, clothing, and case management to low-income and/or homeless at-risk youth.

2012 STRATEGIES

1. Partner with community-based organizations and other local agencies that provide health and social services to at-risk youth.
2. Support after-school and other programs that support academic growth and provide youth with alternatives to joining a gang.
3. Support programs for youth that focus on preventing homelessness, promoting healthy lifestyles, and improving academic achievement.

TARGET POPULATION

Low-income and underserved at-risk inner-city youth and their families.

COMMUNITY PARTNERS

Community partners include Covenant House, El Centro del Pueblo, Friends of Expo, Hamburger Home/Aviva Family and Children’s Services, Hathaway-Sycamore Child and Family Services, LACER Afterschool Programs, Los Angeles Youth Network, Police Activities Leagues (PALs), YMCA, and YWCA.

2012 YEAR-END RESULTS

- Covenant House received a \$12,000 grant to provide 400 of Hollywood’s homeless youth with health care, human services, and supportive housing services. Through its part-time health clinic, operated by JWCH Institute, Covenant

House provides onsite comprehensive, routine and urgent medical services, HIV/STD testing, and health education to runaway and homeless youth living inside and outside Covenant House's temporary housing facilities. In addition, mental health, substance abuse, educational, and employment support services are provided to homeless youth.

- KFH-Los Angeles provided Hamburger Home/Aviva Family and Children's Services a \$10,000 grant to support its Therapeutic Residential Treatment Program for at-risk adolescent girls. Many Aviva clients are high school dropouts, abused youth, and foster children who may have been involved in the juvenile justice system. The program provides mental health care and services to overcome the trauma of past abuse, neglect, or abandonment and to heal emotionally and change negative self-destructive behaviors; and enables those with histories of multiple school failures, truancy, and learning problems to return to school and earn credits toward high school graduation. They also prepare girls to return to their family/guardians or transition to emancipation or foster care.
- El Centro del Pueblo received a \$12,000 grant to support its North Central Los Angeles Networking for Community Health Outreach Program targeting 175 at-risk, underserved youth in need of a medical home. In collaboration with the Chinatown Service Center–Community Health Center (CSC), at-risk teens and young adults are linked to CSC to receive clinical, health education and prevention services. In addition, workshops are provided to increase awareness of family planning and HIV/STD prevention.
- KFH-Los Angeles awarded a \$10,000 grant to My Friend's Place to serve 1,800 homeless youth through its Health and Well-Being Program, which gives homeless youth referrals to medical and mental health care, dermatology services, and dental care. The referral system relies on strong collaborative partnerships with Children's Hospital Los Angeles, the Department of Mental Health, UCLA Homeless Mobile Health Clinic, and community clinic partners such as The Saban Free Clinic. Clients also receive individual therapy and group sessions on intimate partner abuse prevention; HIV/STD education and prevention; stress reduction and anger management; educational support services; and other topics.
- St. Anne's was provided with a \$10,000 grant to support 75 pregnant teens and young mothers enrolled in its Promoting Richer Employment Prospects (PREP) project, which provides job readiness and placement guidance to pregnant girls and young women interested in job skills and career development training. St. Anne's assists program participants in securing paid internships at St. Anne's or at other community-based organizations. The internship assignments are designed to promote the development of work behaviors that prepare these young women for permanent employment, and to lead to financial stability and self-sufficiency to support them and their families.
- Kaiser Permanente Southern California Region engaged with the Home For Good Funders Collaborative, composed of foundations, business, and financial institutions as well as city and county leadership, to collectively address homelessness in Los Angeles County. This funding was aligned with a countywide strategy to address the chronically homeless by supporting a housing first model commonly known as permanent supportive housing. In the KFH-Los Angeles service area Downtown Women's Center was awarded \$90,000 to support clients with permanent supportive housing services and Homeless Healthcare Los Angeles received \$70,000 to provide integrated and comprehensive health, mental health, substance abuse treatment, and housing assistance.²

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

To assess the progress and success in achieving the stated goals, the following indicators will be used: the number of grants awarded, total dollars provided in grants, the number of people reached through grants, the number of organizations reached with shared assets, and the number of providers making referrals to community health care and social services.

² This grant was distributed from the Kaiser Permanente Southern California Charitable Contribution Fund, a donor-advised fund administered by the California Community Foundation. Accordingly, the grant amount was not included in the community benefit totals for 2012 (Table A, B and 2).

Table 1

KAISER FOUNDATION HOSPITAL-LOS ANGELES

2012 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 | 8,381 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members | 308 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 2,425 |
| Medi-Cal managed care members | 7,930 |
| Healthy Families Program members | 6,220 |
| Health Research projects (new, continuing, and completed) | 465 |
| Nursing Research projects (new, continuing, and completed) | 7 |
| Educational Theatre – number of performances and workshops | 106 |
| Educational Theatre – number of attendees (students and adults) | 21,688 |
| Graduate Medical Education – number of programs | 25 |
| Graduate Medical Education – number of affiliated and independent residents | 241 |
| Nurse practitioner and other nursing training and education beneficiaries | 20 |
| Deloras Jones nursing scholarship recipients | 11 |
| Other health professional training and education (non-MD) beneficiaries | 38 |
| Hippocrates Circle students | 59 |
| Summer Youth and INROADS programs participants | 85 |
| Community Learning Program – Educational Outreach Program beneficiaries | 453 |
| Number of 2012 grants and donations made at the local and regional levels ¹ | 200 |

¹The vast majority of regional grants impact three or more hospitals. As such, a single regional grant may be included in the "Number of 2012 grants and donations" count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-LOS ANGELES

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$10,766,356 |
| Healthy Families ² | 2,109,112 |
| Charity care: Charitable Health Coverage programs ³ | 1,127,922 |
| Charity care: Medical Financial Assistance Program ⁴ | 9,968,669 |
| Grants and donations for medical services ⁵ | 550,198 |
| Subtotal | \$24,522,257 |
| Other Benefits for Vulnerable Populations | |
| Watts Counseling and Learning Center ⁶ | \$960,657 |
| Educational Outreach Program | 0 |
| Summer Youth and INROADS programs ⁷ | 307,731 |
| Grants and donations for community-based programs ⁸ | 356,372 |
| Community Benefit administration and operations ⁹ | 578,392 |
| Subtotal | \$2,203,152 |
| Benefits for the Broader Community¹⁰ | |
| Community health education and promotion programs | \$76,626 |
| Educational Theatre | 391,166 |
| Facility, supplies, and equipment (in-kind donations) ¹¹ | 13,672 |
| Community Giving Campaign administrative expenses | 7,734 |
| Grants and donations for the broader community ¹² | 96,424 |
| National board of directors fund | 23,354 |
| Subtotal | \$608,976 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$16,384,701 |
| Non-MD provider education and training programs ¹³ | 1,789,482 |
| Grants and donations for the education of health care professionals ¹⁴ | 42,105 |
| Health research | 1,623,092 |
| Continuing Medical Education | 560 |
| Subtotal | \$19,839,940 |
| Total Community Benefits Provided | \$47,174,324 |

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 Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Los Angeles, KFH-West Los Angeles, and KFH-Downey.
- 7 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Summer Youth students hired.
- 8 Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the 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.
- 9 The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- 10 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a number of related denominators such as the number of Educational Theatre performances or health education programs.
- 11 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.
- 12 Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 13 Amount reflects the net expenditures after tuition reimbursement for health professional education and training programs.
- 14 Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, 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.

KAISER FOUNDATION HOSPITAL (KFH)-MANTECA

1777 West Yosemite
 Manteca, CA 95337
 (209) 825-3700

The KFH-Manteca service area includes Ceres, Escalon, Farmington, French Camp, Hughson, Lathrop, Lockeford, Lodi, Manteca, Oakdale, Patterson, Ripon, Riverbank, Stockton, Tracy, and Waterford.

COMMUNITY SNAPSHOT (*COUNTY-LEVEL DATA)

| | |
|-------------------------------|----------|
| Total population: | 233,545 |
| Median age:* | 32.0 |
| Average household income:* | \$54,350 |
| Percentage living in poverty: | 9.8780% |
| Percentage unemployed: | 15.44% |
| Percentage uninsured: | 14.11% |

| | |
|-----------------------------|--------|
| White: | 47.04% |
| Latino: | 33.35% |
| African American: | 5.51% |
| Asian and Pacific Islander: | 9.14% |
| Native American: | 0.57% |
| Other: | 4.40% |

KEY STATISTICS

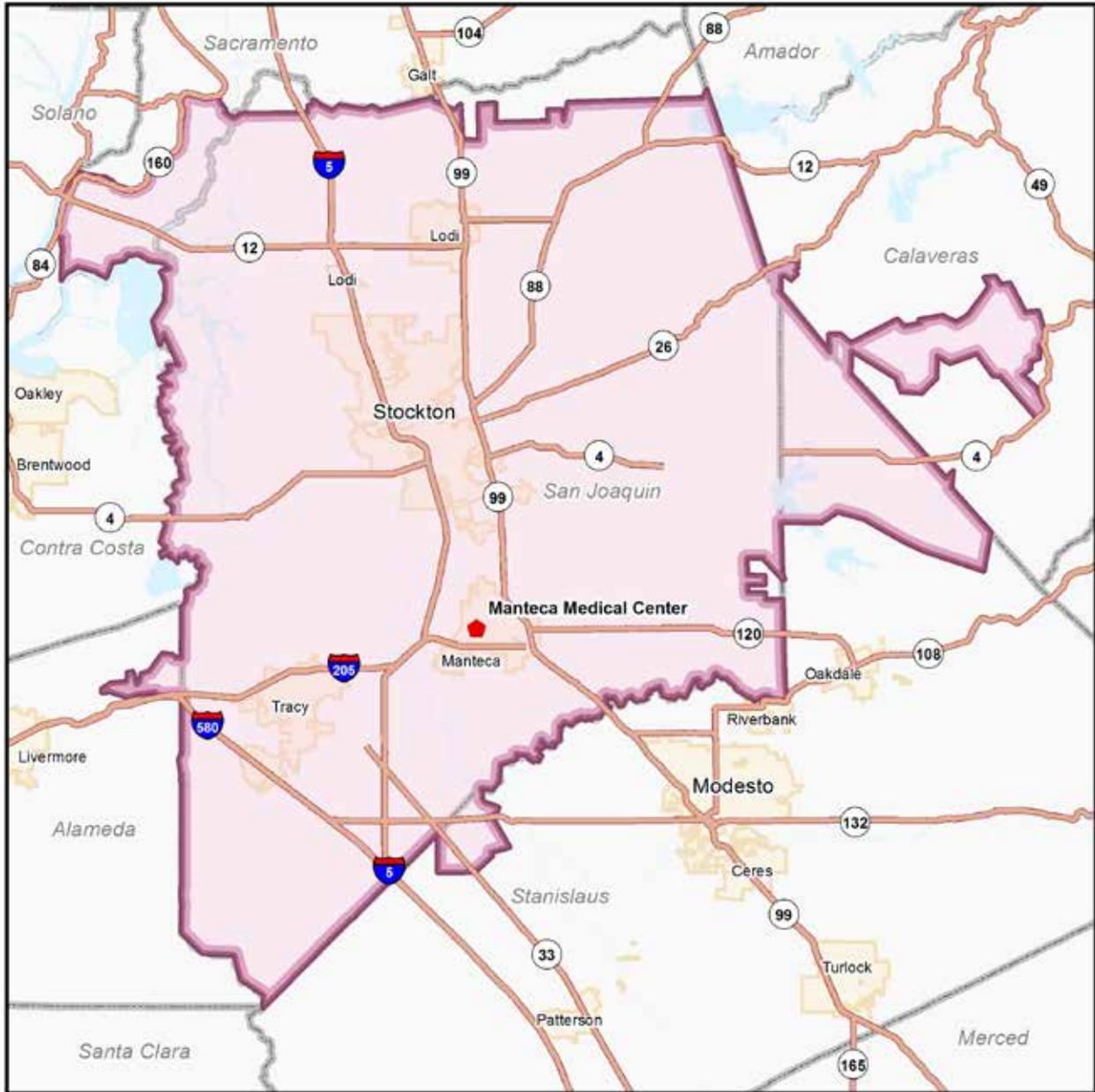
| | |
|-------------------------------------|--------|
| Year opened: | 2004 |
| KFH full-time equivalent personnel: | 367.7 |
| KFHP members in KFH service area: | 75,404 |

| | |
|------------------------|--------|
| Total licensed beds: | 99 |
| Inpatient days: | 13,178 |
| Emergency room visits: | 23,222 |

KEY LEADERSHIP AT KFH-MANTECA

| | |
|-----------------------|--|
| Corwin N. Harper | Senior Vice President and Area Manager |
| Sharon E. Kelley | Chief Operating Officer |
| Christopher M. Neuman | Area Finance Officer |
| Moses Elam, MD | Physician in Chief |
| Linda Mann | Area Medical Group Administrator |
| Melanie Hatchel | Public Affairs Director |
| Marie Sanchez | Community Benefit/Community Health Manager |

KFH Manteca Medical Center Area



- KFH Medical Center
- KFH Medical Center Area
- Cities and Towns
- County Boundary

Sources: Kaiser Foundation Hospital/Health Plan, U.S. Census Bureau, Census 2010 TIGER/Line.
 Maps Produced by: the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES), March 2013.



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

Data for the 2010 CHNA were collected through self-administered surveys and secondary data analysis. Primary data were obtained from telephone and face-to-face surveys of San Joaquin County residents. In August 2010, Applied Survey Research conducted telephone surveys (to landlines and cell phones) in both English and Spanish with 431 randomly selected residents 18 and older. Secondary data were collected from a variety of sources, including the U.S. Census; federal, state, and local agencies; academic and health care institutions; economic development groups; and electronic databases.

KEY FINDINGS FROM THE 2010 CHNA

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

Health Insurance and Access to Care:

- The number of uninsured residents in San Joaquin County nearly doubled between 2005 (16%) and 2009 (28%) and remains higher than the state rate of 24%.
- While 96% of telephone survey respondents reported that their children had some form of health insurance in 2010, only 86% of telephone survey respondents reported that their children had dental insurance.
- 24% of San Joaquin County residents were insured through Medi-Cal in 2009.
- 31% of survey respondents reported a lack of medical insurance as the reason they were unable to receive the mental health treatment they needed, and 50% reported that their medical insurance did not cover mental health care.

Obesity:

- 28% of telephone survey respondents were obese and an additional 41% were overweight in 2009.
- 23% of county children 5 to 19 were overweight or obese in 2008, higher than the overall California rate of 17%.

Chronic Diseases:

- In 2009, 38,500 individuals (9% of all residents) were diagnosed with diabetes in San Joaquin County.
- Of those diagnosed with diabetes, 87% had an A1c test, 81% had an eye exam, and 69% had their feet examined.
- 17% of adult telephone survey respondents reported having been diagnosed with asthma. However, only half (52%) reported that they had been treated for their asthma.
- 34% of respondents reported that their child had been diagnosed with asthma; of those children, 78% had been treated by a doctor and 68% had an asthma management plan.

Basic Needs:

- 18% of telephone survey respondents went without a basic need in the last year, 49% of whom went without food.
- In the 2009–2010 school year, 59% of all San Joaquin County students were receiving free or subsidized meals.
- In 2009, 9% of residents were receiving food stamps, compared to 6% statewide.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-MANTECA SERVICE AREA

1. Access to health insurance coverage and health care services

2. Obesity and overweight
3. Chronic diseases
4. Basic needs

2012 YEAR-END RESULTS

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

KFH-Manteca is committed to Kaiser Permanente Northern California Region's priority of addressing the needs of the uninsured. San Joaquin County residents continue to struggle more than the average Californian. Sixteen percent of San Joaquin County residents are living in poverty; the statewide rate is 14%. The number of uninsured residents in San Joaquin County at 28% is higher than the state rate of 24%. These comparisons and other findings in the assessment are more alarming when San Joaquin County's growth rate, which is faster than the state rate, is taken into consideration.

2012 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.

2012 STRATEGIES

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 the Medical Financial Assistance (MFA) program and maximize efficiencies.
3. Provide grant funding to support community outreach and retention efforts.
4. Provide grant funding to support an increase in access to health care wellness programs and services to include dental and optical services.
5. Provide grant funding to support increased access to health care wellness programs.
6. Create partnerships with other funding organizations such as First 5 of San Joaquin to create a strategy that supports insurance outreach, enrollment, and retention.
7. Leverage Kaiser Permanente intellectual capital to increase community access to community resources.

TARGET POPULATION

The underserved and underinsured, low-income children, adults, families, and others in the community.

COMMUNITY PARTNERS

Community partners include Catholic Charities Diocese of Stockton, Charterhouse Partnership for Families, Community Medical Centers, Inc., and Health Plan of San Joaquin.

2012 YEAR-END RESULTS

- KFH-Manteca and KFH-Modesto awarded Catholic Charities of the Diocese of Stockton a \$39,982 grant to support the Children's Health Initiative program, which will provide outreach, enrollment, and case management services for the utilization and retention of health insurance plans services for 1,440 children.
- Planned Parenthood Mar Monte, Inc. was awarded a \$40,000 grant to support Improving Women's Health, a project designed to increase knowledge of and access to reproductive health care for women by providing health education and outreach regarding the Family PACT Program.
- St. Mary's Interfaith Community Services was awarded a \$40,000 grant to support increasing access to health care for the uninsured, a program that will focus on diabetes patients and increase access to medical care for 14,000 uninsured in San Joaquin County.

- San Joaquin County of Public Health Services was awarded a \$75,000¹ grant to support HIV/AIDS screening and prevention, which will increase HIV screening rates among populations with highest incidence. Specifically, African American and Latino men and women and those 13 to 29.
- University of the Pacific was awarded a \$73,415 grant to support a comprehensive community health clinic that will provide a comprehensive community health services for more than 700 uninsured individuals while providing training for dental, pharmacy, and health sciences students and residents.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The goals will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Manteca will monitor progress by requiring grantees to submit semiannual and year-end reports that demonstrate the number of people served by their efforts and the success rate of measurable objectives.

PRIORITIZED NEED II: OBESITY AND OVERWEIGHT

According to the U.S. Surgeon General's office, obesity is now the fastest-growing cause of illness and death in America today. The San Joaquin Valley faces alarming rates of obesity among all age groups, leading to equally alarming rates of childhood and adult diabetes, heart disease, high blood pressure, and other obesity-related illnesses. A recent study by the Central Valley Health Policy Institute at California State University, Fresno, revealed that the percentage of overweight and obesity in the valley is significantly higher than the statewide average: 65% of adults 18 to 64 compared to 56.2% statewide, 63% of seniors compared to 55.7%, and 15.5% of adolescents 12 to 17 compared to 14.2%. More young people 5 to 19 are overweight or obese in San Joaquin County (23%) than in California overall (17%).

2012 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).

2012 STRATEGIES

1. Provide grant funding to support school-based initiatives such as Rethink Your Drink campaigns and portion control.
2. Provide grant funding to support existing and expanding healthy food outreach programs.
3. Provide grant funding to support local Safe Routes to School efforts.
4. Provide health education materials to schools and utilize physician champions and Kaiser Permanente's Educational Theatre Programs (ETP).
5. Leverage internal health education resources for the benefit of food banks, schools, and school parent organizations.

¹ This grant was distributed from the Kaiser Permanente Fund for Community Benefit, a donor-advised fund established in late-2004 and administered by the East Bay Community Foundation. Accordingly, the grant amount was not included in the community benefit totals for 2012 (Table A, B, and 2).

TARGET POPULATION

Low-income families, children, adults, and seniors who have or are at risk for developing obesity.

COMMUNITY PARTNERS

Community partners include Community Medical Centers, Inc., Community Partnership for Families, Give Every Child A Chance, San Joaquin County Office of Education, and Second Harvest Food Bank of San Joaquin and Stanislaus Counties.

2012 YEAR-END RESULTS

- Boys & Girls Clubs of Tracy, Inc. received a \$20,000 grant to support Include My Health, a program focused on improving fitness levels of youth 6 to 18 with disabilities to decrease childhood obesity.
- Give Every Child A Chance was awarded a \$40,000 grant to support Start Health Instruction/Nutrition Early, an obesity prevention program designed to encourage healthy eating and increased activity through nutrition education and moderate to vigorous physical activity during after-school programs for more than 1,525 students. Curriculum and activities address childhood obesity, encourage healthy eating, and teach proper nutrition, anatomy, and hygiene.
- San Joaquin County Office of Education received a \$75,000 grant that supports Exercise Across California, a fitness program that aims to increase participants' aerobic capacity and targets more than 1,100 4th and 5th graders who attend low-income elementary schools throughout San Joaquin County.
- University of the Pacific also received a \$9,999 grant to support Healthy Children 2012: Reducing the Impact of Childhood Obesity in San Joaquin, which promotes healthful physical activity, nutrition, and school-related body mechanics among more than 5,000 underserved children at more than 30 participating schools.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The goals will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Manteca will monitor progress by requiring grantees to submit semiannual and year-end reports that demonstrate the number of people served by their efforts and the success rate of measurable objectives.

PRIORITIZED NEED III: CHRONIC DISEASES

Chronic diseases are the leading causes of death and disability in the United States. According to 2007 CHIS data, the prevalence rates for asthma (16.7%), heart disease (8%), and type 2 diabetes among children under 18 (8.7%) in San Joaquin County are above statewide rates. Type 2 diabetes accounts for 83.8% of the total amount of diabetes in San Joaquin County. Much of the chronic disease burden is preventable and/or controllable with a healthy lifestyle and an environment that supports healthy choices. Physical inactivity and unhealthy eating contribute to obesity and a number of chronic diseases, including some cancers, cardiovascular disease, stroke, osteoporosis, and type 2 diabetes.

2012 GOALS

1. Increase access to prevention and early detection programs focused on chronic conditions, including diabetes, obesity, and cardiovascular diseases.
2. Improve access to chronic disease self-management tools.
3. Improve utilization and compliance of care plans in the management of chronic diseases.

4. Support mental health programs as a barrier to improved utilization and compliance of care plans in the management of chronic diseases.

2012 STRATEGIES

1. Provide grant funding to support prevention of chronic disease to safety nets, schools, and community-based organizations.
2. Provide grant funding to support increased access to chronic disease self-management tools.
3. Provide grant funding to support increased utilization and patient compliance to chronic disease care plans.
4. Increase access to ETP at local schools.
5. Leverage Kaiser Permanente health education materials and utilize physician ambassadors in community presentations.
6. Provide technical assistance (TA) and support for community coalitions such as Healthy San Joaquin Collaborative.
7. Provide grant funding to support mental health programs as a barrier to improved utilization and compliance of care plans in the management of chronic diseases.

TARGET POPULATION

Low-income families, children, adults, and seniors who have or are at risk for developing obesity, diabetes, and cardiovascular diseases, particularly African Americans and Latinos.

COMMUNITY PARTNERS

Community partners include Community Medical Centers, Inc. (CMC), Community Partnership for Families, Give Every Child A Chance, San Joaquin County Office of Education, Second Harvest Food Bank of San Joaquin and Stanislaus Counties, and St. Mary's Interfaith Community Services.

2012 YEAR-END RESULTS

- San Joaquin County Public Health Services was awarded a \$50,000 grant to support Managing Diabetes in San Joaquin, a campaign targeting all county residents and designed to reduce the number of deaths due to diabetes by increasing both patient management of diabetes and community leaders' awareness of the county's diabetes problem and opportunities for prevention.
- Youth for Christ USA, Inc. received a \$45,247 grant to support the Reducing School Violence Partnership program. A minimum of 2,200 teens attending Stockton Unified School District schools will attend workshops and receive interventions designed to increase resiliency and decrease school violence. Students will access individual counseling and case management services to assist in the reduction of high-risk behaviors among teens.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The goals will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Manteca will monitor progress by requiring grantees to submit semiannual and year-end reports that demonstrate the number of people served by their efforts and the success rate of measurable objectives.

PRIORITIZED NEED IV: BASIC NEEDS

Nearly 16.5% of the population in San Joaquin County was without any health insurance at some point in 2008. Since most people have employment-based coverage, health insurance rates are linked to employment rates. The unemployment rate in San Joaquin County in January 2010 was estimated at 18.4%, up from 17.0% in December 2009, and above the December 2008 estimate of 14.6 percent. This compares with an unadjusted unemployment rate of 13.2% for California and 10.6% for the nation in January 2010.

2012 GOAL

Increase knowledge and access to self-sufficiency services such as health insurance and government and community programs.

2012 STRATEGIES

1. Provide grant funding to support enrollment assistance programs.
2. Provide access to local resources on Community Benefit site.

TARGET POPULATION

The underserved and underinsured, low-income children, adults, families, and others in the community.

COMMUNITY PARTNERS

Community partners include Community Partnership for Families, Charterhouse for Families, Give Every Child A Chance, San Joaquin County Office of Education, Second Harvest Food Bank of San Joaquin and Stanislaus Counties, St. Mary's Interfaith Community Services, and Women's Center of San Joaquin.

2012 YEAR-END RESULTS

- Community Partnership for Families of San Joaquin received a \$75,000 grant to support Three Tier Family Support and Involvement, a program that aims to serve more than 9,000 individuals through Family Resource Centers that deliver an array of integrated on-site services to stabilize families that require immediate assistance with basic needs.
- KFH-Manteca and KFH-Modesto awarded Second Harvest Food Bank of San Joaquin and Stanislaus Counties a \$10,000 grant to support Food 4 Thought, which addresses the nutritional needs of hungry schoolchildren, offers them the incentive to improve their academic skills, and provides 15 to 18 pounds of nutritious groceries twice a month. Food 4 Thought operates through existing tutorial programs. Participants receive eight hours of after-school tutorial and recreational activities each week.
- Women's Center of San Joaquin received a \$40,000 grant to support Community Youth Violence Prevention, a program designed to educate children, youth, parents, teachers, and child care providers about sexual assault and other forms of social violence. The aim is to prevent child abuse and other forms of violence perpetrated against children and youth by their peers and/or by adults.

2013 GOALS UPDATE

The goal will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Manteca will monitor progress by requiring grantees to submit semiannual and year-end reports that demonstrate the number of people served by their efforts and the success rate of measurable objectives.

Table 1

KAISER FOUNDATION HOSPITAL-MANTECA

2012 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: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 1,988 |
| Medi-Cal Managed Care members | 8 |
| Healthy Families Program members | 2,819 |
| Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) ¹ members | 50 |
| Nursing Research projects (new, continuing, and completed) | 1 |
| Educational Theatre Programs – number of performances and workshops | 22 |
| Educational Theatre Programs – number of attendees (students and adults) | 6,667 |
| Graduate Medical Education – number of programs | 2 |
| Nurse practitioner and other nursing training and education beneficiaries | 12 |
| Other health professional training and education (non-MD) beneficiaries | 2 |
| Summer Youth and INROADS programs participants | 3 |
| Number of 2012 grants and donations made at the local and regional levels ² | 51 |

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

²The vast majority of regional grants impact three or more local hospitals. As such, a single regional grant may be included in the “Number of 2012 grants and donations” count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-MANTECA
COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|--------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | -\$83,208 |
| Healthy Families ² | 1,342,328 |
| Charity care: Charitable Health Coverage programs ³ | 1,574,067 |
| Charity care: Medical Financial Assistance Program ⁴ | 2,189,093 |
| Grants and donations for medical services ⁵ | 360,610 |
| Subtotal | \$5,382,889 |
| Other Benefits for Vulnerable Populations | |
| Summer Youth and INROADS programs ⁶ | \$14,576 |
| Grants and donations for community-based programs ⁷ | 54,485 |
| Community Benefit administration and operations ⁸ | 235,252 |
| Subtotal | \$304,313 |
| Benefits for the Broader Community⁹ | |
| Community health education and promotion programs | \$6,825 |
| Educational Theatre Programs | 157,461 |
| Facility, supplies, and equipment (in-kind donations) ¹⁰ | 0 |
| Community Giving Campaign administrative expenses | 4,503 |
| Grants and donations for the broader community ¹¹ | 498,809 |
| National board of directors fund | 10,346 |
| Subtotal | \$677,944 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$0 |
| Non-MD provider education and training programs ¹² | 178,657 |
| Grants and donations for the education of health care professionals ¹³ | 10,238 |
| Health research | 1,739,163 |
| Subtotal | \$1,928,058 |
| Total Community Benefits Provided | \$8,293,204 |

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 the general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 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.

KAISER FOUNDATION HOSPITAL (KFH)-MODESTO

4601 Dale Road
 Modesto, CA 95356
 (209) 735-5000

The KFH-Modesto service area includes Ceres, Hughson, Modesto, Newman, Oakdale, Patterson, Riverbank, Turlock, and Waterford.

COMMUNITY SNAPSHOT (*COUNTY-LEVEL DATA)

| | |
|-------------------------------|----------|
| Total population: | 529,787 |
| Median age:* | 32.2 |
| Average household income:* | \$50,094 |
| Percentage living in poverty: | 16.29% |
| Percentage unemployed: | 16.37% |
| Percentage uninsured: | 17.60% |

| | |
|-----------------------------|--------|
| White: | 47.70% |
| Latino: | 40.28% |
| African American: | 2.69% |
| Asian and Pacific Islander: | 4.87% |
| Native American: | 0.71% |
| Other: | 3.75% |

KEY STATISTICS

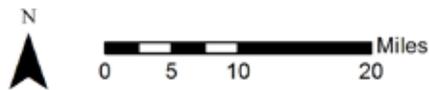
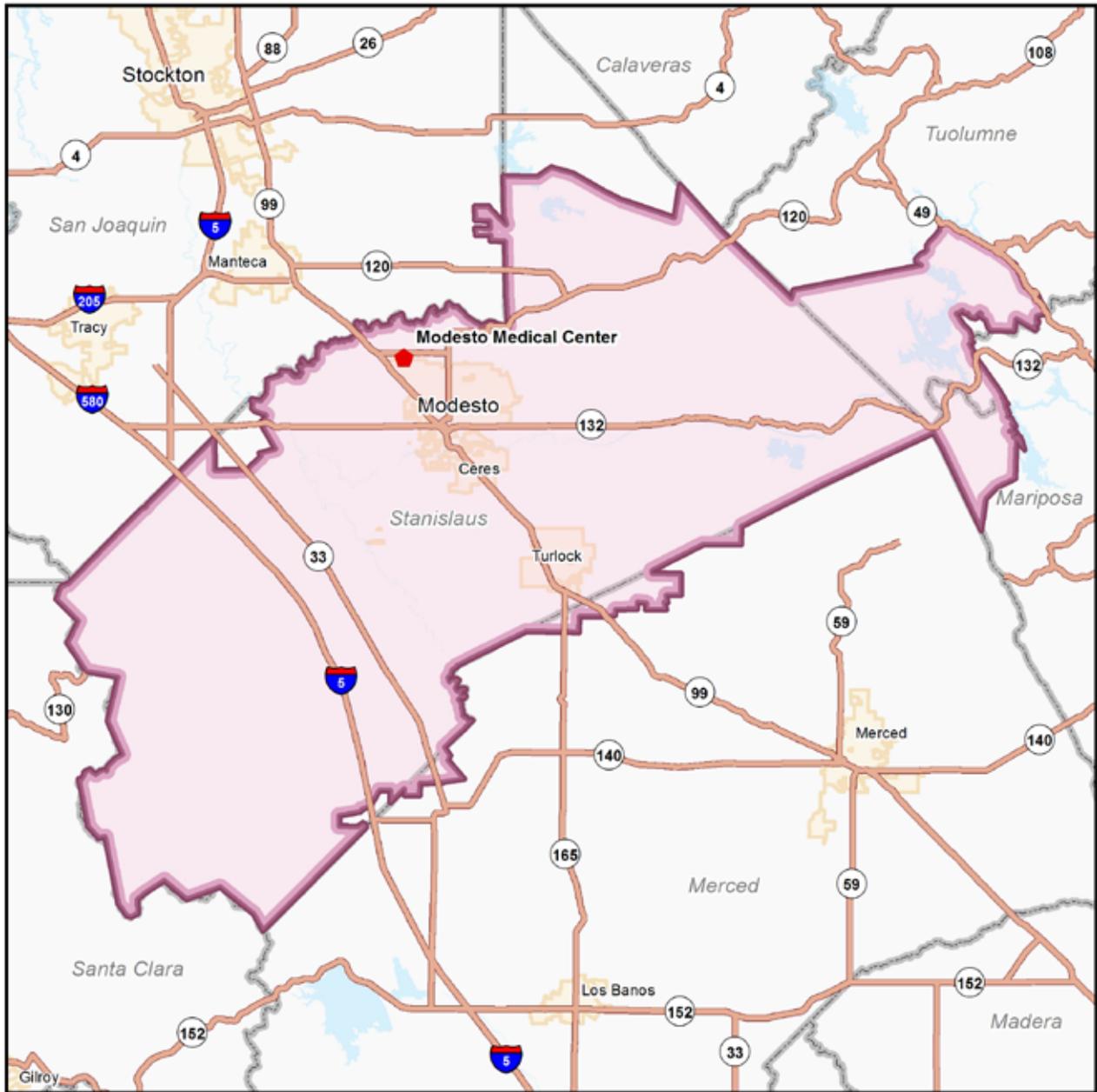
| | |
|-------------------------------------|---------|
| Year opened: | 2008 |
| KFH full-time equivalent personnel: | 1,014.7 |
| KFHP members in KFH service area: | 94,371 |

| | |
|------------------------|--------|
| Total licensed beds: | 140 |
| Inpatient days: | 28,163 |
| Emergency room visits: | 34,230 |

KEY LEADERSHIP AT KFH-MODESTO

| | |
|-----------------------|--|
| Corwin N. Harper | Senior Vice President and Area Manager |
| Sharon E. Kelley | Chief Operating Officer |
| Christopher M. Neuman | Area Finance Officer |
| Moses Elam, MD | Physician in Chief |
| Linda Mann | Area Medical Group Administrator |
| Melanie Hatchel | Public Affairs Director |
| Marie Sanchez | Community Benefit/Community Health Manager |

KFH Modesto Medical Center Area



- KFH Medical Center
- Cities and Towns
- KFH Medical Center Area
- County Boundary

Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
Maps Produced by: the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES). March 2013.



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

The 2010 CHNA was a collaborative effort by KFH-Modesto and the Stanislaus County Health Services Agency, Public Health Department, to guide the Central Valley Community Benefit Committee in selecting priority needs for its service area. Data were collected through telephone surveys and from secondary data sources. In August 2010, Applied Survey Research conducted telephone surveys in both English and Spanish with 400 randomly selected residents 18 and older. The surveys were conducted on both landlines and cell phones. Secondary data were collected from a variety of sources, including the U.S. Census Bureau; federal, state, and local agencies; academic and health care institutions; economic development groups; and electronic databases.

KEY FINDINGS FROM THE 2010 CHNA

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

Health Insurance and Access to Care:

- 85% of 2010 Stanislaus County telephone survey respondents had health insurance. When this percentage is broken down by ethnicity, however, 93% of White survey respondents and only 61% of Latino respondents reported having health insurance.
- 17% of Stanislaus County residents were enrolled in Medi-Cal in 2007, slightly higher than the statewide rate (16%).
- In 2010, the top reasons why respondents couldn't receive the health care they needed were not having health insurance (55%), unable to afford it (32%), and unable to find a doctor who would accept public health insurance (23%).

Obesity:

- 34% of 2010 survey respondents in Stanislaus County were obese and 34% were overweight.
- 40% of survey respondents reported that they were "very concerned" about obesity in their community.
- 24% of county children 5 to 19 were obese, slightly higher than the state rate of 23%.

Chronic Diseases:

- 12% of adult telephone survey respondents reported having been diagnosed with asthma.
- 20% of respondents reported that their children had been diagnosed with asthma.
- 9% of county residents had been diagnosed with diabetes in 2009. Of those, 79% had an A1c test, 59% had an eye exam, and 61% had their feet examined.
- Diabetes was one of the leading causes of death in 2008 and cited as the primary cause of 107 deaths in the county.

Basic Needs:

- In 2009, 17% of all Stanislaus County residents were living below the federal poverty level, somewhat higher than the state rate (14%).
- 18% of respondents reported that they had gone without basic needs (such as food, child care, health care, or clothing) in the past year.
- Of the 2010 survey respondents who had gone without basic needs, 52% went without food, 49% went without health care, 45% went without clothing, and 42% went without dental care.

- 30% of all households in Stanislaus County did not meet the Self-Sufficiency Standard in 2007. Of the county's Latino households, 45% fell below the Self-Sufficiency Standard.
- The 2009 unemployment rate in Stanislaus County was 16%, up from 9% in 2005. Unemployment rates in 2009 varied from city to city; Keyes had an unemployment rate of 28%, while Turlock's was at 12%.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-MODESTO SERVICE AREA

1. Access to health insurance coverage and health care services
2. Obesity and overweight
3. Chronic diseases
4. Basic needs

2012 YEAR-END RESULTS

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

According to the most recent census data, more than 90,000 people are uninsured in Stanislaus County. An additional 105,000 low-income residents are enrolled in the state's Medi-Cal program. Over the past five years, applications to the county's Indigent Adult Health Services program for the uninsured has risen more than 40%. In July 2009, the dental, podiatry, and psychology benefits for 55,000 Stanislaus County adults on Medi-Cal were eliminated. In addition, the county Health Services Agency has been hit hard by the recession, which has resulted in the elimination of 126 positions since 2005, and consequently, 14,000 fewer patients are being seen today than were five years ago.

2012 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.

2012 STRATEGIES

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 the Medical Financial Assistance (MFA) program and maximize efficiencies.
3. Provide grant funding to support community outreach and retention efforts.
4. Provide grant funding to support an increase in access to health care wellness programs and services to include dental and optical services.
5. Provide grant funding to support increased access to health care wellness programs.
6. Create partnerships with other funding organizations such as First 5 of San Joaquin to create a strategy that supports insurance outreach, enrollment, and retention.
7. Leverage Kaiser Permanente intellectual capital to increase community access to community resources.

TARGET POPULATION

The underserved and underinsured, low-income children, adults, families, and others in the community.

COMMUNITY PARTNERS

Community partners include Golden Valley Health Centers (GVHC), Hughson Family Resource Center, and Salvation Army.

2012 YEAR-END RESULTS

- GVHC received a \$45,000 grant from Kaiser Permanente Northern California Region for its 2012–2013 Outreach, Enrollment, Retention, and Utilization program, which will provide screening and enrollment assistance to children and their families in Stanislaus County to ensure improved access to care through continuous program eligibility.
- GVHC also received a \$48,845 grant for its Patient Self-Management Care Support program, which will develop processes for the documentation and reporting of patient self-management goals and tools to support a team approach to patient empowerment.
- Hughson Family Resource Center received a \$49,000 grant to support Neighborhood Connections for Southeast Stanislaus, a program that will increase knowledge of mental health self-care and access to mental health and self-sufficiency services.

- Salvation Army received a \$50,000 grant to support Salvation Army Collaborative Health Clinic, a free clinic serving uninsured and underinsured homeless individuals that offers access or improved access to medical services.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The goals will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Modesto will monitor progress by requiring grantees to submit semiannual and year-end reports that demonstrate the number of people served by their efforts and the success rate of measurable objectives.

PRIORITIZED NEED II: OBESITY AND OVERWEIGHT

In addressing obesity and combating chronic disease, two necessary elements support and create lasting changes: personal behavior modifications and measures that support the adoption of healthy behaviors. Eating healthy and increasing physical activity are two behavior changes that a person can adopt. Access to healthy foods and a built environment that facilitates and promotes physical activity are imperative to sustaining and encouraging the level of behavior change necessary to address the obesity epidemic and to combat chronic disease. Many Stanislaus County residents exhibited unhealthy lifestyles, with 68% of survey respondents overweight or obese in 2010 and a high incidence of chronic illness.

2012 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).

2012 STRATEGIES

1. Provide grant funding to support school-based initiatives such as Rethink Your Drink campaigns and portion control.
2. Provide grant funding to support existing and expanding healthy food outreach programs.
3. Provide grant funding to support local Safe Routes to School efforts.
4. Provide health education materials to schools and utilize physician champions and Kaiser Permanente Northern California Region's Educational Theatre Programs (ETP).
5. Leverage internal health education resources for the benefit of food banks, schools, and school-parent organizations.

TARGET POPULATION

Low-income families, children, adults, and seniors who have or are at risk for developing obesity.

COMMUNITY PARTNERS

Community partners include DMC Foundation, Hughson Family Resource Center, Stanislaus Multi-Cultural Community Health Coalition, Tuolumne River Trust, and United Samaritans Foundation.

2012 YEAR-END RESULTS

- DMC Foundation received a \$49,917 grant for the Preventing Diabetes in Children program, which will strive to prevent diabetes in children through assessments, educational sessions, and increasing access to health care services for children at risk for diabetes.
- Hughson Family Resource Center was awarded a \$14,600 grant to support the Family Wellness and Fitness program, which will provide fitness camps and nutrition education for 200 community members.
- Stanislaus Multi-Cultural Community Health Coalition received a \$1 million multiyear grant (\$249,336¹ in 2012) from Kaiser Permanente Northern California Region. As one of seven HEAL (Healthy Eating Active Living) Zone Initiative sites, the coalition will implement strategies to support behavior change (i.e., eating better and moving more as part of daily life) among community residents.
- Tuolumne River Trust was awarded a \$20,000 grant to support Get Up N' Go Kids, a program that will address obesity issues in Modesto's Airport Neighborhood by increasing families' access to and knowledge of a healthy lifestyle.
- United Samaritans Foundation received a \$5,000 grant to support the Daily Bread Mobile Lunch program, which will increase access to fruits and vegetables for program participants.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The goals will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Modesto will monitor progress by requiring grantees to submit semiannual and year-end reports that demonstrate the number of people served by their efforts and the success rate of measurable objectives.

PRIORITIZED NEED III: CHRONIC DISEASES

Chronic diseases are noncommunicable illnesses that are prolonged in duration, do not resolve spontaneously, and are rarely cured completely. Examples of chronic diseases include cardiovascular and heart disease, cancer, stroke, diabetes, respiratory illnesses, and arthritis. The 2007 Stanislaus County Public Health Report noted that each year more people in the county die from cardiovascular and heart disease than from any other cause. Stanislaus County has consistently ranked among the top three worst counties in the state for death rates due to heart disease. In general, chronic diseases are the major cause of death and disability in Stanislaus County.

2012 GOALS

1. Increase access to prevention and early detection programs focused on chronic conditions, including diabetes, obesity, and cardiovascular diseases.
2. Improve access to chronic disease self-management tools.
3. Improve utilization and compliance of care plans in the management of chronic diseases.
4. Support mental health programs as a barrier to improved utilization and compliance of care plans in the management of chronic diseases.

¹ This grant was distributed from the Kaiser Permanente Fund for Community Benefit, a donor-advised fund established in late 2004 and administered by East Bay Community Foundation. Accordingly, the grant amount was not included in the Community Benefit totals for 2012 (Tables A, B, and 2).

2012 STRATEGIES

1. Provide grant funding to support prevention of chronic disease to safety nets, schools, and community-based organizations.
2. Provide grant funding to support increased access to chronic disease self-management tools.
3. Provide grant funding to support increased utilization and patient compliance to chronic disease care plans.
4. Increase access to ETP at local schools.
5. Leverage Kaiser Permanente's health education materials and utilize physician ambassadors in community presentations.
6. Provide technical assistance (TA) and support for community coalitions such as the HEART coalition.
7. Provide grant funding to support mental health programs as a mechanism to improve utilization of and compliance with care plans in the management of chronic diseases.

TARGET POPULATION

Low-income families, children, adults, and seniors who have or are at risk for developing obesity, diabetes, and cardiovascular diseases, particularly African Americans and Latinos.

COMMUNITY PARTNERS

Community partners include Healthy Aging Association and Sierra Vista Child and Family Services.

2012 YEAR-END RESULTS

- Healthy Aging Association received a \$42,118 grant to support Young at Heart, a fall prevention education and outreach program. Twelve hundred unduplicated seniors will participate in Young at Heart's strength training program, and 150 unduplicated seniors will participate in the aerobics program. The participants, who are members of Stanislaus County's vulnerable and underinsured 60 and older population, will improve their health outcomes and prevent premature decline, disability, and death through strength, flexibility, and wellness programs.
- Sierra Vista Child and Family Services was awarded a \$50,000 grant to support mental health services (counseling and prevention of substance abuse and violence) for youth 6 to 17 and their families.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The goals will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Modesto will monitor progress by requiring grantees to submit semiannual and year-end reports that demonstrate the number of people served by their efforts and the success rate of measurable objectives.

PRIORITIZED NEED IV: BASIC NEEDS

Stanislaus County residents appear to be struggling to meet their health, economic, and social needs. In 2009, nearly 26% of county residents over age 25 had not completed high school and 17% of county residents were living in poverty. Eighteen percent of 2010 survey respondents reported that they had gone without basic needs in the past year, and of those, 52% went without food, 49% went without health care, 45% went without clothing, and 42% went without dental care.

2012 GOALS

Increase knowledge and access to self-sufficiency services such as health insurance and government and community programs.

2012 STRATEGIES

1. Provide grant funding to support enrollment assistance programs.
2. Provide access to local resources on Community Benefit site.

TARGET POPULATION

The underserved and underinsured, low-income children, adults, families, and others in the community.

COMMUNITY PARTNERS

Community partners include Education Foundation of Stanislaus County and United Way of Stanislaus County.

2012 YEAR-END RESULTS

- United Way of Stanislaus County received a \$26,000 grant to conduct focus groups about the health needs of Stanislaus residents. Data will be used to determine how United Way of Stanislaus County will direct its funding in the community.
- United Way of Stanislaus County was awarded a \$40,000 grant to support the Stanislaus County 2-1-1/Health Insurance Enrollment Program, which provides vital health and human services information and referrals to nearly 4,500 individuals each year.
- United Way of Stanislaus County also received a \$50,000 grant from Kaiser Permanente Northern California Region to support the Stanislaus County 2-1-1/Health Insurance Enrollment Program, which provides vital health and human information and referrals to residents/individuals to assist those in need of community services.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Modesto will monitor progress by requiring grantees to submit semiannual and year-end reports that demonstrate the number of people served by their efforts and the success rate of measurable objectives.

Table 1

KAISER FOUNDATION HOSPITAL-MODESTO

2012 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: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 7,931 |
| Medi-Cal Managed Care members | 15 |
| Healthy Families Program members | 4,147 |
| Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) ¹ members | 50 |
| Nursing Research projects (new, continuing, and completed) | 6 |
| Educational Theatre Programs – number of performances and workshops | 114 |
| Educational Theatre Programs – number of attendees (students and adults) | 22,870 |
| Graduate Medical Education – number of programs | 1 |
| Graduate Medical Education – number of affiliated and independent residents | 30 |
| Nurse practitioner and other nursing training and education beneficiaries | 1 |
| Deloras Jones nursing scholarship recipients | 18 |
| Other health professional training and education (non-MD) beneficiaries | 15 |
| Number of 2012 grants and donations made at the local and regional levels ² | 53 |

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

²The vast majority of regional grants impact three or more local hospitals. As such, a single regional grant may be included in the “Number of 2012 grants and donations” count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-MODESTO

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$1,605,704 |
| Healthy Families ² | 12,530 |
| Charity care: Charitable Health Coverage programs ³ | 4,391,039 |
| Charity care: Medical Financial Assistance program ⁴ | 973,871 |
| Grants and donations for medical services ⁵ | 504,455 |
| Subtotal | \$7,487,598 |
| Other Benefits for Vulnerable Populations | |
| Summer Youth and INROADS programs ⁶ | \$211,767 |
| Grants and donations for community-based programs ⁷ | 53,821 |
| Community Benefit administration and operations ⁸ | 289,398 |
| Subtotal | \$554,987 |
| Benefits for the Broader Community⁹ | |
| Community health education and promotion programs | \$8,542 |
| Educational Theatre Programs | 148,872 |
| Facility, supplies, and equipment (in-kind donations) ¹⁰ | 0 |
| Community Giving Campaign administrative expenses | 5,636 |
| Grants and donations for the broader community ¹¹ | 363,463 |
| National board of directors fund | 12,949 |
| Subtotal | \$539,461 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$128,769 |
| Non-MD provider education and training programs ¹² | 279,753 |
| Grants and donations for the education of health care professionals ¹³ | 11,007 |
| Health research | 2,176,643 |
| Subtotal | \$2,596,173 |
| Total Community Benefits Provided | \$11,178,220 |

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 the general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 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.

KAISER FOUNDATION HOSPITAL (KFH)-MORENO VALLEY

27300 Iris Avenue
 Moreno Valley, CA 92555
 (951) 243-0811

The KFH-Moreno Valley service area includes Hemet, March Air Reserve Base, Moreno Valley, Nuevo, Perris, and San Jacinto.

COMMUNITY SNAPSHOT (2010 COMMUNITY HEALTH NEEDS ASSESSMENT FOR KFH-RIVERSIDE AND KFH-MORENO VALLEY)

| | |
|-------------------------------|-----------|
| Total population: | 2,106,294 |
| Median household income: | \$55,352 |
| Percentage living in poverty: | 9.3% |
| Percentage unemployed: | 15.3% |
| Percentage uninsured: | 28% |

| | |
|-----------------------------|-----|
| Latino: | 44% |
| White: | 41% |
| African American: | 6% |
| Asian and Pacific Islander: | 6% |
| Other: | 3% |

KEY FACILITY STATISTICS

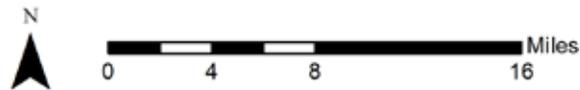
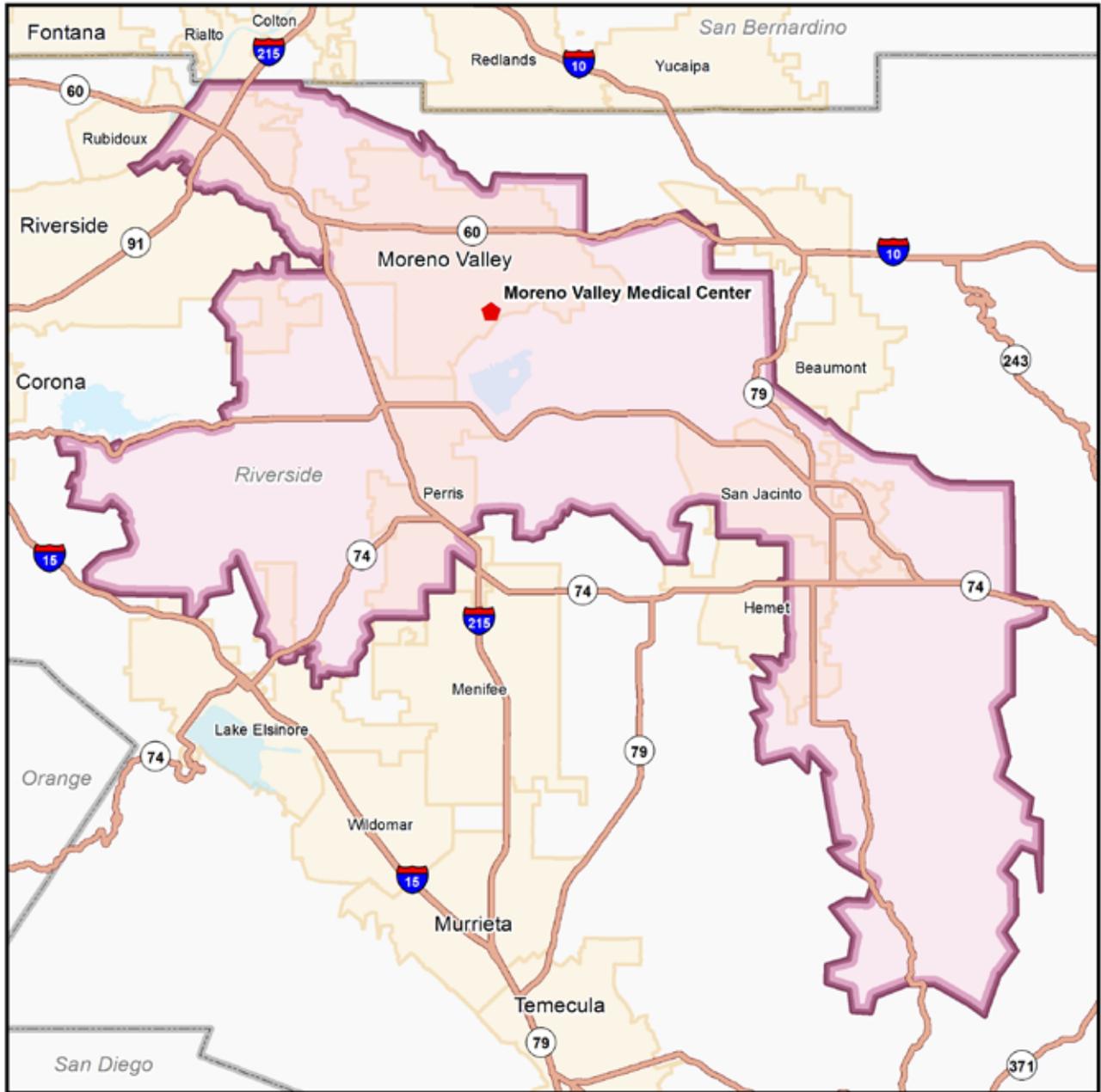
| | |
|-------------------------------------|---------|
| Year opened: | 2008 |
| KFH full-time equivalent personnel: | 268 |
| KFHP members in KFH service area: | 109,630 |

| | |
|------------------------|--------|
| Total licensed beds: | 101 |
| Inpatient days: | 13,538 |
| Emergency room visits: | 31,074 |

KEY LEADERSHIP AT KFH-MORENO VALLEY

| | |
|------------------------|--|
| Vita Willett | Executive Director |
| Richard Rajaratnam, MD | Area Medical Director |
| Jill Duplechan | Chief Administrative Officer |
| Corey Seale | Chief Operating Officer |
| Lorna Curtis | Area Chief Financial Officer |
| Karen Roberts | Senior Director, Public Affairs and Brand Communications |
| Cecilia Arias | Community Benefit Health Manager |

KFH Moreno Valley Medical Center Area



- ◆ KFH Medical Center
- KFH Medical Center Area
- Cities and Towns
- County Boundary

Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
 Maps Produced by: the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES), March 2013.



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

KFH-Riverside conducted the 2010 CHNA for Riverside County on behalf of KFH-Riverside and KFH-Moreno Valley in collaboration with Advancement Project's Healthy City, and Special Service for Groups. The process included qualitative and quantitative data collection. The primary data collection (qualitative) aimed to identify the unmet health needs of the community and underserved populations through the guidance of community input for prioritizing these needs. The primary data collection utilized focus groups and stakeholder interviews from a wide range of backgrounds. Participants included physicians and health care delivery personnel, public health experts, county public health officers, direct service providers, community resource centers, health care organizations, public officials, faith-based organizations, and community-based nonprofit organizations.

In addition, two Master of Public Health interns provided support in the collection of primary data in the form of community resident and provider surveys that covered three areas: community health needs, barriers to health and wellness, and community assets. Community surveys were administered at five strategically located Department of Motor Vehicle (DMV) sites throughout Riverside County: Coachella Valley (Palm Springs), Central Riverside (Riverside/Moreno Valley), East Riverside (Hemet), West Riverside (Norco), and South Riverside (Temecula). The 441 survey responses (both in English and Spanish) aimed to assess the health needs and assets of the community through the eyes of a random sample of community members on topics such as perception of health needs; environmental factors affecting health; and access to fruits, vegetables, parks, and health services. An online survey was also administered. Secondary data quantitative data sets were collected from a variety of sources including, but not limited to, the California Office of Statewide Health Planning and Development, the California Department of Public Health, and the California Health Interview Survey.

The population in the Riverside service area has seen tremendous growth in the last 20 years; it has almost doubled and has grown far more rapidly than the average across California between 1999 and 2010. The Riverside service area population comprises 44% Latino, 41% Caucasian, and a much smaller population of African American (6%), Asian Pacific Islander (6%), and other races/ethnicities (3%). Although the majority of the population is Latino, in 2010 62% of residents identify English as their language at home, followed by Spanish at 32.8%. An estimated 43.6% of households have children. About 30% of those households are single-parent homes. The majority of these are headed by single mothers. Riverside County also experienced a dramatic rise in unemployment between 2007 and 2010. The California Employment Development Department estimated unemployment at 15.3% in August 2010, an 8.6% point increase from the figure in August 2007 and substantially higher than the statewide rate of 12.4%.

KEY FINDINGS FROM THE 2010 CHNA

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

Uninsured and Access to Health Care:

- In 2007, CHIS estimated a slight increase in the proportion of uninsured, rising to an estimated 22.6% of Riverside County residents 0 to 65 compared to the uninsured rate of 21.7% reported in 2005.
- Community providers reported that funding cuts have made many services less accessible or even entirely unavailable. In particular, they cited the lack of primary and specialty care services, mental health, dental services, and in-home support programs for the elderly as being affected the most.
- Early prenatal care has declined in the Riverside service area. Unfortunately, teen mothers under 15 were the least likely (only 41.7%) to begin prenatal care during their first trimester. Women of all ages in Riverside County fall short of the Healthy People 2010 target of 90% receiving early and adequate prenatal care.

Chronic Disease:

- Cancer and heart disease remained the leading causes of death in Riverside County in 2006–2008. An average 22.8% of people in Riverside County died of some form of cancer, followed closely by heart disease at 21.9%.
- Compared to California, Riverside County has a higher age-adjusted mortality rate for the following diseases: heart disease, chronic lower respiratory disease, diabetes mellitus, cerebrovascular disease, suicide, HIV/AIDS, and unintentional injuries. The overall mortality rate for Riverside County was also higher than the statewide rate, as were rates for lung cancer, cervical cancer, and colon cancer.
- Mortality rates have increased in Riverside County, while decreasing slightly for the state overall. In the Riverside service area, the number of deaths by diabetes increased sharply for those 35 to 44 and reached its peak for those 75 to 84.
- Diabetes prevalence was higher in much of the service area, with the highest prevalence estimated in parts of Indio, Palm Springs, the southern part of Yucca Valley, the southern part of Moreno Valley, northern Riverside, Corona, and the western part of Wildomar region.

Mental Health:

- CHIS estimated that 220,000 people, about 15.8% of total population 18 and older, in Riverside County needed help for mental health care due to mental problems or use of alcohol/drugs. In Riverside County, out of 220,000 people who self-reported as needing mental health care, 37.2% of people did not receive any treatment.
- In Riverside County, an estimated 81.2% of those who needed mental health services but did not receive treatment were uninsured.
- Findings from focus groups and interviews reveal that dementia and depression have been on the rise. In the provider survey, the majority of respondents identified mental health as a health condition requiring urgent attention.

Obesity:

- The estimated prevalence of obese/overweight adults in Riverside County (63.8%) was higher than for California overall (58.4%).
- According to a 2009 report by the Riverside County Department of Public Health, nearly one in three public school students in grades 5, 7, and 9 is overweight. Meanwhile, nearly half of all students are overweight in the worst-ranking zip codes (Palm Springs and Coachella).
- Community residents and providers suggested that many structural issues challenge people's ability to maintain a healthy weight, including geographic factors (overreliance on car transportation), air pollution, lack of community safety, the prevalence of fast-food restaurants and liquor stores, a lack of access to affordable fresh fruits and vegetables, and a lack of youth physical activity programming (both in schools and in the community).
- Exclusive breastfeeding rates were much lower in Riverside County, at just 54% of mothers. White mothers were the most likely to breastfeed exclusively, with rates of 67.2% in the county and 70.0% in the state. African American and Latina mothers had the lowest rates of exclusive breastfeeding, with 46.6% and 49.1% in the county and 41.0% and 40.1% in the state, respectively.

Food Security, Community Safety, Domestic Violence, Child Abuse, and Neglect:

- Riverside County and California have experienced similar turbulence in food security rates since 2001, ending with a drop in food security reported in 2007. In 2007, only about 64.6% of the population 18 and older living at 200% of the federal poverty level or less indicated that it had the ability to afford enough food.
- In 2006, 674 deaths were due to accidental and unintentional injuries in the Riverside service area. The largest number of deaths were among those 45 to 54 (rate of 17.4% per 10,000 persons), followed by the age group 15 to 24 (rate of 17.7% per 10,000 persons).

- In the Riverside service area, 9 cities out of 23 cities reported higher rates of domestic violence calls than the county average of 29 calls per 10,000 persons. The cities are Hemet (73.3), Desert Hot Springs (53), Palm Springs (44.8), Calimesa (38.4), Perris (36.5), Twentynine Palms (36.3), Indio (35.2), Lake Elsinore (32.1), and Riverside (31.8). The rate for Moreno Valley (28.5) was slightly lower than the county average.
- Rates of substantiated child abuse and neglect remain high in Riverside County (11.2 cases per 1,000 children) than in California overall, 9.7 cases per 1,000 children. In 2008, 6,763 cases of child abuse and neglect were reported in Riverside County.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-MORENO VALLEY SERVICE AREA

1. Access to health insurance coverage and health care services
2. Health education and promotion, especially for chronic diseases
3. Support for the family structure

2012 YEAR-END RESULTS

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

For the 2010 CHNA, data for Riverside County indicate that more than 22% of county residents were uninsured. UCLA Center for Health Policy Research points to a substantial increase in uninsured rates for Riverside County. Community survey data indicated that affordability was the most common barrier to accessing health care. Community providers were surveyed to identify the key issues regarding barriers to health care. Cost was cited most frequently, followed by no insurance or not eligible for insurance, transportation challenges, lack of knowledge of existing services, and a mistrust of health care systems and providers.

There were 10,143 mental illness hospitalizations in the Riverside service area. The service area and county hospitalization rates were higher than the California-wide rate: 5.1 and 5.3 hospitalizations per 1,000 persons, compared to 4.7 per 1,000 persons, respectively.

In 2007, 37.7% of Riverside County adults reported having no dental insurance in the past year, followed by 7.4% dental coverage for part of the year. This compared to the statewide uninsured dental rate of 33.7% and 7.2%, respectively.

2012 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.
3. Provide support for community clinics to build capacity for improving access and quality care infrastructure.

2012 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 grants that support organizations to increase capacity to provide primary, mental health, and dental care services.
4. Collaborate with safety-net providers and government entities to increase access to primary, specialty, mental health, and dental care services.
5. Provide in-kind donations of surplus hospital equipment, medical supplies, and office furniture.

TARGET POPULATION

The uninsured, underinsured, medically indigent, and low-income children, youth, families, adults, and seniors in the KFHMoreno Valley service area.

COMMUNITY PARTNERS

Community partners include Riverside County Regional Medical Center, Riverside County Department of Public Health; Riverside County Department of Mental Health; Riverside Community Health Foundation; Urban Community Action Project/Path of Life Ministries; Riverside County Medical Association/Project K.I.N.D.; Community Health Systems, Inc.; Riverside Community College nursing program; Moreno Valley College dental hygiene and allied health sciences program; Science and Technology Education Partnership; and United States Veterans Initiative.

2012 YEAR-END RESULTS

- Kaiser Permanente Southern California Region funded Quality Improvement projects for safety-net organizations to build stronger programs and infrastructure that improves service for patient populations at risk of racial and ethnic health disparities, with special focus on improved management of chronic conditions and patient outcomes. In 2012, the County of Riverside received a \$150,000 grant to implement process improvements that can positively impact quality initiatives including nurses to facilitate both sepsis detection/management and surgical site infection prevention.
- Riverside Community College District Foundation received a \$25,000 grant to support the Dental Clinic at the Moreno Valley College campus, which provides preventive dental exams, x-rays, dental hygiene education, and nutrition counseling to 350 uninsured patients as well as training for future dental hygienists.
- Science and Technology Education Partnership received a \$7,000 grant for the STEP Conference, an interactive science show and demonstration for 5,400 (4th to 8th grade) local students. The exhibits are designed to encourage students to pursue the field of science, technology, engineering, or math. The program also assists teachers in demonstrating how science is fun and can lead to an interesting career.
- A grant to the United States Veterans Initiative for \$25,000 provides chronically homeless and disabled veterans with case management services for their physical and mental health, including substance abuse treatment. Assistance with enrollment and transportation to medical appointments is the primary goal. A case manager provides ongoing coordination of care for the veterans who have been out of the health care system for years and require assistance with navigation to several care providers.
- Kaiser Permanente Southern California Region has funded care- and coverage- related grants to increase access to affordable, quality health care and health insurance coverage for low-income, uninsured and underinsured individuals and families in our communities. California Coverage and Health Initiatives, a project of Tides Center, received a grant for \$50,000 to support the core operations of the association as it advocates for children's access to health coverage on a statewide and regional level through the aligned work of the 24 county-based Children's Health Initiatives.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

The progress of KFH-Moreno Valley's action plan will be monitored through site visit documentation, grantee year-end reports, program outcomes, the number of persons served, program evaluation, and community partnership activities. To assess the progress and success in achieving the stated goals, the following indicators will be used: the number of grants, total dollars provided in grants, the number of collaborating partners, the number of people receiving charity care services, child health plan, STEPS membership numbers, and the number of individuals receiving MFA.

PRIORITIZED NEED II: HEALTH EDUCATION AND PROMOTION, ESPECIALLY FOR CHRONIC DISEASES

The 2010 CHNA for the KFH-Moreno Valley service area again demonstrated the need for information, education, and other resources to manage and treat chronic health conditions. Obesity was cited multiple times in focus groups and interviews as a major health issue in the service area, and as a contributor to chronic conditions like diabetes. The estimated prevalence of a diabetes diagnosis in Riverside County nearly doubled between 2003 and 2007. The overall rate of hospitalizations for uncontrolled diabetes in the Riverside service area, 1.1 per 10,000 people, was slightly higher than the statewide rate of 0.9 per 10,000 people. Cancer and heart disease remained the leading causes of death in Riverside County in 2006–2008. An average 22.8% of people in Riverside County died of some form of cancer, followed closely by heart disease at 21.9%.

Hospitalization rates for ambulatory care–sensitive conditions for children, adults, and seniors indicated that asthma in those 65 and older and uncontrolled diabetes in adults 18 to 64 did not meet Healthy People 2010 objectives. This measure is for conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.

In 2007, over 46% of children 5 to 11 in Riverside County ate five or more servings of fruits and vegetables daily. In comparison, only 18.5% of adolescents 12 to 17 were the least likely to have consumed five or more servings. Community participants identified reduced access to affordable, healthy fruits and vegetables as an important barrier to a healthy diet.

In 2007, 63.1% of adolescents 14 to 17 reported engaging in vigorous physical activity at least three days per week, down from 70.9% in 2005. These percentages fall short of the Healthy People 2010 goal of 85% engaging in vigorous physical activity for adolescents. In the adult population, 18% reported regular vigorous physical activity, 18% reported moderate, and over 60% indicating some or no physical activity on a regular basis.

2012 GOALS

1. Improve the management of diabetes, obesity, asthma, cancer, and cardiovascular diseases.
2. Increase capacity for the delivery of chronic disease prevention education (diabetes, obesity, cardiovascular disease, cancer, and HIV/AIDS), direct services, and support programs for the uninsured.
3. Increase physical activity in school, work site, and community settings.

2012 STRATEGIES

1. Provide grants to safety-net providers, community health centers, faith-based groups, and government or other community-based organizations to address chronic conditions in the community.
2. Support culturally and linguistically appropriate health education, nutrition, and wellness programs in the management of chronic diseases.
3. Support implementation of Kaiser Permanente's Healthy Eating, Active Living (HEAL) initiative.
4. Provide in-kind support in the form of health education materials, tools, and training opportunities for chronic disease management.
5. Promote Educational Theatre's healthy eating programs at local schools.

TARGET POPULATION

Low-income families, children, adults, and seniors who have or are at risk for developing obesity, diabetes, cardiovascular diseases, asthma, HIV/AIDS, or cancer.

COMMUNITY PARTNERS

Community partners include local chapters of the Riverside County Health Coalition, 100 Mile Club, American Cancer Society, American Heart Association, American Diabetes Association, Inland Agency, Quinn Community Outreach, El Sol Neighborhood Education Center, THINK Together, and The Healthy Heritage Movement.

2012 YEAR-END RESULTS

- A \$15,000 grant to the 100 Mile Club empowers kids to achieve healthy lifestyles by focusing on individual fitness, helping each child develop a sustainable set of skills, confidence, and motivation to live a healthy life. The program is offered at low-income schools in the Moreno Valley Unified School District.
- Quinn Community Outreach Corporation received an \$18,975 grant to outreach to African American and Latina women for breast cancer prevention. The Southern California Witness and Esperanza y Vida projects both encourage and provide breast cancer screening to low-income, uninsured and underinsured women.

- El Sol Neighborhood Education Center's grant for \$24,800 provides promotores-based health education and outreach to Moreno Valley residents. Twelve community promotores de salud have been identified and trained on the topics of obesity prevention, nutrition, healthy eating habits, physical activity, community advocacy, and leadership.
- The Healthy Heritage Movement received a grant for \$15,000 to expand the Healthy Ministry Alliance network of Riverside churches that have predominately African American congregations with a commitment to lead community members to healthier lifestyle behavior. The program also includes chronic disease prevention and management education and screenings to an at-risk community.
- A grant for \$20,000 to THINK Together will provide the Healthy Living Program to 13 Riverside County middle schools in Perris Union, Moreno Valley, Val Verde, and Lake Elsinore Unified School Districts. The Healthy Living Program engages students to adopt a lifestyle that includes daily physical activity and selection of healthy foods. THINK Together works with the schools to adopt changes in practice or policy that supports healthy eating and active living.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

The progress of KFH-Moreno Valley's action plan will be monitored through site visit documentation, grantee year-end reports, program outcomes, the number of persons served, program evaluation, and community partnership activities. To assess the progress and success in achieving the stated goals, the following indicators will be used: the number of grants, total dollars provided in grants, and the number of collaborating partners.

PRIORITIZED NEED III: SUPPORT FOR THE FAMILY STRUCTURE

The health and well-being of families is of critical importance. It reflects the current health status of individuals and local communities, and serves as an important indicator of the health of the next generation. The effects of poverty on health have been well documented. Being raised in poverty places children at risk for environmental toxins, inadequate nutrition, parental substance abuse, trauma and abuse, exposure to violent crimes, and low-quality child care. As adolescents, poor youth are more likely to suffer from mental health problems, including depression, experimentation with smoking and sexual activity at a very young age, and poor academic outcomes. People who live in poverty are more likely to have asthma, diabetes, or heart disease or acquire a disability.

Healthy City developed a High Need Index measuring the percent of families in poverty, adults 25 and over without a high school diploma or equivalent, unemployed, homicide rate, and births to teen mothers. The cities of Moreno Valley, Indio, Palm Springs, and Yucca Valley showed concentrations of the highest need. In addition, based on the Healthy City Need Index analysis, the southern part of Wildomar and Temecula also had a relatively high need.

Food-insecure households are sometimes faced with making challenging decisions in order to survive, balancing nutritional needs with other basic needs, such as housing, utilities, and transportation. Food security or lack of quality foods is associated with a number of serious health, behavior, and cognitive deficits. In Riverside County, approximately 35.4% of the population indicates that it does not have the ability to secure enough food.

2012 GOALS

1. Expand partnerships and collaborations with organizations that address food security issues in low-income communities.
2. Increase access to substance abuse and child abuse prevention, domestic violence, and elder abuse programs.

3. Improve linkage of safety-net providers and social services providers for at-risk adults, youth, homeless, and the elderly who are uninsured.

2012 STRATEGIES

1. Provide grant funding to organizations that outreach and provide services to at-risk adults, youth, and elderly populations for violence prevention, child abuse prevention, or elder abuse.
2. Build capacity for local food banks to support the distribution of high-quality foods.
3. Build capacity of local organizations that provide programs for substance abuse, child abuse prevention, domestic violence, elder abuse, and programs for at-risk adults, youth, homeless, and the elderly who are uninsured.
4. Explore the opportunity to partner with safety-net providers and social service providers for improved delivery of health services to the homeless population.
5. Provide in-kind support of surplus office furniture and other items to community-based organizations serving to improve the health of the community.

TARGET POPULATION

Low-income and uninsured children, youth, families, adults, and seniors, especially those at risk for abuse, violence, homelessness, and poor nutrition.

COMMUNITY PARTNERS

Community partners include Riverside County Health Coalition, Community Connect, The Community Foundation (serving San Bernardino and Riverside counties), Operation Safe House, The United Way of the Inland Valleys, and Foothill AIDS Project.

2012 YEAR-END RESULTS

- United Way of the Inland Valleys was awarded a \$20,000 grant to provide at-risk foster youth a financial literacy program. The program provides valuable information on basic banking skills, savings, credit, identity theft, budgeting, paycheck deductions, college/trade school choices, how to purchase a car, and loans. The overall goal is to help build assets upon emancipation to be used for housing, transportation, and college/trade school expenses.
- A \$20,000 grant was awarded to Operation Safe House for the Riverside County Anti-Human Trafficking task force. The multidisciplinary member task force ensures that comprehensive case management, legal, and medical services are provided to victims of human trafficking and sexual exploitation. A comprehensive awareness campaign educates the community, service providers, legal and law enforcement to prevent future victims.
- Foothill AIDS Project was awarded a \$9,536 grant to provide the Chronic Care Management Program for people living with HIV/AIDS. The goal is to impact the quality of life for those at risk for substance abuse, mental illness, homelessness, domestic violence, incarceration, depression, anxiety, poverty, and transmitting HIV. The majority of the clients come from low-income communities of color who experience multiple challenges and barriers to treatment. The program reaches 45 HIV-positive women and men and encourages them to build social support networks, manage negative emotions, learn communication skills for effective health care provider interactions, address health literacy, and explain medication regimen.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

The progress of KFH-Moreno Valley's action plan will be monitored through site visit documentation, grantee year-end reports, program outcomes, the number of persons served, program evaluation, and community partnership activities. To assess the progress and success in achieving the stated goals, the following indicators will be used: the number of grants, total dollars provided in grants, and the number of collaborating partners.

Table 1

KAISER FOUNDATION HOSPITAL-MORENO VALLEY

2012 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 | 2,585 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members | 119 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 446 |
| Medi-Cal managed care members | 3,702 |
| Healthy Families Program members | 6,048 |
| Nursing Research projects (new, continuing, and completed) | 3 |
| Educational Theatre – number of performances and workshops | 42 |
| Educational Theatre – number of attendees (students and adults) | 6,160 |
| Nurse practitioner and other nursing training and education beneficiaries | 3 |
| Number of 2012 grants and donations made at the local and regional levels ¹ | 54 |

¹The vast majority of regional grants impact three or more hospitals. As such, a single regional grant may be included in the “Number of 2012 grants and donations” count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-MORENO VALLEY

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$6,723,352 |
| Healthy Families ² | 1,683,915 |
| Charity care: Charitable Health Coverage programs ³ | 177,772 |
| Charity care: Medical Financial Assistance program ⁴ | 3,327,615 |
| Grants and donations for medical services ⁵ | 142,345 |
| Subtotal | \$12,054,999 |
| Other Benefits for Vulnerable Populations | |
| Watts Counseling and Learning Center ⁶ | \$0 |
| Educational Outreach Program | 0 |
| Summer Youth and INROADS programs ⁷ | 0 |
| Grants and donations for community-based programs ⁸ | 148,486 |
| Community Benefit administration and operations ⁹ | 164,242 |
| Subtotal | \$312,728 |
| Benefits for the Broader Community¹⁰ | |
| Community health education and promotion programs | \$30,360 |
| Educational Theatre | 154,990 |
| Facility, supplies, and equipment (in-kind donations) ¹¹ | 0 |
| Community Giving Campaign administrative expenses | 3,064 |
| Grants and donations for the broader community ¹² | 77,876 |
| National board of directors fund | 9,253 |
| Subtotal | \$275,543 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$0 |
| Non-MD provider education and training programs ¹³ | 172,772 |
| Grants and donations for the education of health care professionals ¹⁴ | 16,683 |
| Health research | 643,079 |
| Continuing Medical Education | 222 |
| Subtotal | \$832,756 |
| Total Community Benefits Provided | \$13,476,026 |

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 Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Los Angeles, KFH-West Los Angeles, and KFH-Downey.
- 7 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Summer Youth students hired.
- 8 Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the 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.
- 9 The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- 10 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a number of related denominators such as the number of Educational Theatre performances or health education programs.
- 11 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.
- 12 Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 13 Amount reflects the net expenditures after tuition reimbursement for health professional education and training programs.
- 14 Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, 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.

KAISER FOUNDATION HOSPITAL (KFH)-OAKLAND

280 West MacArthur Boulevard
 Oakland, CA 94611
 (510) 752-1105

The KFH-Oakland service area includes Alameda, Albany, Berkeley, Emeryville, Oakland, and Piedmont.

COMMUNITY SNAPSHOT (*COUNTY-LEVEL DATA)

| | |
|-------------------------------|----------|
| Total population: | 633,114 |
| Median age:* | 36.1 |
| Average household income:* | \$70,217 |
| Percentage living in poverty: | 16.92% |
| Percentage unemployed: | 8.92% |
| Percentage uninsured: | 14.67% |

| | |
|-----------------------------|--------|
| White: | 32.41% |
| Latino: | 21.76% |
| African American: | 21.12% |
| Asian and Pacific Islander: | 19.84% |
| Native American: | 0.33% |
| Other: | 4.55% |

KEY STATISTICS

| | |
|-------------------------------------|---------|
| Year opened: | 1942 |
| KFH full-time equivalent personnel: | 1,865.2 |
| KFHP members in KFH service area: | 193,463 |

| | |
|------------------------|--------|
| Total licensed beds: | 341 |
| Inpatient days: | 70,365 |
| Emergency room visits: | 52,845 |

KEY LEADERSHIP AT KFH-OAKLAND

| | |
|-------------------------|--|
| Nathaniel L. Oubré, Jr. | Senior Vice President and Area Manager |
| Claude D. Watts, Jr. | Chief Operating Officer |
| Dennis J. Morris | Area Finance Officer |
| John Loftus, MD | Physician in Chief |
| Shirley Steinback | Medical Group Administrator |
| Julie Hadnot | Public Affairs Director |
| Erica Browne | Community Benefit/Community Health Manager |

KFH Oakland Medical Center Area



- ◆ KFH Medical Center
- KFH Medical Center Area
- Cities and Towns
- County Boundary

Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
 Maps Produced by: the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES). March 2013.



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY

The 2010 CHNA for KFH-Oakland is based on secondary data analyzed and reported by the Alameda County Public Health Department of (ACPHD) and primary data collected through a series of community focus groups. The East Bay Area contracted with the county ACPHD as part of a collaborative that included Eden Medical Center and Sutter Health and was managed through the East Bay Section of the Hospital Council of Northern and Central California. The community focus groups were designed and conducted by Coleman-Smith, an Oakland-based consulting company. The East Bay Area engaged Areté Consulting to support the overall CHNA process on behalf of KFH-Oakland.

KEY FINDINGS FROM THE 2010 CHNA

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

Access to Care Remains an Issue for Low-Income Residents of the KFH-Oakland service area:

- In 2007, before the current economic recession, 12.6% of nonelderly adults in Alameda County were uninsured.
- Current estimates (released in September 2010) from UCLA show 15% of all Alameda County residents uninsured for all or part of the year.
- Males, young adults 18 to 24, and low-income adults are more likely to be uninsured than females, older adults, or those with high incomes.
- Latinos, Asians/Pacific Islanders, and African Americans have much higher rates of uninsurance than whites. Almost 25% of Latinos were uninsured in 2005–2007.
- Among cities in Alameda County, Oakland has the highest rate of uninsured nonelderly adults, 22%. Oakland and Berkeley also have high rates of uninsured children compared to the rest of the county (11% and 12%, respectively).
- Almost half (47.8%) of adults over 65 lack dental insurance coverage, a much higher rate than younger adults (20.9%) or children (13.3%).
- Data for 2003 show that males (13.9%) are significantly more likely than females (6.9%) to lack a usual source of care.
- 10.3% of adults did not have a usual source of care: whites are most likely to have one, while Asians/Pacific Islanders and African Americans are least likely.
- The uninsured are five times more likely to lack a usual source of care.
- Women are more likely than men to delay or not receive needed medical care (17.2% vs. 13.2%).
- The uninsured are more likely than the insured to delay or not receive care (20.1% vs. 14.9%).

Obesity and Overweight and Associated Chronic Conditions Are Significant Health Problems in Alameda County:

- 53% of adults in Alameda County are overweight or obese; more than 29% of children are overweight, with rates that are particularly high in Emeryville (50.3%) and Oakland (36.4%).
- Heart disease mortality throughout the KFH-Oakland service area is significantly higher than the overall county rate; rates in four cities are five or six times those for the county.
- Focus group participants indicated that health and nutrition resources are not always culturally appropriate and that exercise is difficult in neighborhoods where residents do not feel safe.

Violence Continues to Affect the Population in the KFH-Oakland Service Area; Homicide Rates Are Highest for Young Men and for African Americans:

- Homicides are six times more likely to occur among males 15 to 34 than they are for the overall county population.

- The age-adjusted rate of homicide in Alameda County was 10.7 per 100,000 people. The African American homicide rate of 43.8 per 100,000 was significantly higher than any other racial/ethnic group—more than 17 times the rates of Asians and whites, and about five times the rate of Latinos.
- The homicide rate in Oakland is about 2.5 times higher than the rate for Alameda County overall.
- Emergency department visits for assault are highest among African Americans and males 15 to 24.
- African Americans were three to 10 times more likely to visit the emergency department for an assault-related injury compared to other racial/ethnic groups in Alameda County.
- Rates of emergency room visits in Oakland are 70% higher than overall county rates.
- Focus group participants highlighted the relationship of violence to economic and financial stress and the tendency for violence to extend through generations.
- Several of the focus groups indicated that mental health issues and interracial tensions are interwoven with violence.

Chronic Conditions Have a Disproportional Impact on African Americans and Pacific Islanders in the KFH-Oakland service area:

- African American and Latino adults are overweight or obese at higher rates than other races and ethnicities.
- Mortality rates for diabetes and heart disease are highest among the county's Pacific Islander and African American residents.
- HIV/AIDS case rates in Oakland are twice the rate for the county. For African Americans, the diagnosis rate is more than three times the overall county rate.
- Asthma hospitalization rates for children 0 to 5 are 50% higher in Oakland compared to the county rate. Among African Americans, the rate of childhood 0 to 5 asthma hospitalization is more than twice the county rate.

Prenatal Care and Prenatal Outcomes Have Emerged as Issues of Concern for Some Populations in Alameda County:

- Rates of first trimester prenatal care have dropped for all groups and for the county overall. Pacific Islanders, Latinos, and African Americans all had lower early prenatal care rates than the county average of 88.1.
- Low-birth-weight rates vary substantially by race and ethnicity. African Americans have rates 1.5 to 2.5 times higher than those for whites or Latinos.
- Emeryville has a particularly high rate of low-birth-weight compared to the county overall.
- The infant mortality rate among African Americans is 2.6 times higher than the county average and almost five times higher than for Asians/Pacific Islanders.
- Neither Oakland nor Berkeley has achieved the Healthy People 2010 objective for infant mortality.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-OAKLAND SERVICE AREA

1. Access to health insurance and health care services
2. Obesity and overweight
3. Community violence
4. Childhood asthma
5. Perinatal health

2012 YEAR-END RESULTS

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

The most recent data indicate that more than 15% of county residents are uninsured. Oakland has particularly high rates of uninsured residents: 22% of adults and 12% of children are uninsured.

2012 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.
3. Reduce disparities in HIV infection rates and AIDS prevalence among youth and African Americans 18 to 35.

2012 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 increased access for teens through school-based clinics.
4. Coordinate with Regional Community Benefit to assure access to services for people with HIV/AIDS.
5. Fund programs that increase access to HIV testing services.
6. Fund mental health and case management services, with a focus on adherence for individuals infected with HIV.
7. Fund programs that use proven best practices for HIV education, prevention, and early intervention.

TARGET POPULATION

Uninsured and underinsured individuals in the KFH-Oakland service area and individuals at risk for HIV/AIDS.

COMMUNITY PARTNERS

Community partners include Women Organized to Respond to Life-threatening Diseases (WORLD), Street Level Health Project, Yvette A. Flunder Foundation, Alameda County Office of AIDS Administration, Children's Hospital Oakland, and Operation Access (OA).

2012 YEAR-END RESULTS.

- KFH-Oakland provided \$15,000 to Street Level Health Project to support Day Laborers United Against HIV, a program that provides HIV/AIDS education and support to day laborers, a particularly high-risk population with higher incidence rates of HIV and AIDS, owing in large part to being a marginalized labor force and civically isolated community. To date, program staff have conducted 49 street outreach sessions with day laborers, distributed 2,816 condoms, and referred 17 people to HIV-testing sites. As a result of these street outreach sessions, day laborers feel more comfortable, and know where to go or call when they need condoms or advice. The program has also educated 87 day laborers and other low-wage immigrant workers about HIV and sexual health, provided seven community presentations, and provided HIV testing to 30 community members. Community members have made approximately 80 calls regarding HIV- and sexual-health-related questions.
- KFH-Oakland provided \$15,000 to WORLD to support its positive health and wellness education program, which provides HIV-positive women, especially the newly diagnosed, emotionally supportive, culturally appropriate learning communities focused on health care options and treatment, adherence and wellness, and self-care and prevention. The program supports women in Alameda and Contra Costa counties, including the cities of Oakland and Richmond, which

are disproportionately impacted by HIV. Approximately 60 to 80 women will be reached through two intensive symposia and multiple seminars, workshops, and learning opportunities. KFH-Richmond physician Cynthia Carmichael, MD, presented on primary care for HIV-positive women at one symposium, which was attended by 26 women.

- KFH-Oakland provided funding (\$15,000) to Yvette A. Flunder Foundation to support Alameda County HIV/AIDS services aimed at enhancing the quality of life of low- and no-income county residents who are HIV-positive or at risk for HIV infection. Staff work with clients to encourage them to adhere to medical regimens and to provide culturally appropriate psychosocial support services and individualized HIV prevention interventions. To date, 32 individuals participated in the program and 100% of those who were involved for more than three months experienced improved health status, stable housing, and other benefits.
- In conjunction with Berkeley Lions Club service volunteers, KFH-Oakland provided in-kind support to Multicultural Institute clients during a free vision screening event conducted at KFH-Oakland. The institute's mission is to be a stepping stone that helps to transition immigrants from poverty and isolation to prosperity and participation. Its clients and their family members lack needed medical coverage for eye services. Spearheaded by KFH-Oakland optometrist, Kathleen Low, OD, four optometrists and more than 20 volunteers participated in the event and reached 64 clients. KFH-Oakland supported the costs of prescription glasses for clients who needed them, totaling \$1,740. In addition, KFH-Oakland Community Benefit Specialist Glenda Monterroza and former Community Benefit/Community Health Manager Angela Jenkins provided technical assistance (TA) and planning support for the event.
- Kaiser Permanente Northern California Region provided \$75,000¹ to California Prevention and Education Project (Cal-PEP) to support onsite HIV testing and counseling (HTC) services, including prevention education at Alameda County Police and Corrections Team (PACT) meetings for recently released parolees, and at Juvenile Hall for incarcerated and recently released youth. Clients who test positive for HIV are connected with Cal-PEP's case manager-client navigator for ongoing risk reduction counseling and referral to services. These services will facilitate navigation of medical appointments and warm the hand-off of HIV-positive clients to collaborating providers for primary care. Cal-PEP will conduct regular follow-up with HIV-positive clients to document primary care visits over a three-month period, with a goal to reach approximately 300 African American and Latino youth and young adults.
- Kaiser Permanente Northern California Region provided \$75,000¹ to LifeLong Medical Center to increase HIV screening rates among its patients by establishing an effective model of routine HIV/AIDS screening/testing that can be adopted across all LifeLong clinic sites. Funding enables Lifelong to implement routine HIV testing, reaching 2,177 patients. This contrasts with the prior practice wherein HIV tests were ordered based on the provider's perception (or knowledge) of the patient's risk factors. LifeLong aims to establish a new standard of care where HIV screening is routine.
- Kaiser Permanente Northern California Regional provided \$5 million¹ to Children's Hospital Oakland to support its 100% Focused on Kids campaign. This grant allows Children's to renovate and expand access to its vital and often highly specialized services for underserved infants and children by supporting Phase I of a facilities renovation project. The goal is to ensure Children Hospital's continued provision of high-quality safety-net pediatric care to low-income families. The renovation includes upgrading, seismically retrofitting, and expanding such vital areas as the NICU, PICU, Pediatric Rehab, and outpatient visit facilities. A new medical office building will create additional space to accommodate more than 240,000 annual outpatient visits. And expansion of the Family Resource Center, Pediatrics Rehab, and other important service areas of the hospital will improve the experience of patients and family members. Annually, the hospital cares for 75,000 children from across the Bay Area.
- Kaiser Permanente Northern California Region provided \$300,000¹ to OA, which provides surgical and specialty care services to low-income, uninsured Bay Area residents. Through a network of medical centers and medical volunteers, OA provides a critical service by bridging the gap between safety-net clinics and their patients who require advanced health care services. Each year, the reach and scope of OA's services, and the overall number of patients served has increased. Currently, 1,010 Kaiser Permanente employees and TPMG physicians are on the active volunteer roster and 1,600 patients have been served. Charity care provided at KFH-Oakland through OA is estimated at \$179,200 and

¹ This grant was distributed from the Kaiser Permanente Fund for Community Benefit, a donor-advised fund established in late 2004 and administered by East Bay Community Foundation. Accordingly, the grant amount was not included in the Community Benefit totals for 2012 (Tables A, B, and 2).

KFH-Oakland volunteers provided approximately 368 volunteer service hours. Local volunteer champions include Kelly O'Neal, MD, Lisa Hutz, RN, and Ricardo Charles, CRNA.

2013 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.
3. Reducing disparities in HIV infection rates and AIDS prevalence among youth and African Americans 18 to 35.

2013 STRATEGIES UPDATE

1. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and Kaiser Permanente Child Health Plan); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.
2. Provide charity care through the MFA policy and maximize efficiencies.
3. Provide grant funding to support increased access for teens through school-based clinics.
4. Coordinate with Regional CB to assure access to services for people with HIV/AIDS.

MONITORING PROGRESS OF 2013 STRATEGIES

We will assess our success relative to these strategies and goals by monitoring the community's rates of insurance coverage and indicators of access to care; tracking the number of people enrolled in public programs, Kaiser Permanente Child Health Plan, and STEPS; tracking the number of individuals receiving MFA, the number of signed agreements, the time to approve MFA awards, and the number of applications screened; tracking the dollars provided in grant funding; collecting data on the number of teens seen in school-based clinics that are supported through grant funding; and monitoring regional and local efforts to assure access to services for people with HIV/AIDS.

PRIORITIZED NEED II: OBESITY AND OVERWEIGHT

Obesity and overweight are health problems in themselves and contribute to several other debilitating health conditions. In Alameda County, the rates of obesity and overweight are high both for adults and for children; more than 53% of adults are obese or overweight, and more than 29% of children are overweight. Rates of obesity and overweight for adults are highest for African Americans and Latinos.

2012 GOAL

Focus on systemic changes to promote and support healthy eating and active living in community and institutional settings.

2012 STRATEGIES

1. Fund programs/policies that increase access to and/or the consumption of water or healthier beverage choices.
2. Fund development/implementation of policies or systems changes to promote healthy eating and physical activity in institutional, community, and/or outdoor recreational settings (e.g., schools, faith-based organizations, work sites).
3. Fund programs/policies that encourage or increase support for breastfeeding, particularly for African American women.

TARGET POPULATION

Low-income individuals who are obese or overweight or who are at risk of being obese or overweight.

COMMUNITY PARTNERS

Community partners include Alameda County Public Health Department (ACPHD), Oakland Unified School District (OUSD), Health for Oakland's People and Environment (HOPE) Collaborative, Community Child Care Council (4C's) of Alameda County, Lifelong Medical Care, and other nonprofit organizations supporting the prevention of obesity and overweight.

2012 YEAR-END RESULTS

- KFH-Oakland provided ACPHD–Nutrition Services \$15,000 to implement Leading Schools to Water, a project that enhances school access to water and health beverage education. Student-led water access surveys attributed limited campus water access to inadequate drinking water sources, water fountain disrepair, concern about water fountain hygiene, and the stigma associated with using water fountains. The project addresses these issues by educating the school community about the importance of hydration and why water is better than sugary beverages, and by providing fill stations as a viable source of free water. The project, which expects to reach nine OUSD school sites, comprising 6,000 students, 500 faculty and staff, and 500 parents, prioritizes schools where more than 50% of students participate in the free and reduced federal meal program.
- KFH-Oakland provided \$15,000 to the 4C's, which comprises 22 child care programs. As part of this work, the Child Care Obesity Prevention Policies project will provide technical assistance (TA), training, and support to facilitate development of nutrition and physical activity policies. Participating child care providers are primarily women of color who care for approximately 200 low-income children in Oakland, Berkeley, and Alameda. Specific outcomes for this project include working with 15 of the 22 child care providers to adopt written policies and practices that support obesity prevention, healthy child feeding practices, breastfeeding policies, healthy beverages and water service, and physical activity policies and practices. Providers will receive toolkits, training, and TA to support policy adoption.
- KFH-Oakland and Kaiser Permanente Northern California Region provided \$85,000 to HOPE Collaborative to support policy and systems change efforts to prevent obesity and to transform the environmental and social conditions that contribute to chronic disease. HOPE Collaborative has made significant inroads in its efforts to build a local, sustainable food system infrastructure for underserved communities, and to develop grassroots leadership and community capacity primed to shape food access policy. More than 100 low-income East Oakland residents of color have participated in community engagement and education activities, and the collaborative has nearly completed its feasibility study for an Oakland-based regional food hub. Angela Jenkins, director of Community Benefit-Funded Programs for Kaiser Permanente Northern California Region, serves as co-chair of HOPE Collaborative's executive and steering committees and provides TA.
- KFH-Oakland provided \$15,000 to Lifelong Medical Care to support OBUGS (Oakland-Based Urban Gardens) and its after-school and summer camp programs that engage youth in physical activity, healthy cooking, gardening, and nutrition education activities. Nearly 200 low-income elementary school-aged youth in west and north Oakland participate in interactive, after-school learning activities, and 130 children participate in the 13-week camp. Each after-school session includes gardening, a health cooking project, a stretching routine, exercise through games, and a garden-themed science component focused on plant growth; composting was recently added.
- KFH-Oakland provided \$15,000 to West Oakland Health Council to support its Oakland Breastfeeding Support project, which aims to prevent overweight and obesity by increasing the successful maintenance of exclusive breastfeeding during the first critical week following hospital discharge. As part of this project, council health centers will become baby-friendly environments that encourage and support breastfeeding through public information and environmental changes in clinical settings. To date, 18 women were served via in-person consultations and follow-up phone calls, and lactation consultants trained more than 75 clinical staff members on breastfeeding promotion and best practices.
- In 2011, Kaiser Permanente Northern California Region provided \$75,000 to East Bay Regional Parks District to support Embrace Life and Thrive, a partnership between Kaiser Permanente and Regional Parks Foundation that connects people of all ages to outdoor activities and fitness opportunities, camping, and environmental education. The three Embrace Life and Thrive components are Trails Challenge, Kids Challenge, and the Campership program, which are expected to run throughout 2013 and to reach 11,000 people.

- KFH-Oakland continues to provide TA to OUSD via participation in the district's School Wellness Steering Committee, which oversees implementation of OUSD's wellness policy. KFH-Oakland Health Education Director Carol Azar, MPH, served on the steering committee, along with community partners such as ACPHD, Elev8 Initiative, Communities/Adolescents/Nutrition/Fitness (CANFIT), Bay Area Community Resources (BACR), and California School Health Centers Association. In addition, KFH-Oakland donated in-kind materials, including office supplies, mini refrigerators, metal carts, bookshelves, and blood pressure machines, to OUSD.

2013 GOAL UPDATE

Promote healthy eating and active living in community and institutional settings through systemic changes.

2013 STRATEGIES UPDATE

1. Fund programs that focus on physical activity promotion through safe, local outdoor activities.
2. Fund programs that increase support for breastfeeding policies, environments, and practices among African American, Asian American, and Pacific Islander women.

MONITORING PROGRESS OF 2013 STRATEGIES

We will assess our progress with respect to our goals and strategies by tracking the dollars provided in grant funding to support each strategy and the number of people reached by the programs receiving grant funding, and monitoring and tracking TA provided to OUSD.

PRIORITIZED NEED III: COMMUNITY VIOLENCE

Oakland has the county's highest rates of homicide and of nonfatal assault hospitalizations. Approximately 75% of homicides involve firearms. Homicides are most likely to occur among males 15 to 34 and African Americans. Living in communities where violence is prevalent can result in an increased need for mental health services—both to mitigate the impact of current violence and to prevent the continuation of violence as a strategy for resolving conflict or addressing social injustice.

2012 GOALS

Reduce violence among youth, especially young men of color, and/or decrease the psychological and emotional impacts of violence on children and families.

2012 STRATEGIES

1. Fund violence prevention programs for youth that focus on economic and career development.
2. Fund comprehensive after-school programs that focus on mentoring and academic improvement.
3. Fund mental health/case management programs for youth experiencing family and/or community violence.
4. Fund restorative justice programs designed to reduce violence and conflict and promote community healing.

TARGET POPULATION

African American families, youth, and children who are at risk of, participate in, or have been exposed to community violence.

COMMUNITY PARTNERS

Community partners include Alameda County Health Care Foundation, A Safe Place, Alameda Family Services, Alternatives in Action, Family Violence Law Center (FVLC), Martin Luther King Jr. Freedom Center, The Link to Children, Youth Uprising (YU), and Youth Radio.

2012 YEAR-END RESULTS

- KFH-Oakland provided Alameda County Health Care Foundation with \$15,000 to support the Youth Violence Prevention Program, a hospital-based effort that intervenes with young victims 13 to 25 of violence to prevent further violence and enable youth to experience academic, career, and life success. The program has provided 72 youth admitted to Alameda County Medical Center with bedside support and services related to economic and career development, mentorship, mental health, and conflict resolution.
- KFH-Oakland provided Alameda Family Services \$15,000 to support DreamCatcher, a program that provides shelter, after-school programming, career development, academic achievement, and mental health and case management services for youth experiencing violence and homelessness. Shelter clients develop a case plan with the aid of a case manager who follows their progress during their stay. In addition, each youth is seen by a therapist who assesses mental health needs and the necessary counseling and support needed for healing. To date, the program has provided shelter for 38 youth and support services for 178 youth.
- KFH-Oakland awarded \$15,000 to Alternatives in Action to support the community school initiative, which aims to strengthen and expand violence prevention and reduction opportunities for students, families, and staff, at McClymonds High School. The target population comprises the entire student body, and the grant has been instrumental in expanding violence prevention opportunities for McClymonds's most vulnerable youth and increasing the school's capacity to reduce the psychological and emotional impact of violence on youth and their families. As of this writing, 235 students received case management and participated in empowerment groups and youth development programs. The case manager's caseload has expanded to more than 20 youth, the empowerment group has expanded from meeting once per week to a daily class meeting, and more than 90 parents have been engaged.
- KFH-Oakland provided La Clínica de La Raza \$15,000 for its Integrated Screening for Violence Exposure program at Clínica Alta Vista (CAV), its adolescent clinic site in Oakland's Fruitvale neighborhood. The program is an integrated, clinic-based approach to identify violence-exposed youth in East Oakland and to provide counseling and case management to reduce the psychological impacts of violence. CAV provides primary medical care, reproductive health, and perinatal services. Patients seen during the first part of the grant period were 11 to 20 years of age. Most are Spanish-speaking, Latino youth with family incomes below or within 200% of the federal poverty level. To identify exposure to or risk of violence, patients receive a behavioral health screening or assessment while waiting to see a provider. Clinical social workers track patients with identified exposure to violence and offer onsite counseling and case management. During the reporting period, CAV clinical social workers provided such screenings or assessments to 290 patients and 460 visits to these patients. Of patients who were screened, approximately 29% scored positively for exposure to violence. Among patients identified through screenings/assessments and those identified by providers, more than 75% who were offered services with a clinical social worker completed at least one visit. In total, clinical social workers provided more than 1,700 hours of visits to patients.
- KFH-Oakland awarded \$15,000 to The Link to Children for Preventing the Cycle of Violence, a program that provides intensive play therapy, crisis intervention, and mental health consultation for children 0 to 5 and their caregivers who are victims of domestic violence and abuse. In general, 98% of families served are low income, 90% are families of color, and 40% are limited-English speakers. The program aims to reduce children's fear and aggression so they can learn at their full potential and not use violence as a strategy for problem solving; to increase parents' ability to reduce violence in their homes; to help crime victims find funding to support their recovery; and to develop and maintain a culturally sensitive crisis intervention training program focused on victims of violent crimes and domestic abuse. Working with the parent individually, the child individually, and the child and parent together is a model that can help reduce cycles of abuse. To date, therapists have provided 115 hours of intensive crisis intervention play therapy to 18 children, provided 20 parents with intensive counseling, and conducted 11 parent education workshops for 68 parents.
- Kaiser Permanente Northern California Region provided \$90,000 to the Martin Luther King Jr. Freedom Center for core operating support. By organizing meaningful events and initiatives that confront deep maladies in society, and offering youth and their families direct roles in problem solving and creating hope, the Freedom Center seeks to promote the contributions youth and young adults can make to create a healthy, safe, and inspired community. The Freedom Center's Youth Nonviolence Leadership Program aims to inspire and equip a cohort of youth to engage in meaningful leadership, problem solving, and public speaking roles, and to identify school personnel who are working passionately

to address inequities in academic achievement and civic engagement. Specific projects address the need for strengthened community decision making and integration in civic life, community policing relationships, character development, and the capacity to develop self-control and respect for self and others. This grant will help the Freedom Center reach and serve approximately 2,000 students.

- Kaiser Permanente Northern California Region provided \$200,000¹ for core operating support to YU, which implements an outcomes-driven approach to violence prevention, community transformation, and youth empowerment by providing comprehensive, integrated programming and services for youth of color from East Oakland. YU's mission is to transform East Oakland into a healthy, economically robust community by developing the leadership of youth and young adults and improving the systems that impact them. YU achieves this through a three-pronged approach: (1) personal transformation programs focus on addressing the critical needs of young people, such as education and career advising, health and wellness services, case management, and culturally relevant programming that encourages creativity and civic engagement; (2) systems change includes involvement in policy development, which affects resource distribution and the service delivery of youth-focused community programs; and (3) community economic development includes directing the flow of private and public capital toward creating community assets and wealth and increasing long-term labor force attachment by building education, workforce development, and job creation strategies that align with market trends.
- Kaiser Permanente Northern California Region awarded \$90,000 to Youth Radio to support BomComm, its effort to increase education and awareness in the general public and to strengthen youth's role in the policymaking process, by amplifying youth's voice regarding health and wellness, including a specific focus on societal factors leading to obesity. BomComm's current work builds upon Youth Radio's four-year history of training low-income young people 14 to 24 to use their developing skills in journalism and media production to conduct social media campaigns and policy advocacy. BomComm's advocacy strategy is unique because it does not rely on expensive campaigns; rather it draws on youth's organic digital media culture such as social networking sites and text messaging. Youth Radio anticipates engaging more than 300 youth directly and reaching more than 200,000 listeners.
- Kaiser Permanente Northern California Region provided \$40,000 to First Place for Youth to support Healthy Transitions, a project designed to break the intergenerational cycle of foster care by targeting approximately 250 current and former foster youth who are pregnant and/or are current parents in Alameda, San Francisco, Contra Costa, and Solano counties. Healthy Transitions will focus on two areas of activity—intensive case management and specialized parenting assistance, and the development of healthy living skills. Participating youth are matched with youth advocates who are trained to provide counseling for specific family needs such as accessing day care, medical care, parenting classes, and child nutrition. As trusted adult mentors, youth advocates provide comprehensive case management and living skills training to participants. First Place addresses pregnancy prevention by distributing contraceptives and providing education regarding safe, protected sex, as well as counseling on family planning and the financial impact of pregnancy on long-term goals. To address intimate partner violence, First Place hired a certified domestic violence counselor to conduct training on identification, assessment, and intervention methods for program staff. These activities are critical to ensuring that youth develop healthy relationships and living skills that will lead to long-term self-sufficiency.

2013 GOALS UPDATE

1. Reduce family and community violence among youth, especially young men of color.
2. Decrease the psychological and emotional impact of violence on children and families.

2013 STRATEGIES UPDATE

1. Fund violence prevention programs that focus on economic and career development and training.
2. Fund mental health/case management programs for individuals and families experiencing family and/or community violence.

¹ This grant was distributed from the Kaiser Permanente Fund for Community Benefit, a donor-advised fund established in late 2004 and administered by East Bay Community Foundation. Accordingly, the grant amount was not included in the Community Benefit totals for 2012 (Tables A, B, and 2).

MONITORING PROGRESS OF 2013 STRATEGIES

We will assess our progress with respect to these strategies and goals by tracking the dollars provided through grant funding and the number of young men, children, and families who are reached through grant-funded mental health programs; monitoring community indicators of violence; and tracking participation in regional efforts to reduce violence in Oakland.

PRIORITIZED NEED IV: CHILDHOOD ASTHMA

In Oakland, the rate of childhood asthma hospitalization is significantly higher than the overall county rate. Childhood asthma can be managed, and acute attacks requiring hospitalization can largely be avoided. However, the data indicate that this is not happening, particularly among African American children.

2012 GOAL

Reduce the disparity in asthma hospitalizations for African American and Latino children and youth.

2012 STRATEGIES

1. Fund efforts to provide community-, faith-, and school-based education and support that assess and mitigate asthma triggers in the home.
2. Provide support for preventive measures that support asthma self-management education for children and youth.
3. Fund programs that provide asthma management training and support for parents/caregivers.

TARGET POPULATION

African American and Latino children and youth who have been diagnosed with or are at risk for asthma.

COMMUNITY PARTNERS

Community partners include Alameda County Asthma Coalition, Prescott-Joseph Center for Community Enhancement, Alameda County Public Health Department (ACPHD), and Alameda County Lead Poisoning Prevention Program.

2012 YEAR-END RESULTS

- KFH-Oakland provided \$10,000 to Alameda County Lead Poisoning Prevention Program to support its Asthma Management for Parenting Teens project designed to improve the quality of life of asthmatic, high-risk parenting teens and their families. The program utilizes a model that links the primarily Latino and African American participants of Cal-SAFE, 12 to 20, with school-based education and a home-based environmental approach to addressing asthma. Cal-SAFE anticipates serving approximately 90 parenting-teens at its Oakland site during the 2012–2013 school year. To date, 30 students have been served.
- KFH-Oakland provided \$15,000 to ACPHD to support Asthma Start, which provides in-home case management to families of children and adolescents diagnosed with asthma. Services include education, home assessments, care plans, connections to services, and asthma supplies. Asthma Start has enrolled 32 children into the program, discharged five children, and aims to reach 75 children by the end of the grant. Other program components include asthma trigger identification and education; home inspections and remediation; school collaboration to promote medication access; assistance with housing, employment, and health insurance; and housing advocacy. The program uses a medical/psychosocial model to meet a multitude of client needs and to reduce asthma-related emergency room visits and hospitalizations.
- KFH-Oakland provided \$15,000 to Prescott-Joseph Center for Community Enhancement for the Northern California Breathmobile, a sustainable, accessible, community-wide asthma management program that shifts acute episodic cases to regular preventive care in accordance with national standards. A traveling asthma clinic staffed by asthma specialists, doctors, nurse practitioners, registered nurses, and respiratory therapists, the Breathmobile visits pre- and

K–12 schools every four to six weeks, providing free full-service asthma evaluations, treatments, medications, and education. Every patient leaves with an asthma action plan, medication, or the means to obtain medication. Patients are also referred to Healthy Homes, a project in which outreach workers inspect homes for asthma triggers and toxic products. To date, the Breathmobile has seen 283 asthma patients at various schools in Alameda and West Contra Costa counties, resulting in a 95% reduction in asthma-related emergency room visits, from 247 (baseline first year) to 11 (presently); a 96% reduction in asthma-related hospitalizations, from 92 (baseline first year) to four (presently); and a 94% reduction in school absenteeism, from 613 to 38. It is estimated that 1.4 million health care dollars were saved.

- KFH-Oakland and KFH-Richmond provided \$5,000 to Alameda County Asthma Coalition (fiscal agent, Children's Hospital Foundation Oakland) to support Camp Breathe Easy 2012, which provided 81 asthmatic children 8 to 13 with a summer camp opportunity that they might not otherwise have had owing to their asthma. In addition to classic summer camp activities such as swimming, sports, and arts and crafts, campers received asthma self-management skills education in two group sessions. This information was re-enforced during an asthma education carnival that gave campers the chance to use their asthma knowledge as they participated in asthma-specific games. In addition, 72 parents who attended the camp received education regarding asthma medications, devices, resources, and other self-management tools. The supportive environment allows campers, who reside primarily in Oakland, Richmond, and the surrounding areas, to discuss the social and psychological hurdles related to living with asthma.

2013 GOALS UPDATE

1. Reduce the disparity in asthma-related emergency room visits for African American and Latino children and youth.
2. Reduce the disparity in asthma hospitalizations for African American and Latino children and youth.

2013 STRATEGIES UPDATE

1. Fund programs that provide asthma assessments and self-management education.
2. Fund programs that provide assessment and mitigation of household asthma triggers.

MONITORING PROGRESS OF 2013 STRATEGIES

We will assess our progress with respect to these strategies and goals by tracking the number of contacts made to schools and the materials and expertise on asthma management that are provided as a result of those contacts, and monitoring the opportunities and actions to advocate for reducing the environmental factors contributing to asthma incidence and severity.

PRIORITIZED NEED V: PERINATAL HEALTH

The rate of infant death among African Americans is 2.6 times the overall Alameda County rate. African Americans and Emeryville residents also have the highest rates of low-birth-weight babies in the county.

2012 GOAL

Support projects that work within the life course framework to increase the number of pregnant women receiving early prenatal care, to improve the rates of fetal and infant survival, and to promote healthy birth outcomes.

2012 STRATEGIES

1. Fund case management programs and/or support groups for mothers and their partners/families, with a particular focus on African American and Asian-Pacific Islander (API) women. Case management activities could include maternal health assessments and screenings, health promotion, education and counseling, lactation support, and methods to reduce the stress of pregnant women.
2. Fund efforts to work with pregnant women to maintain abstinence from drugs, smoking, and alcohol.
3. Fund programs that promote and support male/partner involvement in the prenatal care experience.

4. Fund programs that work to reduce language access barriers for pregnant women accessing prenatal care.

TARGET POPULATION

Pregnant and likely-to-get-pregnant African American and API women.

COMMUNITY PARTNERS

Community partners include Asian Health Services (AHS), Alameda County Community Health Forum, Brighter Beginnings, and Building Blocks Collaborative (BBC).

2012 YEAR-END RESULTS

- KFH-Oakland Community Benefit/Community Health Specialist, Glenda Monterroza, participated in a collaborative that addresses the state of perinatal health in Alameda County. The collaborative, which includes Planned Parenthood Mar-Monte, Alameda County Women Infants Children Program, Children's Hospital Oakland, Tiburcio Vasquez Community Clinic, First 5 of Alameda County, and various ACPHD departments, worked on several educational resources such as the *Alameda County Resource Guide* and the Safe Surrender awareness campaign materials that are distributed to local agencies to educate community members on healthy practices and habits related to maternal health. Since the Safe Surrender awareness campaign started in 2010 no babies have been abandoned and six children were safely surrendered to hospitals or fire stations. The collaborative aims to share best practices, discuss pressing maternal health issues, and provide resources. KFH-Oakland also provided \$500 to support the *Alameda County Community Resource Guide* event, which the collaborative organized to bring service providers together to share resources.
- Ms. Monterroza has also participated in the BBC, a health equity initiative of ACPD that uses the life course approach to conceptualizing health care needs and services as its theoretical framework. BBC unites a diverse group of organizations that are committed to changing how they work to create equitable community conditions that support well-being, beginning from the earliest stages of life. More than 50 BBC members have engaged in a collaborative process to advance systems change and to improve the social, environmental, and economic conditions that perpetuate inequities. As a BBC member, Ms. Monterroza has participated in work groups and provided technical support. In addition, BBC received \$20,000 in grant funding to build its communications capacity and that of its members. This effort will track and assess how effectively BBC achieves the objectives in its communication plan, and will build the capacity and foundational tools for communications necessary to support ongoing fundraising. The target population includes BBC's 100-plus membership base.
- KFH-Oakland provided \$15,000 to AHS to support its perinatal empowerment program, which supports immigrant API women and mothers during three critical stages—pregnancy, labor, and the first year after birth. The program utilizes three key strategies to improve perinatal health in the target population. Perinatal workshops utilize a linguistically and culturally appropriate curriculum that highlights a comprehensive set of prenatal care topics (labor and delivery, breastfeeding, tobacco awareness, and safety) to increase the knowledge and skills of pregnant women. Workshops are held in a dynamic, interactive setting, which allows pregnant women to discuss, interact, and cultivate peer support. Volunteer labor coaches provide multilingual interpretation assistance and psychosocial support throughout pregnancy, labor, and delivery. Case management services include breastfeeding follow-up phone calls to all new mothers two or three weeks after delivery to provide individual advice and counseling for those having difficulty with breastfeeding. The program has reached 52 pregnant women and mothers thus far. Kaiser Permanente physician, Winston Wong, MD, continues to support AHS, answering questions about translating literature into Asian languages and making Kaiser Permanente health education materials available.

2013 GOALS UPDATE

1. Improve access to early prenatal care among pregnant women.
2. Promote healthy birth outcomes using the life course framework.

2013 STRATEGIES UPDATE

1. Fund programs that provide culturally appropriate prenatal care services for African American and API women.

MONITORING PROGRESS OF 2013 STRATEGIES

We will assess our progress with respect to these strategies and goals by tracking grant dollars provided and the number of individuals reached through funded programs, monitoring community data regarding fetal and infant deaths and implementation of collaborative program priorities.

Table 1

KAISER FOUNDATION HOSPITAL-OAKLAND

2012 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: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members | 3 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 1,762 |
| Medi-Cal Managed Care members | 5,012 |
| Healthy Families Program members | 2,217 |
| Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) ¹ members | 139 |
| Operation Access – number of procedures (including general surgery, orthopedics, gynecology, otolaryngology, and urology) | 43 |
| Operation Access – number of medical volunteers | 72 |
| Operation Access – number of medical volunteer hours | 368 |
| Health Research projects (new, continuing, and completed) | 11 |
| Nursing Research projects (new, continuing, and completed) | 5 |
| Educational Theatre Programs – number of performances and workshops | 157 |
| Educational Theatre Programs – number of attendees (students and adults) | 40,220 |
| Graduate Medical Education – number of programs | 13 |
| Graduate Medical Education – number of affiliated and independent residents | 281 |
| Nurse practitioner and other nursing training and education beneficiaries | 49 |
| Deloras Jones nursing scholarship recipients | 6 |
| Other health professional training and education (non-MD) beneficiaries | 68 |
| Summer Youth and INROADS programs participants | 9 |
| Number of 2012 grants and donations made at the local and regional levels ² | 139 |

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

²The vast majority of regional grants impact three or more local hospitals. As such, a single regional grant may be included in the “Number of 2012 grants and donations” count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-OAKLAND
COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$11,019,462 |
| Healthy Families ² | 1,597,098 |
| Charity care: Charitable Health Coverage programs ³ | 1,680,194 |
| Charity care: Medical Financial Assistance Program ⁴ | 6,151,953 |
| Grants and donations for medical services ⁵ | 456,082 |
| Subtotal | \$20,904,789 |
| Other Benefits for Vulnerable Populations | |
| Summer Youth and INROADS programs ⁶ | \$115,619 |
| Grants and donations for community-based programs ⁷ | 699,762 |
| Community Benefit administration and operations ⁸ | 585,277 |
| Subtotal | \$1,400,658 |
| Benefits for the Broader Community⁹ | |
| Community health education and promotion programs | \$17,511 |
| Educational Theatre Programs | 397,946 |
| Facility, supplies, and equipment (in-kind donations) ¹⁰ | 11,817 |
| Community Giving Campaign administrative expenses | 11,555 |
| Grants and donations for the broader community ¹¹ | 57,914 |
| National board of directors fund | 26,546 |
| Subtotal | \$523,287 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$10,684,612 |
| Non-MD provider education and training programs ¹² | 915,560 |
| Grants and donations for the education of health care professionals ¹³ | 45,879 |
| Health research | 4,494,092 |
| Subtotal | \$16,140,143 |
| Total Community Benefits Provided | \$38,968,877 |

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.

KAISER FOUNDATION HOSPITAL (KFH)-ONTARIO

2295 South Vineyard Avenue
 Ontario, CA 91761
 (909) 724-5000

The KFH-Ontario service area includes the west end of San Bernardino County and a section of eastern Los Angeles County. The service area includes the communities of Chino, Chino Hills, Claremont, Diamond Bar, La Verne, Mira Loma, Montclair, Mt. Baldy, Ontario, Pomona, Rancho Cucamonga, San Antonio Heights, and Upland.

COMMUNITY SNAPSHOT (2010 COMMUNITY HEALTH NEEDS ASSESSMENT FOR KFH-ONTARIO)

| | |
|-------------------------------|-----------|
| Total population: | 2,123,083 |
| Median age: | 30 |
| Median household income: | \$52,320 |
| Percentage living in poverty: | 11.4% |
| Percentage unemployed: | 14.2% |
| Percentage uninsured: | 25.1% |

| | |
|-----------------------------|-----|
| Latino: | 51% |
| White: | 32% |
| African American: | 8% |
| Asian and Pacific Islander: | 6% |
| Other: | 3% |
| Native American: | .5% |

KEY FACILITY STATISTICS

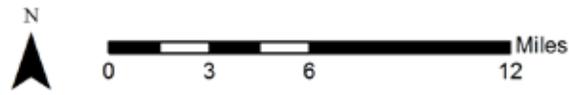
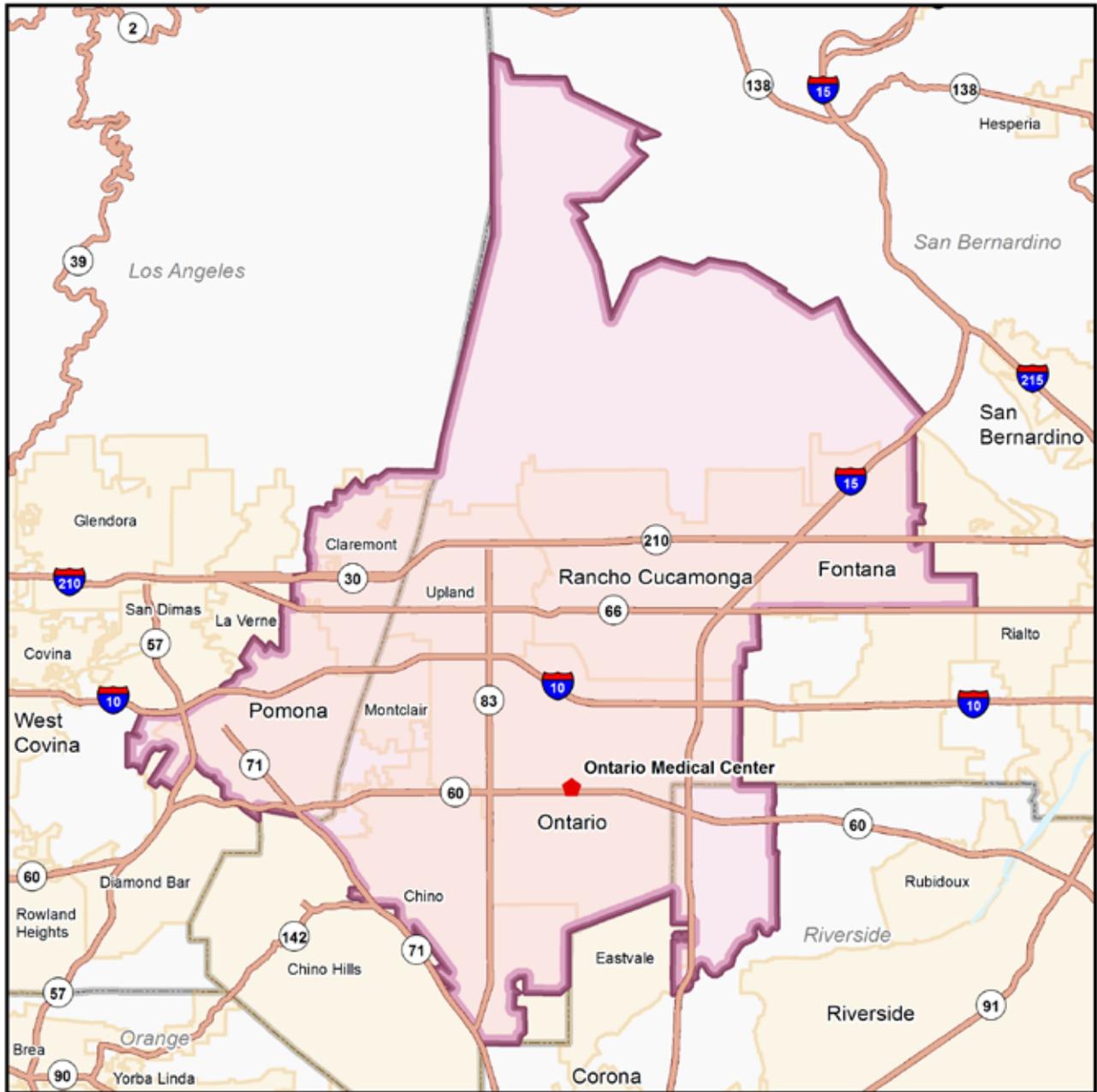
| | |
|-------------------------------------|---------|
| Year opened: | 2011 |
| KFH full-time equivalent personnel: | 799 |
| KFHP members in KFH service area: | 194,133 |

| | |
|------------------------|----------|
| Total licensed beds: | 224 |
| Inpatient days: | 187,0617 |
| Emergency room visits: | 35,819 |

KEY LEADERSHIP AT KFH-ONTARIO

| | |
|--------------------------|--|
| Greg Christian | Executive Director |
| Lloyd Duplechan | Chief Operating Officer |
| Don Bernard | Area Chief Financial Officer |
| David Quam, MD | Area Medical Director |
| Annie Russell | Chief Administrative Officer |
| Jennifer Resch-Silvestri | Senior Director, Public Affairs and Brand Communications |
| Martha Valencia | Community Benefit Health Manager |

KFH Ontario Medical Center Service Area



- KFH Medical Center
- KFH Medical Center Area
- Cities and Towns
- County Boundary

Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
Maps Produced by: the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES). May 2013.



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

KFH-Fontana (on behalf of KFH-Fontana and KFH-Ontario), the Advancement Project's Healthy City, and Special Service for Groups collaborated to conduct the 2010 CHNA. Numerous community-based organizations and government and public agencies from across various sectors (neighborhood, school, county, academia, and health care) also collaborated in providing critical information about health needs, assets, and barriers. Primary and secondary data were assessed to create a profile of community conditions. While the emphasis was on health care data, social, economic, educational, and demographic indicators were also included in the CHNA to look at overall community health.

The first phase of the CHNA included secondary data collection, processing, and analysis. Secondary data collection began with the development of a list of relevant demographic, socioeconomic, and public health data indicators that included details and information on demographic conditions, income and poverty, community safety, education, health and health care access, maternal and child health, mortality and morbidity, and health behaviors. Data analysis involved the development and implementation of a strategy that allowed patterns to be identified in the collected data. When available, Healthy People 2010 benchmarks, service area, county health information, and statewide figures were used as comparison points for local indicators.

The second phase entailed primary data collection designed to identify unmet community health needs, barriers to health and wellness, and community assets (in general and for underserved populations). It also sought community guidance in prioritizing these needs in the context of a changing community. Participants were selected based on several factors, including prior engagement in the CHNA process, subject area expertise, and experience or role in addressing key health needs of vulnerable populations in the service area. Focus group and stakeholder interviews helped identify health issues and common themes across the service area.

KEY FINDINGS FROM THE 2010 CHNA

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

Population, Unemployment, Poverty, and Homelessness:

- Population growth increased by 22%.
- Unemployment increased from 6% to 14.2%.
- Unemployed individuals have higher rates of anxiety and depression, lower self-rated health status, and loss of insurance.
- Unemployed men have higher rates of smoking, alcohol consumption, and drug use.
- The percentage of families living in poverty (11.2%) in the service area is greater than that for California (9.8%).
- 24% of households are headed by single mothers.
- Poverty had the greatest negative impact on health.
- Homelessness increased among young people.
- Findings from focus groups and interviews suggest that one effect of the recession is overcrowding as more multigenerational families are living in the same households.

Uninsured and Access to Health Care:

- In the service area, 25.1% of residents 18 to 65 were uninsured, while 12.2% of children 0 to 17 were uninsured.
- Younger working-age adults are less likely to be insured compared to older working-age adults (25% of adults 19 to 29 are uninsured; 18% of adults 30 to 44 are uninsured; and 15% of adults 45 to 64 are uninsured).

- Uninsured adults have a 25% greater risk of premature death than insured adults.
- Only 81.9% of pregnant women received early prenatal care.

Dental Care:

- More people reported that their children had never been to a dentist (1.5%) and that they could not afford dental care that was necessary for their children (7.8%).
- 32.7% of adults 18 and older and 19.2% of children 2 to 17 had no dental insurance.
- Community participants identified dental care for children as an ongoing issue and pointed to the need for screenings and preventive care, as well as a shortage in specialty dental care.

Diabetes:

- Diagnosis of diabetes increased by almost 2% for more and younger students.
- Type 2 diabetes increased among children in the last two decades.
- The service area had a higher age-adjusted mortality rate (30.6) from diabetes than California (21.1).

Overweight and Obesity:

- The service area had 21% overweight or obese adolescents 12 to 19 (San Bernardino County level).
- The service area had 36.4% overweight and 27.4% obese adults 20 and older (San Bernardino County level).

Asthma:

- The service area had a higher age-adjusted mortality rate than California.
- Hospitalization for asthma is higher in the service area at 10 per 10,000, compared to 5.6 per 10,000 for California.

Cancer:

- In the service area, the breast cancer death rate was 23.8 compared to 21.2 for California.
- The cervical cancer death rate was 4.6 compared to 2.2 for California.
- The colorectal cancer death rate was 16 compared to 14.7 for California.

High Blood Pressure:

- One in four residents was diagnosed with high blood pressure.
- Prevalence of diagnosis increased substantially to 25%, higher than statewide estimates for those 20 to 64.

Mental Health Services:

- In the service area, 16.1% of people needed help for mental health or substance abuse.
- Of those who sought care, 44.2% failed to receive it; 60% of those who needed care but did not receive it were uninsured.
- 15.9% of teens are at risk for depression.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-ONTARIO SERVICE AREA

1. Access to health insurance coverage and health care services
2. Disproportionate rates of obesity and overweight
3. Social determinants of health

2012 YEAR-END RESULTS

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

Uninsured and underinsured adults are less likely to receive preventive care, less likely to receive screening services, and if they do access screening services, less likely to receive them in a timely manner. Lack of access and untimely access produce delayed diagnoses, and for many diseases (such as breast, colon, or cervical cancer), delayed diagnoses reduce the probability of survival. The CHNA found that death rates from breast, cervical, and colorectal cancers are still higher in San Bernardino County than for California overall. In addition, uninsured adults receive less and lower-quality care for chronic conditions, including diabetes, heart disease, and HIV. Overall sufferers of chronic conditions who lack insurance are less likely to receive necessary screening, monitoring, intensive care management, effective drugs, and other medical services, and thus experience decreased quality of life and a higher risk of mortality. Focus group participants indicated that despite the need, mental health services have been cut back dramatically and may be available only to the severely disabled. Community participants also identified dental care for children as an ongoing issue and pointed to the need for both screenings and preventive care, as well as a shortage in specialty dental care.

2012 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.

2012 STRATEGIES

1. Maintain participation in KFHP/H Charitable Health Coverage Programs (STEPS and Kaiser Permanente Child Health Plan) and in government programs (Medi-Cal and Healthy Families).
2. Provide charity care through the Medical Financial Assistance (MFA) program and maximize efficiencies.
3. Provide grant funding to organizations that seek to provide primary care services.
4. Provide grant funding to organizations that seek to proactively integrate education, preventive care, early and regular screening, treatment, and control/self-care management by targeting at least one health problem (hypertension, obesity, diabetes, asthma, and breast, cervical, and colorectal cancer), with an emphasis on linking to community clinics.
5. Provide grant funding to organizations that seek to conduct outreach, provide enrollment in public programs, and provide orientation on utilizing community clinic services emphasizing the medical home/usual source of care concept and/or provide primary care services.
6. Provide grant funding to support outreach and education regarding preventive dental services for children.
7. Provide grant funding to support delivery of dental care services, including planning for expanded dental services at safety-net clinics.
8. Provide grant funding to organizations to provide basic individual and family outpatient counseling for emotional/mental health problems (depression, anxiety, feelings of hopelessness, truancy, anger management, alcohol-drug issues, victims of violence/abuse, psychological distress, etc.).
9. Continue collaboration with community clinics to offer Community Surgery Days for eligible low-income individuals who are uninsured or underinsured.
10. Continue existing physician volunteer clinic partnerships and identify other opportunities to support adult, pediatric, and teen clinics where a shortage and a need for health care professionals and services exist.
11. Develop the capacity of community clinics and community-based organizations by sharing Kaiser Permanente training, curriculum, handouts, and clinical practice guidelines related to diabetes, weight, nutrition, and healthy lifestyles.

TARGET POPULATION

Vulnerable populations, including the working poor, the unemployed, the uninsured, the underinsured, and underserved children, adolescents, women, and men.

COMMUNITY PARTNERS

Community partners include American Lung Association, Assistance League of Foothill Communities, Foothill Family Shelter, House of Ruth, Kids Come First Community Clinic (KCFCC), City of Montclair (Montclair Medical Clinic), Ontario-Montclair School District, Pomona Community Health Center, Project Sister Family Services, Reach-Out West End, Samaritan Counseling Center, and Alzheimer's Association of San Bernardino/Riverside Counties.

2012 YEAR-END RESULTS

- In collaboration with the Southern California Permanente Medical Group (SCPMG), KFH-Ontario established the Physician Engagement Program to facilitate volunteer opportunities for physicians at local community clinics as a way to support the safety net of community clinics in San Bernardino County. In 2012, a total of 208 physician volunteer hours were provided by 10 volunteer physicians at KCFCC, a primary pediatric health care clinic for uninsured or underinsured children in South Ontario. Physician volunteers support the Teen and Pediatric Clinic at KCFCC and the Saturday Adult Primary Care Clinic for the parents of children served by KCFCC. KFH-Fontana celebrated two years and a half of its volunteer partnership with KCFCC.
- KFH-Ontario expanded the Community Surgery Day Program by offering two surgery days in 2012. KFH-Ontario's Vineyard Ambulatory Surgery Center provided operating room space and medical supplies as an in-kind donation. Pomona Community Health Center is among five community clinic partners that participate in the Community Surgery Day Program. In 2012, a total of 22 low-risk outpatient surgeries (hernia repair, cataract removal, gallbladder removal) were performed by 100 Kaiser Permanente volunteer surgeons, anesthesiologists, nurses, certified nursing assistants, sterile processing technicians, and admitting clerks.
- KFH-Ontario responded to key speaking opportunities for Kaiser Permanente physicians to address various topics including cancer. KFH-Fontana responded to a request from the Ovitt Family Community Library in Ontario, where general surgeon Dr. Joyce Ho focused on Let's Talk About Breast Cancer, reaching 50 women from the community about the importance of education and early detection of breast cancer.
- KFH-Fontana provided a \$15,000 grant to the City of Montclair in support of the Montclair Medical Clinic. The clinic is a collaborative effort of services provided by the City of Montclair, the Health Service Alliance, and volunteer physicians and physician assistants to provide access to primary care services and related prevention/education services. The grant award will support the Gateway to Coverage Program to reach 2,500 uninsured/underinsured individuals in need of primary care services and to refer 100 individuals for follow-up services through the clinic and/or education/self-management classes.
- KFH-Fontana provided a \$15,000 grant to Project Sister Family Services, a state-designated agency that provides sexual assault crisis and prevention services to the underserved, economically impacted and disadvantaged West End area of San Bernardino County, including Ontario, Chino, Chino Hills, Montclair, Rancho Cucamonga, and Upland among other cities. The grant award will support the organization in providing counseling to 245 victims of sexual assault or child abuse with 3,000 hours of counseling to alleviate trauma and enable them to resume healthful and productive lives.
- KFH-Fontana provided a \$10,000 grant to the Foothill Family Shelter, Inc., that provides safe housing with wraparound support services (employment preparation, financial education and a mandatory savings program, and counseling) to meet the immediate needs of people in crisis, including homeless families. The grant awarded will support the Bright Smiles for Bright Futures program and provide dental exams and cleaning to 20 homeless residents 22 to 50; extensive dental work (dental fillings, root canals, extractions, etc.) to 10 homeless residents; dental hygiene education; and toothbrushes, toothpaste, dental rinse, and floss to everyone. The at-risk families that reside at the Foothill Family Shelter struggle to make ends meet and provide the basic needs of food, shelter, and clothing for their families. Most do not have dental insurance and cannot afford regular visits to the dentist. The years of neglect to their dental care causes

problems in their overall general health, their frame of mind, and self-esteem. The dental needs of this population are great and more than preventative care is needed.

- Kaiser Permanente Southern California Region funded care- and coverage- related grants to increase access to affordable, quality health care and health insurance coverage for low-income, uninsured and underinsured individuals and families in our communities. California Coverage and Health Initiatives, a project of Tides Center, received a grant for \$50,000 to support the core operations of the association as it advocates for children's access to health coverage on a statewide and regional level through the aligned work of the 24 county-based Children's Health Initiatives.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

To assess the progress and success in achieving the stated goals, the following indicators will be used: the number of grants awarded, total dollars provided in grants, the number of people reached through grants, the number of collaborating partners, the number of staff engaged in the community, the number of community organizations served, the number of people receiving charity care services, the number of Kaiser Permanente Child Health Plan and STEPS members, and the number of individuals receiving MFA.

PRIORITIZED NEED II: DISPROPORTIONATE RATES OF OBESITY AND OVERWEIGHT

In San Bernardino County, 21% of adolescents 12 to 19 are overweight or obese while 63.8% of adults over 20 are overweight (36.4%) and obese (27.4%). By zip code area, the range is 32.2%–71.6 % for overweight and obese adolescents and adults. It is imperative to reduce these rates for a variety of health, social, and psychological reasons. Overweight and obese children and adults face increased risk for a range of health and mental health conditions, including heart disease, diabetes, sleep apnea, high cholesterol, fatty liver, asthma, social stigma, low self-esteem, and increased likelihood of mental health problems. In children, obesity is also associated with premature puberty. Overweight and obese children are more likely to become overweight adults. Obese children are also at increased risk of being bullied, which may harm mental health and result in decreased physical activity.

A number of factors directly or indirectly influence obesity. Both physical activity and healthy eating are important for preventing and reducing obesity. Genetics and individual behaviors are also important, as are neighborhood and social environments that have increasingly been implicated as barriers (and opportunities) to maintaining a healthy lifestyle. For example, a lack of access to green space, parks, and environments that promote physical activity; lack of physical education and sports facilities and opportunities in schools; poor food environments (meaning limited access to supermarkets, farmers markets, produce vendors, community gardens, and other sources of fresh fruits and vegetables and healthy foods); and an overconcentration of fast-food outlets can all shape the likelihood of becoming overweight or obese.

2012 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).

2012 STRATEGIES

1. Provide grant funding to support culturally and linguistically appropriate health education and wellness programs that increase awareness, knowledge, and skills about healthy eating and active living.
2. Provide grant funding for fun, appealing, and innovative interventions/approaches to decrease calorie consumption of soda/sugar-sweetened beverages, portion size, snacking, etc.
3. Provide grant funding to support convenient access to fresh, affordable, nutritious food, including at farmers markets.
4. Provide grant funding to encourage work site and other employer programs that encourage prevention and help employees improve healthy eating, active living behaviors.
5. Provide grant funding to increase knowledge and develop skills among public health, planning, and redevelopment professionals and advocates about land use, economic development, and redevelopment tools to ultimately create opportunities/environment for physical activity.
6. Provide grant funding to promote and provide physical activity opportunities across multiple settings targeting children, adolescents, and adults (physical activity as a family affair).
7. Provide grant funding to community coalitions, partnerships, and collaboratives to jointly transform local physical activity and food environments by developing, implementing, and evaluating sustainable policy, environmental, and organizational practice changes.
8. Promote and make available free Kaiser Permanente health education materials related to healthy eating, active living, nutrition, and weight to grantee organizations to support them in delivering consistent promotion, education, prevention, and behavior change messages.
9. Promote and make available Kaiser Permanente best practices and guides on establishing a farmers market, menu labeling in cafeterias, and a vending machine “Healthy Picks” offerings policy, including tips for a healthy breakfast/lunch for meetings.
10. Promote Educational Theatre productions and activities that focus on nutrition, exercise, balanced diet, and active play to school districts with the objective of distributing consistent messages about healthy eating and active living.

TARGET POPULATION

Schoolchildren, adolescents, and adults living in areas with high rates of overweight and obesity, which have been identified through zip code-level maps.

COMMUNITY PARTNERS

Community partners include City of Rancho Cucamonga, “Healthy Rancho Cucamonga,” City of Ontario, “Healthy Ontario,” Ontario-Montclair School District, City of Pomona, and “Healthy in Pomona.”

2012 YEAR-END RESULTS

- KFH-Ontario responded to key speaking opportunities for Kaiser Permanente pediatricians to address the obesity epidemic in schools. On June 15, 2012, Marla Abrolat, MD, talked with 250 children (grades 5 to 8) from Ontario-Montclair School District Student Summer Academy Program about nutrition, exercise, and what young people should know about staying healthy. Information was delivered in a fun and age appropriate manner to help students apply and share with parents and caregivers.
- KFH-Ontario awarded the City of Rancho Cucamonga, Community Services Department, a \$5,000 grant to offer Healthy RC Kids Fun on the Run to 1,500 children. A year-round free mobile recreation program brings the joy of a recreation center directly to an underserved predominately Latino neighborhood in South Rancho Cucamonga where Spanish is the primary language. The program engages children in organized, supervised, and safe outdoor play activities in their neighborhood parks and after-school programs. It combines fitness and nutrition lessons, giving children the knowledge, skills, and supportive environments they need to lead healthy lives. Two schools and two parks were strategically selected to provide access to children who may not otherwise have the opportunity to participate in

active play. Healthy snacks, consistent with California school food and beverage standards, are served to emphasize the importance of healthy eating habits. Families are critical change agents for sustaining healthy habits, so monthly “Family Saturday” events reinforce healthy behaviors at home.

- Kaiser Permanente Southern California Region’s HEAL (Healthy Eating, Active Living) Zone initiative is designed to target a small, clearly defined community of 10,000 to 20,000 residents who have high rates of obesity and other health disparities. The initiative helps community stakeholders develop and implement evidence-based and prevention-oriented environmental strategies that are focused on reducing obesity rates and creating opportunities for residents to engage in healthy eating and active living. In the KFH-Ontario service area, the City of Ontario received a \$1 million grant over four years (\$250,000 in 2012)¹.
- KFH-Fontana provided a \$2,600 grant to the City of Pomona, a city with a bright vision for its future, and is dedicated to the quality of life for the diverse community. Pomona’s five-year plan is to be recognized as a vibrant, safe, and beautiful community that is a fun and exciting destination and the home of arts and artists, students and scholars, and business and industry. The grant awarded will help (1) create a Healthy in Pomona (HiP) Steering Committee and coalition; (2) pass a resolution in the City, declaring it a “Healthy Community”; (3) create a HiP marketing and education campaign; (4) develop a HiP Implementation Plan; and (5) conduct HiP program and facility inventory of current programs.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

Progress relative to the strategies will be assessed by tracking the amount of funding provided through grants; tracking the number of people reached through funded physical activity efforts and the number of organizations reached with shared assets; collecting data on the number of schools/children/families participating in Safe Routes to Schools and the number of schools engaged in funded efforts to increase physical activity on the school yard; and monitoring and recording progress on development of innovative approaches to increase physical activity at schools and in work sites.

PRIORITIZED NEED III: SOCIAL DETERMINANTS OF HEALTH

The unemployment rate for San Bernardino County is up to 14.2% and the poverty level is 11.2%, compared to 9.8% for California. Unemployment and poverty are key factors in determining the health of communities. In San Bernardino County, and elsewhere, unemployment has been consistently linked to poor health and associated with higher mortality rates, especially from heart disease and suicide. Individuals who are unemployed have higher rates of anxiety and depression and lower self-rated health status. Data have also shown that unemployed men have higher rates of smoking, alcohol consumption, drug use, and depression than their employed counterparts. Homelessness also increased among young people living in the KFH-Fontana service area, and findings from focus groups and interviews suggest that one effect of the recession is overcrowding as more multigenerational families are living in the same households. In San Bernardino County, 24% of households are headed by single mothers.

2012 GOAL

To create healthy communities by supporting the social and economic environment.

¹ This grant was distributed from the Kaiser Permanente Southern California Charitable Contribution Fund, a donor-advised fund administered by the California Community Foundation. Accordingly, the grant amount was not included in the community benefit totals for 2012 (Table A, B and 2).

2012 STRATEGIES

1. Provide grant funding to agencies that equip people for employment by supporting retraining and skills development for displaced workers.
2. Provide grant funding to increase food security as aligned with the San Bernardino County Vision Project.
3. Provide grant funding for basic needs of homeless children, adolescents, and young adults aligned with the San Bernardino County 10-Year Homeless Plan.
4. Provide grant funding to address key issues identified by the San Bernardino County Vision Project.

TARGET POPULATION

Unemployed and underemployed men 18 and over, single mothers who are heads of households, and low-income and homeless children and adolescents.

COMMUNITY PARTNERS

Community partners include Mercy House, Inland Empire United Way (IEUW), and Inland Valley Hope Partners.

2012 YEAR-END RESULTS

- KFH-Ontario provided a \$20,000 grant to Mercy House, an organization that provides the homeless with emergency lodging, crisis intervention, job readiness assistance, and basic needs. Transitional shelters in Ontario provide clients with the assistance they need to overcome homelessness and transition into self-sufficiency and permanent housing. The grant award will support homeless individuals and families with emergency shelter (motel vouchers) and emergency assistance (food, transportation, hygiene supplies) and referrals for 2,500 homeless women, children, and men who go to the Walk-in Center.
- KFH-Ontario provided an \$11,000 grant to Inland Valley Hope Partners, an organization that provides food, shelter, and support to children and their families. Food is distributed through four food pantries located in Ontario, Pomona, Claremont, and San Dimas. A residential family shelter “Our House,” and the Pomona Certified Farmers Market. The grant award supports the Gleaning Hope Food Security project, which enables the organization to partner with residential growers and collect at least 10,000 pounds of freshly picked fruit and vegetables. The fruit and vegetables collected are distributed to 15,000 very low-income individuals and families who seek assistance from the food pantry.
- KFH-Ontario awarded a \$20,000 grant to IEUW, whose mission is to engage a caring community to respond to human need by helping disadvantaged kids succeed in school; providing easy access to health and social services; developing opportunities for volunteers to create positive change; and strengthening financial stability opportunities for low-income families and individuals. The grant award will support the Kids Packs program to provide weekend food during the school year to 1,200 children from food-insecure homes in the Chino Valley Unified, Ontario-Montclair, and Pomona Unified school districts who are at risk of hunger. The program also provides children with the tools and resources to allow them to succeed in school and prepare for a self-sufficient future. The Kids Pack program was developed in response to the fact that 71% of children in San Bernardino County are enrolled in the federal free- and reduced-price meal program. Many children rely on free school meals as their major source of nutrition during the week but have no access to free meals on the weekends.
- KFH-Ontario supports community organizations with more than grant dollars. One example of tapping into our internal assets is a collaboration with the Health Education and Preventive Medicine Department. The Department Administrator identified a registered dietitian to review the list of food items that Inland Empire United Way includes in the Kids Pack program. The dietitian evaluated the sodium, sugar, and fat content of the packaged food items being provided and recommended healthier items based on lower cost and lower sodium, sugar, and fat content. The sharing of our professional expertise has enabled children receiving the Kids Pack every Friday to eat healthier over the weekends.

- Health Professions Education Foundation received \$100,000 to improve health care in medically underserved areas of California by offering scholarships, loan repayments, and programs to allied health students and professionals dedicated to serving in those areas.²

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

To assess the progress and success in achieving the stated goals, the following indicators will be used: the number of grants awarded, total dollars provided in grants, the number of people reached through grants, the number of collaborating partners, the number of staff engaged in the community, and the number of community organizations served.

² This grant was distributed from the Kaiser Permanente Southern California Charitable Contribution Fund, a donor-advised fund administered by the California Community Foundation. Accordingly, the grant amount was not included in the community benefit totals for 2012 (Table A, B and 2).

Table 1

KAISER FOUNDATION HOSPITAL-ONTARIO

2012 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 | 3,049 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members | 183 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 722 |
| Medi-Cal managed care members | 4,130 |
| Healthy Families Program members | 6,891 |
| Nursing Research projects (new, continuing, and completed) | 2 |
| Educational Theatre – number of performances and workshops | 73 |
| Educational Theatre – number of attendees (students and adults) | 9,432 |
| Nurse practitioner and other nursing training and education beneficiaries | 5 |
| Deloras Jones nursing scholarship recipients | 1 |
| Other health professional training and education (non-MD) beneficiaries | 1 |
| Number of 2012 grants and donations made at the local and regional levels ¹ | 44 |

¹The vast majority of regional grants impact three or more hospitals. As such, a single regional grant may be included in the “Number of 2012 grants and donations” count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-ONTARIO
COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$6,466,402 |
| Healthy Families ² | 2,219,492 |
| Charity care: Charitable Health Coverage programs ³ | 333,946 |
| Charity care: Medical Financial Assistance Program ⁴ | 4,534,429 |
| Grants and donations for medical services ⁵ | 314,046 |
| Subtotal | \$13,868,315 |
| Other Benefits for Vulnerable Populations | |
| Watts Counseling and Learning Center ⁶ | \$0 |
| Educational Outreach Program | 0 |
| Summer Youth and INROADS programs ⁷ | 0 |
| Grants and donations for community-based programs ⁸ | 198,727 |
| Community Benefit administration and operations ⁹ | 290,842 |
| Subtotal | \$489,569 |
| Benefits for the Broader Community¹⁰ | |
| Community health education and promotion programs | \$53,761 |
| Educational Theatre | 269,388 |
| Facility, supplies, and equipment (in-kind donations) ¹¹ | 0 |
| Community Giving Campaign administrative expenses | 5,426 |
| Grants and donations for the broader community ¹² | 29,076 |
| National board of directors fund | 16,385 |
| Subtotal | \$374,036 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$0 |
| Non-MD provider education and training programs ¹³ | 318,598 |
| Grants and donations for the education of health care professionals ¹⁴ | 29,541 |
| Health research | 1,138,765 |
| Continuing Medical Education | 393 |
| Subtotal | \$1,487,297 |
| Total Community Benefits Provided | \$16,219,217 |

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 Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Los Angeles, KFH-West Los Angeles, and KFH-Downey.
- 7 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Summer Youth students hired.
- 8 Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the 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.
- 9 The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- 10 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a number of related denominators such as the number of Educational Theatre performances or health education programs.
- 11 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.
- 12 Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 13 Amount reflects the net expenditures after tuition reimbursement for health professional education and training programs.
- 14 Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, 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.

KAISER FOUNDATION HOSPITAL (KFH)-PANORAMA CITY

13561 Willard Street
 Panorama City, CA 91402
 (818) 375-2000

The KFH-Panorama City service area includes the San Fernando, Santa Clarita, and Antelope valleys. The San Fernando Valley includes Arleta, Granada Hills, Lakeview Terrace, Mission Hills, North Hills, North Hollywood, Northridge, Pacoima, Panorama City, San Fernando, Sepulveda, Sherman Oaks, Sunland, Sun Valley, Sylmar, Toluca Lake, Tujunga, and Van Nuys. The Santa Clarita Valley includes Canyon Country, Castaic, Newhall, Santa Clarita, Saugus, Stevenson Ranch, Val Verde, and Valencia. The Antelope Valley includes Acton, Lake Hughes, Lancaster, Little Rock, Llano, Palmdale, and Pearblossom.

COMMUNITY SNAPSHOT (2010 COMMUNITY HEALTH NEEDS ASSESSMENT FOR KFH-PANORAMA CITY)

| | |
|-----------------------------------|-----------|
| Total population: | 2,185,024 |
| Median household income (county): | \$54,467 |
| Percentage living in poverty: | 29.83% |
| Percentage unemployed: | 13% |
| Percentage uninsured: | 18.6% |

| | |
|-----------------------------|-----|
| White: | 47% |
| Latino: | 39% |
| Asian and Pacific Islander: | 10% |
| Other: | 4% |
| African American: | 3% |

KEY FACILITY STATISTICS

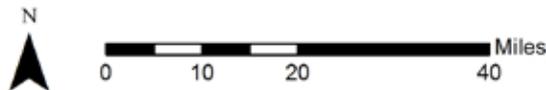
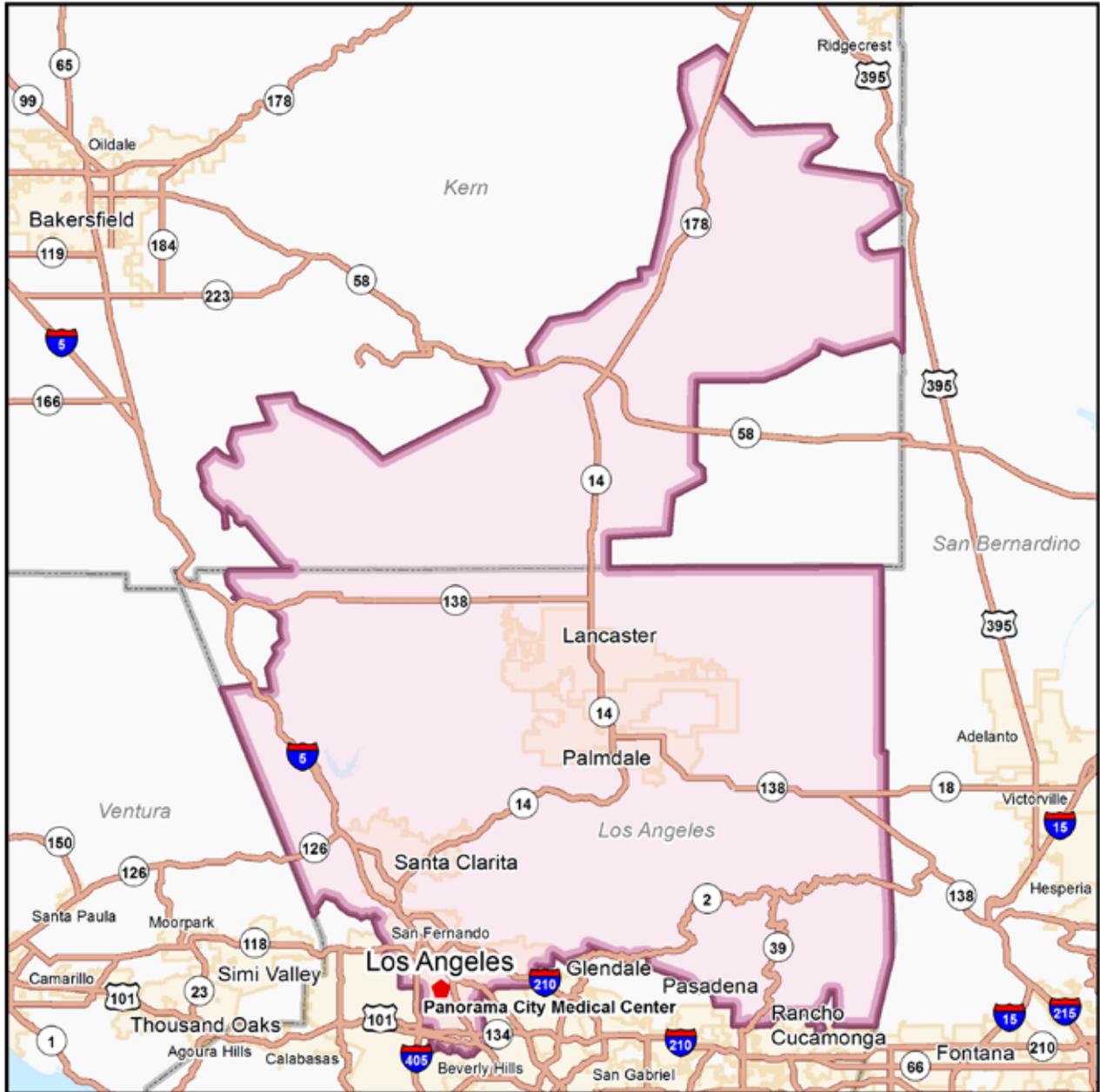
| | |
|-------------------------------------|---------|
| Year opened: | 1962 |
| KFH full-time equivalent personnel: | 1,032 |
| KFHP members in KFH service area: | 303,856 |

| | |
|------------------------|--------|
| Total licensed beds: | 218 |
| Inpatient days: | 45,008 |
| Emergency room visits: | 53,349 |

KEY LEADERSHIP AT KFH-PANORAMA CITY

| | |
|-------------------|--|
| Dennis Benton | Executive Director |
| Barbara Zelinski | Chief Operating Officer |
| Karla Valle-Smith | Area Chief Financial Officer |
| Mary Wilson, MD | Area Medical Director |
| Zee Apelian | Chief Administrative Officer |
| Laura Gallardo | Senior Director, Public Affairs and Brand Communications |
| Amy Wiese | Senior Community Benefit Health Specialist |

KFH Panorama City Medical Center Service Area*



- ◆ KFH Medical Center
- KFH Medical Center Area
- Cities and Towns
- County Boundary

*This map represents the community Served by the KFH for purposes of conducting the Community Health Needs Assessment.

Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
 Maps Produced by: the Institute for People, Place & Possibility (IP3)
 and the Center for Applied Research and Environmental Systems (CARES). May 2013.



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

KFH-Panorama City conducted the 2010 CHNA in collaboration with members of Valley Care Community Consortium (VCCC), established in 1995 as a health and mental health planning group for Los Angeles County's Service Planning Area 2 (SPA 2), which consists of more than two million residents in the San Fernando and Santa Clarita valleys. KFH-Panorama City provided financial support and participated in surveys and planning meetings to support the 2010 CHNA, which was conducted using the Mobilizing for Action through Planning and Partnerships (MAPP) methodology developed by the National Association of City and County Health Officials and the Centers for Disease Control. MAPP employs a community-wide strategy planning tool for improving community health and allows for a more in-depth review and analysis of some of the critical health issues facing the area. In addition, two surveys were implemented to gather information from local community organizations and residents. *Assessing the Community's Needs: A Triennial Report on the San Fernando and Santa Clarita Valleys* was published in July 2010. A Community Health Summit was held at KFH-Woodland Hills to announce its findings.

KEY FINDINGS FROM THE 2010 CHNA

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

Affordable and Accessible Mental Health Services:

- Access to affordable mental health services, specifically outpatient prevention programs and counseling services for low-income children and older adults, the homeless, veterans, and undocumented individuals, was identified as the highest concern: 13.5% of adults in SPA 2 were diagnosed with depression and 29.83% of households earn less than \$35,000 a year.
- School-based programs, family counseling services, and suicide prevention programs for youth and older adults are identified as a need in the community.
- According to surveys of agencies in SPA 2 that serve uninsured and underinsured residents, providers are still unable to refer due to limited capacity.
- In the San Fernando Valley, where Latinos represent 41.47% of the population, there is a need to ensure providers are trained to be culturally sensitive and language appropriate when providing services to mentally vulnerable clients.

Affordable and Portable Health Insurance:

- Affordable and portable health insurance is a crucial priority that needs to be addressed in the San Fernando Valley, where 17.3% of adults have no regular source of medical care.
- Even in light of health care reform, concerns still exist that access to health care is a huge problem for undocumented individuals in an area where more than 405,000 residents are uninsured.

Affordable Housing:

- In Los Angeles County, where the unemployment rate is 13%, affordable housing is a major concern.
- Housing financial assistance programs for low- to middle-income families and seniors to prevent foreclosures and financial literacy programs that are culturally sensitive were identified as needed resources in SPA 2, where 48% of homeowners paid 35% of their income toward their mortgage.
- There is a need for additional permanent supportive housing and Section 8 vouchers in SPA 2, where there were an estimated 3,312 homeless individuals in 2009.

- Improved coordinated care across all service sectors (health, mental health, substance abuse, vocational training, and financial assistance) is needed where 45% of the homeless population consists of substance abusers, 29% suffers from mental illness, and 22% is chronically homeless.

Chronic Disease Management Specific to Diabetes and Asthma:

- Management of diabetes and obesity continue to be a concern for SPA 2, where more than 130,000 residents are diabetic, overweight adults make up 39% of the population, and 17% are considered obese.
- According to surveys of community members participating in various walking groups, 80% felt diabetes was the most important health problem facing the community and 51% felt the most important risk behavior was obesity and being overweight.
- Parent and child education for the prevention of obesity is needed in SPA 2, where among 5th, 7th, and 9th graders, 20% have a body mass index (BMI) greater than the 95th percentile and are considered overweight.
- Noncompliance of patients to diabetes and hypertension management programs and the lack of community-based self-management education programs are an issue for residents in SPA 2, where approximately 569,721 people suffer from cardiac disease (angina pectoris, congestive heart disease, heart attack, and hypertension) and more than 130,000 are diabetic.
- Community-wide physical space that is accessible and safe for exercise was identified as a need.
- Prevention of asthma and respiratory risks through education on pollutants and their related health issues as well as policy advocacy to legislate better controls of toxins in low-income areas were identified as a need in SPA 2, where there were more than 160,000 estimated cases of asthma in 2009.

Access to Affordable Dental Health Services:

- Dental health services that are affordable and accessible for the uninsured and underinsured are identified as a priority need in the KFH-Panorama City service area, where 20% of adults reported they did not obtain dental care in the past year because they could not afford it.
- There is a concern about the lack of access to dental services for uninsured children and seniors 65 and older because Medi-Cal dental reimbursement is one of the lowest in the nation and only 24% of California's private dentists accept it.
- Prevention education for children is needed and cultural barriers exist due to the limited number of bilingual dentists in the San Fernando Valley, where Latinos represent 41.47% of the population.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-PANORAMA CITY SERVICE AREA

1. Access to health insurance coverage and health care services
2. Chronic disease prevention, education, and management
3. Obesity and the onset and complications of diabetes

2012 YEAR-END RESULTS

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

The most recent data for SPA 2 indicate that 18.6% of the population (more than 405,000) is uninsured. In the San Fernando Valley, where 29.83% of households earn less than \$35,000 a year and 17.3% of adults have no regular source of medical care, residents face cost barriers. In SPA 2, 13.5% of adults were diagnosed with depression. According to surveys of SPA 2 agencies that serve the uninsured and underinsured, the most important health concern was access to affordable health coverage, mental health services, and dental health services. Providers are still unable to make mental health referrals due to limited capacity. In the San Fernando Valley, Latinos are 41.47% of the population, creating a need for culturally sensitive, bilingual care. In SPA 2, 20% of adults reported they did not obtain dental care in the past year because they could not afford it. Only 24% of California's private dentists accept Medi-Cal, making access to affordable dental care an issue.

2012 GOALS

1. Increase the number of low-income people who enroll in or maintain health care coverage.
2. Increase access to health care services, specifically primary care, specialty care, vision, dental, and mental health, for low-income and uninsured individuals.

2012 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. Coordinate a Community Surgery Day at KFHP-Panorama City. Physicians and staff will donate their time and service to perform outpatient surgeries and procedures for low-income, uninsured individuals identified by a federally qualified health center (FQHC) partner.
4. Provide grant funding to organizations that provide and/or support effective enrollment in public programs.
5. Provide grant funding to community clinics and community-based organizations to increase capacity to provide primary care, specialty care, and mental health, dental, and vision services for low-income children, older adults, the homeless, veterans, and undocumented individuals.

TARGET POPULATION

Low-income families and adults, children, the homeless, and undocumented individuals who are uninsured and underinsured.

COMMUNITY PARTNERS

Community partners include Antelope Valley College Foundation; Antelope Valley Domestic Violence Council; Antelope Valley Partners for Health (AVPH); Antelope Valley Community Clinic (AVCC); Bartz-Altadonna Community Health Center; Catalyst Foundation for AIDS Awareness and Care (Catalyst Foundation); Center for Individual and Family Counseling; Child and Family Center (CFC); The Children's Center of Antelope Valley; El Proyecto del Barrio (EPDB); El Nido Family Centers; Foundation for Children's Dental Health; Kids Community Clinic of Burbank; Meet Each Need with Dignity (MEND); Mental Health America of Los Angeles; Michael Hoefflin Foundation; Mission City Community Network (MCCN); Northeast Valley Health Corporation (NEVHC); Samuel Dixon Family Health Center (SDFHC); San Fernando Valley Community Mental Health Center; Special Services for Groups, Tarzana Treatment Center, Inc.; Valley Care Community Consortium (VCCC); Valley Community Clinic (VCC); and weSPARK Cancer Support Centers.

2012 YEAR-END RESULTS

- Northeast Valley Health Corporation (NEVHC) has been a long-standing Kaiser Permanente partner in addressing the health of medically underserved and low-income populations in the San Fernando and Santa Clarita valleys. Services are delivered in a manner that is sensitive to the economic, cultural, and social needs of the community. NEVHC provides leadership in the areas of health care delivery and health professional training, research, and health education; advocates for health services; and pursues dynamic health care programs to meet the needs of the community. While NEVHC administers health care services for homeless patients throughout Los Angeles County, it targets the San Fernando and Santa Clarita valleys. NEVHC operates 13 licensed clinics, including six primary health care clinics in Canoga Park, Santa Clarita, Pacoima, San Fernando, Valencia, and Sun Valley; three school-based health centers in San Fernando, Pacoima, and Mission Hills that primarily serve youth and adolescents; a site in Van Nuys that provides HIV primary care services for adults; a clinic in North Hollywood that serves the homeless; and a 35-foot state-of-the-art Homeless Mobile Clinic. These clinics target low-income, underserved, and uninsured populations. KFH-Panorama City awarded NEVHC \$16,500 to support dental services for 533 low-income, uninsured children and families in the Santa Clarita Valley. KFH-Panorama City Assistant Medical Director Marc Hoffman, MD, serves on NEVHC's board of directors. In addition, recognizing their expertise in addressing obesity from a clinical and health education perspective with low-income populations, KFH-Panorama City arranged for NEVHC nurse Debbie Rosen to participate in an expert panel during our *Weight of the Nation* screening event at California State University Northridge.
- As a medical clinic founded in 1992 to serve people with AIDS, The Catalyst Foundation expanded its scope and formed its own separate Federally Qualified Health Center, Bartz-Altadonna Community Health Center (BACHC), in late 2011, providing patient-centered, high-quality, trauma-informed health care services to all residents of the Antelope Valley, with intensive outreach to the homeless, without regard to social barriers or the ability to pay. KFH-Panorama City recognizes Bartz-Altadonna Community Health Center as an essential provider and awarded the organization a \$15,000 grant to support expanded access to primary mobile medical health care, HIV testing and counseling, and nutritional services and case management for 1,000 homeless individuals in the Antelope Valley. As this is a new FOHC, the Executive Director was also recommended to participate in Kaiser Permanente's Performance Improvement Institute.
- KFH-Panorama City has had a long history of supporting the Child and Family Center (CFC), which provides mental health services for the Santa Clarita Valley. KFH-Santa Clarita medical offices Physician-in-Charge David Wong, MD, sits on CFC's board of directors. CFC received \$12,000 to support further expansion of its nationally recognized, award-winning School-Based Mental Health Services with in-school educational and discussion groups for 60 low-income at-risk youth designed to identify mental health issues, prevent crises, and increase access to intensive mental health services. The grant helps fund discussion groups to address topics such as bullying, social skills, grief, self-esteem, anger management, suicide, divorce, and others. By intervening early in the development of children who have demonstrated antisocial behaviors, the program improved behavioral health outcomes for all student participants, identified children who require more intensive services, and improved the school environment for all students.
- KFH-Panorama City enjoys a long-standing referral relationship with Antelope Valley Domestic Violence Council and has strengthened it through collaboration on the Kaiser Permanente Domestic Violence committee headed by Gloria Hasler, MD, KFH-Lancaster medical offices. Valley Oasis (incorporated as Antelope Valley Domestic Violence Council) originated as a 24-hour emergency shelter for domestic violence victims in the Antelope Valley but has grown to provide not only emergency shelter but supportive services such as advocacy, case management, crisis intervention, transportation, food, clothing, assistance with securing financial aid and housing, domestic violence education, living skills, job development, court accompaniment, children's services, counseling, safety planning, hotline, child abuse treatment, legal services, individual and group therapy, and sexual assault advocacy. KFH-Panorama City provided Antelope Valley Domestic Violence Council with a grant for \$18,000 to support a health care advocate to provide 3,500 assessments to homeless clients who do not have a medical home and to provide referrals, advocacy, and health insurance enrollment assistance for those in need.
- Since opening its doors in 1970, the mission of Valley Community Clinic (VCC), a FOHC, has been to enhance the well-being of the community by providing high-quality medical, counseling, and health education services in a culturally sensitive environment for those in need, regardless of their ability to pay. Services include primary and some specialty care, health education, dental, optometry, and counseling with an emphasis on education and prevention for a

predominantly Latino (75%), low-income, uninsured population. KFH-Panorama City awarded a \$17,000 grant to VCC to support comprehensive dental services and oral health education for 900 low-income, uninsured adults. These oral health services are essential as there is little access to free or low cost dental services for adults. KFH-Panorama City Chief of Pediatrics Marilyn Amis, MD, serves on the VCC board.

- Antelope Valley College is the local community college in the Antelope Valley area. It is one of only two community colleges in Southern California that has no permanent on-campus health facilities. Instead it relies on a once-weekly Care-A-Van visit to provide students with basic physical and mental health triage services and referrals. Owing to the high need for mental health services in the Antelope Valley community, KFH-Panorama City provided a \$17,000 grant to the college's fundraising arm, Antelope Valley College Foundation, to support mental health and crisis support services for the 11,000 Antelope Valley College's uninsured and lower-income student population. The addition of a part-time personal counselor on campus supported ongoing student needs for assistance and referrals. In addition, KFH-Panorama City partnered with Antelope Valley College to host and promote a screening of the obesity epidemic educational film, *Weight of the Nation*, at its Performing Arts Center for not only its students but the community as well. We have shared our Healthy Workforce online resource tools to support the college's efforts to implement a workforce wellness program. Kaiser Permanente Antelope Valley Medical Center Area Medical Group Administrator, Linda Lawson, also serves on its Board of Directors.
- El Nido Family Centers provide social services to at-risk youth and their families, including counseling, referrals, and case management for young parents. Most problems El Nido Family Centers address are child abuse, teen pregnancy, juvenile delinquency, gang involvement, and poverty. Teens are more likely to give birth prematurely especially when other risk indicators are present (malnourishment, inadequate prenatal care, etc.) and second babies in adolescence and/or with short birth intervals endanger mothers and children. Up to 30% of El Nido's TFS clients have complicated pregnancies or current health problems; still more have family histories of diabetes, hypertension, heart disease, and cancer. The vast majority are low-income Latinas and African Americans who lack access to quality. To address this issue, KFH-Panorama City awarded El Nido Family Centers a \$10,000 grant to support the visiting nurse program to provide prenatal health services and case management to 50 at-risk pregnant teens in the San Fernando Valley.
- The San Fernando Valley Community Mental Health Center (SFVCMHC) was founded in 1970 as a nonprofit agency dedicated to enhancing the mental health of individuals and families within the San Fernando Valley community. Primary emphasis is placed on providing services to children, adolescents, and transitional-age youth with serious emotional disorders and adults and older adults with severe and persistent mental illness. Homeless clients have limited access to low-cost health care services, encountering long wait times to be seen by medical staff. Many times these homeless individuals turn to local emergency rooms for care. In 2012, KFH-Panorama City awarded SFVCMHC \$20,000 to support health care screenings and evaluations along with case management, mental health services, benefit enrollment, and linkages to primary care by a Registered Nurse to 50 homeless individuals in the San Fernando Valley.
- Kaiser Permanente Southern California awarded Mission City Community Network Inc. a \$250,000 grant for its capital campaign for a new clinic in North Hills and equipment cost for a new clinic in Inland Valley. Grant funds were used to purchase equipment that allows MCCN to provide services instead of referring clients.
- Kaiser Permanente Southern California Region engaged with the Home For Good Funders Collaborative, composed of foundations, business, and financial institutions as well as city and county leadership, to collectively address homelessness in Los Angeles County. This funding was aligned with a countywide strategy to address the chronically homeless by supporting a housing first model commonly known as permanent supportive housing. In the KFH-Los Angeles service area, The Catalyst Foundation was awarded \$70,000 over one year to provide mental health services for homeless clients.¹
- Samuel Dixon Family Health Center Inc. received \$90,000 to support its program operations that assist with its transition toward being a certified Rural Health Center and Federally Qualified Health Center (FQHC) Look-Alike status

¹ This grant was distributed from the Kaiser Permanente Southern California Charitable Contribution Fund, a donor-advised fund administered by the California Community Foundation. Accordingly, the grant amount was not included in the community benefit totals for 2012 (Table A, B and 2).

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

Progress relative to the strategies will be assessed by tracking the number of people enrolled in STEPS, Kaiser Permanente Child Health Plan, Medi-Cal, and Healthy Families through monthly membership reports; the number of people receiving MFA; the number of Community Surgery Day patients; the amount of funding provided through grants; the number of grants provided; and the number of people reached through funded capacity-building efforts.

PRIORITIZED NEED II: CHRONIC DISEASE PREVENTION, EDUCATION, AND MANAGEMENT

According to the most recent data for SPA 2, overweight adults make up 39% of the population, and 17% are considered obese. According to surveys of community members participating in various walking groups, 80% felt diabetes was the most important health problem facing the community. Approximately 569,721 residents suffer from cardiac disease (angina pectoris, congestive heart disease, heart attack, and hypertension), more than 130,000 are diabetic, and more than 160,000 estimated cases of asthma were reported in 2009. According to surveys of agencies in SPA 2 serving uninsured and underinsured residents, chronic disease management specific to diabetes and asthma was a top health concern.

2012 GOALS

1. Improve the management of chronic disease, specifically heart disease, diabetes, asthma, cancer, and HIV/AIDS.
2. Improve prevention, early detection, and education about chronic disease specific to heart disease, diabetes, asthma, cancer, and HIV/AIDS.

2012 STRATEGIES

1. Provide grant funding to organizations that provide case management to low-income, uninsured adults and children with diabetes.
2. Provide grant funding for culturally and linguistically appropriate health education, nutrition, and wellness programs.
3. Provide grant funding to organizations that provide comprehensive asthma education and management programs.
4. Provide grant funding to organizations that provide HIV/AIDS education, prevention, and screening services as well as case management and support services to individuals living with HIV/AIDS.
5. Using kpcare.org, identify KFH-Panorama City providers and staff who have the interest and expertise relative to this objective and engage them in work with community partners.
6. Promote availability of free Kaiser Permanente health education materials on heart disease, diabetes, asthma, cancer, and HIV/AIDS to community clinics and community-based organizations.
7. Promote availability of Kaiser Permanente's training classes on managing ongoing health conditions, which are open to community health educators, clinicians, and providers.
8. Participate in selected community health fairs and distribute health information on a variety of health topics.

TARGET POPULATION

Uninsured and underinsured low-income individuals, families, and children diagnosed with or at-risk for chronic disease specific to heart disease, diabetes, asthma, cancer, and HIV/AIDS.

COMMUNITY PARTNERS

Community partners include AIDS Project Los Angeles; AIDS Service Center; Alliance for Housing and Healing; Antelope Valley Partners for Health; Antelope Valley Community Clinic; Bienestar Human Services; Catalyst Foundation; El Proyecto Del Barrio (EPDB); MEND; MCCN; NEVHC; Project Angel Food; Project New Hope; SDFHC; Tarzana Treatment Centers, Inc.; VCCC; and VCC.

2012 YEAR-END RESULTS

- Since The Catalyst Foundation expanded its scope and formed its own FOHC, Bartz-Altadonna Community Health Center, to provide primary medical care, The Catalyst Foundation has been focused on decreasing the impact of childhood abuse and trauma in the Antelope Valley through direct service, public education, advocacy, policy reform, and empowerment of directly affected and disenfranchised groups. Its programs focus on improving the health and well-being of low-income, uninsured, and homeless persons through outreach, education, supportive social services, and connection to medical and mental health care. KFH-Panorama City has had a long history of supporting The Catalyst Foundation and its unique ability to connect with the homeless in the Antelope Valley and connect them with services to move them out of homelessness. In 2012, The Catalyst Foundation was awarded \$12,000 to provide outreach, HIV testing, counseling, and referrals for medical care for 1,000 high-risk and homeless Antelope Valley residents.
- KFH-Panorama City has provided grants, volunteers, and in-kind donations to MEND since a KFH-Panorama City nurse, Carolyn Rose, RN, began it as a food and clothing distribution organization out of her garage. Since then, it has grown into the largest poverty agency in the San Fernando Valley, providing emergency food, clothing, and medical, vision, and dental care; job skills training and job placement assistance; English as a second language classes; and youth activities, serving more than 31,000 individuals per month in 2009. KFH-Panorama City Executive Director Dennis Benton is on the Board of Directors, KFH-Panorama City Health Educator Doris Gomez volunteers her time to teach bilingual diabetes management classes, and many current and retired KFH-Panorama City physicians such as Arthur Fleisher, MD, and Steven Devita, MD, volunteer to provide medical care at their clinic. KFH-Panorama City awarded MEND a \$15,000 grant to support its diabetes self-management program, which includes health education, cooking classes, and grocery store tours for 300 low-income, uninsured individuals in the San Fernando Valley. In addition, a \$10,000 Kaiser Permanente Southern California Region award supported MEND's annual Poverty Conference, which brings organizations together to address poverty in the San Fernando Valley.
- EPDB received \$5,300 to fund targeted HIV/AIDS outreach, counseling, testing, and early diagnosis through its Mobile Testing Unit (MTU) for 1,000 high-risk, Latino individuals living in San Fernando Valley and entry into medical care for those diagnosed. This expansion of services helps address the barriers to care, such as transportation to a testing site. Initiating testing via MTU allows EPDB to drastically increase the number of tests in targeted locations, enabling better identification of at-risk HIV-positive clients who do not seek HIV testing on their own. Kaiser Permanente Southern California Region, Permanente Human Resources, Assistant Executive Medical Director Virginia Ambrosini, MD, serves on EPDB's board of directors.
- Tarzana Treatment Center, Inc., received \$13,000 to provide case management and medical care for 90 new primary care high-risk diabetic patients in the Antelope Valley who have no access to primary care due to lack of resources such as insurance, living under the federal poverty level, and/or being homeless. In addition to medical care, patients are assessed and assisted with enrollment in public assistance programs for which they are eligible, including Medi-Cal, Healthy Families, Healthy Kids, and Healthy Way Los Angeles.
- In 2007, Kaiser Permanente Southern California Region helped establish Antelope Valley Community Clinic (AVCC), which is dedicated to addressing the health needs of the underserved low-income population by providing primary care, dental care, disease management, and prevention and educational services. Wadie Tadros, MD, former medical director, and Linda Lawson, medical group administrator at KFH-Antelope Valley were an integral part of the planning and implementation phase for AVCC, and the collaboration continues. KFH-Antelope Valley Assistant Area Medical Director Phillip Tusso, MD, volunteers at AVCC during his off-time and shares Kaiser Permanente's clinical practice guidelines around asthma, hypertension, and osteoporosis to help improve AVCC's quality of care and chronic disease

management for its low-income, uninsured patients and families. In 2012, KFH-Panorama City provided a \$24,000 grant to provide diabetes education and management for 4,000 low-income, uninsured patients.

- In addition to supporting organizations focusing on chronic disease prevention, education, and management through grant funding, KFH-Panorama City promoted the availability of free health education print materials and online information on chronic disease as well as Kaiser Permanente's training classes on managing ongoing health conditions, which are open to community health educators, clinicians, and providers, by distributing this information at our Community Benefit Grant Workshop attended by over 50 nonprofit organizations from the San Fernando Valley, Santa Clarita Valley, and Antelope Valley areas as well as through e-mail and during site visits to all current grantees. KFH-Panorama City also attended 20 community walks/runs/biking events and 14 health fairs in the San Fernando, Santa Clarita, and Antelope valleys where information about chronic disease was distributed and discussed.
- Kaiser Permanente Southern California Region provided Neighborhood Legal Services of Los Angeles County a \$100,000 grant to continue to expand the medical legal community partnership (MLCP) by developing a partnership with Clínica Oscar Romero in Boyle Heights to build capacity for health benefit advocacy and grow into an MLCP. .

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

Progress relative to the strategies will be assessed by tracking the amount of funding provided through grants, the number of grants provided, the number of people reached through funded capacity-building efforts, the number of organizations referred for free health education materials and training classes, and the number of health fairs and events in which KFH-Panorama City participated by distributing health education materials and resources.

PRIORITIZED NEED III: OBESITY AND THE ONSET AND COMPLICATIONS OF DIABETES

The most recent data for SPA 2 indicate that overweight adults make up 39% of the population and 17% are considered obese. According to surveys of community members participating in various walking groups, 51% felt the most important risk behavior for the community was obesity and being overweight. Among 5th, 7th, and 9th graders in SPA 2, 20% have a body mass index (BMI) greater than the 95th percentile and are considered overweight. According to surveys of agencies in SPA 2 serving uninsured and underinsured residents, chronic disease management specific to diabetes and asthma was a top health concern that can be addressed through obesity and diabetes prevention efforts.

2012 GOALS

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

2012 STRATEGIES

1. Provide grants to organizations that encourage physical activity and promote safe places to walk, bike, and play in low-income neighborhoods.
2. Provide grants to organizations that provide healthy eating, active living education and activities for low-income children and parents.

3. Explore and develop collaborative opportunities to work with school districts and implement innovative means to increase physical activity at schools for children and families (e.g., on the playground, walking groups for parents).
4. Participate in Safe Routes to Schools activities.
5. Identify KFH-Panorama City providers and staff who have the interest and expertise relative to this objective, and engage them in work with community partners.
6. Promote availability of free Kaiser Permanente health education materials on healthy eating, active living to community clinics, community-based organizations, and school districts.
7. Promote Educational Theatre's healthy eating programs in local schools.
8. Identify speaking opportunities to promote consistent messages about healthy eating, active living.
9. Promote the KFH-Panorama City farmers market as a way for neighborhoods to access fresh fruits and vegetables.

TARGET POPULATION

Overweight and obese children, adults, and individuals with diabetes, and those at-risk for developing diabetes.

COMMUNITY PARTNERS

Community partners include Antelope Valley Family YMCA; AVPH, City of San Fernando, NEVHC; AVCC; Santa Clarita Valley Boys & Girls Club; Los Angeles Unified School Districts 1 and 2; Los Angeles Neighborhood Land Trust; Mid Valley Family YMCA; New Directions for Youth; New Horizons; Newhall Elementary, Sulphur Springs, Palmdale, and Lancaster school districts; SOSMentor; Students Run LA (SRLA); Pacoima Beautiful; VCCC; and Youth Speak Collective (YSC).

2012 YEAR-END RESULTS

- Antelope Valley Family YMCA's philosophy is that no one is turned away who has a financial need for assistance. Its current budget projected that 20% of membership is on financial assistance, but the trend is proving to be 31% and continuing to grow. KFH-Panorama City awarded the YMCA of Metropolitan Los Angeles' Antelope Valley Family YMCA with a \$12,500 grant to support not only its In it Together, Healthy Fitness Fun for Families program designed to impact the health habits of low-income children and families in the Antelope Valley, but its Y Without Walls nutrition education and fitness program at its after-school care sites. One-on-one assessments from lifestyle counselors/coaches will take place, covering topics such as physical fitness, the ability to cope with stress, healthy eating, spiritual awareness, healthy self-perception, and the capacity to be a healthy role model in the community. In addition to the one-on-one sessions, the YMCA's Fitlinxx computerized data system will be used. Fitlinxx records and stores each exercise and converts the information into creative formats that show measurable fitness progress. KFH-Antelope Valley Medical Group Administrator Linda Lawson serves on its board of directors.
- Antelope Valley Partners for Health (AVPH) is a nonprofit with a mission to serve as a catalyst for enhancing community health, wellness, and quality of life in the Antelope Valley through the collaboration of local residents, agencies, faith-based organizations, and government entities. AVPH's vision is "Healthy people in a healthy Antelope Valley." Kaiser Permanente has been part of this collaborative since the beginning and has supported many of its efforts, including the Save-A-Smile dental program, and various health education programs. AVPH was also the catalyst for forming AVCC, for which Kaiser Permanente Southern California Region provided start-up funding. KFH-Panorama City awarded AVPH \$12,814 to support Reach for Your Health, a program similar to its Project Get Fit program for children, focusing on nutrition and physical activity for 100 living in the Antelope Valley. KFH-Antelope Valley Service Area physician Phillip Tusso, MD, serves on the board of directors.
- The City of San Fernando's population is 90% Latino and has a childhood obesity rate of 32.9%, approximately 10% higher than the Los Angeles County average. Since 2001, the five leading causes of death in San Fernando were heart disease, cancer, stroke, pneumonia/influenza, and diabetes. To attempt to address these health statistics, the City of San Fernando formed The San Fernando Partnership for Healthy Families consisting of the City of San Fernando, Mission Community Hospital (MCH), and CSUN Kinesiology Department, who are partnering with the California Center for Public Health Advocacy, Network for Healthy California, and the CSUN Marilyn Magaram Center to build a citywide

community-based sustainable health and nutrition outreach program consisting of health policies, exercise instruction, and education on disease prevention and weight loss. Work site wellness programs are a proven strategy to prevent major risk factors for cardiovascular disease. In 2012, KFH-Panorama City awarded the City of San Fernando \$13,100 toward this collaborative effort. The project focuses on conducting educational workshops, group exercise programs, and healthy policy toolkit training for local businesses, community-based organizations, and youth programs in the City of San Fernando, touching 5,000 residents. In addition, KFH-Panorama City Healthy Workforce Department provided Healthy Workforce web-based resources to enhance its program, and Dr. Steven Loy from the CSUN Kinesiology Department participated on an expert panel during our *Weight of the Nation* screening event at California State University Northridge highlighting his work in the San Fernando Partnership for Healthy Families.

- KFH-Panorama City has had a long history of supporting the Mid Valley Family YMCA, located within one mile of the medical center. As a policy, the YMCA does not turn people away for their inability to pay. Recently, to leverage resources, Mid Valley Family YMCA, East Valley Family YMCA, and West Valley Family YMCA combined on a leadership level. KFH-Panorama City awarded the YMCA of Metropolitan Los Angeles' Mid Valley Family YMCA \$13,000 and East Valley Family YMCA \$13,000 to support Active Kids/Active Families at both sites to provide more than 600 community members of all ages with the tools they need to make healthy lifestyle choices while raising community awareness on a variety of health topics. The program includes healthy cooking classes and health educator-led nutrition education workshops about healthy shopping, label reading, and meal planning. The program also targets families who are overweight or obese and enrolls them in an eight-week fitness and healthy eating course. In addition, the KFH-Panorama City Health Education Department worked to develop the Active Kids/Active Families in partnership with the Mid Valley Family YMCA based on our KP KIDS (Kaiser Permanente Kids in Dynamic Shape), an evidence-based pediatric weight management program which informed. Karla Silver, KFH-Panorama City Area Pharmacy Director, serves on its board of directors.
- KFH-Panorama City has had a long-standing partnership with the Santa Clarita Valley Boys & Girls Club, providing the club with health education materials on healthy living, active living as well as the expertise of Andy Gallardo, Director of Fitness for Kaiser Permanente Southern California Region, who serves on its board of directors. With the cutting of many physical education programs during school hours, after-school programs serving healthy snacks and providing physical activities are critical to addressing the obesity epidemic. KFH-Panorama City awarded a \$10,000 grant to support Triple Play, a three-pronged (mind-body-soul) comprehensive health, fitness, and wellness initiative affecting 1,500 at-risk youth at two Santa Clarita Valley club locations. Triple Play consists of health and wellness nutrition education classes; a "half-hour hustle" in which all youth and program staff simultaneously engage in physical activity; and participation in various social and recreational activities aimed at strengthening character, improving self-confidence, promoting teamwork, and developing interpersonal skills.
- KFH-Panorama City awarded Socrates Opportunity Scholarship Foundation (SOSMentor) \$7,500 to implement its ShapeUp program utilizing proven mentoring strategies to promote healthy eating and active living among students. The foundation aims to increase student advocacy for healthy lifestyles in low-income schools in the San Fernando Valley. Thirty students from James Monroe High School participated in a 10-week nutrition education-mentoring workshop structured around the MyPyramid food groups as well as in a weekly 60-minute after-school physical activity component. Forty-seven Gledhill Elementary School students were then recruited to participate in a 10-week healthy lifestyles program led by the recently trained high schools students. In addition to the ShapeUp program, funding was to support the district-wide LAUSD Healthy Schools Campaign, which served 82 elementary, middle, and high schools in the KFH-Panorama City service area. SOSMentor trained school nurses and after-school staff to implement nutrition education curriculum. Once students complete the curriculum and fulfill a "Students Teaching Parents" requirement, they submit posters illustrating nutrition and physical activity messages for the Healthy Messages Poster Contest. Anuradha Pakanati, MD, Oncologist for KFH-Panorama City, serves on its board of directors.
- Students Run LA (SRLA) is a sports-based education and intervention program that uses innovative self-improvement methods to help at-risk students. SRLA received a \$7,000 grant from KFH-Panorama City to support a training program for volunteer leaders to share a nutrition and healthy-living curriculum with at-risk youth training for the LA Marathon. The program benefits more than 160 SRLA trainers from 90 different school sites in the Los Angeles area touching almost 3,000 students. In addition, over the past five years, KFH-Panorama City has partnered with SRLA to provide

physicals for those students who are uninsured so they may be cleared to run the marathon. A team of 22 physicians and staff volunteered to provide 100 sports physicals at KFH-Panorama City.

- Valley Care Community Consortium's (VCCC) mission is to create healthier communities in SPA 2 through collaboration, partnership, and implementation of innovative programs, with an emphasis on vulnerable populations. KFH-Panorama City has been part of this collaboration since its inception and in 2010 partnered with VCCC to extend KP Kids in Dynamic Shape (KP KIDS), a nutrition and fitness program for obese children developed by the Panorama City Health Education Department, into the community. In 2012, grant funds totaling \$10,000 were provided to VCCC to continue its Healthy Communities Program with LAUSD Nurses, referring 175 low-income, obese, Latino children and their families from 13 Title 1 schools in Northeast San Fernando Valley into the program. In addition, KFH-Panorama City Health Education Department continues to provide in-kind technical assistance on the KP KIDS program as well as health education materials and resources. KFH-Panorama City also selected VCCC to conduct our 2013 Triennial Community Health Needs Assessment.
- In addition to supporting organizations focusing on healthy eating, active living programs, KFH-Panorama City promoted the availability of free health education print materials and online information as well as Educational Theatre performances by distributing this information at our Community Benefit Grant Workshop attended by over 50 nonprofit organizations from the San Fernando Valley, Santa Clarita Valley, and Antelope Valley areas as well as through e-mail and during site visits to all current grantees. KFH-Panorama City also attended 20 community walks/runs/biking events and 14 health fairs in the San Fernando, Santa Clarita, and Antelope valleys where healthy eating, active living information was distributed and discussed.
- In 2010, KFH-Panorama City opened a farmers market on the campus to increase access to locally grown, fresh fruits and vegetables for its physicians, employees, and members. As part of the expansion efforts in 2011, KFH-Panorama City reached out to the local Panorama City and Arleta Neighborhood Councils to help communicate about the accessibility of the Kaiser Permanente Panorama City Farmers Market for residents in the community as well as hosted a two-year anniversary celebration for the community.
- Kaiser Permanente Southern California Region's Healthy Eating and Active Living (HEAL) Partnership grants are site-specific collaborative projects led by community stakeholders that are focused on improving community environments (e.g. parks, stores, and schools) to increase consumption of healthy food and beverages, decrease calorie consumption, and increase physical activity in efforts to combat obesity. During 2012 HEAL Partnership grants supported capacity building, planning, and implementation of school-based strategies to improve school wellness policies. In the KFH-Panorama City area, Antelope Valley Partners for Health received a \$150,000 grant to continue their efforts to create positive changes in healthy eating and physical activity.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

Progress relative to the strategies will be assessed by tracking the amount of funding provided through grants, the number of grants provided, the number of people reached through funded healthy eating, active living efforts, the number of community organizations served, the number of staff engaged in the community, the number of organizations referred for free health education materials and training classes, and the number of health fairs and events where KFH-Panorama City participated by distributing health education materials and resources.

Table 1

KAISER FOUNDATION HOSPITAL-PANORAMA CITY

2012 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 | 6,845 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members | 247 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 2,513 |
| Medi-Cal managed care members | 13,481 |
| Healthy Families Program members | 12,947 |
| Health Research projects (new, continuing, and completed) | 17 |
| Nursing Research projects (new, continuing, and completed) | 3 |
| Educational Theatre – number of performances and workshops | 214 |
| Educational Theatre – number of attendees (students and adults) | 24,039 |
| Nurse practitioner and other nursing training and education beneficiaries | 2 |
| Deloras Jones nursing scholarship recipients | 1 |
| Other health professional training and education (non-MD) beneficiaries | 22 |
| Hippocrates Circle students | 87 |
| Summer Youth and INROADS programs participants | 29 |
| Number of 2012 grants and donations made at the local and regional levels ¹ | 130 |

¹The vast majority of regional grants impact three or more hospitals. As such, a single regional grant may be included in the “Number of 2012 grants and donations” count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-PANORAMA CITY

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$13,776,761 |
| Healthy Families ² | 3,830,520 |
| Charity care: Charitable Health Coverage programs ³ | 1,044,856 |
| Charity care: Medical Financial Assistance Program ⁴ | 6,079,735 |
| Grants and donations for medical services ⁵ | 536,967 |
| Subtotal | \$25,268,839 |
| Other Benefits for Vulnerable Populations | |
| Watts Counseling and Learning Center ⁶ | \$0 |
| Educational Outreach Program | 0 |
| Summer Youth and INROADS programs ⁷ | 112,415 |
| Grants and donations for community-based programs ⁸ | 385,189 |
| Community Benefit administration and operations ⁹ | 593,706 |
| Subtotal | \$1,091,310 |
| Benefits for the Broader Community¹⁰ | |
| Community health education and promotion programs | \$84,146 |
| Educational Theatre | 789,713 |
| Facility, supplies, and equipment (in-kind donations) ¹¹ | 64,892 |
| Community Giving Campaign administrative expenses | 8,493 |
| Grants and donations for the broader community ¹² | 78,384 |
| National board of directors fund | 25,646 |
| Subtotal | \$1,051,274 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$0 |
| Non-MD provider education and training programs ¹³ | 469,776 |
| Grants and donations for the education of health care professionals ¹⁴ | 46,237 |
| Health research | 1,782,389 |
| Continuing Medical Education | 615 |
| Subtotal | \$2,299,017 |
| Total Community Benefits Provided | \$29,710,440 |

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 Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Los Angeles, KFH-West Los Angeles, and KFH-Downey.
- 7 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Summer Youth students hired.
- 8 Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the 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.
- 9 The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- 10 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a number of related denominators such as the number of Educational Theatre performances or health education programs.
- 11 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.
- 12 Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 13 Amount reflects the net expenditures after tuition reimbursement for health professional education and training programs.
- 14 Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, 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.

KAISER FOUNDATION HOSPITAL (KFH)-REDWOOD CITY

1150 Veterans Boulevard
 Redwood City, CA 94063
 (650) 299-2000

The KFH-Redwood City service area covers those portions of San Mateo County termed central, south, and coastside subareas. Cities include but are not limited to Belmont, East Palo Alto, El Granada, Foster City, Half Moon Bay, Menlo Park (some portions), North Fair Oaks, Pescadero, Redwood City, and San Carlos. With the addition of a new medical office building in San Mateo, the service area has recently expanded and now includes the city of San Mateo.

COMMUNITY SNAPSHOT (*COUNTY-LEVEL DATA)

| | |
|-------------------------------|----------|
| Total population: | 484,245 |
| Median age:* | 38.8 |
| Average household income:* | \$84,879 |
| Percentage living in poverty: | 7.26% |
| Percentage unemployed: | 6.96% |
| Percentage uninsured: | 10.47% |

| | |
|-----------------------------|--------|
| White: | 53.62% |
| Latino: | 22.46% |
| African American: | 3.17% |
| Asian and Pacific Islander: | 16.73% |
| Native American: | 0.21% |
| Other: | 3.81% |

KEY STATISTICS

| | |
|-------------------------------------|---------|
| Year opened: | 1968 |
| KFH full-time equivalent personnel: | 835.6 |
| KFHP members in KFH service area: | 108,301 |

| | |
|------------------------|--------|
| Total licensed beds: | 213 |
| Inpatient days: | 32,476 |
| Emergency room visits: | 25,549 |

KEY LEADERSHIP AT KFH-REDWOOD CITY

| | |
|-------------------------------|--|
| Frank T. Beirne, FACHE | Senior Vice President and Area Manager |
| Maureen O'Brien, RN, MSN, MBA | Chief Operating Officer |
| Mark A. Okashima | Area Finance Officer |
| James O'Donnell, MD | Physician in Chief |
| Kathleen M. Quinn, RN, MBA | Medical Group Administrator |
| Stacey K. Wagner | Public Affairs Director |
| Stephan H. Wahl | Community Benefit/Community Health Manager |

KFH Redwood City Medical Center Area



- ◆ KFH Medical Center
- KFH Medical Center Area
- Cities and Towns
- County Boundary

Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
 Maps Produced by: the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES). March 2013.



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

To support the 2011–2013 Community Benefit Plan, KFH-Redwood City and KFH-San Mateo collected information about current community needs. Part of this CHNA process included collection of primary data through telephone interviews with community health providers and focus groups with teens and seniors. Senior focus groups (12 participants per group) were conducted in two specific communities, Daly City and North Fair Oaks, which were chosen for their geographic and ethnic diversity. Teen focus groups were conducted in Pacifica and Redwood City, also selected for their geographic uniqueness and ethnic composition. Twelve students participated from two different high schools in Pacifica and 11 students participated from one Redwood City high school. Shemick Healthcare Consulting was contracted to facilitate the focus groups and to conduct provider interviews with the following organizations, which are current community partners of KFH-Redwood City and KFH-South San Francisco, have long track records in the community, and are trusted by the patients they serve:

- Coastside Adult Day Health Center (Half Moon Bay)
- County of San Mateo, Behavioral Health & Recovery Services
- Daly City Senior Services
- Daly City Youth Health Center
- Doelger Senior Center (Daly City)
- El Centro de Libertad (Redwood City and Half Moon Bay)
- Fair Oaks Intergenerational Center (North Fair Oaks)
- Legal Aid Society of San Mateo County
- Oceana and Terra Nova high schools (Pacifica)
- Peninsula Family Service Agency (North Fair Oaks)
- Peninsula Jewish Community Center (Foster City)
- Pyramid Alternatives (Pacifica, Daly City, South San Francisco, San Bruno)
- San Mateo County Senior Adult Services
- Sequoia High School (Redwood City)
- StarVista [formerly Youth and Family Enrichment Services] (San Mateo County)

To support the CHNA and the selection of priority needs, Shemick Healthcare Consulting also collected secondary data from a variety of federal, state, and local San Mateo County sources that track the most current health trends:

- *Healthy San Mateo 2010*. Disease Control and Prevention Epidemiology Program, San Mateo County Health Services Agency
- *Healthy People 2010*, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000
- *County Health Status Profiles, 2006*. Department of Health Services and California Conference of Local Health Officers
- *2010 California County Scorecard of Children's Well-Being*. Children Now
- Birth Records 1990–2004, California Department of Health Services, Center for Health Statistics
- Census 2000, U.S. Census Bureau
- UCLA Center for Health Policy Research 2009 Insurance Rates
- *San Mateo County Adolescent Report 2001*. San Mateo County Board of Supervisors, May 2001
- *San Mateo County Adolescent Report 2007*

- California Department of Education, Safe & Healthy Kids Program Office. <http://hk.duerrevaluation.com/ar07repcounty.htm>
- San Mateo County Human Services Agency, 2007
- *Morbidity and Mortality Weekly Report (MMWR)*. Surveillance Summaries. Centers for Disease Control and Prevention (CDC)
- *Children in Our Community: A Report on Their Health and Well-Being*. San Mateo County Children's Report 2007. Lucile Packard Foundation for Children's Health
- *No Time for Complacency: Teen Births in California*. Public Health Institute, Center for Research on Adolescent Health and Development, March 2003
- *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report*. National Institutes of Health, National Heart, Lung, and Blood Institute in Cooperation with The National Institute of Diabetes and Digestive and Kidney Diseases, September 1998
- *Fact Sheet—Cancer; Healthy San Mateo 2010: Health Status Indicators for San Mateo County, California*
- 2006–2009 Master Birth Files. San Mateo County Health Department
- Half Moon Bay, Health Needs Assessment Report, November 2009

KEY FINDINGS FROM THE 2010 CHNA

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

- San Mateo County is among the state's most culturally and ethnically diverse counties. Asian and Hispanic residents, along with seniors, are expected to continue to become increasingly greater proportions of the population. The area is not adequately prepared for this enormous demographic shift.
- There are two San Mateo counties—one for the economic “haves” and one for the economic “have-nots”—and this gap is widening.
- The actual causes of premature death are rooted in behavior, and it is estimated that as many as 50% of premature deaths are due to health risk behaviors such as tobacco use, poor diet, a lack of exercise, alcohol use, etc.
- Individual health behaviors are deeply influenced by public policy and place (i.e., neighborhood conditions) to a far greater degree than is generally acknowledged.
- Access to and affordability of health care services is a significant problem. The lack of a comprehensive health care system is a failing, unsustainable model.
- More than one out of four San Mateo County adults believe access to mental health, substance abuse, and dental services in the county is “fair” to “poor.”
- In the near future, the Internet is likely to replace physicians as the place where most people get most of their health care information.
- The rise in C-section rates is a disturbing trend.
- Children are not doing much better than adults in exhibiting healthy behaviors.
- Adolescents engage in a variety of risky behaviors such as alcohol, tobacco, and drug use; violence; and sexual activity that will impact their future health.
- The proportion of adults 60 and older is expected to roughly double over the next four decades. This growing population requires increased attention to their health and social needs.
- Among seniors, falls are the key issue leading to hospitalization, loss of independence, and death.
- Incidences of cancers (lung, breast, prostate, and colon) are decreasing.

- Gonorrhea and chlamydia rates are increasing.
- Homicide rates are increasing.
- Binge drinking among young adults has increased significantly over the last several years.
- Substance abuse (alcohol, tobacco, and other drugs) is one of the most serious threats to community health. Substance abuse contributes to homelessness, violence, poverty, and disease. Youth substance abuse is a particular concern.
- Depression, isolation, and loneliness are prevalent in San Mateo County.
- Obesity, along with high blood pressure, type 2 diabetes, and high cholesterol, continues to be a major health concern.
- 90% of the county's population over age 19 has risk factors associated with cardiovascular disease.
- Access to health care is a persistent issue for the underserved and underinsured.
- Obesity rates continue to be an issue for children and adults alike. Poor food choices and lack of physical activity are main drivers of this epidemic.
- At-risk youth behavior is leading to substance abuse, depression, teen pregnancy, and mental health issues.
- By 2030, nearly one out of four San Mateo County's residents will be over age 65. Sixty percent of baby boomers nationally will have more than one chronic disease, nearly one-third will be obese, and 25% will have diabetes.
- Domestic and family violence is increasing at alarming levels.

The Community Benefit Advisory Board approves the selection of priority needs for KFH-Redwood City and consists of the following San Mateo Area physicians and staff:

Frank T. Beirne, Senior Vice President/Area Manager – KFH
Marco Baisch, MD, Pediatrics – TPMG
Katherine Bond, RN, Chronic Conditions Case Manager – KFH
Scott Brown, Director, Health Education – TPMG
Matthew L. Jacobs, Community and Government Relations Manager – KFH
Maggie Kelly-Lieras, CCM Program Assistant – TPMG
Cameron D'Alpe, Executive Consultant/Service Line Coordinator – TPMG
Sylvia Nunez, Senior Public Affairs Representative – KFHP
Maureen O'Brien, Chief Operating Officer – KFH
Darlene Palewitz, Compliance Officer San Mateo Area – KFH
Kathleen Quinn, Medical Group Administrator – TPMG
Kathleen Steele, Social Services Manager – KFH
Stacey Wagner, Public Affairs Director – KFHP
Stephan H. Wahl, Community Health and Benefit Manager – KFH

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-REDWOOD CITY SERVICE AREA

1. Access to health insurance coverage and health care services
2. Obesity rates
3. At-risk youth behavior
4. Poor health in the aging population
5. Domestic/family violence

THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

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

San Mateo County Health System and Health Plan for San Mateo County analyzed the most recent census data (2010 American Community Survey [ACS]) and estimated that 81,258 San Mateo County residents are uninsured and 28,806 adults are currently enrolled in the county's indigent care program ACE (Access to Care for Everyone). The loss of jobs and accompanying loss of employer-sponsored health insurance have led to an increasing number of adults seeking health coverage. San Mateo County anticipates that 47,000 will qualify for coverage under federal health care reform. In 2012, 61,030 residents were enrolled in full-scope Medi-Cal (California's federal/state Medicaid program), 10,800 in Healthy Families (California's federal/state S-CHIP program), 4,740 in Healthy Kids (a local program for children who do not qualify for Medi-Cal or Healthy Families), and 1,515 children were enrolled in Kaiser Permanente Child Health Plan (KPCHP).

Accessing primary care and specialty care appointments in a timely manner continues to be a challenge for Health Plan of San Mateo County. Demand remains high while provider resources are limited.

2012 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.
3. Increase access to health care services for low-income/uninsured patients at risk for chronic conditions or complications related to chronic conditions such as diabetes.
4. Increase access to health care by providing transportation for high-need seniors and disabled adults to medical appointments and other health-related needs.

2012 STRATEGIES

1. Provide charity care through the Medical Financial Assistance (MFA) program and maximize efficiencies.
2. Support certified application assisters (CAAs) in clinics and core agencies for insurance enrollment and retention.
3. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and KPCHP); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.
4. Provide grants to community organizations and safety-net providers to increase access to health care services for low-income, vulnerable, and uninsured individuals to better manage and prevent chronic conditions, with a focus on diabetes.

TARGET POPULATION

Low-income households, minority populations, immigrants, farm laborers, families living below the poverty level, and those lacking transportation to medical care in the Redwood City Medical Center Service Area.

COMMUNITY PARTNERS

Community partners include Health Plan of San Mateo County, San Mateo County Medical Center, Daly City Youth Health Center, Peninsula Jewish Community Center, Operation Access (OA), RotaCare Clinics of the Bay Area, San Mateo County Behavioral Health and Recovery Services, Ravenswood Family Health Center (RFHC), Samaritan House, San Mateo County Children's Health Initiative, San Mateo County Health Service Agency, SamTrans (San Mateo County Transit), Daly City Access, and other agencies serving southern San Mateo County.

2012 YEAR-END RESULTS

- Shelter Network received a \$2,000 grant from KFH-Redwood City to support ARC (Access to Regular Care), a program that connects unsheltered and sheltered homeless adults in Redwood City to medical benefit enrollment, a medical home, and transportation for primary health care services. ARC, which serves approximately 700 clients from Maple Street Homeless Shelter each year, strives to address chronic conditions and reduce emergency room use through routine primary care services. The grant supports transportation to medical appointments and other health-related offsite visits. The program exceeded targeted outcomes.
- Peninsula Jewish Community Center received a \$20,000 grant from KFH-Redwood City and KFH-South San Francisco for Get Up and Go, a model escorted transportation program for nondriving seniors, who are often frail, disabled, or in need of the type of supportive transportation not available through existing services, that currently serves 15 San Mateo County cities. The program has increased its emphasis on demand-responsive transportation, providing rides to medical, dental, and allied health (physical therapy, medication pickup, health maintenance) appointments. Medical rides are flexibly scheduled to best accommodate individual appointments. The program annually provides access to timely medical care and needed medications to an average of 100+ unique seniors. At least 20% of the rides each month are escorted transportation for disabled and very frail riders. During the funding period, 30% of riders to medical appointments were new to the program. Among surveyed riders, 85% report the program has increased access to medical care, had a positive impact on quality of life, and helped them remain living at home.
- KFH-Redwood City and KFH-South San Francisco awarded a \$17,500 grant to RotaCare–Coastside, which operates a free clinic from 5:00 pm to 7:30 pm every Wednesday, providing primary care services to underserved and uninsured adults and children in the coastal communities in and around Half Moon Bay. No appointments are necessary; patients are seen on a first-come, first-served basis, and Spanish translators are always available. In addition, a health educator provides bilingual classes on the prevention and treatment of diabetes, asthma, hypertension, and proper nutrition. The clinic provides free urgent medical care, x-rays, EKGs, medications, and blood pressure and diabetes screenings. Averaging 30 patients per night, the clinic sees approximately 1,200 patients per year.
- San Mateo County Health System received a \$10,000 grant from KFH-Redwood City and KFH-South San Francisco to support SMART (San Mateo County Mental Health Assessment and Referral Team), a program operated by American Medical Response (AMR) that offers specialized treatment and transportation options for people experiencing behavioral health emergencies. SMART benefits San Mateo County residents by responding appropriately to people in crisis, ensuring they get the most appropriate care possible. Operating 12 hours a day, seven days a week, and responding to an average of 650 behavioral health emergencies a year, SMART paramedics are specially trained to respond to psychiatric emergencies and have direct access to county mental health professionals.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Redwood City will track the number of children and families impacted by Kaiser Permanente support who enroll in participating physical fitness programs; track physical fitness improvements with pre- and post-testing; track weight reduction due to exercise; require partnering agencies to track programs, including Kaiser Permanente's Educational Theatre Programs (ETP), that increase knowledge and awareness of healthy eating and active living in northern San Mateo County communities; monitor efforts by the community and organizations to increase the amount of fresh fruits and vegetables eaten in daily diets; and require six-month and year-end reports from all grantees.

PRIORITIZED NEED II: OBESITY RATES

Obesity prevalence in the United States has more than doubled over the past 30 years. According to an August 2010 UCLA Center for Health Policy Research policy brief, *Obesity and Diabetes: Two Growing Epidemics in California*, San Mateo County's obesity prevalence remains consistent with the rest of the nation; approximately 194,000 residents (34.8 %) are considered overweight and 17.9% (roughly 100,000) of those are considered obese. Obesity is a significant risk factor for diabetes, and both conditions are serious risk factors for heart disease and other serious medical conditions. American Indians, African Americans, and Latinos have the highest prevalence of obesity and diabetes in California, and those statistics are directly relevant to San Mateo County's population. Eighty-three percent of Pacific Islanders, 74% of Latinos, 69% of African Americans, 62% of Filipinos, 54% of American Indians, 52% of Whites, and 45% of Asians did not pass California state fitness standards in 5th, 7th, and 9th grades (2008–2009). Obesity and diabetes prevalence is highest among populations with lower incomes and the least education. Although a number of factors are associated with obesity—ranging from genetics to individual behaviors—the composition and structure of neighborhoods and social environments have also been increasingly implicated as impediments to maintaining a healthy lifestyle. Both physical activity and healthy eating are important for reducing and preventing obesity and diabetes.

2012 GOALS

1. Increase consumption of fresh fruits and vegetables.
2. Increase physical activity in institutional settings (e.g., schools, after-school programs, work sites).

2012 STRATEGIES

1. Provide grants to support programs that promote active living and physical activity in after-school programs, child care facilities, and recreation centers through increased access to physical fitness classes, supervised play, and youth athletics.
2. Provide grants that support community-based efforts to increase the availability of healthier, affordable, more nutritious food items through school and community gardens, community-supported agriculture, mobile produce markets, and in early child care settings and schools.
3. In addition to grant funding, identify and employ Kaiser Permanente assets and resources on behalf of strategic community organization partners to support mutual goals. Resources may include health education materials; health care providers and staff engagement; clinical and best-practice lessons and guidelines; communication and multimedia support; and Kaiser Permanente Educational Theatre Programs (ETP) presentations.
4. Participate in countywide obesity efforts through the Get Healthy San Mateo County task force on childhood obesity and act as an advisor and expert for countywide strategies.

TARGET POPULATION

Obese and overweight children and their families, including underserved southern San Mateo County community members.

COMMUNITY PARTNERS

Community partners include American Heart Association (AHA), Redwood City School District, Collective Roots, North Fair Oaks Senior Center, Peninsula Family Service Center, Family Service Center, StarVista, Sequoia Union High School, Redwood City 2020, Ravenswood Family Health Center (RFHC), El Concilio of San Mateo County, San Mateo County Health Department, San Mateo County Sheriff's Activities League (SAL), Get Healthy San Mateo County, San Mateo County Health Foundation, Redwood City Parks and Recreation Department, Lewis and Joan Platt East Palo Alto Family YMCA, Second Harvest Food Bank, Special Olympics Northern California (SONC), Sequoia YMCA, Boys & Girls Club of the Coastside, and other agencies serving southern San Mateo County.

2012 YEAR-END RESULTS

- Collective Roots received a \$10,000 grant from KFH-Redwood City to support Fresh Fest, a science-based nutrition education initiative designed to prevent chronic illness associated with poor nutrition and childhood obesity by engaging families in healthy eating, promoting physical activity, and providing nutrition education. The 600 program participants included 205 parents and 395 children 5 to 14. Initial goals were very successful: fruit and vegetable consumption increased 29% among older youth and 31% among younger children. Of the participating adults, 81% reported an increase in vegetable consumption and 73% reported an increase in fruit consumption.
- El Concilio of San Mateo County received a \$20,000 grant from KFH-Redwood City to support Nuestro Canto de Salud, a program that provides culturally competent, family-focused prevention education to adults and children referred directly by San Mateo Medical Clinic or reached through other efforts in the underserved community of North Fair Oaks. The goal is to prevent or delay the development of chronic other diseases by providing additional follow-up support to help patients sustain the goals their providers prescribe. Nutrition is the backbone of the education series for nondiabetic overweight and obese individuals. The education materials include recommendations from the Healthy Weight Collaborative, which uses a healthy lifestyle prescription: five servings of fruits and vegetables per day, two hours or less of screen time, one hour of physical activity, and zero sugary beverages. Specific goals are tracked to evaluate the impact of a better diet, increased consumption of fruits and vegetables, and maintaining a cholesterol level below 200. The target population is low-income, medically indigent, limited-English-speaking patients and 73 participated in the program.
- Family Connections, California's only tuition-free parent participation preschool working exclusively with low-income families, received a \$4,000 grant from KFH-Redwood City to support Las Familias Saludables (Healthy Families). Family Connections parents are required to help with annual fundraising and asked to volunteer to help with specific classroom tasks. Las Familias Saludables programs helped educate approximately 500 parents in the North Fair Oaks and East Palo Alto communities on good eating habits and the benefits of regular exercise.
- Lewis and Joan Platt East Palo Alto Family YMCA received a \$2,500 grant from KFH-Redwood City to support its coed basketball programs. Last spring, the City of East Palo Alto eliminated its Parks and Recreation Department, leaving area youth with little or no summer recreational programming. The grant provided free recreational opportunities through the YMCA for nearly 140 youth.
- San Mateo County Health Foundation received a \$5,000 grant from KFH-Redwood City to support a healthy lifestyle program conducted by North Fair Oaks Children's Clinic in partnership with El Concilio of San Mateo County. The goal of the program, which served approximately 73 children and family members, was to prevent and control obesity through healthy eating and physical exercise and ultimately to reduce each patient's BMI.
- Sequoia YMCA received a \$30,000 grant from KFH-Redwood City to support Fit Kids, a program to increase awareness of the importance of maintaining a healthy lifestyle by being physically active and making good nutritional choices. Fit Kids is offered at six Redwood City elementary schools, with more than 400 students participating. Positive results included a 14.96% to 17.55% increase in three separate physical activities. KFH-Redwood City Medical Group Administrator Kathleen Quinn participates on the YMCA's board of directors.
- SAL received a \$10,000 grant from KFH-Redwood City to support its Healthy Kids program, an eight-week series that targets nutrition and physical activity and utilizes mentors and youth health coaches to improve program effectiveness. Serving approximately 750 youth throughout southern San Mateo County, Healthy Kids' South County Program serves 476 youth 7 to 13, the majority of whom live in the North Fair Oaks community, comprising primarily low-income, recently arrived immigrants. While most of the adults are immigrants, 80% of the schoolchildren were born in the United States. Among the students, 100% receive free or reduced lunch, 92% have limited English proficiency, 34% are overweight or obese, and only 15% of 5th and 7th graders are considered physically fit.
- Saint Francis Center of San Mateo County received a \$9,000 grant from KFH-Redwood City to support its Whole Healthy Happy Program. St. Francis Center acts as a core resource agency in a geographically isolated area of North Fair Oaks. This area has significant drug and gang activity, and the center acts as a safe haven for the residents of this area. In addition to multilevel services, the center has created, built, and operates Sienna Youth Center. The center provides a nurturing safe environment where the youth can enjoy culinary classes and many sport classes. The

program sustains a full-time onsite program director/coach and provides a nutrition educator. This program serves 200 youth and 50 families.

- AHA received a \$10,000 grant from KFH-Redwood City and KFH-South San Francisco to support Iron Chef: Teen Edition. Broadening its focus beyond helping people reduce the risk of heart disease and stroke, AHA recently adopted prevention as an organizational goal to help all Americans build stronger health and a better quality of life. By enlisting local chefs to provide 75 middle school students with hands-on after-school nutrition and cooking instruction, AHA hopes to increase students' consumption of fresh fruits and vegetables. Students learn tricks of the trade, practical tools, and knowledge to navigate more effectively in the kitchen and to develop healthy cooking habits.
- Boys & Girls Club of the Coastsides received a \$7,500 grant from KFH-Redwood City and KFH-South San Francisco to support Healthy Eating Active Living (HEAL), its school-based club geared to youth and the only middle school program available in San Mateo County's coastsides communities. The after-school program supports physical activity and nutritional education. The club also played a significant role in upgrading a skateboard park adjacent to the school campus, hosting its own skate club and annual competitions. The program has developed a relationship with the Half Moon Bay HEAL Project, which allows it to utilize additional staff to provide nutrition education and to support healthy lifestyle activities. In 2012, the club narrowed its focus to provide more impactful programming for students, with 90% attending at least three days per week. To support higher-quality programming with existing resources, the club limited the average daily attendance to 60 participants.
- Second Harvest Food Bank received a \$20,000 grant from KFH-Redwood City and KFH-South San Francisco to expand healthy food access. The program goal is to increase access to healthy foods in low-income communities through fresh produce distribution and to reduce hunger through food referral and nutrition education services. Second Harvest has expanded access to fresh produce by delivering approximately 8.3 million pounds of fresh fruits and vegetables to 136 San Mateo County nonprofits, serving an average of 70,000 individuals each month. This essential service not only provides fresher foods to county residents, but supports CAL-FRESH enrollment efforts at most distribution points. Cooking demonstrations using local produce and Healthy Food Cards that include recipe tips are also available at distribution sites.
- SONC received a \$15,000 grant from KFH-Redwood City and KFH-South San Francisco to support San Mateo County school partnerships. At each participating school, K–12 students with disabilities participate in Special Olympics activities (sports training and physical fitness programs) that are integrated into the classroom curriculum. All 24 county school districts and more than 1,100 special needs students participate in and benefit from the program. As the only organization in Northern California licensed and accredited to provide Special Olympics training and competition for athletes with intellectual disabilities and permitted to use the Special Olympics name, SONC provides a year-round sports program for community-based teams that meet on weekends and evenings for a full academic year. All services are free of charge to the athletes. In the first quarter of each calendar year, SONC compiles an annual census to track athlete participation in the prior year. According to the most recently completed census, 15,788 athletes participated in SONC, including 1,145 in San Mateo County.
- Redwood City 2020 received a two-year \$150,000 Kaiser Permanente Northern California Region HEAL local partnership grant to improve healthy eating and active living opportunities among small geographic subpopulations. This grant supports corner store makeovers in the unincorporated area of North Fair Oaks. Fresh fruits and vegetables are more predominantly displayed in several local markets, replacing unhealthy food choices such as chips, sodas, and candy. Local partnership grants aim to support communities in implementing evidence-based or evidence-informed strategies that can transform local food environments by implementing sustainable policy and environmental and organizational practice changes. At the end of the two years, it is hoped that the grant will have successfully supported sustainable HEAL behaviors within the target population.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Redwood City will track the number of children and families impacted by KFH-Redwood City support and enrolled in participating physical fitness programs; track physical fitness improvements with pre- and posttesting; track weight reduction due to exercise; require partnering agencies to track programs, including ETP, that increase knowledge and awareness of healthy eating and active living in southern San Mateo County communities; monitor efforts by the community and organizations to increase the amount of fresh fruits and vegetables eaten in daily diets; and require six-month and year-end reports from all grantees.

PRIORITIZED NEED III: AT-RISK YOUTH BEHAVIOR

Teen focus groups and provider interviews conducted in August and September of 2010 noted that the current economic crisis is having an adverse effect on teens. An increase in family tension due to foreclosures, joblessness, alcoholism, family tension, and family violence was noted. This dynamic may affect some teens' mental state, leading to depression and other issues. In addition, too much schoolwork may lead to eating disorders, stress, and lack of sleep. Accessing mental health and reproductive health services is another challenge that teens face. On the street and on school campuses, there is easy access to alcohol and illegal substances. Many teens do not practice safe sex, a problem exacerbated by drug and/or alcohol use. Teen birth data from California Department of Public Health *Master Birth Files, 2006–2009* show that Redwood City and East Palo Alto have the highest teen birthrates in San Mateo County. At the January 2012 San Mateo County, City and School (CCS) Partnership countywide symposium, San Mateo County probation and police officers confirmed an increase in local gang activity. In many communities, a significant lack of activities available outside the school setting further compounds the challenge.

2012 GOALS

1. Decrease rates of teen alcohol and substance abuse.
2. Reduce pregnancy rates among Latina teens in East Palo Alto and Redwood City.
3. Reduce depression in teens.

2012 STRATEGIES

1. Provide grant funding for education and interventions around substance abuse at schools, health fairs, teen clinics, and other social venues.
2. Provide education and teen pregnancy awareness, birth control, self-esteem, culturally sensitive sex education in classroom settings, and other community settings.
3. Increase/support access to mental health services for teens.

TARGET POPULATION

Teens at risk for issues related to substance abuse (including alcohol, tobacco, illicit drugs, over-the-counter drugs, and narcotics), depression, self-abuse, and/or violence, and teens in Redwood City and East Palo Alto, where high teen pregnancy rates have been identified.

COMMUNITY PARTNERS

Community partners include El Centro de Libertad, Sequoia Union High School District, Sequoia Teen Health Center, San Mateo Human Service Agency, San Mateo County Health Department, Peninsula Conflict Resolution Center, Rape Trauma Services (RTS), San Mateo County Behavioral Health and Recovery Services, Redwood Continuation School, Healthy Community Collaborative of San Mateo County, StarVista, San Mateo County Sheriff's Department, Redwood City Police Department, San Mateo Gang Violence Task Force, Friends for Youth, and other agencies serving southern San Mateo County.

2012 YEAR-END RESULTS

- Adolescent Counseling Services received a \$7,500 grant from KFH-Redwood City to support its Counseling and Substance Abuse Treatment Program, which uses a multipronged approach to address depression, stress, and substance abuse among students attending Menlo-Atherton and Redwood high schools, Sequoia Community Day School in East Palo Alto, and La Entrada Middle School in Menlo Park. Early intervention and treatment services, including individual and family therapy, depression screenings, crisis intervention, supportive services, and education are provided free of charge to 1,230 students and their parents/guardians annually. Assessments are conducted after each grading period, utilizing the Global Assessment Functioning Scale, to track the number of students who improve academically.
- Dreamer Hall of Fame, on behalf of the Redwood City youth-based development program, Young Dreamer Network, received a \$2,000 grant from KFH-Redwood City to support an antibullying campaign created by teens called Champions not Bullies. The campaign provides tools that empower youth to effectively address and thereby decrease bullying in the community. The program includes youth rallies and the production and delivery of documentary videos and discussion-based workshops. More than 800 students are served by this programming.
- Friends for Youth received an \$8,000 grant from KFH-Redwood City to support its drug and violence prevention project for youth 8 to 17 from low- to very low-income households who are identified as at risk and referred by teachers, counselors, therapists, social workers, and other youth professionals. The program combines caring adult support with tools and resources to help youth reduce the incidence of dangerous risk behaviors such as substance abuse and violence. Outcomes are structured to provide statistically significant, measurable goals; decrease negative behaviors; improve self-esteem; increase positive behaviors and school involvement; and increase community awareness and involvement. This mentor-based program, utilizing Quality Assurance Standards and recommended research-based practices, facilitates 180 mentor/mentee relationships a year.
- San Mateo Police Activities League (PAL) received a \$9,500 grant from KFH-Redwood City to reduce juvenile delinquency and improve the lives of at-risk youth, particularly Pacific Islanders, Latinos, and African Americans, who have unsteady home lives, a history of poor school performance, behavioral issues, gang influences, and/or other risk factors. School administrators, teachers, and police officers refer youth to PAL, which currently offers a variety of programs that use police officers as leaders, mentors, and/or coaches and serves 60 youth.
- StarVista received a \$15,000 grant from KFH-Redwood City to support Insights Adolescent Substance Abuse Treatment Program, which targets youth 11 to 17 and addresses comorbid mental disorders, substance abuse, depression, anxiety, conduct disorder, and attention-deficit disorder. Referrals come from various sources, including schools, community-based systems, probation officers, mental health providers, and self-referrals. Services are offered at StarVista's Redwood City outpatient clinic and served more than 200 youth.
- Teen Talk Sexuality Education (TTSE) received a \$15,000 grant from KFH-Redwood City to help prevent teen pregnancy in Sequoia Union High School District schools. TTSE provides comprehensive, science-based educational programs to help youth make healthy choices that will result in lower rates of teen pregnancy and STD/HIV transmission. TTSE provides sexuality education for all 9th-grade classes in the district. It provides the same services for all Redwood City School District 8th-grade classes and for all 7th-grade classes in the Ravenswood School District. The need to address teen pregnancy in Redwood City and East Palo Alto remains high despite relatively low teen birthrates across the county.
- El Centro de Libertad received a \$15,000 grant from KFH-Redwood City and KFH-South San Francisco to support Coastside Youth Intervention Program, part of a continuum of care that reduces the impact of substance abuse on adolescents and their families in Coastside communities by providing culturally competent outpatient treatment, school-based prevention education, and a unique collaborative community El Centro calls the Environmental Prevention Program. Youth and adult stakeholders from the community examined existing environmental factors that may contribute to the use and abuse of alcohol and other illegal substances, and 425 youth are impacted by the program.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Redwood City will track the number of students reached through education and interventions; track reported pregnancies in specific areas of the communities where pregnancy prevention work is targeted; and require six-month and year-end reports from all grantees.

PRIORITIZED NEED IV: POOR HEALTH IN THE AGING POPULATION

Senior focus groups and provider interviews were conducted in August and September 2010. They identified isolation, transportation, medication compliance and misuse, availability and affordability of medications, nutrition, malnutrition, and unintentional injuries as current issues facing the senior population.

By 2030, the number of adults over 65 in San Mateo County will increase by 72%, and the number of people over 85 will increase to two and a half times the current number. This mirrors a pattern across the United States as baby boomers (those born between 1946 and 1964) age. Locally, San Mateo County will have a greater proportion of older adults than the state average. Unless significant changes are made, the demand for health care and community-based services will far exceed what public and private systems can provide.

According to the San Mateo County Projection Model, if we do nothing, by 2030 the county will experience a 50% increase in demand for physicians, a potential 108% increase in demand for treatment in various subspecialty areas, a 34% increase in acute hospital days among older adults, and a 59% increase in demand for hospital beds. These projections are driven not only by an increased number of older adults, but by high rates of chronic disease and cognitive impairment among that population. Combined, these factors will result in a dramatic increase in demand for services.

By 2030, 60% of baby boomers nationally will have more than one chronic disease, nearly one-third will be obese, and 25% will have diabetes. Approximately 23,000 older adults in San Mateo County will have developed Alzheimer's disease, a 70% increase over current numbers. One out of five people over 65 in San Mateo County will have a physical or mental disability, and some communities will face an even greater prevalence of these conditions. As such, it is imperative to support community capacity to assist older adults in maintaining good health by helping to provide services and programs that go beyond health education. This requires working across nontraditional sectors to promote healthy living for older adults, including expanded transportation options, opportunities for social engagement, and access to affordable housing.

2012 GOALS

1. Increase access to social services for seniors, including but not limited to social integration and elder abuse prevention.
2. Seniors must remain physically and mentally active and eat nutritious food.

2012 STRATEGIES

1. Provide grants that link seniors to essential services and programs.
2. Provide grants that support community capacity to assist older adults in maintaining physical and mental health and in remaining socially connected to friends and families, and support ongoing activities that decrease barriers for the isolated, disabled, and frail.
3. Provide grants that inform and educate seniors about the resources available to address elder abuse situations.
4. Facilitate conversations between senior care providers and medical center social workers to identify area resources for seniors and senior care.
5. Provide grants that support community capacity to assist older adults in maintaining physical and mental health.

6. Provide grants that provide healthy meal and snack choices and provide nutrition education.

TARGET POPULATION

Seniors and disabled adults who are underserved by community resources, are in need of basic essential services, and may be victims of physical or financial abuse.

COMMUNITY PARTNERS

Community partners include San Mateo County Health Policy and Planning, California Health Care Foundation, Catholic Charities, American Hospital Association, Alzheimer's Association, SamTrans, San Mateo County Commission on Aging, San Mateo County Health Department, San Mateo County Aging and Adult Services, and other agencies serving the needs of seniors in southern San Mateo County.

2012 YEAR-END RESULTS

- Catholic Charities received a \$5,000 grant from KFH-Redwood City to support San Carlos Adult Day Services (SCADS), which helps seniors attain consistency and support to stabilize their living situation and health. SCADS activities help seniors stay engaged and intellectually stimulated and encourages physical exercise appropriate to their abilities. Healthy food choices help clients maintain a healthy weight and increase their ability to fight off illness. Constant supervision and monitoring by professional staff help to identify health issues like skin breakdown, urinary tract infections, and increased anxiety or depression. The program positively impacts 65 seniors, approximately 25% of whom are Kaiser Permanente members. Another important program component is support for caregivers, who get a respite from day-to-day caregiver duties, information and referrals, caregiver workshops, peace of mind, and more. Mark Okashima, Area Finance Director, KFH San Mateo Area, is a Catholic Charities board member.
- Coastside Adult Day Health Center (CADHC) received a \$10,000 grant from KFH-Redwood City and KFH-South San Francisco to help maintain an appropriate level of health for seniors who are frail, elderly, or disabled. Serving the entire San Mateo County coast from Daly City to Año Nuevo, CADHC helps clients stay as healthy, active, and independent as possible both during the natural aging process and as mental and/or physical conditions require more care and attention. CADHC provides special programs for clients with mild to severe dementia and works closely with family members and caregivers to support their needs. A multidisciplinary team addresses each client's needs and consults with their primary care provider. The adult day program prevents premature institutionalization, allows this aging population to remain at home, and restores a sense of well-being. CADHC is a cost-effective alternative that spares clients, families, and the community at large from the high cost of nursing home care. In 2012, CADHC served more than 75 unduplicated clients and families with resources, respite, and program services.
- Friends of the Veterans Memorial Center received a \$9,000 grant from KFH-Redwood City to support the Adaptive Physical Education Program, which was designed to improve and maintain the health and wellness of older adults and seniors by promoting independence, maintaining and increasing mobility, and decreasing the necessity for excessive medical attention. The program fills a specific niche, serving clients who have been diagnosed with medical conditions such as diabetes, hypertension, and arthritis, and helping them complete necessary rehabilitation after a stroke, or shoulder, hip, or knee surgery; and preventing the onset of some specific conditions. The program now includes a state-of-the-art Bio-Dex Balance System tool for fall risk screening and training. Six general conditioning classes meet 1.5 hours per week and six specialty classes meet 1 hour per week. More than 115 clients participated in the program; approximately 25% are Kaiser Permanente members.
- Peninsula Family Service received a \$15,000 grant from KFH-Redwood City to support its wellness program at Fair Oaks Adult Activity Center, which provides yoga, tai chi, line dancing classes, healthy breakfasts, medical case management, and blood pressure and glucose monitoring to nearly 400 seniors. Rolling participation means that rather than having fixed start and end dates, program components are ongoing and participants enter and leave based on their own schedule. Since 2008, Peninsula Family Service has evaluated the wellness program and developed measurable outcomes, which continue to be mostly positive. Rather than using traditional pre- and posttest measurements, data collection methods capture all participants at certain regular intervals of time. Key findings include improved emotional health and well-being; improved physical health; improved physical activity; increased connectedness; and reduced

isolation. Nutrition seems to reflect clients' ability to access healthier foods and their knowledge of good eating habits. Data indicated that approximately 12% of clients are not able to get to a grocery store on their own, 15% cannot afford food on their own, more than 40% have incomes below the federal poverty level, and 79% do not have enough income to meet basic needs in San Mateo County. The common denominator among all groups is a lack of financial and/or social resources to easily participate and engage in healthy living practices on their own. Peninsula Family Service continued a comprehensive wellness evaluation, conducting the latest wave in October 2012. Two key outcomes were increased social connectedness (71% to 84%) and increased access to health care (96% to 98%). Clients reduced their risk for chronic conditions, as indicated by increased blood pressure testing (63% to 82%) and increased blood glucose testing (59% to 69%). Nancy Stocks, RN, and Adele Adams, RN, both from KFH-Redwood City, provide bimonthly clinical supervision and consultation for 1.5 hours for the Senior Peer Counseling Program.

- Peninsula Volunteers Inc. received a \$2,000 grant from KFH-Redwood City to support the program director role for a health and wellness program at Little House Activity Center in Menlo Park. Each year, Peninsula Volunteers provides more than \$4 million in services, including a variety of senior activities and more than 150,000 hot meals to seniors and homebound elders. More than 400 seniors will be directly impacted.
- San Mateo County Fall Prevention Task Force received a \$5,000 grant from KFH-Redwood City and KFH-South San Francisco to support a fall prevention outreach and education program designed to decrease falls among older adults through advocacy, resource development, and community education. Tools and resources focus on exercise, home safety modifications, medication management, vision checks, and other fall risks. The task force provides community education and public awareness for older adults and their providers, caregivers, and exercise instructors countywide. The task force nearly doubled its target, reaching approximately 5,000 older adults with written fall reduction materials. Initial surveys were sent to more than 600 primary care providers to assess the county's fall prevention resources: the lack of available programs to which they can refer at-risk seniors remains a key challenge.
- Ombudsman Services of San Mateo County (OSSMC) received a \$5,000 grant from KFH-Redwood City and KFH-South San Francisco to provide advocacy services to frail seniors. A federally mandated program under the Older Americans Act, OSSMC is required to monitor senior care facilities, receive complaints, and facilitate complaint resolution. And state mandates require the investigation of all allegations of abuse emanating from facilities. The overarching goal is to ensure that frail, vulnerable elders and disabled adults have access to the appropriate level of medical care and necessary social services. In San Mateo County, 52 state certified volunteers act as field ombudsmen and more than 9,000 long-term care residents have access to the service that oversees 485 county facilities.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

1. Provide grants that link seniors to essential services and programs.
2. Provide grants that support community capacity to help older adults maintain physical and mental health and remain socially connected to friends and families, and support ongoing activities that decrease barriers for the isolated, disabled, and frail.
3. Provide grants that inform and educate seniors about the resources available to address elder abuse situations.
4. Facilitate conversations between senior care providers and medical center social workers to identify area resources for seniors and senior care.
5. Provide grants that support community capacity to assist older adults in maintaining physical and mental health.
6. Provide grants that provide healthy meal and snack choices and provide nutrition education.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Redwood City will track the number of seniors linked to local services, resources, and social services; track the number of seniors enrolled in physical/movement classes; track the number of seniors participating in cognitive stimulation sessions;

track improved movement and flexibility from attending exercise classes; track the number of seniors reached through community outreach efforts and education about elder abuse; track the number of healthy meals and/or healthy choices served at senior centers and other venues where meals are provided to seniors; and require six-month and year-end reports from all grantees.

PRIORITIZED NEED V: DOMESTIC/FAMILY VIOLENCE

Among children who live in households where domestic violence occurs, 87% witness the abuse. These children are more likely to show behavioral and physical health problems, including depression, anxiety, and violence toward peers; attempt suicide; abuse drugs and alcohol; run away from home; engage in teen prostitution; and/or commit sexual crimes. And seniors are sometimes victims of financial, physical, and/or emotional abuse by relatives and caregivers and are often hesitant to address the abuse or even discuss it unless they have a close relative or friend. This can cause anxiety, stress, sleeplessness, and physical injuries.

Access to legal services is an important factor in ending domestic violence. As a result of the current socioeconomic situation, the need for shelter and help for domestic violence victims has increased. CORA (Community Overcoming Relationship Abuse), San Mateo County's only comprehensive domestic violence service agency, experienced a 7% increase in referrals from law enforcement since last year (a more than 50% increase since 2009). There was a 28% increase in the number of victims who received interventional counseling and support and a 38% increase in the number of clients provided with protective/transitional housing.

2012 GOALS

Protect victims and their families from domestic violence.

2012 STRATEGIES

1. Provide grant funding to support resources that keep families and children who are in abusive situations safe and free from harm.
2. Support other physician and staff involvement in domestic violence awareness and education.

TARGET POPULATION

Parents, families, elders, children, and youth who may be at risk for violence, abuse, or domestic violence.

COMMUNITY PARTNERS

Community partners include CORA, Legal Aid Society of San Mateo County, Bay Area Legal Aid (BayLegal), Shelter Network, San Mateo County Sheriff's Department, Peninsula Conflict Resolution Center, and Rape Trauma Services (RTS).

2012 YEAR-END RESULTS

- International Institute of the Bay Area (IIBA) received a \$4,500 grant from KFH-Redwood City to assist, educate, and otherwise support low-income immigrant who are domestic violence survivors. IIBA offers immigrants and their families targeted community education, individual legal consultations, and updates on the newest immigration laws, some of which specifically protect victims of violence and domestic violence. IIBA, which serves approximately 1,000 new immigrants annually, also provides referrals to collaborative agencies, including law enforcement.
- BayLegal received a \$10,000 grant from KFH-Redwood City and KFH-South San Francisco to support the legal safety net for low-income San Mateo County residents who are victims of domestic violence. BayLegal focuses its resources on traditionally underserved groups, including immigrants, people with limited English proficiency, and the disabled. Approximately 51% of BayLegal clients are not U.S. citizens, and more than 34% of victims seeking its services speak Spanish as their primary language. The agency's goal is to increase the safety and self-sufficiency of low-income domestic violence survivors and their children by providing free domestic violence-related legal services. Victims are

able to transition from being in dependent, abusive relationships to living safely and securely, both physically and economically. BayLegal collaborates with many local agencies to coordinate and streamline services, and co-counsels and maintains cross-referral relationships with other local social service providers, transitional housing programs, food banks, and the courts.

- CORA received a \$35,000 grant from KFH-Redwood City and KFH-South San Francisco to support crisis and interventional services, specifically a 24-hour hotline and an emergency response program that address the individual needs of clients and their families by connecting them to internal CORA services and external community-based resources. Clients can be referred to CORA's emergency shelter or transitional housing; individual, family, or group counseling; or legal services. Each client has the opportunity to develop a personalized safety plan. CORA annually fields 5,000 calls, and 50% receive counseling and adjunct services.
- RTS received a \$10,000 grant from KFH-Redwood City and KFH-South San Francisco to support its Rape and Relationship Abuse Program. RTS is the only rape crisis center in San Mateo County providing information and resources to support community members and those at risk of experiencing violence. RTS facilitates healing and violence prevention through counseling, advocacy, and education. RTS supports a 24-hour hotline that serves more than 12,000 community members annually. In 2012, the organization conducted 16 violence prevention workshops at Garfield Community School in which 180 students participated; provided peer empowerment, antibullying, and specialized family counseling to 253 individuals at Garfield; and hosted eight violence prevention workshops for 16 young women in Redwood High Continuation School's teenage parent program.

2013 GOALS UPDATE

Protect victims and their families from domestic violence, gang violence, and bullying. Because only a few agencies target their efforts exclusively toward domestic violence, KFH-Redwood City decided it was prudent to expand the original goal, allowing us to address other community violence issues, which are gaining greater visibility countywide, and to fund this priority most effectively.

2013 STRATEGIES UPDATE

1. Provide grant funding to support resources that keep families and children who are in abusive situations safe and free from harm.
2. Provide grant funding to support agencies that provide education and intervention around issues of bullying, domestic violence, and gang-related violence.
3. Support other physician and staff involvement in domestic violence awareness and education.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Redwood City will require partner agencies to track the number of victims of violence reached through outreach efforts related to options for protecting themselves and/or their families from domestic violence or other violent situations; track emergency calls made to local law enforcement agencies or domestic violence emergency hotlines; track the number of victims who receive temporary or transitional shelter; support antibullying campaigns and awareness; track the number of victims who receive legal assistance; and require six-month and year-end reports from all grantees.

Table 1

KAISER FOUNDATION HOSPITAL-REDWOOD CITY

2012 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: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members | 2 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 812 |
| Medi-Cal Managed Care members | 82 |
| Healthy Families Program members | 2,583 |
| Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) ¹ members | 114 |
| Operation Access – number of procedures (including otolaryngology, general surgery, urology, colorectal, and gynecology) | 52 |
| Operation Access – number of medical volunteers | 61 |
| Operation Access – number of medical volunteer hours | 381 |
| Health Research projects (new, continuing, and completed) | 3 |
| Nursing Research projects (new, continuing, and completed) | 4 |
| Educational Theatre Programs – number of performances and workshops | 88 |
| Educational Theatre Programs – number of attendees (students and adults) | 18,053 |
| Graduate Medical Education – number of programs | 2 |
| Graduate Medical Education – number of affiliated and independent residents | 11 |
| Nurse practitioner and other nursing training and education beneficiaries | 15 |
| Other health professional training and education (non-MD) beneficiaries | 7 |
| Summer Youth and INROADS programs participants | 4 |
| Number of 2012 grants and donations made at the local and regional levels ² | 99 |

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

²The vast majority of regional grants impact three or more local hospitals. As such, a single regional grant may be included in the "Number of 2012 grants and donations" count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL- REDWOOD CITY

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$1,164,883 |
| Healthy Families ² | 1,968,048 |
| Charity care: Charitable Health Coverage programs ³ | 905,739 |
| Charity care: Medical Financial Assistance Program ⁴ | 2,876,725 |
| Grants and donations for medical services ⁵ | 167,536 |
| Subtotal | \$7,082,931 |
| Other Benefits for Vulnerable Populations | |
| Summer Youth and INROADS programs ⁶ | \$19,434 |
| Grants and donations for community-based programs ⁷ | 140,897 |
| Community Benefit administration and operations ⁸ | 338,163 |
| Subtotal | \$498,494 |
| Benefits for the Broader Community⁹ | |
| Community health education and promotion programs | \$9,802 |
| Educational Theatre Programs | 266,252 |
| Facility, supplies, and equipment (in-kind donations) ¹⁰ | 0 |
| Community Giving Campaign administrative expenses | 6,468 |
| Grants and donations for the broader community ¹¹ | 182,364 |
| National board of directors fund | 14,860 |
| Subtotal | \$479,746 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$21,714 |
| Non-MD provider education and training programs ¹² | 649,833 |
| Grants and donations for the education of health care professionals ¹³ | 20,952 |
| Health research | 2,497,928 |
| Subtotal | \$3,190,427 |
| Total Community Benefits Provided | \$11,251,598 |

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.

KAISER FOUNDATION HOSPITAL (KFH)-RICHMOND

901 Nevin Avenue
 Richmond, CA 94801
 (510) 307-1000

The KFH-Richmond service area includes Crockett, El Cerrito, El Sobrante, Hercules, Pinole, Richmond, Rodeo, and San Pablo.

COMMUNITY SNAPSHOT (*COUNTY-LEVEL DATA)

| | |
|-------------------------------|----------|
| Total population: | 248,115 |
| Median age:* | 38.0 |
| Average household income:* | \$78,469 |
| Percentage living in poverty: | 12.82% |
| Percentage unemployed: | 9.14% |
| Percentage uninsured: | 16.35% |

| | |
|-----------------------------|--------|
| White: | 23.45% |
| Latino: | 31.51% |
| African American: | 20.26% |
| Asian and Pacific Islander: | 20.06% |
| Native American: | 0.36% |
| Other: | 4.37% |

KEY STATISTICS

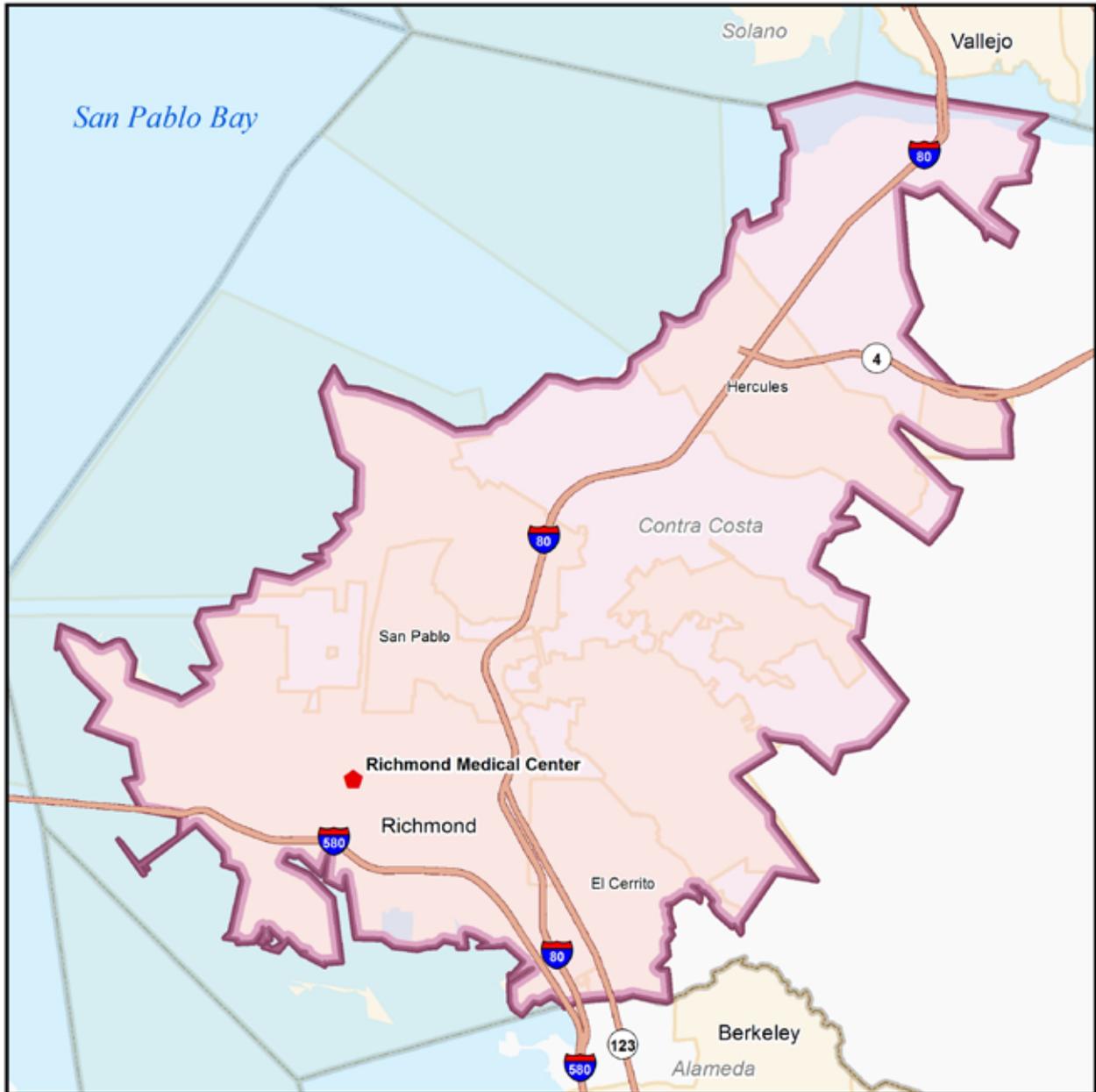
| | |
|-------------------------------------|---------|
| Year opened: | 1942 |
| KFH full-time equivalent personnel: | 466 |
| KFHP members in KFH service area: | 100,966 |

| | |
|------------------------|--------|
| Total licensed beds: | 50 |
| Inpatient days: | 11,238 |
| Emergency room visits: | 48,212 |

KEY LEADERSHIP AT KFH-RICHMOND

| | |
|-------------------------|--|
| Nathaniel L. Oubré, Jr. | Senior Vice President and Area Manager |
| Karen Grisnak, RN, MSN | Chief Operating Officer |
| Dennis J. Morris | Area Finance Officer |
| Tim Batchelder, MD | Physician in Chief |
| Shirley Steinback | Medical Group Administrator |
| Julie Hadnot | Public Affairs Director |
| Erica Browne | Community Benefit/Community Health Manager |

KFH Richmond Medical Center Area



- KFH Medical Center
- KFH Medical Center Area
- Cities and Towns
- County Boundary

Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
Maps Produced by: the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES). March 2013.



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

The 2010 CHNA for KFH-Richmond is based on secondary data analyzed and reported by the Contra Costa Department of Public Health (DPH) and primary data collected through a series of community focus groups. The East Bay Area contracted with the County DPH as part of a collaborative that included John Muir Health and Sutter Health and was managed through the East Bay Section of the Hospital Council of Northern and Central California. The focus groups were designed and conducted by Coleman-Smith, an Oakland-based consulting company. The East Bay Area engaged Areté Consulting to support the overall CHNA process on its behalf.

KEY FINDINGS FROM THE 2010 CHNA

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

Obesity and Overweight and the Associated Chronic Conditions Are Significant Health Problems in West Contra Costa County:

- More than 36% of West Contra Costa Unified School District (WCCUSD) 5th graders are overweight; 56% of adults in Contra Costa County are overweight or obese.
- Diabetes mortality in the west county city of San Pablo is more than 2.5 times the overall county rate. In Richmond, the diabetes mortality rate is nearly double the overall county rate.
- Heart disease mortality in San Pablo and Richmond is significantly higher than the overall county rate; San Pablo's rate is more than double the county rate.
- Focus groups participants indicated that resources on health and nutrition are not always culturally appropriate and that exercise is difficult in neighborhoods where residents do not feel safe.

Violence Continues to Affect the Population in West Contra Costa County. Homicide Is the Second Leading Cause of Death among County Residents 15 to 34 and the Fourth Leading Cause of Death among African Americans in the County:

- Half of all homicides in Contra Costa County occurred among African Americans.
- 41.5% of county homicides occurred in Richmond, a rate of 38.6 homicides per 100,000 residents, which is more than four times the overall county rate of 9.3.
- African Americans made up 32.6% of nonfatal assault hospitalizations. Similarly, African American men had the highest assault hospitalization rate, 235.2 per 100,000, higher than the overall rate for men in the county, 63.2 per 100,000.
- Richmond has a nonfatal assault hospitalization rate that is four times the overall county rate.
- Rates of domestic violence calls for both Richmond and San Pablo are significantly higher than for the county overall.
- Focus group participants highlighted the relationship of violence to economic and financial stress and the tendency for violence to extend through generations.
- Several focus group participants indicated that mental health issues and interracial tensions are interwoven with violence.

Chronic Conditions Have a Disproportionate Impact on West Contra Costa County Residents and on African Americans in Particular:

- African Americans and Latinos are overweight or obese at higher rates than other races and ethnicities.
- Mortality rates for diabetes, heart disease, stroke, and several cancers are highest among African American residents.
- HIV/AIDS diagnosis rates in Richmond are twice the rate for the county, and the diagnosis rate for African Americans is more than four times the overall county rate.

- Childhood asthma hospitalization rates are about twice the county rate in Pinole and Richmond and are 3.5 times the county rate in Hercules. Among African Americans, the rate of childhood asthma hospitalization is more than 2.5 times the county rate.

Prenatal Care and Perinatal Outcomes Have Emerged as Issues of Concern in West Contra Costa County:

- Less than 85% of pregnant women in Richmond and San Pablo received early prenatal care.
- The low-birth-weight rate in Richmond is 8.0 per 100 live births, well above the Healthy People 2010 objective of 5.0 per 100 live births. For African Americans, the rate is 12.4.
- Rates of fetal death, infant death, and neonatal death are approximately two times higher for African Americans than for the county overall.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-RICHMOND SERVICE AREA

1. Access to health insurance coverage and health care services
2. Obesity and overweight
3. Community violence
4. Childhood asthma
5. Perinatal health

2012 YEAR-END RESULTS

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

The most recent data indicate that more than 17% of county residents are uninsured. Based on data related to unemployment and housing foreclosures in West Contra Costa County, the uninsured rate is almost certainly higher among west county residents.

2012 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.
3. Reduce the disparities in HIV infection rates and AIDS prevalence among youth and African Americans 18 to 35.

2012 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 increased access for teens through school-based clinics.
4. Coordinate with Kaiser Permanente Northern California Region to fund programs using proven best practices for HIV education, prevention, and early intervention.

TARGET POPULATION

Uninsured and underinsured individuals in West Contra Costa County.

COMMUNITY PARTNERS

Community partners include California School Health Centers Association (CSHC), YMCA of the East Bay—West Contra Costa Branch, Bay Area Community Resources (BACR), Contra Costa County Health Services, West Contra Costa Unified School District (WCCUSD), LifeLong Medical Clinic, Brighter Beginnings, and RotaCare Richmond Free Medical Clinic.

2012 YEAR-END RESULTS

- KFH-Richmond awarded a \$50,000 strategic grant to CSHC to increase the capacity of all six WCCUSD school-based health centers (SBHCs) to provide comprehensive health services to high school students. CSHC leads multiple technical assistance (TA) and training activities designed to support the SBHC coordinators in program coordination, program data tracking, and stakeholder outreach activities. The goal is to increase the productivity of SBHC to address health, public health, mental health, and education priorities in a comprehensive manner. The SBHCs are in a unique position to improve the health of WCCUSD students, many of whom experience high rates of poverty, chronic illness, exposure to violence, and mental health concerns. All WCCUSD high school students benefit from this grant.
- KFH-Richmond provided a \$10,000 grant to Richmond Community Foundation to support the work of the Contra Costa Safety Net Initiative, which engages stakeholders from multiple sectors in the development of innovative strategies that raise public awareness about, and responses to, safety-net issues. Through the initiative, more than 100 safety-net stakeholders, including consumers of safety-net services, local government, nonprofit service providers, and funders, participated in four strategy development sessions to design an action plan to strengthen the current safety-net and, over time, reduce the need for safety-net services among individuals and families living in Contra Costa County. The main strategic directions that were developed include understanding safety-net needs and services; increasing consumer influence in policy development; transforming community understanding of poverty; building integrated

consumer-centered services; generating new and increased safety net resources; and catalyzing self-sufficiency. The initiative was also funded by KFH-Antioch and KFH Walnut Creek in the Diablo Area.

- KFH-Richmond Community Benefit/Health Manager Erica Browne and East Bay Public Affairs Director Julie Hadnot facilitated approval of an amendment to the services agreement between KFH-Richmond and WCCUSD regarding clinical services at Richmond's John F. Kennedy (JFK) High School. The amendment supports the continued provision of clinical services by KFH-Richmond pediatrician Cherylyn Brunetti, MD, and health education services by KFH-Richmond nurse practitioner Ann McKenzie in partnership with Contra Costa Health Services Department and Planned Parenthood. The amendment also allows Kaiser Permanente pediatric residents to provide clinical services as part of their training rotation. Kaiser Permanente clinicians are available to provide sports physicals, primary care, and reproductive health services to anyone who needs them, which is approximately 15 students per week.
- KFH-Richmond Community Benefit Specialist Glenda Monterroza represented KFH-Richmond on Building Blocks for Kids (BBK), a collaborative that aims to support the healthy development and education of all children and the self-sufficiency of all families living in Richmond's Iron Triangle by engaging the community, block by block. More than 30 community and government agencies participate in BBK, which is based on the Harlem Children's Zone philosophy of reaching children early, often, and throughout their childhood. BBK implements multiple strategies and activities that rely on best practices, and link and leverage the community's strength. KFH-Richmond is a founding BBK partner, and Ms. Monterroza, who devotes more than four hours each month to these efforts, provides TA to the health and wellness working group to support implementation of strategies focused on improving access issues for children and families in the Iron Triangle neighborhood. Ms. Monterroza has also worked to identify ways that KFH-Richmond can best support BBK's efforts. This has included sharing data from past KFH-Richmond needs assessments and information on the new KP CARES data platform.
- Kaiser Permanente Northern California Region awarded Planned Parenthood Shasta Pacific (PPSP) with \$75,000¹ to support its HIV/AIDS screening and prevention project. PPSP will reach 12,300 low-income and underinsured individuals, specifically African American and Latino young people, by providing outreach to high-risk populations, testing all health center clients (excluding those who opt out), and providing on-the-spot education and counseling. Because they serve a sizable portion of the targeted population, PPSP identified seven of its health centers in Contra Costa, San Francisco, and Solano counties as sites for the proposed HIV Testing for High-Risk Populations program.
- Kaiser Permanente Northern California Region provided \$75,000¹ to HIV Education and Prevention Project of Alameda County (HEPPAC). HEPPAC's goals for CIRCLES IV are to increase the number of youth and young adult residents of Oakland and North Richmond who are aware of their HIV status, provide linkages to care and treatment services for STIs and HIV if needed, and increase the number of youth and young adult in Oakland and North Richmond who practice protective behaviors to decrease their risk for HIV and STIs. Program goals will be achieved through peer-based community outreach, youth-specific leadership development internship, distribution of risk reduction supplies, intensive harm reduction counseling, and self-advocacy skills training. Grant funding allows HEPPAC to continue providing harm reduction-based education and prevention services. Circles IV utilizes evidence-based social networking methods to provide outreach, education, and linkages to HIV testing and case management for African American and Latino youth and young adults 13 to 29, in Alameda and Contra Costa counties. CIRCLES IV will utilize a network of community members, youth centers, nonprofit organizations, and county public service agencies developed in CIRCLES III to increase HIV screening and early detection rates. Building on CIRCLES III efforts allows HEPPAC to establish sustainable and well-utilized HIV screening programs for youth and young adults in local communities most affected by health disparities.
- Kaiser Permanente Northern California Region provided \$80,000 for core operating support to the Community Clinic Consortium Serving Contra Costa and Solano Counties, which represents four not-for-profit community clinics and their patients. The clinics provide comprehensive, quality health care services, particularly for low-income, uninsured, and underserved Californians, regardless of their ability to pay. Annual core support grants to this and other consortia help fund the infrastructure that is necessary to maintain productive operations and constructive relationships to ensure access to health care for low-income populations within the safety net. In addition, it will help the consortium work with

¹ This grant was distributed from the Kaiser Permanente Fund for Community Benefit, a donor-advised fund established in late 2004 and administered by East Bay Community Foundation. Accordingly, the grant amount was not included in the Community Benefit totals for 2012 (Tables A, B, and 2).

its partner clinics on some of its most pressing issues, including getting ready for health care reform, short- and long-term financial stability, increasing patient-centered approaches, improving patient experience, and leading and participating in local and statewide efforts to make sure the needs of safety-net patients are met.

- Kaiser Permanente Northern California Region awarded \$45,000 to Contra Costa Regional Medical and Health Centers to support the Health Access for Kids (HAK) project, which manages the successful Children's Oral Health Program (COHP). HAK will increase enrollment of eligible, not yet enrolled children in public or private health coverage programs. Because many of the children enrolled in COHP are uninsured and likely eligible for subsidized coverage, HAK will utilize existing connections with these children and their families to help them enroll in coverage programs. In addition, HAK staff will target children from 20 Contra Costa County elementary schools whose school consent forms indicate that they are uninsured or identified as having emergency dental needs. HAK and COHP will work together to ensure that children obtain health care coverage and receive needed oral health care services.

2013 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.
3. Reduce disparities in HIV infection rates and AIDS prevalence among youth and African Americans 18 to 35.

2013 STRATEGIES UPDATE

1. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and Kaiser Permanente Child Health Plan); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.
2. Provide charity care through the MFA policy and maximize efficiencies.
3. Provide grant funding to support increased access for teens through school-based clinics.
4. Coordinate with Regional CB to assure access to services for people with HIV/AIDS.

MONITORING PROGRESS OF 2013 STRATEGIES

We will assess our success relative to these strategies and goals by monitoring community rates of insurance coverage and indicators of access to care; tracking the number of people enrolled in public programs, Kaiser Permanente Child Health Plan, and STEPS; tracking the number of individuals receiving MFA, the number of signed MFA agreements, the time to approve MFA awards, and the number of MFA applications screened; tracking grant dollars provided; collecting data on the number of teens seen in SBHCs that are supported by grant funding; and monitoring regional and local efforts to assure access to services for people with HIV/AIDS.

PRIORITIZED NEED II: OBESITY AND OVERWEIGHT

Obesity and overweight are health problems in themselves and contribute to several other debilitating health conditions. In West Contra Costa County, the rates of obesity and overweight are high for both adults and children. More than 56% of adults in Contra Costa County are obese or overweight, and more than 36% of WCCUSD 5th graders are overweight. Rates of obesity and overweight are highest for African Americans, Latinos, males, and students in low-income school districts in Contra Costa County.

2012 GOALS

1. Promote healthy eating and active living in community and institutional settings through systemic changes.
2. Promote and support healthy eating through educational interventions.

2012 STRATEGIES

1. Fund programs and policies that increase access to and consumption of water and healthier beverage choices.

2. Fund the development and implementation of policies and systems changes to promote physical activity in institutional, community, and/or outdoor recreational settings.
3. Fund programs and policies that increase support for breastfeeding among African American women.
4. Fund programs that support food retail outlets to offer healthier food and beverage choices in underserved areas.

TARGET POPULATION

Low-income individuals who are obese or overweight or who are at risk of being obese or overweight.

COMMUNITY PARTNERS

Community partners include CCISCO (Contra Costa Interfaith Supporting Community Organization), Community Clinic Consortium Serving Contra Costa and Solano Counties (the Consortium), Contra Costa County Family Service Center, Healthy and Active Before 5 (HAB45), Contra Costa Child Care Council, Playworks, Richmond Faith Collaborative, Urban Tilth, West Contra Costa Public Education Fund (the Ed. Fund), Bay Area Local Initiatives Support Corporation (LISC), West County HEAL (Healthy Eating, Active Living) Collaborative, and The California Endowment.

2012 YEAR-END RESULTS

- KFH-Richmond provided a \$10,000 grant to the Consortium to expand the Health Promoter Program at Lifelong Brookside Community Health Center to include an eight-week train-the-trainer program. Training component modules include information and skills-building activities about community health resources; obesity and diabetes prevention and management; HIV/AIDS education; the Patient Protection and Affordable Care Act; and the City of Richmond Health in All Policies strategy. The 13 health promoters also received hands-on cooking and nutrition education training based on the Cooking Matters program curriculum.
- KFH-Richmond and KFH-Oakland awarded \$15,000 to Playworks to support its East Bay project. In partnership with 32 low-income elementary schools that reach 14,000 children daily, Playworks delivers a program designed to improve the health and well-being of children by providing opportunities for physical activity and safe, meaningful play, before, during, and after the school day. Playworks' five components include organized recess activities; individual play and physical activity classes; before- and after-school programming; developmental sports leagues; and Junior Coaches, a youth leadership program that empowers hundreds of students to take ownership of their school experience by providing opportunities to be positive leaders during the school day. Playworks runs throughout the year and culminates in a daylong conference focusing on topics such as conflict resolution, time management, leadership qualities, healthy eating, and healthy lifestyles. In addition to increasing physical activity levels, Playworks strives to educate students about healthy eating choices through pilot garden projects and educational curriculum, and provides programming at schools where at least 51% of the students qualify for free or reduced lunches.
- KFH-Richmond provided \$10,000 to HAB45 to support its initiative to create healthy food and activity environments in neighborhoods and key children's institutions that motivate and support young children and families to adopt healthy behaviors and reduce obesity rates countywide. HAB45 staff have challenged their community partners to adopt at least one policy aimed at reducing childhood obesity and to "pledge the practice" by making changes in their everyday professional habits. To date, HAB45 has drafted four model policies: (1) no sugar-sweetened beverages or juices; (2) breastfeeding accommodation; (3) healthy foods and beverages; and (4) movement and play. HAB45 has achieved policy and practice change within 10 Richmond-serving partner agencies and a total of 28 new healthy policies countywide that reach approximately 8,255 children and 5,240 adults.
- Kaiser Permanente Northern California Region provided a \$1 million¹ grant (over three years; \$167,217 paid in 2012) to Bay Area LISC to support the 2011 HEAL Initiative, which has an overarching goal of getting people to eat better and move more as part of daily life. Kaiser Permanente's vision is that by the end of the three-year initiative, targeted communities will be visibly transformed and opportunities for engaging in healthy behaviors, such as bike lanes, farmers markets, clean and safe parks, and active after-school programs will be an intrinsic part of community life. That residents

¹ This grant was distributed from the Kaiser Permanente Fund for Community Benefit, a donor-advised fund established in late 2004 and administered by East Bay Community Foundation. Accordingly, the grant amount was not included in the Community Benefit totals for 2012 (Tables A, B, and 2).

will gain the knowledge and skills to make healthy choices and that changes in community social norms will support and encourage those choices are equally important. Over the course of the three years, all HEAL initiatives will undertake community-specific strategies that address the four common behavior change goals: decrease calorie consumption, increase fruit and vegetable consumption, increase physical activity in community settings, and increase physical activity in institutional settings. The goal is to reach all 16,943 residents within defined boundaries in Richmond's Iron Triangle, North Richmond, and Parchester Village neighborhoods. KFH-Richmond Community Benefit/Community Health Manager Erica Browne served as a member of the HEAL Collaborative providing TA and support as a liaison to Kaiser Permanente Northern California Region Community Benefit.

- KFH-Richmond awarded a \$50,000 strategic grant to Bay Area LISC to lead West County HEAL Collaborative's Healthy Beverage Education campaign. The campaign's goal was to increase education about sugar-sweetened beverages to reduce access to and consumption of those beverages while promoting consumption and access to healthy beverage alternatives. The HEAL Collaborative conducted educational outreach targeting 22 community partners and awarded mini-grants to more than 10 agencies to support training in nutrition and sugar-sweetened beverage education and workshop facilitation. The educational workshops engaged more than 300 community residents, including parents at Downer Elementary School, community residents at Pogo Park, and students at Richmond High School who produced a sugar-sweetened beverage education video with Richmond Youth Media Project.
- KFH-Richmond provided \$19,335 in grant funds and in-kind donations to CCISCO to support phase three of Richmond Faith Collaborative's A Taste of Health, which aims to provide health awareness workshops, resources, and activities to Richmond residents, empowering them to make healthier, well-informed decisions about their health and safety. A 12-week adult fitness and nutrition education program, A Taste of Health reached 15 adult participants who have suffered or are suffering from chronic illness. Activities included healthy food selection and preparation classes and low-impact physical fitness trainings. Program instructors provided participants with resources, information, and support to help reduce chronic illness.
- KFH-Richmond awarded a \$15,000 grant to Urban Tilth to support So Shall We Reap, a program that trains and employs young people to work with faith partners to plan, design, build, learn to maintain, and harvest kitchen gardens to promote healthy eating and active living. Conducted in partnership with the City of Richmond's Summer Youth Employment Program, So Shall We Reap helps Richmond and North Richmond congregations with their community kitchen gardens. To date, four young people have been employed: one project assistant, one youth apprentice, and two staff apprentices. At Bethlehem Missionary Church, eight planting beds were created and winter crops were harvested along with two berry beds and three fruit-bearing trees. The four youth staff make weekly announcements about the garden and help prepare How to Garden classes for the church's Health and Wellness Ministry, which serves the larger community. So Shall We Reap provides classes in gardening, health, cooking, and nutrition for partner communities.
- KFH-Richmond provided a \$10,000 grant to the Ed. Fund to help the Out-of-School Time (OST) initiative develop a comprehensive program plan to inform K–12 after-school and summer programs that reach approximately 30,000 WCCUSD students. Currently, OST programs provide more than 14,000 children with supervision during a time when they are at highest risk for participation in dangerous, unlawful, or antisocial behaviors, and increase students' attachment to school. As part of the OST initiative, WCCUSD, community-based organizations, city recreation departments, and other community members who provide program services to school district students were convened to form a collaborative network of providers. The network participated in training sessions and began developing a comprehensive plan to increase student participation in after-school and summer programs. Once implemented, the comprehensive plan will guide delivery of programs that have the potential to impact student violence, health and wellness, and academic performance.
- KFH-Richmond provided a \$5,000 grant to Contra Costa County Family Service Center to support the Afterschool Farmers' Market, a youth-inspired vegetable and fruit garden serving Richmond and San Pablo elementary students. The Contra Costa County after-school program incorporates strategies to prevent childhood obesity by fostering healthy lifestyles for children and their families. The Afterschool Farmers' Market serves more than 50 community residents through a weekly fruit and vegetable market stand, and provides nutrition education and physical activity opportunities for children participating in the after-school program's horticulture and gardening classes.

2013 GOALS UPDATE

Promote healthy eating and active living in community and institutional settings through systemic changes.

2013 STRATEGIES UPDATE

1. Fund programs that support food retail outlets to offer healthier food and beverage choices in underserved areas.
2. Fund programs and policies that increase access to and/or the consumption of water and healthier beverage choices.
3. Fund programs and policies that increase support for breastfeeding among African American women.

MONITORING PROGRESS OF 2013 STRATEGIES

We will assess our progress with respect to our goals and strategies by tracking grant dollars provided to support each strategy as well as the number of people reached by programs receiving grant funding, and monitoring and tracking in-kind support provided community partners.

PRIORITIZED NEED III: COMMUNITY VIOLENCE

Richmond has the highest rates of homicide and nonfatal assault hospitalizations in the county. The city accounts for more than 41% of homicides in the county, with a homicide rate that is more than four times the county rate. Homicides and nonfatal assaults tend to involve firearms (79% of homicides and 37% of nonfatal assault hospitalizations) and have a disproportionate impact on teens and young adults as well as on African Americans. Living in communities where violence is prevalent can result in an increased need for mental health services, both to mitigate the impact of the current violence and to prevent the continuation of violence as a strategy for resolving conflict or addressing social injustice.

2012 GOALS

1. Decrease violence among young men of color.
2. Decrease the psychological and emotional impact of violence on children and families.

2012 STRATEGIES

1. Provide grant funding to address the mental health needs of young men at risk for violence.
2. Investigate opportunities to implement Caught in the Crossfire pilot in the KFH-Richmond Emergency Department.
3. Provide grant funding for mental health services to children and families who are affected by violence.

TARGET POPULATION

African American families, youth, and children who are at risk for, participate in, or have been exposed to community violence.

COMMUNITY PARTNERS

Community partners include Bay Area Community Resources (BACR), Bay Area Legal Aid, Community Violence Solutions, Family Violence Law Center, STAND! For Families Free of Violence, City of Richmond Office of Neighborhood Safety, The California Endowment, and Youth Alive!

2012 YEAR-END RESULTS

- KFH-Richmond provided \$5,000 to Solar Richmond to support staff training, assessment, referrals, and collaborative case management services for the Brighter Futures and Sales and Marketing Internship, a vital part of the 16-week training program of East Bay Green Jobs Corps (EBGJC). EBGJC is collaboration of Solar Richmond, Rising Sun Energy, and Berkeley City College to provide underprepared young adults 18 to 24 with soft and hard skills training,

community college preparatory courses, and community service internships that, when combined, will move 40 young adults into high-growth green sector jobs.

- KFH-Richmond awarded \$15,000 to Early Childhood Mental Health Program for Los Buenos Padres (good parents), which provides two psychoeducational support groups: Familias Seguras (safe families) for Spanish-speaking mothers who have experienced or are experiencing domestic violence and Ser Papá (to be a father) for Spanish-speaking fathers with parenting or domestic violence issues. Parents receive culturally competent mental health services to address parenting and domestic violence issues. As a result of their participation, parents have seen a reduction in domestic violence and/or child abuse, learned nonviolent disciplinary techniques, learned to nurture their children's needs and development with patience, understood the demoralizing impact that violence has on their children, and received referrals for other needed family services. Familias Seguras served 14 mothers with a total of 18 group sessions, and Ser Papá has served nine fathers with a total of 22 group sessions.
- KFH-Richmond provided \$15,000 to YMCA of the East Bay—West Contra Costa Branch to support uninsured and underinsured students at JFK and Pinole Valley high schools who demonstrate a need for mental health services. Students receive individual/group/family counseling, information, referrals around grief and loss, and crisis intervention. Counselors work with students who need counseling but are ineligible for other on-campus Medi-Cal-funded counseling services and would not be served otherwise. Staff work closely with onsite law enforcement and school administration to identify students exposed to trauma and impacted by community violence, and recruit them into a range of youth development and leadership programs. To date, more than 230 students have been served by these mental health and youth development programs.
- KFH-Richmond awarded \$15,000 to The Wright Institute to support the Gompers Continuation High School Collaboration, which works to reduce the psychological and emotional impact of violence and trauma on Gompers' 150 students, who are primarily Latino and African American. The trauma-informed, evidence-based clinical services provided by Wright Institute graduate students are designed to help young people and their families cope with the anger and pain that drives much of the violence, and to build healthy, supportive relationships, regulate emotional states, and exercise good judgment. The collaboration also includes the Bay Area Peacekeepers' gang-violence prevention program, which provides young people with the information, support, mentoring, and community resources needed to step away from violence. To date, the program has provided 25 students with individual counseling and 35 with support groups, including Men's Group, Sister Circle, and Get Your Life Group. Program staff also work closely with school administrators and teachers to develop trauma-informed policies and procedures (e.g., discipline process, classroom management practices, establishment of advisory group). Numerous classroom observations were conducted to inform implementation of restorative practices on campus, and two teacher trainings on the cost of caring and teacher self-care were provided.
- KFH-Richmond a \$15,000 grant to Rubicon Programs to support its Re-entry and Violence Prevention Initiative, which provides comprehensive economic empowerment and support services to prevent recidivism among homeless and re-entry populations across Alameda and Contra Costa counties. Rubicon provides job readiness training, including one-to-one career coaching, interviewing techniques practices, résumé preparation, and suggestions for networking along with substance abuse assessment treatment plan and counseling services. Collectively, these services ensure that clients are successful in attaining economic self-sufficiency and are able to create stable lives after incarceration. To date, more than 250 clients with past convictions have been served; 92 were placed in jobs and 10 received substance abuse and counseling services.
- KFH-Richmond provided Terrance Kelly Youth Foundation \$10,000 to support its E.A.G.L.E.S. (Education Allows Growth, Leadership, Empowerment, and Success) violence prevention program for young men 12 to 16. E.A.G.L.E.S. is a five-week comprehensive preventive intervention approach designed to prepare youth to make informed, deliberate life choices. The program provides interactive processes that develop leadership skills and heighten awareness and resilience, while honoring the experience and emotional development of youth. To date, the program has served 25 young men through volunteer placement, mentorship, and skills building activities. Parents were also engaged in a series of focus groups designed to improve communication and build healthy adult relationships.
- KFH-Richmond provided \$15,000 to Making Waves Foundation to support mental health services for its Wave-Makers program for low-income students and families touched by violence. The program provides free psychological counseling

and crisis intervention services, physical health and wellness resources, student-focused educational workshops, and extensive training to educators on how to identify the early warning signs of mental health issues. To date, the program has served 50 college students, 400 middle school students, and 220 high school students.

2013 GOALS UPDATE

1. Reduce family and community violence among youth, especially young men of color.
2. Decrease the psychological and emotional impact of violence on children and families.

2013 STRATEGIES UPDATE

3. Fund mental health and case management programs for youth experiencing family and/or community violence.
4. Fund restorative justice programs designed to reduce violence and conflict and promote community healing.

MONITORING PROGRESS OF 2013 STRATEGIES

We will assess our progress with respect to these strategies and goals by tracking grant dollars awarded and number of young men, children, and families reached through grant-funded mental health programs; monitoring community indicators of violence; and tracking and evaluating the impact of Caught in the Crossfire on victims of violence seen in the KFH-Richmond ED.

PRIORITIZED NEED IV: CHILDHOOD ASTHMA

Richmond, Hercules, and Pinole have rates of childhood asthma hospitalization that are significantly higher than the overall county rate. Childhood asthma can be managed, and acute attacks requiring hospitalization can largely be avoided, but the data indicate that this is not happening in these cities. Data also show disproportionately high rates of childhood asthma hospitalization among African Americans.

2012 GOAL

Improve asthma management in African American families.

2012 STRATEGIES

1. Work with schools to share Kaiser Permanente's clinical expertise and materials related to asthma management at home and at school.
2. Explore opportunities to participate in and support community advocacy efforts to prevent and reduce the environmental factors contributing to asthma incidence and severity.

TARGET POPULATION

African American families in which children have been diagnosed with or are at risk for asthma.

COMMUNITY PARTNERS

Community partners include Prescott-Joseph Center for Community Enhancement and Alameda County Asthma Coalition.

2012 YEAR-END RESULTS

- KFH-Richmond and KFH-Oakland provided \$15,000 to Prescott-Joseph Center for Community Enhancement for its Northern California Breathmobile, a sustainable, accessible, community-wide asthma management program that shifts acute episodic cases to regular preventive care in accordance with national standards. A traveling asthma clinic staffed by asthma specialists, doctors, nurse practitioners, registered nurses, and respiratory therapists, the Breathmobile visits pre- and K-12 schools every four to six weeks, providing free full-service asthma evaluations, treatments, medications,

and education. Every patient leaves with an asthma action plan, medication, or the means to obtain medication. Patients are also referred to Healthy Homes, a project in which outreach workers inspect homes for asthma triggers and toxic products. To date, the Breathmobile has seen 283 asthma patients at various schools in Alameda and West Contra Costa counties, resulting in a 95% reduction in asthma-related emergency room visits, from 247 (baseline first year) to 11 (presently); a 96% reduction in asthma-related hospitalizations, from 92 (baseline first year) to four (presently); and a 94% reduction in school absenteeism, from 613 to 38. It is estimated that 1.4 million health care dollars were saved.

- KFH-Richmond and KFH-Oakland provided \$5,000 to Alameda County Asthma Coalition (fiscal agent, Children's Hospital Foundation Oakland) to support Camp Breathe Easy 2012, which provided 81 asthmatic children 8 to 13 with a summer camp opportunity that they might not otherwise have had owing to their asthma. In addition to classic summer camp activities such as swimming, sports, and arts and crafts, campers received asthma self-management skills education in two group sessions. This information was re-enforced during an asthma education carnival that gave campers the chance to use their asthma knowledge as they participated in asthma-specific games. In addition, 72 parents who attended the camp received education regarding asthma medications, devices, resources, and other self-management tools. The supportive environment allows campers, who reside primarily in Oakland, Richmond, and the surrounding areas, to discuss the social and psychological hurdles related to living with asthma.

2013 GOALS UPDATE

1. Reduce the disparity in asthma-related emergency room visits for African American and Latino children and youth.
2. Reduce the disparity in asthma hospitalizations for African American and Latino children and youth.

2013 STRATEGIES UPDATE

1. Funds programs that provide asthma assessments and self-management education.
2. Fund programs that provide assessment and mitigation of household asthma triggers.

MONITORING PROGRESS OF 2013 STRATEGIES

We will assess our progress with respect to these strategies and goals by tracking the number of contacts made to schools and materials and expertise on asthma management provided as a result of those contacts; and monitoring opportunities and actions to advocate for reducing the environmental factors contributing to asthma incidence and severity.

PRIORITIZED NEED V: PERINATAL HEALTH

Rates of fetal death among African Americans are almost two times the overall county rate. Rates of infant death are almost three times those for the county overall. African Americans and Richmond residents also have the highest rates of low-birth-weight babies in the county. Only 81% of African Americans, 85% of Richmond residents, and 84% of San Pablo residents received early prenatal care.

2012 GOAL

Improve rates of fetal and infant survival among African Americans.

2012 STRATEGIES

1. Fund local collaborative efforts that focus on creating the conditions for healthy pregnancies and healthy infants.
2. Provide leadership and TA to community collaborative efforts focused on improving health outcomes and infant survival, including Fetal and Infant Mortality Review (FIMR) and others.

TARGET POPULATION

Pregnant and likely-to-get pregnant African Americans.

COMMUNITY PARTNERS

Community partners include Ujima Family & Recovery Services, Brighter Beginnings, and Contra Costa Health Services.

2012 YEAR-END RESULTS

- KFH-Richmond provided \$15,000 to Ujima Family Recovery Services to support its West County perinatal programs, which provide mothers and pregnant women with substance abuse treatment, health education, and links to medical and support services to help them remain sober and increase healthy birth outcomes. Ujima offers a three-month residential and six-month intensive outpatient treatment program in West Contra Costa. Both programs provide individualized, culturally sensitive, gender-responsive treatment that addresses each woman's pathway to drug and alcohol use, the consequences of her use, and her own motivation for treatment. Each client receives child care, transportation, and bilingual services as needed. To date, Ujima has served 82 women of various ethnicities and will serve approximately 160 women by the end of the program.
- KFH-Richmond provided \$15,000 to Brighter Beginnings for its Bright Start Program, a collaboration with Contra Costa Health Services that integrates the Centering model of group health care for pregnant women and the parent support models of Black Infant Health (BIH) and Nurturing Parenting into an evidenced-based medical (prenatal and postnatal) centering program. Bright Start supports African American and Latina pregnant and parenting mothers, teen parents, and community partners in Richmond through a 10-session pregnancy and 10-session parenting curriculum. Integration of the Afrocentric BIH curriculum with the Centering model was well received by participants, and a Spanish-speaking group that integrates Nurturing Parenting with Centering pre- and postnatal care will be piloted in Richmond. To date, 16 African American women have been enrolled in Golden Start, the BIH/Centering integration group; 15 pregnant Latinas will be enrolled in the Richmond pilot.

2013 GOALS UPDATE

1. Increase the number of pregnant women receiving early prenatal care.
2. Promote healthy birth outcomes using the life course framework.

2013 STRATEGIES UPDATE

1. Fund programs that provide case management.
2. Fund efforts to work with pregnant women to maintain abstinence from drugs, smoking, and alcohol.
3. Fund programs that promote and support male/partner involvement in the prenatal care experience.

MONITORING PROGRESS OF 2013 STRATEGIES

We will assess our progress with respect to these strategies and goals by tracking the grant dollars provided and the number of individuals reached through funded programs, and monitoring community data regarding fetal and infant deaths and implementation of collaborative program priorities.

Table 1

KAISER FOUNDATION HOSPITAL-RICHMOND

2012 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: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 1,419 |
| Medi-Cal Managed Care members | 4,127 |
| Healthy Families Program members | 2,864 |
| Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) ¹ members | 71 |
| Operation Access – number of procedures (including general surgery, colorectal) | 25 |
| Operation Access – number of medical volunteers | 38 |
| Operation Access – number of medical volunteer hours | 203 |
| Health Research projects (new, continuing, and completed) | 1 |
| Nursing Research projects (new, continuing, and completed) | 3 |
| Educational Theatre Programs – number of performances and workshops | 56 |
| Educational Theatre Programs – number of attendees (students and adults) | 9,781 |
| Graduate Medical Education – number of programs | 2 |
| Nurse practitioner and other nursing training and education beneficiaries | 13 |
| Deloras Jones nursing scholarship recipients | 1 |
| Other health professional training and education (non-MD) beneficiaries | 15 |
| Summer Youth and INROADS programs participants | 2 |
| Number of 2012 grants and donations made at the local and regional levels ² | 105 |

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

²The vast majority of regional grants impact three or more local hospitals. As such, a single regional grant may be included in the "Number of 2012 grants and donations" count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-RICHMOND

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$9,086,847 |
| Healthy Families ² | 912,942 |
| Charity care: Charitable Health Coverage programs ³ | 1,056,154 |
| Charity care: Medical Financial Assistance Program ⁴ | 1,527,450 |
| Grants and donations for medical services ⁵ | 392,609 |
| Subtotal | \$12,976,003 |
| Other Benefits for Vulnerable Populations | |
| Summer Youth and INROADS programs ⁶ | \$9,717 |
| Grants and donations for community-based programs ⁷ | 602,423 |
| Community Benefit administration and operations ⁸ | 321,227 |
| Subtotal | \$933,368 |
| Benefits for the Broader Community⁹ | |
| Community health education and promotion programs | \$9,139 |
| Educational Theatre Programs | 243,348 |
| Facility, supplies, and equipment (in-kind donations) ¹⁰ | 1,995 |
| Community Giving Campaign administrative expenses | 6,030 |
| Grants and donations for the broader community ¹¹ | 46,755 |
| National board of directors fund | 13,854 |
| Subtotal | \$321,121 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$0 |
| Non-MD provider education and training programs ¹² | 361,887 |
| Grants and donations for the education of health care professionals ¹³ | 21,722 |
| Health research | 2,328,751 |
| Subtotal | \$2,712,360 |
| Total Community Benefits Provided | \$16,942,851 |

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.

KAISER FOUNDATION HOSPITAL (KFH)-RIVERSIDE

10800 Magnolia Avenue
 Riverside, CA 92505
 (951) 353-2000

The KFH-Riverside service area includes Aguanga, Corona, Homeland, Indio, Lake Elsinore, Murrieta, Menifee, Norco, Palm Desert, Palm Springs, Riverside, Romoland, Sun City, Temecula, Wildomar, Winchester, and Yucca Valley.

COMMUNITY SNAPSHOT (2010 COMMUNITY HEALTH NEEDS ASSESSMENT FOR KFH-RIVERSIDE AND KFH-MORENO VALLEY)

| | |
|-------------------------------|-----------|
| Total population: | 2,106,294 |
| Median household income: | \$55,352 |
| Percentage living in poverty: | 9.3% |
| Percentage unemployed: | 15.3% |
| Percentage uninsured: | 28% |

| | |
|-----------------------------|-----|
| Latino: | 44% |
| White: | 41% |
| African American: | 6% |
| Asian and Pacific Islander: | 6% |
| Other: | 3% |

KEY FACILITY STATISTICS

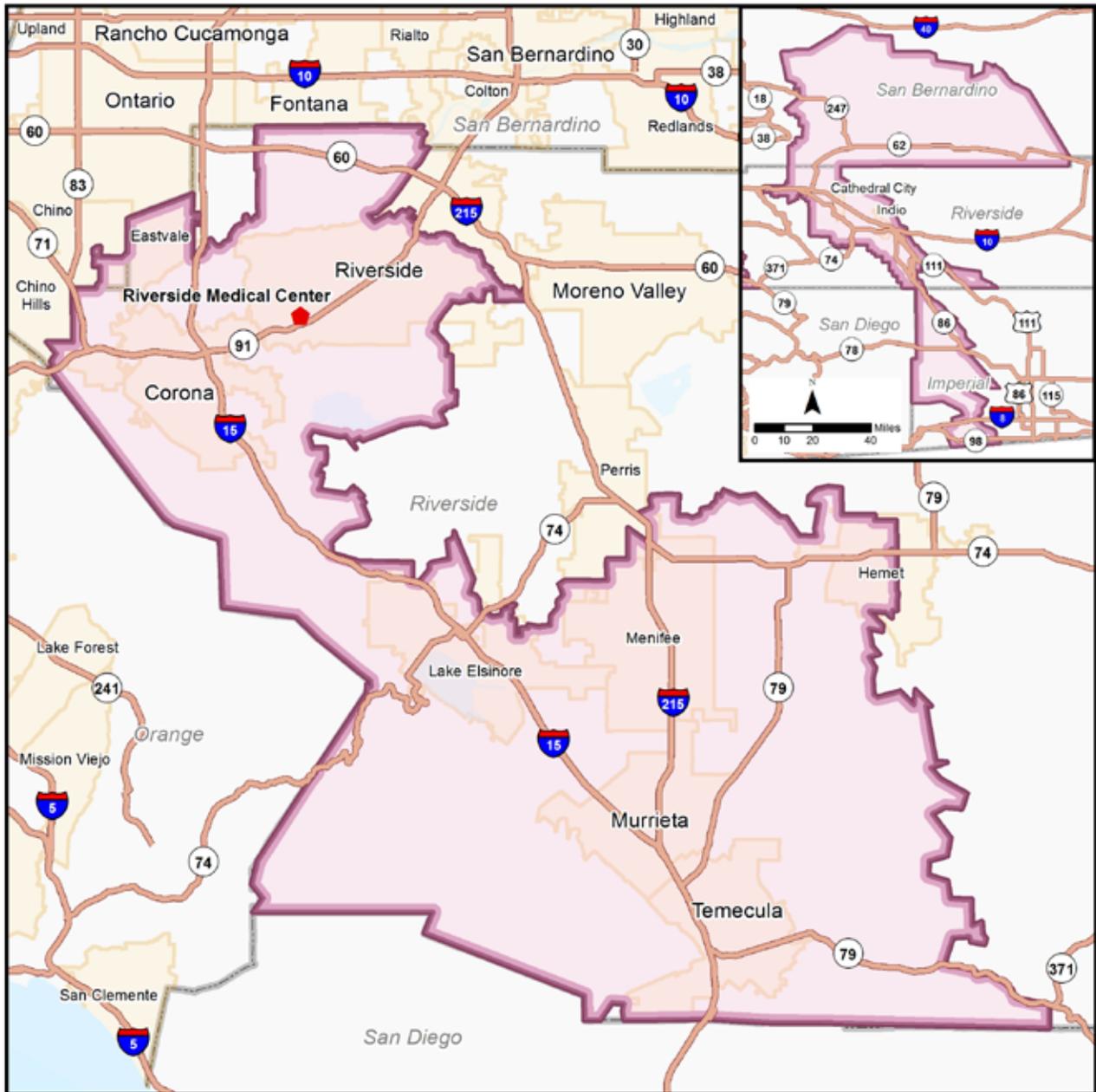
| | |
|-------------------------------------|---------|
| Year opened: | 1989 |
| KFH full-time equivalent personnel: | 1,095 |
| KFHP members in KFH service area: | 254,369 |

| | |
|------------------------|--------|
| Total licensed beds: | 226 |
| Inpatient days: | 54,001 |
| Emergency room visits: | 39,313 |

KEY LEADERSHIP AT KFH-RIVERSIDE

| | |
|------------------------|--|
| Vita Willett | Executive Director |
| Richard Rajaratnam, MD | Area Medical Director |
| Jill Duplechan | Chief Administrative Officer |
| Robin Mackenroth | Chief Operating Officer |
| Lorna Curtis | Area Chief Financial Officer |
| Karen Roberts | Senior Director, Public Affairs and Brand Communications |
| Cecilia Arias | Community Benefit Health Manager |

KFH Riverside Medical Center Service Area*



- ◆ KFH Medical Center
- County Boundary
- KFH Medical Center Area
- Cities and Towns

*This map represents the community served by the KFH for purposes of conducting the Community Health Needs Assessment.

Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
 Maps Produced by: the Institute for People, Place & Possibility (IP3)
 and the Center for Applied Research and Environmental Systems (CARES), May 2013.



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

KFH-Riverside conducted the 2010 CHNA for Riverside County on behalf of KFH-Riverside and KFH-Moreno Valley in collaboration with the Advancement Project's Healthy City, and Special Service for Groups. The process included qualitative and quantitative data collection. The primary data collection (qualitative) aimed to identify the unmet health needs of the community and underserved populations through the guidance of community input for prioritizing these needs. The primary data collection utilized focus groups and stakeholder interviews from a wide range of backgrounds. Participants included physicians and health care delivery personnel, public health experts, county public health officers, direct service providers, community resource centers, health care organizations, public officials, faith-based organizations, and community-based nonprofit organizations.

In addition, two Master of Public Health interns provided support in the collection of primary data in the form of community resident and provider surveys that covered three areas: community health needs, barriers to health and wellness, and community assets. Community surveys were administered at five strategically located Department of Motor Vehicle (DMV) sites throughout Riverside County: Coachella Valley (Palm Springs), Central Riverside (Riverside/Moreno Valley), East Riverside (Hemet), West Riverside (Norco), and South Riverside (Temecula). The 441 survey responses (both in English and Spanish) helped to assess the health needs and assets of the community through the eyes of a random sample of community members on topics such as perception of health needs; environmental factors affecting health; and access to fruits, vegetables, parks, and health services. An online survey was also administered. Quantitative secondary data sets were collected from a variety of sources including, but not limited to, California Office of Statewide Health Planning and Development, California Department of Public Health, and California Health Interview Survey (CHIS).

Riverside County's population has seen tremendous growth in the last 20 years. Between 1999 and 2010, it nearly doubled and grew far more rapidly than the statewide average. The county's service area population is 44% Latinos, 41% Caucasians, African Americans (6%), Asian Pacific Islanders (6%), and other races/ethnicities (3%). Although the majority of the population is Latino, 62% of residents identified English as their language at home, followed by Spanish at 32.8% in 2010. An estimated 43.6% of households have children. About 30% of those households are single-parent homes, the majority headed by mothers. Riverside County also experienced a dramatic rise in unemployment between 2007 and 2010. The California Employment Development Department estimated unemployment at 15.3% in August 2010, an 8.6% point increase from the figure in August 2007 and substantially higher than the statewide rate of 12.4%.

KEY FINDINGS FROM THE 2010 CHNA

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

Uninsured and Access to Health Care:

- In 2007, CHIS estimated a slight increase in the proportion of uninsured, rising to an estimated 22.6% of Riverside County residents 0 to 65, compared to the 2005 rate of 21.7%.
- Community providers reported that funding cuts have made many services less accessible or even entirely unavailable. In particular, they cited the lack of primary and specialty care services, mental health, dental services, and in-home support programs for the elderly as being affected the most.
- Early prenatal care has declined in the service area. Unfortunately, teen mothers under 15 were the least likely (41.7%) to begin prenatal care during their first trimester. Women of all ages in Riverside County fall short of the Healthy People 2010 target of 90% receiving early and adequate prenatal care.

Chronic Disease:

- Cancer and heart disease remained the leading causes of death in Riverside County in 2006–2008. On average, 22.8% of people in Riverside County died from some form of cancer, followed closely by heart disease at 21.9%.

- Compared to California, Riverside County has a higher age-adjusted mortality rate for the following diseases: heart disease, chronic lower respiratory disease, diabetes mellitus, cerebrovascular disease, suicide, HIV/AIDS, and unintentional injuries. The overall mortality rate for Riverside County was also higher than the statewide rate, as were the rates for lung cancer, cervical cancer, and colon cancer.
- Mortality rates increased in Riverside County but decreased slightly for the state overall. In the service area, the number of deaths from diabetes increased sharply for those 35 to 44 and reached its peak for those 75 to 84.
- Diabetes prevalence was higher in much of the service area, with the highest prevalence estimated in parts of Indio, Palm Springs, the southern part of Yucca Valley, northern Riverside, Corona, and the western part of Wildomar region.

Mental Health:

- CHIS estimated that 220,000 people, about 15.8% of total population 18 and older, in Riverside County needed help for mental health care due to mental problems or use of alcohol/drugs. Of the 220,000 who self-reported as needing mental health care, 37.2% did not receive any treatment.
- In Riverside County, an estimated 81.2% of those who needed mental health services but did not receive treatment were uninsured.
- Findings from focus groups and interviews reveal that dementia and depression have been on the rise. In the provider survey, the majority of respondents identified mental health as a health condition requiring urgent attention.

Obesity:

- The estimated prevalence of obese/overweight adults in Riverside County (63.8%) was higher than for California overall (58.4%).
- According to a 2009 report by the Riverside County Department of Public Health, nearly one in three public school students in grades 5, 7, and 9 is overweight. Meanwhile, nearly half of all students are overweight in the worst-ranking zip codes (Palm Springs and Coachella).
- Community residents and providers suggested that many structural issues challenge people's ability to maintain a healthy weight, including geographic factors (overreliance on car transportation), air pollution, lack of community safety, prevalence of fast-food restaurants and liquor stores, lack of access to affordable fresh fruits and vegetables, and lack of youth physical activity programming (both in schools and in the community).
- Exclusive breastfeeding rates were much lower in Riverside County, at just 54% of mothers. White mothers were the most likely to breastfeed exclusively, with rates of 67.2% in the county and 70.0% in the state. African American and Latina mothers had the lowest rates of exclusive breastfeeding, with 46.6% and 49.1% in the county and 41.0% and 40.1% in the state, respectively.

Food Security, Community Safety, Domestic Violence, Child Abuse, and Neglect:

- Riverside County and California have experienced similar turbulence in food security rates since 2001, ending with a drop in food security reported in 2007, when 64.6% of the population 18 and older living at 200% of the federal poverty level (FPL) or less indicated that it had the ability to afford enough food.
- In 2006, 674 deaths were due to accidental and unintentional injuries in the service area. The largest number of deaths was among those 45 to 54 (rate of 17.4% per 10,000 persons), followed by those 15 to 24 (rate of 17.7% per 10,000 persons).
- In the service area, 9 out of 23 cities reported higher rates of domestic violence calls than the county average of 29 calls per 10,000 persons. The cities are Hemet (73.3), Desert Hot Springs (53), Palm Springs (44.8), Perris (36.5), Twentynine Palms (36.3), Indio (35.2), Lake Elsinore (32.1), and Riverside (31.8).

- Rates of substantiated child abuse and neglect remain high in Riverside County (11.2 cases per 1,000 children) than in California overall (9.7 cases per 1,000 children). In 2008, 6,763 cases of child abuse and neglect were reported in Riverside County.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-RIVERSIDE SERVICE AREA

1. Access to health insurance coverage and health care services
2. Health education and promotion, especially for chronic diseases
3. Support for the family structure

2012 YEAR-END RESULTS

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

For the 2010 CHNA, data for Riverside County indicated that more than 22% of county residents were uninsured. UCLA Center for Health Policy Research points to a substantial increase in uninsured rates for Riverside County. Community survey data indicated that affordability of care was the most common barrier to accessing health care. Community providers were surveyed to identify key issues regarding barriers to health care. Health care cost is the most frequently cited barrier, followed by no insurance or not eligible for insurance, transportation challenges, lack of knowledge of existing services, and a mistrust of health care systems and providers. There were 10,143 mental illness hospitalizations in the Riverside area. Service area and county hospitalization rates (5.1 and 5.3 hospitalizations per 1,000 persons, respectively) were higher than the state rate (4.7 per 1,000 persons). In 2007, 37.7% of Riverside County adults reported having no dental coverage in the past year and 7.4% had dental coverage for part of the year, compared to state rates of 33.7% and 7.2%, respectively.

2012 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.
3. Provide support for community clinics to build capacity for improving access and quality care infrastructure.

2012 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 grants that support organizations to increase capacity to provide primary care, mental health, and dental services.
4. Collaborate with safety-net providers and government entities to increase access to primary, specialty, mental health, and dental care services.
5. Provide in-kind donations of surplus hospital equipment, medical supplies, and office furniture.

TARGET POPULATION

The uninsured, underinsured, medically indigent, and low-income children, youth, families, adults, and seniors.

COMMUNITY PARTNERS

Community partners include Riverside County Regional Medical Center (RCRMC); Riverside County Department of Public Health; Borrego Community Health Foundation (BCHF); Clinicas de Salud del Pueblo; Riverside Community Health Foundation; Urban Community Action Project/Path of Life Ministries; Riverside County Medical Association/Project K.I.N.D.; Coachella Valley Volunteers in Medicine; Community Health Systems, Inc.; Alternatives to Domestic Violence; Family Services of the Desert; Jewish Family Services of the Desert; Martha's Village and Kitchen; Michelle's Place; My Family, Inc. (MFI) Recovery; Quinn Community Outreach; Neighborhood Healthcare; Oak Grove Institute Foundation; Science and Technology Partnership; United States Veterans Initiative; Whiteside Manor; Alvord Unified School District; Riverside Unified School District; and Riverside Community College nursing program.

2012 YEAR-END RESULTS

- Kaiser Permanente Southern California Region funded Quality Improvement projects for safety-net organizations to build stronger programs and infrastructure that improves service for patient populations at risk of racial and ethnic health disparities, with special focus on improved management of chronic conditions and patient outcomes. In 2012, the

County of Riverside received a \$150,000 grant to implement process improvements that can positively impact quality initiatives including nurses to facilitate both sepsis detection/management and surgical site infection prevention.¹

- KFH-Riverside partnered with Borrego Community Health Foundation and Social Action Community Health Systems to coordinate Community Surgery Day, a Kaiser Permanente Southern California Region initiative to increase specialty care access for uninsured patients. On October 20, 2012, 13 low-risk surgeries (hernia repair, gall bladder removal, tonsillectomy, lymphoma removal, and orthopedic procedures) were successfully performed. In addition, 11 uninsured patients were identified and selected to receive a colonoscopy screening. Southern California Permanente Medical Group (SCPMG) surgeons Geoffrey Griffiths, MD, Orthopedics; Matthew Sherman, MD, General Surgery; Nicole Baril, MD, General Surgery; Murtaza Kharodawala, MD, Head, Neck Surgery; Emily Phan, MD, Gastroenterology; and Jack Pyne, MD, Gastroenterology, along with 70 nurses and other staff, volunteered their time to make this day a success. The estimated value of the procedures was approximately \$188,762.
- A \$25,000 grant to Clinicas de Salud del Pueblo enables the clinic to provide a team of trained Community Health Workers to enroll eligible low-moderate and uninsured individuals into Medi-Cal and other insurance plans and promote the use of preventive health and dental screenings at the two clinic sites in Coachella and Mecca. The Community Health Workers gain the trust of community members by providing presentations at churches and local community venues and via door-to-door outreach in housing developments, trailer parks, and community neighborhoods.
- Whiteside Manor received a \$25,000 grant for its Dually Diagnosed Program that addresses issues of co-occurring substance abuse and mental illness among homeless individuals. The program provides supportive housing and residential treatment, including detoxification, mental health assessment, treatment plan and continuing care plans, relapse prevention, counseling, and case management.
- Neighborhood Healthcare received a \$16,294 grant that focuses on establishing a Patient Centered Medical Home model at their Temecula clinic. The goal is to improve patient care and experience and prepare for Health Care Reform by creating patient care teams, redefining staff roles and incorporating use of an electronic medical records system in the delivery of care.
- KFH Riverside, in partnership with physicians from SCPMG, Riverside Unified School District, Alvord Unified School District, and the University of California, Riverside (UCR), mentored 61 middle school students in the Hippocrates Circle Program. The Hippocrates Circle Program's mission is to strengthen young people's self-esteem and to empower them to pursue the goal of becoming a physician. In 2012, 11 physician mentors provided youth from underrepresented communities and diverse backgrounds with the awareness that a career as a physician is possible. Program participants interact with practicing physicians during their fellowship, including orientations for parents and students, a KFH-Riverside tour, a tour of the UCR campus and biomedical department, and a financial aid seminar.
- KFH Riverside provided in-kind donations of hospital and medical equipment, office furniture, and medical supplies to Borrego Community Health Foundation; Community Health Systems, Inc.; Family Service Association; Oak Grove Institute Foundation; Urban Community Action Projects; Coachella Valley Volunteers in Medicine; Boys & Girls Club of Redlands; Blindness Support Services; Corona-Norco Family Young Women's Christian Association; Latino Center for Prevention & Action In Health & Welfare; St. Jeanne De Lestonnac Free Clinic; Olive Crest Treatment Center; and United States Veterans Initiative. The in-kind process is made possible through the collaboration of KFH-Riverside Finance, Community Benefit, Facilities Management, Materials Management, and Construction departments.
- Kaiser Permanente Southern California Region has funded care- and coverage- related grants to increase access to affordable, quality health care and health insurance coverage for low-income, uninsured and underinsured individuals and families in our communities. California Coverage and Health Initiatives, a project of Tides Center, received a grant for \$50,000 to support the core operations of the association as it advocates for children's access to health coverage on a statewide and regional level through the aligned work of the 24 county-based Children's Health Initiatives.

¹ This grant was distributed from the Kaiser Permanente Southern California Charitable Contribution Fund, a donor-advised fund administered by the California Community Foundation. Accordingly, the grant amount was not included in the community benefit totals for 2012 (Table A, B and 2).

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

The progress of KFH-Riverside's action plan will be monitored through site visit documentation, grantee year-end reports, program outcomes, the number of persons served, program evaluation, and community partnership activities. To assess the progress and success in achieving the stated goals, the following indicators will be used: the number of grants awarded, total dollars provided in grants, the number of collaborating partners, the number of people receiving charity care services, Kaiser Permanente Child Health Plan and STEPS members, and the number of individuals receiving MFA.

PRIORITIZED NEED II: HEALTH EDUCATION AND PROMOTION, ESPECIALLY FOR CHRONIC DISEASES

The 2010 CHNA for the KFH-Riverside service area again demonstrated the need for information, education, and other resources to manage and treat chronic health conditions. In focus groups and interviews, obesity was often cited as a major health issue in the area and as a contributor to chronic conditions like diabetes. The estimated prevalence of a diabetes diagnosis in Riverside County nearly doubled between 2003 and 2007. The overall rate of hospitalizations for uncontrolled diabetes in the service area, 1.1 per 10,000, was slightly higher than the state rate, 0.9 per 10,000. In 2006–2008, cancer and heart disease remained the leading causes of death in Riverside County, at 22.8% and 21.9%, respectively.

Hospitalization rates for ambulatory care-sensitive conditions for children, adults, and seniors indicated that asthma in those 65 and older and uncontrolled diabetes in adults 18 to 64 did not meet Healthy People 2010 objectives. This measure is for conditions for which good out-patient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.

In 2007, more than 46% of children 5 to 11 in Riverside County ate five or more servings of fruits and vegetables daily. In comparison, only 18.5% of adolescents 12 to 17 were the least likely to have consumed five or more servings. Community participants identified reduced access to affordable, healthy fruits and vegetables as an important barrier to a healthy diet.

In 2007, 63.1% of adolescents 14 to 17 reported engaging in vigorous physical activity at least three days per week, down from 70.9% in 2005. These percentages fall short of the Healthy People 2010 goal of 85%. In the adult population, 18% reported regular vigorous physical activity, 18% reported moderate physical activity, and more than 60% indicated some or no physical activity on a regular basis.

2012 GOALS

1. Improve the management of diabetes, obesity, asthma, cancer, and cardiovascular diseases.
2. Increase capacity for the delivery of chronic disease (diabetes, obesity, cardiovascular disease, cancer, and HIV/AIDS) prevention, education, direct service, and support programs for the uninsured.
3. Increase physical activity in schools, work sites, and community settings.

2012 STRATEGIES

1. Provide grants to safety-net providers, community health centers, faith-based groups, and government or other community-based organizations to address chronic conditions in the community.
2. Support culturally and linguistically appropriate health education, nutrition, and wellness programs in the management of chronic diseases.

3. Support Kaiser Permanente's HEAL (Healthy Eating, Active Living) initiative.
4. Provide in-kind support (health education materials, tools, and training opportunities) for chronic disease management.
5. Promote Educational Theatre's healthy eating programs at local schools.

TARGET POPULATION

Low-income families, children, adults, and seniors who have or are at risk for developing obesity, diabetes, cardiovascular diseases, asthma, HIV/AIDS, or cancer.

COMMUNITY PARTNERS

Community partners include City of Riverside Parks, Recreation and Community Services Department; Desert Recreation District; Riverside County Health Coalition, Riverside Community Action Partnership, 100 Mile Club; Boys & Girls Club of Redlands; Boys & Girls Clubs of Southwest County; City of Jurupa Valley/Reach Out West End; Eddie Dee Smith Senior Center; El Sol Neighborhood Educational Center; Family Service Association; John F. Kennedy Memorial Foundation; Community Settlement Association; Inland Counties Health Systems Agency/Inland Agency; Riverside Community Health Foundation; Student-Run Health Clinic; Palm Springs Cultural Center; THINK Together; and The Healthy Heritage Movement.

2012 YEAR-END RESULTS

- A \$20,000 grant to John F. Kennedy Memorial Foundation's Pediatric Clinic and Home Visitation program provides an obesity prevention and intervention health education module to low-income families of the Coachella Valley. The goals of the program include developing family goals to promote healthy lifestyles and improving parental knowledge, attitudes, behaviors, parenting skills, and resources to reduce body mass index measurements.
- The City of Jurupa Valley, in partnership with Reach Out West End, received a grant for \$15,000 for a policy-based approach to increase access to healthy eating and active living for adults and youth in Jurupa Valley through multi-sectarian planning, environmental strategies, and community-based advocacy. The Healthy Jurupa Valley Initiative will promote safe and healthy environments for healthy choices to be the easy choice. Community members, schools, government, and faith-based and nonprofit representatives contribute in establishing comprehensive long-term health strategies in the city's General Plan.
- Riverside Community Health Foundation received a \$15,000 grant for the Start R.I.G.H.T. (Riverside Is Getting Healthy Together) Campaign and Challenge. The large-scale public awareness campaign encourages residents to participate in a yearly challenge to exercise regularly, works with local restaurants to establish healthy menu options, and monitors participation using web-based tools.
- In 2012, Kaiser Permanente Southern California Region's Operation Splash initiative provided grants to support swimming lessons and water safety in underserved areas. In the KFH-Riverside area, the City of Riverside received \$55,000 and educated 3,671 aquatic participants and their parents on the adverse health effects of sugar-sweetened beverages with the ReThink Your Drink campaign. The Desert Recreation District received \$50,000 and provided 1,990 swim day passes, taught 1,922 persons how to swim, and trained 161 youth in a Junior Lifeguard Program.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

The progress of KFH-Riverside's action plan will be monitored through site visit documentation, grantee year-end reports, program outcomes, the number of persons served, program evaluation, and community partnership activities. To assess the

progress and success in achieving the stated goals, the following indicators will be used: the number of grants awarded, total dollars provided in grants, and the number of collaborating partners.

PRIORITIZED NEED III: SUPPORT FOR THE FAMILY STRUCTURE

The health and well-being of families is of critical importance, reflects the current health status of individuals and local communities, and serves as an important indicator of the health of the next generation. The effects of poverty on health have been well documented. Being raised in poverty places children at risk for environmental toxins, inadequate nutrition, parental substance abuse, trauma and abuse, exposure to violent crimes, and low-quality child care. As adolescents, poor youth are more likely to suffer from mental health problems, including depression; experiment with smoking and sexual activity at a very young age; and have poor academic outcomes. People who live in poverty are more likely to have asthma, diabetes, heart disease, or a disability.

Healthy City developed a High Need Index (HNI) that measures the percent of families in poverty, adults 25 and over without a high school diploma or equivalent, unemployed, homicide rate, and births to teen mothers. The cities of Indio, Palm Springs, and Yucca Valley showed concentrations of the highest need. In addition, based on Healthy City's HMI analysis, the southern part of Wildomar and Temecula also had relatively high need. Food-insecure households are sometimes faced with making challenging decisions to survive, balancing nutritional needs with other basic needs, such as housing, utilities, and transportation. Food security or lack of quality foods is associated with a number of serious health, behavior, and cognitive deficits. In Riverside County, approximately 35.4% of the population indicates that it does not have the ability to secure enough food.

2012 GOALS

1. Expand partnerships and collaborations with organizations that address food security issues in low-income communities.
2. Increase access to substance abuse and child abuse prevention, domestic violence, and elder abuse programs.
3. Improve linkage of safety-net and social services providers for at-risk adults, youth, homeless, and uninsured elderly.

2012 STRATEGIES

1. Provide grant funding to organizations that outreach and provide services to at-risk adults, youth, and elderly populations for violence prevention, child abuse prevention, or elder abuse.
2. Build capacity for local food banks to support distribution of high-quality foods.
3. Build capacity of local organizations that provide programs for substance abuse, child abuse prevention, domestic violence, and elder abuse and programs for at-risk adults, youth, homeless, and the elderly who are uninsured.
4. Explore the opportunity to partner with safety-net providers and social service providers for improved delivery of health services to the homeless population.
5. Provide in-kind donations of surplus office furniture and other items to support community-based organizations that work to improve community health.

TARGET POPULATION

Low-income and uninsured children, youth, families, adults, and seniors, especially those at risk for abuse, violence, homelessness, and poor nutrition.

COMMUNITY PARTNERS

Community partners include Desert Samaritans for Seniors; Esperanza Youth and Family Center; Gilda's Club of the Desert; Operation Safe House; FIND Food Bank; Community Connect; Desert AIDS Project; Riverside Area Rape Crisis Center;

Safe Alternatives for Everyone; United Way of the Inland Valleys; Habitat for Humanity, Riverside; and Second Harvest Food Bank serving Riverside and San Bernardino Counties.

2012 YEAR-END RESULTS

- Safe Alternatives for Everyone in Temecula received a \$20,163 grant to provide emergency services to 300 victims of domestic violence and their families. The project also provides anger management, victim awareness classes, and violence prevention intervention to youth.
- Desert Samaritans for Seniors received a \$21,000 grant for at-risk senior support and case management. The program includes an in-depth client assessment in regard to health care, housing, transportation, food, financial, and social support needs. Social workers provide referrals and follow-up, especially with complex cases due to dementia or other cognitive difficulties.
- A grant for \$15,000 to the Riverside Area Rape Crisis Center provides for Child Abuse Prevention Education, Kid Power Self-Defense classes, and Woman to Woman Self-Defense classes to residents throughout Riverside County.
- Gilda's Club of the Desert received a \$10,000 grant to provide the residents of the Coachella Valley with multiple services aimed to improve the physical and psychosocial health of cancer survivors through structured support groups, workshops, and mental health therapist sessions for all cancer related education.
- Employees from KFH-Riverside and outlying medical centers responded to community needs throughout the year. In honor of Martin Luther King Jr. Day of Volunteerism, employees donated several bags of gently used coats and jackets for distribution at six area homeless shelters. KFH-Riverside employees and their family members also volunteered at Second Harvest Food Bank to help sort food for distribution countywide. Several community service projects were coordinated by the Employee Activities Committee. The partnership with Habitat for Humanity provides for employees to volunteer to help paint, repair, and clean up a senior mobile home park. This annual event had over 80 employees, painters, and construction staff helping to reduce homelessness by preventing eviction of the elderly, disabled, and veterans from their homes. Kaiser Permanente supported the American Diabetes Walk in September by providing free health screenings at the Mobile Health Vehicle, 335 walkers, and 38 teams and raising \$17,738 toward diabetes education and research. In October, employees participated in the Susan G. Komen Walk for the Cure in Temecula. Operation Safe House provides emergency shelter for at-risk runaway youth. The Stuff the Bus event embraced by employees who donated several boxes of household items such as mops, brooms, linens, hygiene, and bath and kitchen supplies. They also adopted 11 military families through the VA Hospital of Loma Linda program and provided 2,600 gifts to Home Instead in the Be a Santa to a Senior holiday program. The Animal Shelter of Riverside of Western Riverside received two truckloads of items including blankets, newspapers, and grooming supplies. The employees in the Coachella Valley participated in the Palm Springs AIDS Walk in November.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

The progress of KFH-Riverside's action plan will be monitored through site visit documentation, grantee year-end reports, program outcomes, the number of persons served, program evaluation, and community partnership activities. To assess the progress and success in achieving the stated goals, the following indicators will be used: the number of grants awarded, total dollars provided in grants, and the number of collaborating partners.

Table 1

KAISER FOUNDATION HOSPITAL-RIVERSIDE

2012 Key Community Benefit Program Metrics

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

| | |
|--|--------|
| Charity Care: Medical Financial Assistance Program recipients | 5,821 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members | 291 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 1,005 |
| Medi-Cal managed care members | 4,473 |
| Healthy Families Program members | 10,955 |
| Community Surgery Day patients | 24 |
| Health Research projects (new, continuing, and completed) | 12 |
| Nursing Research projects (new, continuing, and completed) | 4 |
| Educational Theatre – number of performances and workshops | 57 |
| Educational Theatre – number of attendees (students and adults) | 10,698 |
| Graduate Medical Education – number of programs | 4 |
| Graduate Medical Education – number of affiliated and independent residents | 43 |
| Nurse practitioner and other nursing training and education beneficiaries | 2 |
| Deloras Jones nursing scholarship recipients | 7 |
| Other health professional training and education (non-MD) beneficiaries | 30 |
| Hippocrates Circle students | 61 |
| Summer Youth and INROADS programs participants | 24 |
| Number of 2012 grants and donations made at the local and regional levels ¹ | 74 |

¹The vast majority of regional grants impact three or more hospitals. As such, a single regional grant may be included in the "Number of 2012 grants and donations" count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-RIVERSIDE

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$5,501,334 |
| Healthy Families ² | 3,558,842 |
| Charity care: Charitable Health Coverage programs ³ | 565,585 |
| Charity care: Medical Financial Assistance Program ⁴ | 4,582,711 |
| Grants and donations for medical services ⁵ | 490,687 |
| Subtotal | \$14,699,159 |
| Other Benefits for Vulnerable Populations | |
| Watts Counseling and Learning Center ⁶ | \$0 |
| Educational Outreach Program | 0 |
| Summer Youth and INROADS programs ⁷ | 85,070 |
| Grants and donations for community-based programs ⁸ | 328,442 |
| Community Benefit administration and operations ⁹ | 695,616 |
| Subtotal | \$1,109,128 |
| Benefits for the Broader Community¹⁰ | |
| Community health education and promotion programs | \$70,400 |
| Educational Theatre | 210,344 |
| Facility, supplies, and equipment (in-kind donations) ¹¹ | 71,915 |
| Community Giving Campaign administrative expenses | 7,105 |
| Grants and donations for the broader community ¹² | 67,924 |
| National board of directors fund | 21,457 |
| Subtotal | \$449,145 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$1,092,313 |
| Non-MD provider education and training programs ¹³ | 506,994 |
| Grants and donations for the education of health care professionals ¹⁴ | 38,684 |
| Health research | 1,491,218 |
| Continuing Medical Education | 515 |
| Subtotal | \$3,129,724 |
| Total Community Benefits Provided | \$19,387,156 |

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 Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Los Angeles, KFH-West Los Angeles, and KFH-Downey.
- 7 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Summer Youth students hired.
- 8 Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the 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.
- 9 The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- 10 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a number of related denominators such as the number of Educational Theatre performances or health education programs.
- 11 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.
- 12 Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 13 Amount reflects the net expenditures after tuition reimbursement for health professional education and training programs.
- 14 Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, 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.

KAISER FOUNDATION HOSPITAL (KFH)-ROSEVILLE

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

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

COMMUNITY SNAPSHOT (*COUNTY-LEVEL DATA)

| | |
|-------------------------------|----------|
| Total population: | 889,503 |
| Median age:* | 34.4 |
| Average household income:* | \$56,882 |
| Percentage living in poverty: | 8.54% |
| Percentage unemployed: | 10.39% |
| Percentage uninsured: | 10.66% |

| | |
|-----------------------------|--------|
| White: | 72.14% |
| Latino: | 12.79% |
| African American: | 3.72% |
| Asian and Pacific Islander: | 6.59% |
| Native American: | 0.75% |
| Other: | 4.02% |

KEY STATISTICS

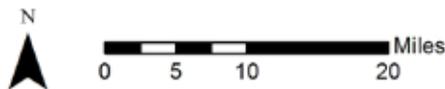
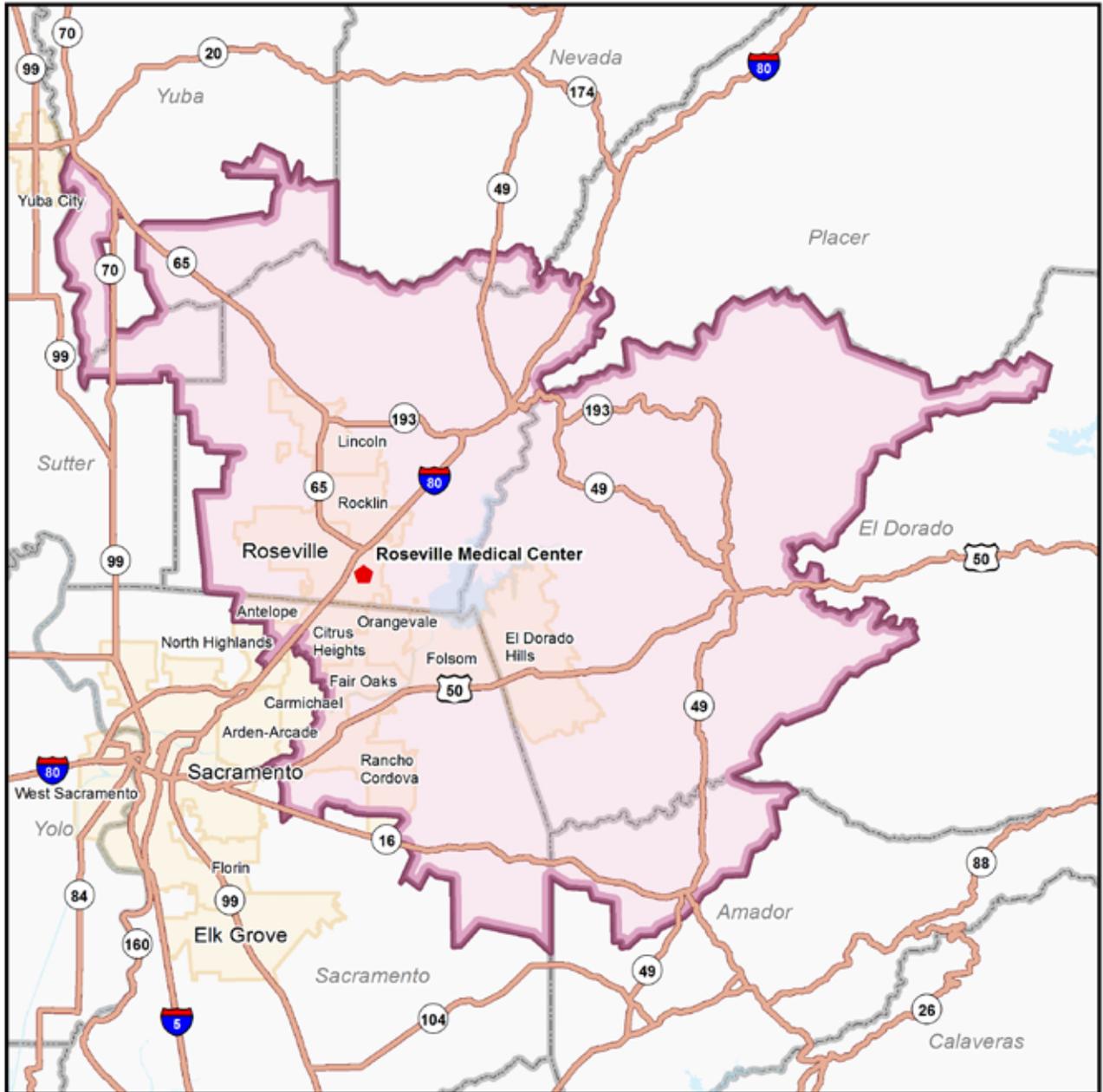
| | |
|-------------------------------------|---------|
| Year opened: | 1998 |
| KFH full-time equivalent personnel: | 1,915.5 |
| KFHP members in KFH service area: | 291,037 |

| | |
|------------------------|--------|
| Total licensed beds: | 340 |
| Inpatient days: | 78,239 |
| Emergency room visits: | 80,686 |

KEY LEADERSHIP AT KFH-ROSEVILLE

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

KFH Roseville Medical Center Area



- ◆ KFH Medical Center
- KFH Medical Center Area
- Cities and Towns
- County Boundary

Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
 Maps Produced by: the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES). March 2013.



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

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

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

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

KEY FINDINGS FROM THE 2010 CHNA

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

Asthma:

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

Diabetes:

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

Hypertension:

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

Mental Health:

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

Injury:

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

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-ROSEVILLE SERVICE AREA

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

2012 YEAR-END RESULTS

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

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

2012 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.

2012 STRATEGIES

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

TARGET POPULATION

Vulnerable populations who are uninsured or underinsured.

COMMUNITY PARTNERS

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

2012 YEAR-END RESULTS

- In 2012, the CDC released a report indicating that young gay African American men are the only population in the United States in which new HIV infections are significantly increasing. In an effort to decrease infection rates in this specific population, Kaiser Permanente Northern California Region provided a \$75,000¹ grant to CARES to support its

¹ This grant was distributed from the Kaiser Permanente Fund for Community Benefit, a donor-advised fund established in late-2004 and administered by the East Bay Community Foundation. Accordingly, the grant amount was not included in the community benefit totals for 2012 (Table A, B, and 2).

education and outreach program. CARES will offer group education and testing sessions to high-risk African American and Latino youth through community events, health fairs, schools, bars and clubs, festivals, cultural events, and LGTB centers. Using a core group of 7 to 10 college-age youth, the team is charged with organizing events, delivering HIV 101 prevention messages, offering high-impact prevention and outreach, disseminating and teaching proper usage of condoms, and administering and reading results of the 20-minute rapid HIV antibody test.

- KFH-Roseville and KFH-Sacramento awarded a total of \$98,000 to The Effort, Inc. and collaborated with Sutter Health on T3 (Triage, Transport and Treat), a program designed to identify frequent users of the emergency department system and engage them in appropriate primary and preventive care. T3 is designed to meet the complex medical, behavioral, and psychosocial needs of homeless high-utilizers of emergency health services. Clients voluntarily enroll in the program and, after an assessment of their baseline functioning and health needs, are assigned an intensive case manager who will assist them in gaining access to health care and community resources, including housing. T3 identifies its clients' barriers to health care access and supports the ongoing connection between the client and his or her health home. Services are designed to address the housing and health needs of this population, particularly by employing a housing-first philosophy in which identified participants are brought into housing as quickly as possible to enable additional treatment strategies. A total of 71 patients were admitted into T3 since its inception in 2011; 46 were admitted in 2012.
- Midtown Medical Center (MMC) received its Fully Qualified Health Center (FQHC) 330 status in June 2012. MMC provides comprehensive health care services to low-income and underserved individuals in the Sacramento region, with an emphasis on providing culturally competent and linguistically appropriate care to the region's Russian/Eastern European immigrant population, which numbers an estimated 200,000 individuals and represents one of the single largest concentrations of this ethnic community in the United States. Through a \$50,000 contribution from KFH-Roseville and KFH-Sacramento, MMC will expand its integrated care activities for primary and behavioral health care by hiring a licensed clinical social worker to provide behavioral health services. Following an evidenced-based evaluation to detect depression, anxiety, or substance abuse, both the primary care and behavioral health provider can determine the best treatment plan for the patient. It is expected that by using an integrated care and whole health approach, patients will experience better physical and mental health outcomes.
- KFH-Roseville provided \$15,000 to Powerhouse Ministries, Inc. to support Health Links, a program in Folsom and Orangevale targeting homeless and at-risk individuals who have limited access to health care services due to a scarcity of providers, especially dental and mental health providers who accept Medi-Cal. Through Health Links, case managers connect these individuals with health and social resources, including assistance in applying for health care coverage. In addition, Health Links hosts monthly clinics staffed by volunteer medical providers. During the first six months of the grant, the clinic provided care for 50 individuals and connected 40 clients with ongoing counseling services.
- KFH-Roseville, KFH-Sacramento, and KFH-South Sacramento provided \$75,000 to SNAHC, which serves the Native American and Native Alaskan community, to help individuals avoid complications from chronic diseases such as hypertension, diabetes, cardiovascular disease, liver disease, asthma, and kidney disease. In preparation for Patient Centered Medical Home implementation, SNAHC is operationally redesigning its system of care. Health center clinicians and ancillary and support staff are putting significant focus on the manner in which patient care is approached. Each patient encounter is anticipated to add value to the patient's experience. As such, expanding technological solutions, such as electronic health records, to common patient tracking problems is under way. Owing to grant-funded improvements in SNAHC's system, care coordination between medical, dental, behavioral health, home visitation, and existing specialty care and supportive services within the community has exceeded expectations.
- SNAHC also received a \$60,000 Connecting People with Resources Pilot grant. This pilot project will restructure current integrated care coordination for smoother patient flow, higher quality of patient care, and better tracking of patients who need access to community resources. The project will accomplish this goal by increasing staff knowledge, increasing staff's ability to make referrals and track patients who are referred, reviewing and increasing efficiency of staffing patterns, developing patient empowerment strategies, and educating patients on how to access community resources.
- KFH-Roseville continued to partner with and support TGI, a nonprofit organization offering a community-based response to south Placer County's homeless population. In partnership with more than 60 local churches, TGI provides physical, mental, and spiritual restoration for homeless women, men, and children in south Placer County.

- The Interim Care Program (ICP), managed by TGI and based on a Sacramento County best practice, is a collaboration of KFH-Roseville, Sutter Auburn Faith Hospital, Sutter Roseville Medical Center, Placer County, and Advocates for Mentally Ill Housing. TGI works with hospital case managers to provide recently discharged homeless patients with a clean and safe place to heal for up to six weeks. It received a \$10,000 grant from KFH-Roseville to provide comprehensive, wraparound services that connect clients with resources, such as substance abuse treatment, medical care, and permanent housing. In 2012, 28 people participated in ICP.
- Through a unique collaboration between SDVP and TGI, two community clinics serve the community's most at-risk individuals on a weekly basis. Services at both clinics are delivered by an all-volunteer staff of nurses, physician's assistants, and physicians, under the direction of TGI and SVDP. Nurses register patients and check vital signs. Physicians' assistants and physicians evaluate medical needs, treating only acute, self-limited disease processes and referring more complex cases. KFH-Roseville awarded a \$30,250 grant to support the operation of these free triage and urgent care clinics.
- In July 2012, TGI had to temporarily cease operations. In partnership with other local organizations, KFH-Roseville provided a \$10,000 contribution as part of TGI's challenge grant promotion to raise awareness and funds to ensure the agency's long-term sustainability. TGI reopened in September and has been fully operational since, serving approximately 60 guests per night.
- To address a growing need for mental health support in the community, KFH-Roseville provided \$53,882 to agencies that provide direct services, including low-cost/no-cost counseling and classes, to help individuals and families live healthier lives.
 - KidsFirst focuses on preventing child abuse and providing health and wellness services to the Placer community. Based on community feedback, the agency used a \$25,000 grant to enhance its active parenting curriculum by adding classes specifically for divorced parents and teens. Facilitated by an MFT (marriage and family therapy) and an MFT intern, the classes focus on building communication, conflict resolution, and anger management skills.
 - LCFRC provides family resources, counseling, and parenting education to Lincoln and Sheridan residents. KFH-Roseville provided \$28,882 to support the mental health services LCFRC provides to a geographically isolated community with limited access to such care. During the first half of the grant, 14 participants participated in a 10-week course and an additional 20 individuals participated in 12 weeks of ongoing individual counseling.
- KFH-Roseville provided \$35,000 to LLC's Creer en tu Salud (Believe in Your Health) promotora program. In an effort to improve health outcomes and break down cultural and linguistic barriers for adult Latino populations, Creer en tu Salud pairs Latino adults with promotoras, trained community members who work with families as cultural brokers, helping them navigate systems and access resources by providing translation, advocacy, support, and transportation assistance. In the first six months of the grant period, LLC offered community-based health screenings in Lincoln, Auburn, and Roseville. In addition, LLC provided dental services to six patients with severe cases and held exercise classes in underserved areas of Lincoln and Auburn. LLC also partnered with Placer County to provide 195 flu vaccinations to residents in Auburn, Lincoln, and Roseville.
- KFH-Roseville provided \$40,000 to Seniors First for programs that provide access to care for vulnerable populations:
 - Health Express, a program providing free transportation service to medical appointments for uninsured and underinsured seniors as well as indigent or disabled individuals throughout western Placer County who are unable to transport themselves received \$25,000. Health Express helps vulnerable individuals improve their health and quality of life, reduces crisis care, and provides greater understanding of the importance of preventive care. From July 1, 2012, to November 30, 2012, the program provided 3,250 one-way rides to 376 unduplicated clients. Health Express also expanded its services to Sheridan and Foresthill, two geographically isolated communities with limited public transportation options.
 - Another \$15,000 supported development and dissemination of *Senior Resource Guide*, a publication distributed primarily to roughly 60,000 Placer County seniors, their family members, and caregivers.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

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

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Roseville will assess impact by monitoring the number of children and adults enrolled in coverage; the number of children retaining coverage; the number of referrals made to community clinics; the number of new patient visits at designated community clinics; the number and amounts of grants funded; the number of people reached through shared assets; the number of individuals receiving MFA; the number of signed MFA agreements; the time required to approve MFA awards; and the number of MFA applications screened.

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

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

2012 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).

2012 STRATEGIES

1. Provide funding support to organizations that directly increase the availability of fresh fruits and vegetables in vulnerable communities.

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

TARGET POPULATION

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

COMMUNITY PARTNERS

Community partners include Folsom Cordova Unified School District (FCUSD), Community Resources Council (dba Placer County Food Bank), Placer Collaborative Network, and other community-based organizations.

2012 YEAR-END RESULTS

- KFH-Roseville awarded Placer County Food Bank a \$15,000 contribution to launch a pilot program to develop and implement a train-the-trainer nutrition education series for the food bank's network of smaller food distribution sites using the FDA myplate.org guidelines. The program was developed in partnership with KFH-Roseville and KFH-Sacramento Clinical Nutrition Director Mary Hart, RD, CNSC. Program goals are to impact individual food consumption of more nutritionally dense food. Through the established network of food distribution sites, trainers receive support to revise food distribution menus, access more fresh produce through the food bank, and deliver client education through a curriculum developed for this program.
- California Association of Food Banks (CAFB), which includes Placer County Food Bank, provides a multifaceted approach to addressing California's food insecurity problem, including working to increase the availability of wholesome, nutritious food in the food banking system and advocating for important public policy processes to ensure an adequate food safety net. Kaiser Permanente Northern California Region provided \$100,000 to CAFB to support four key efforts:
 - Farm to Family: a program that supports the actual purchase of produce directly from farmers and packers for distribution by food banks.
 - Policy and Advocacy: Through its Advocacy Program and by partnering with a wide variety of constituents, CAFB continues to play a strong role in advocating for food insecure Californians at the federal, state, and local levels.
 - Alliance to Transform to CalFresh (ATC): CAFB is a founding member and current convener of ATC, which aims to increase the CalFresh participation rate from 50% to 75% in five years. Building on the momentum of recent wins, ATC's current focus on creating horizontal integration of access to multiple public benefits for low-income people through California's new Health Benefits Exchange could potentially connect many more underserved people to food assistance through CalFresh and create a model for efficient and humane access to public benefits.
 - Skill Building for California Food Banks: CAFB recognizes the wide variation of roles and functions relative to food handling, nutrition education, and conducting outreach among California food banks. Because CAFB members identified skill building in these areas as a high priority, CAFB facilitates the sharing of best practices and model programs in policy, operations, development, and nutrition/health to help address this need.

- KFH-Roseville awarded \$16,000 to FCUSD for Creciendo Juntos (growing together), a six-week summer program that provides free, nutritious lunches and snacks to students at FCUSD's Cordova Lane Center. More than 50% of students at six of Rancho Cordova's eight elementary schools are eligible for free or reduced-price school meals. To support better health and education outcomes for every student, Creciendo Juntos engages children and their parents in healthy eating and active living, while simultaneously strengthening relationships between FCUSD and the families it serves. The program enrolled 90 children and 30 parents into a family day camp that offered academic enrichment, SPARK (Sports Play & Active Recreation for Kids) activities, field trips, and parent information and engagement sessions. To further leverage Kaiser Permanente expertise, Catherine Vigrin, MD, and Nurse Practitioner Carrie Beale led families in an education session focused on altering traditional, familiar meals to include healthier, affordable options.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

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

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Roseville will assess impact by tracking the increase in the total number of grants awarded; the amount of grants and the number of people reached through these grants; the number of people reached with shared assets; the number of KFH-Roseville representatives participating in policy efforts; the number of people reached with in-kind services; and the number of ETP performances, including *The Best Me*, at schools.

PRIORITIZED NEED III: PREVENTION OF COMMUNITY AND FAMILY VIOLENCE

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

2012 GOAL

1. Increase access to violence prevention services.

2012 STRATEGIES

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

TARGET POPULATION

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

COMMUNITY PARTNERS

Community partners include City of Folsom Parks and Recreation Department; KidsFirst; Lighthouse Counseling and Family Resource Center (LCFRC); Placer Women's Center, Inc. (dba Standup Placer); Roseville Recreation, Education and Creative (REC) Center; Roseville Home Start; and Women Escaping a Violent Environment (WEAVE).

2012 YEAR-END RESULTS

- KFH-Roseville provided \$26,000 to Standup Placer, the only organization offering comprehensive services to victims of domestic violence and sexual assault in Placer County, to increase client services. Services are provided in a culturally appropriate manner, with an emphasis on Placer County's underserved monolingual Spanish-speaking population. During the first six months of the grant period, Standup Placer provided 884 individual therapy sessions for adults and 164 for children; and 35% have completed at least ten therapy sessions. In addition, Standup Placer legal advocates assisted 69 individuals with temporary restraining orders. KFH-Roseville's Women's Health Services Line Director Lauren Peters sits on Standup Placer's board of directors.
- Domestic Violence Intervention Center (DVIC) is located in Citrus Heights and serves a high-risk, underserved neighborhood that is a recruiting ground for gang violence, child trafficking, relationship violence, truancy, substance abuse, and teen pregnancies. KFH-Roseville provided \$10,000 to support EMPOWER U, a co-located pilot program that offers children, teens, and young adults violence/trauma prevention services, including domestic violence counseling, peer support education, juvenile diversion services for victims and offenders, and self-awareness and self-defense training for girls and young adults. A collaboration of DVIC's Changing Lives Wellness Center; North Highlands Family Resource Center's Foster Care Program; Liberty Towers, a faith-based organization; and Child Abuse Prevention Council's AmeriCorp program, EMPOWER U also offers life and job skills, mentoring and school support, and parenting classes for parents and families impacted by domestic violence.
- KFH-Roseville provided \$9,994 to The City of Folsom Parks and Recreation Department to support STARS, a safe and secure community-based after-school program for at-risk students attending two Title 1 elementary schools, Theodore Judah and Blanche Sprentz. A partnership between The City of Folsom Parks and Recreation Department and Folsom Cordova Unified School District. STARS serves up to 40 students each day. Students are referred to STARS by principals, teachers, and/or parents seeking additional support for their children. STARS touches the lives of more than 100 students, and their siblings and family members, changing generational family dynamics through a variety of engaging activities. The daily program includes a health and wellness greeting from each coordinator to all participants, a nutritious snack consisting of grains and fruits/vegetables, an hour of homework, then one hour of recreation and arts enrichment. STARS also features ten field trips, including visits to the public library, Folsom Community Center for cooking lessons, Senior Arts Center, Folsom Zoo, and the Aquatic Center. From 2011 to 2012, STARS participants had significant improvements in California Standardized Testing. Scores rose by an average of 25 points for English language arts (ELA) and 45 points for math. Ratings rose from "Basic" to "Proficient" for both tests and "Advanced" in math for Blanche Sprentz students.
- Roseville REC Center, located in north Roseville, an underserved area in Placer County, received \$10,000 from KFH-Roseville to support its goals to increase the grades and reading levels of youth 5 to 12, to provide a creative outlet to at-risk youth, and to increase the productivity and preparedness of teens by providing life and job training. Ninety percent of participants are Hispanic; Spanish is their first language and the language spoken at home, making it difficult for parents to help their children with homework. Roseville REC Center provides support with tutoring, one-on-one

reading, art history, performance art, recreation, and sports opportunities. Center staff are also actively engaged with parents and host weekly gatherings to encourage parent participation at the center.

- Roseville Home Start transitions homeless families with children into affordable, sustainable, permanent housing and self-reliance through a system of housing and support services. Major program components include transitional housing, case management, budgeting, life skills training, therapy, and permanent housing placement. Families reside at Home Start for one year, then continue under Home Start's case management for an additional year once they move into permanent housing. During each two-year cycle, Home Start serves more than 150 individuals, 90% of whom have experienced domestic violence in their lifetime. KFH-Roseville provided a \$10,000 contribution to support Home Start's onsite therapy program, provided by licensed MFT (marriage, family therapist) interns under the supervision of an onsite clinical director, and focused on issues surrounding parent-child interaction, sibling interaction, partner interaction, and interaction with the general population.

2013 GOALS UPDATE

The goal will remain unchanged for 2013.

2013 STRATEGIES UPDATE

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

MONITORING PROGRESS OF 2013 STRATEGIES

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

Table 1

KAISER FOUNDATION HOSPITAL-ROSEVILLE

2012 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: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members | 5 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 4,245 |
| Medi-Cal Managed Care members | 5,823 |
| Healthy Families Program members | 6,079 |
| Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) ¹ members | 177 |
| Health Research projects (new, continuing, and completed) | 3 |
| Nursing Research projects (new, continuing, and completed) | 7 |
| Educational Theatre Programs – number of performances and workshops | 96 |
| Educational Theatre Programs – number of attendees (students and adults) | 17,774 |
| Graduate Medical Education – number of programs | 6 |
| Graduate Medical Education – number of affiliated and independent residents | 49 |
| Nurse practitioner and other nursing training and education beneficiaries | 19 |
| Deloras Jones nursing scholarship recipients | 1 |
| Other health professional training and education (non-MD) beneficiaries | 22 |
| Summer Youth and INROADS programs participants | 10 |
| Number of 2012 grants and donations made at the local and regional levels ² | 78 |

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

²The vast majority of regional grants impact three or more local hospitals. As such, a single regional grant may be included in the “Number of 2012 grants and donations” count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-ROSEVILLE

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$9,979,678 |
| Healthy Families ² | 2,422,348 |
| Charity care: Charitable Health Coverage programs ³ | 3,783,357 |
| Charity care: Medical Financial Assistance Program ⁴ | 5,691,656 |
| Grants and donations for medical services ⁵ | 293,831 |
| Subtotal | \$22,170,869 |
| Other Benefits for Vulnerable Populations | |
| Summer Youth and INROADS programs ⁶ | \$48,586 |
| Grants and donations for community-based programs ⁷ | 91,988 |
| Community Benefit administration and operations ⁸ | 838,756 |
| Subtotal | \$979,330 |
| Benefits for the Broader Community⁹ | |
| Community health education and promotion programs | \$26,342 |
| Educational Theatre Programs | 154,598 |
| Facility, supplies, and equipment (in-kind donations) ¹⁰ | 0 |
| Community Giving Campaign administrative expenses | 17,382 |
| Grants and donations for the broader community ¹¹ | 203,664 |
| National board of directors fund | 39,934 |
| Subtotal | \$441,919 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$412,450 |
| Non-MD provider education and training programs ¹² | 478,753 |
| Grants and donations for the education of health care professionals ¹³ | 10,516 |
| Health research | 6,713,972 |
| Subtotal | \$7,615,690 |
| Total Community Benefits Provided | \$31,207,808 |

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.

KAISER FOUNDATION HOSPITAL (KFH)-SACRAMENTO

2025 Morse Avenue
 Sacramento, CA 95825
 (916) 973-5000

The KFH-Sacramento service area comprises Sacramento and Yolo counties. Cities in this area include Citrus Heights, Davis, Sacramento, West Sacramento, and Woodland.

COMMUNITY SNAPSHOT (*COUNTY-LEVEL DATA)

| | |
|-------------------------------|----------|
| Total population: | 658,030 |
| Median age:* | 34.4 |
| Average household income:* | \$56,882 |
| Percentage living in poverty: | 15.85% |
| Percentage unemployed: | 11.08% |
| Percentage uninsured: | 13.40% |

| | |
|-----------------------------|--------|
| White: | 54.83% |
| Latino: | 22.64% |
| African American: | 7.00% |
| Asian and Pacific Islander: | 10.13% |
| Native American: | 0.77% |
| Other: | 4.63% |

KEY STATISTICS

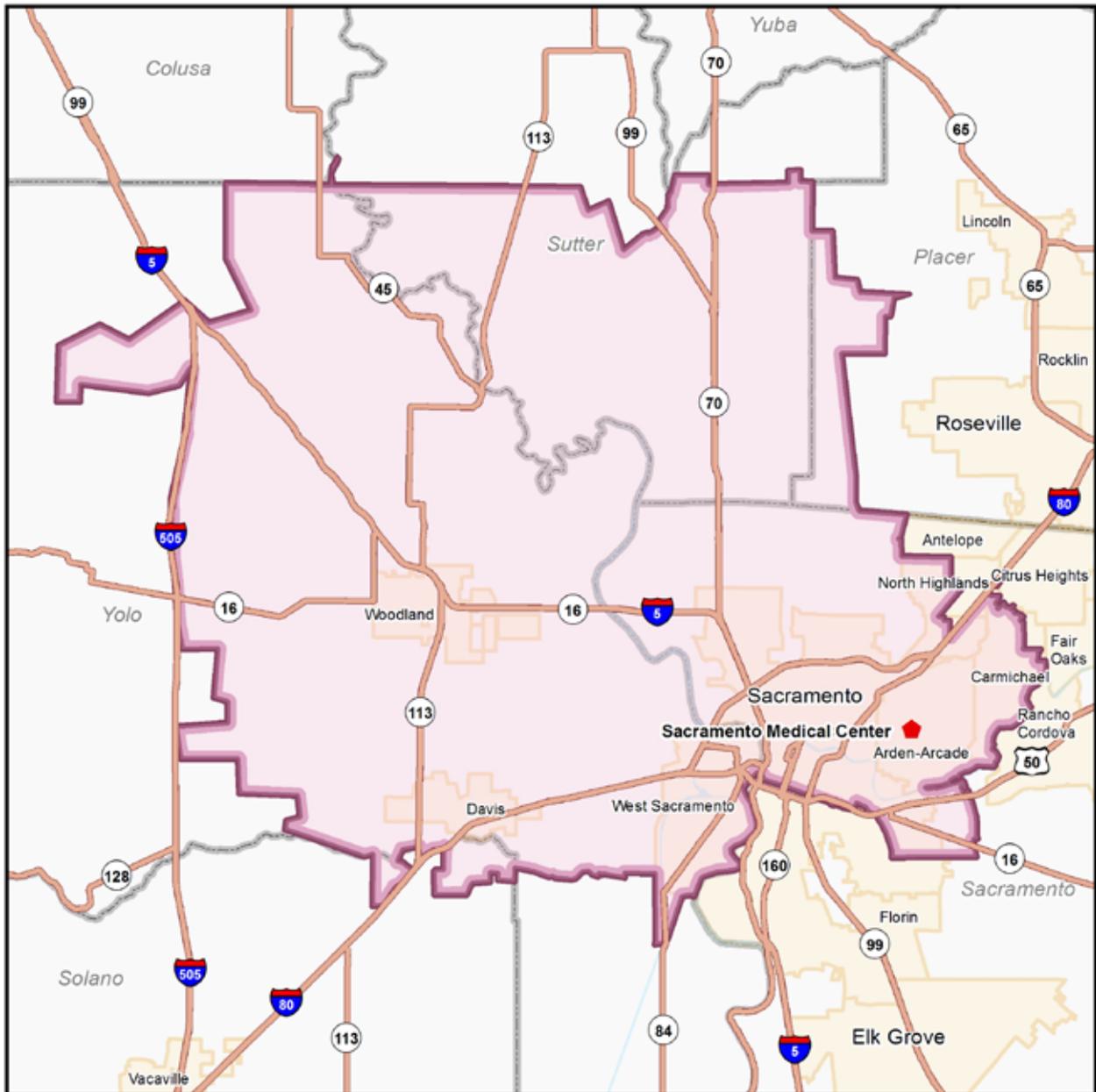
| | |
|-------------------------------------|---------|
| Year opened: | 1965 |
| KFH full-time equivalent personnel: | 1,421 |
| KFHP members in KFH service area: | 171,367 |

| | |
|------------------------|--------|
| Total licensed beds: | 287 |
| Inpatient days: | 43,504 |
| Emergency room visits: | 80,863 |

KEY LEADERSHIP AT KFH-SACRAMENTO

| | |
|--------------------|--|
| Ron Groepper | Senior Vice President and Area Manager |
| Charlene Taylor | Chief Operating Officer |
| Stacy Lorenzen | Area Finance Director |
| Robert Azevdeo, MD | Physician in Chief |
| Deborah Royer | Medical Group Administrator |
| Richard Robinson | Public Affairs Director |
| Carol Serre | Community Benefit/Community Health Manager |

KFH Sacramento Medical Center Area



- ◆ KFH Medical Center
- KFH Medical Center Area
- Cities and Towns
- County Boundary

Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
 Maps Produced by: the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES). March 2013.



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

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

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

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

KEY FINDINGS FROM THE 2010 CHNA

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

Asthma:

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

Diabetes:

- According to the CHVI, there was a significantly higher rate of ER visits, hospitalizations, and mortality due to diabetes in high-vulnerability zip codes compared to low-vulnerability zip codes.
- Four zip codes (95673, 95814, 95815, and 95838) ranked significantly higher than the county or state in ER visits due to diabetes; 95814 had the highest rate in the region for diabetes-related hospitalization, ER visits, and deaths and was well above twice the state rate for ER visits and hospitalizations.

Hypertension:

- According to the CHVI, there was a significantly higher rate of ER visits and hospitalizations due to hypertension in high-vulnerability zip codes compared to low-vulnerability zip codes.
- Two zip codes (95623 and 95834) had higher rates of ER visits due to hypertension than the state rate and were in the top 25% of all zip codes for hospitalizations, ER visits, and mortality due to hypertension.

Mental Health:

- According to the CHVI, there was a significantly higher rate of hospitalizations due to mental health issues in high-vulnerability zip codes compared to low-vulnerability zip codes.
- Mental health data across the region showed that nearly 25% of zip codes exceeded the state rate for ER visits.
- Mental health issues include hospitalizations and/or ER visits for dementia, psychoses, neuroses, anxiety, reactions to stress, depression disorder, drug dependence, and psychotic conditions.
- Examination of service area rates for ER visits due to mental health issues showed that sixteen zip codes exceeded the state rate.
- At nearly three times the state and region rates for ER visits for mental health conditions, zip code 95814 significantly outranks all other zip codes.

Injury:

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

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-SACRAMENTO SERVICE AREA

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

2012 YEAR-END RESULTS

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

According to the 2010 CHNA for the Greater Sacramento Region, affordability of health care was identified as the single largest obstacle to accessing care for the under- and uninsured. Singled out among the many costs within the broader field of health care was the high cost of health insurance. Focus group participants spoke of their inability to afford either public or private health insurance. Secondary data showed that within the four-county region, more than 350,000 of the two million residents live without health insurance. This is about 17% of the total population, a rate slightly better than the state rate of 18.5%. Six of the top 10 zip codes for residents without health insurance were in the KFH-Sacramento service area; all were more than twice the state rate. Other challenges, obstacles, and barriers this population faces in trying to maintain and/or improve health include problems locating physicians, specialists, dentists, and mental/behavioral health professionals and other providers who accept Medi-Cal and/or work at reduced rates; difficulty navigating a complex and inefficient safety net; cultural barriers of the system; and the stress of being poor.

2012 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.

2012 STRATEGIES

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

TARGET POPULATION

Vulnerable populations who are uninsured or underinsured.

COMMUNITY PARTNERS

Community partners include Breaking Barriers; Center for AIDS Research, Education, and Services (CARES); Center for Community Health and Well-Being, Inc.; CommuniCare Health Centers; Community Service, Education and Research Fund (CSERF); Harm Reduction Services (HRS); Natomas Crossroads Clinic; Sacramento Native American Health Center, Inc. (SNAHC); St. Vincent de Paul Society; Slavic Assistance Center; The Effort, Inc.; Yolo County Children's Alliance; and other community organizations serving minority, uninsured, and underinsured populations.

2012 YEAR-END RESULTS

- In 2012, the CDC released a report indicating that young gay African American men are the only population in the United States in which new HIV infections are significantly increasing. In an effort to decrease infection rates in this specific population, Kaiser Permanente Northern California Region provided a \$75,000¹ grant to CARES to support its education and outreach program. CARES will offer group education and testing sessions to high-risk African American and Latino youth through community events, health fairs, schools, bars and clubs, festivals, cultural events, and LGBT centers. Using a core group of 7 to 10 college-age youth, the team is charged with organizing events, delivering HIV 101 prevention messages, offering high-impact prevention and outreach, disseminating and teaching proper usage of condoms, and administering and reading results of the 20-minute rapid HIV antibody test.
- Sacramento Covered (formerly Cover the Kids), a broad-based collaborative partnership that includes both public and private entities, has been coordinating health coverage outreach, enrollment (application assistance), retention, and utilization (OERU) services since late 1998. In that time, Sacramento Covered has helped enroll more than 31,000 Sacramento County children into comprehensive health coverage programs such as Medi-Cal, Healthy Families Program (HFP), Kaiser Permanente Child Health Plan (KPCHP), and Healthy Kids (HK). Kaiser Permanente Northern California Region provided \$45,000 to help support a full-time health program specialist/certified application assistant (CAA) who provides culturally appropriate outreach and enrollment services, including facilitation of Medi-Cal and Cal Fresh enrollment for members of the Slavic community.
- CommuniCare Health Centers was awarded \$43,323 to support its Community Benefits Advocate Program, which has expanded by 50% to meet and support the needs of uninsured patients who need help navigating the health care system. The program targets uninsured Yolo County residents with incomes below 200% of the federal poverty level (FPL), with a special focus on migrant farmworker families. Many in the target population face multiple barriers, including poverty, language and culture, employment status, and lack of transportation, when accessing health care services. Funding allowed CommuniCare to hire an additional client benefits advocate, thus allowing the agency to offer full-time community benefit advocate services at its three primary care clinic sites on a daily basis. Patients now have increased access to application assistance, increasing their ability to attain health coverage and to access health care services sooner. During the first half of the grant, 2,298 appointments were scheduled and 4,756 coverage applications were processed.
- KFH-Sacramento and KFH-South Sacramento provided \$15,000 to and partnered with SPIRIT (Sacramento Physicians' Initiative to Reach-out, Innovate and Teach, dba Community Service, Education and Research Fund [CSERF]) to improve access to health care for Sacramento County's medically indigent residents. In 2012, 22 SPIRIT volunteer physicians provided 1,413 hours of primary care service to 1,799 patients and performed 62 surgeries. In addition, staff at KFH-Sacramento's Folsom and Point West medical office buildings worked with SPIRIT coordinators to provide cataract surgery, eye exams, and glasses. To date, more than 38,000 patients have been treated by SPIRIT volunteers.
- KFH-Sacramento and KFH-South Sacramento awarded a \$40,000 grant to Sacramento County Department of Health and Human Services to support the county's Immunization Assistance Program's (IAP) School Flu Clinic, which aims to improve the health outcomes of low-income elementary school children by providing access to seasonal flu vaccine. From October through December 2012, onsite flu clinics at 15 Sacramento County elementary schools, which were selected based on the percentage of free- and reduced-lunch participants, provided vaccinations to 2,108 children and 250 adults. Data have shown that students in Sacramento County who have been vaccinated have 1.5 fewer days of absence than students who were not vaccinated.
- KFH-Roseville and KFH-Sacramento awarded a total of \$98,000 to The Effort, Inc. and collaborated with Sutter Health on T3 (Triage, Transport and Treat), a program designed to identify frequent users of the emergency department system and engage them in appropriate primary and preventive care. T3 is designed to meet the complex medical, behavioral, and psychosocial needs of homeless high-utilizers of emergency health services. Clients voluntarily enroll in the program and, after an assessment of their baseline functioning and health needs, are assigned an intensive case manager who will assist them in gaining access to health care and community resources, including housing. T3

¹ This grant was distributed from the Kaiser Permanente Fund for Community Benefit, a donor-advised fund established in late-2004 and administered by the East Bay Community Foundation. Accordingly, the grant amount was not included in the community benefit totals for 2012 (Table A, B, and 2).

identifies its clients' barriers to health care access and supports the ongoing connection between the client and his or her health home. Services are designed to address the housing and health needs of this population, particularly by employing a housing-first philosophy in which identified participants are brought into housing as quickly as possible to enable additional treatment strategies. A total of 71 patients were admitted into T3 since its inception in 2011; 46 were admitted in 2012.

- KFH-Sacramento and KFH-South Sacramento provided \$40,000 to The Effort, Inc., for its Interim Care Program (ICP), a collaboration of Kaiser Permanente, Sutter Medical Center Sacramento, Dignity Health, and University of California Davis Health System. ICP is a 24-hour respite shelter where homeless patients can recuperate from their illness or injury upon release from the hospital. The Salvation Army provides 18 beds at its shelter and comprehensive, wraparound services that connect clients with resources, such as substance abuse treatment and medical care. Since its inception, 928 patients have been admitted to ICP; 154 were admitted in 2012.
- KFH-Sacramento, KFH-Roseville, and KFH-South Sacramento provided \$75,000 to SNAHC, which serves the Native American and Native Alaskan community, to help low-income, underinsured or uninsured patients avoid complications from chronic diseases such as hypertension, diabetes, cardiovascular disease, liver disease, asthma, and kidney disease. In preparation for Patient Centered Medical Home implementation, SNAHC is operationally redesigning its system of care. Health center clinicians and ancillary and support staff are putting significant focus on the manner in which patient care is approached so that each encounter adds value to the patient's experience. As such, expanding technological solutions, such as electronic health records, to common patient tracking problems is under way. Owing to grant-funded improvements in SNAHC's system, care coordination between medical, dental, behavioral health, home visitation, and existing specialty care and supportive services within the community has exceeded expectations. Since June 2012, more than 331 program participants received free or discounted (based on income) appointments. Funds also support transportation vouchers for diabetic and hepatitis C patients, which helps patients comply with often difficult treatment regimens because 90% of patients who receive the vouchers show up for their appointments. In addition, SNAHC has increased its continuity of care (patients who see the same primary care provider) rate, with a goal of reaching a rate of 75%.
- SNAHC also received a \$60,000 Connecting People with Resources Pilot grant. This pilot project will restructure current integrated care coordination for smoother patient flow, higher quality of patient care, and better tracking of patients who need access to community resources. The project will accomplish this goal by increasing staff knowledge, increasing staff's ability to make referrals and track patients who are referred, reviewing and increasing efficiency of staffing patterns, developing patient empowerment strategies, and educating patients on how to access community resources.
- KFH-Sacramento awarded \$45,000 to Yolo County Children's Alliance to support access to care and coverage:
 - A \$25,000 grant supported the Community Health Initiative (CHI), a culturally and linguistically competent health care access system that helps low-income families obtain and retain health care coverage and services. During the first six months of the grant period, 138 children 6 to 21 were enrolled in a coverage program.
 - Another \$20,000 was supported West Sacramento Expanded Family Resource Center, which helps eligible community members access health coverage, CalFresh enrollment, fresh food, tax preparation assistance, and many other available support services.
- Center for Community Health and Well-Being provides prenatal and gynecological care and comprehensive risk reduction to low-income, Medi-Cal eligible women and at-risk teen girls in Sacramento County. KFH-Sacramento provided a \$15,000 grant to support the center's efforts to ensure that at-risk women receive timely prenatal care to decrease maternal death rates, miscarriages, birth defects, low birth weight, and other preventable problems.
- Midtown Medical Center (MMC) received its Fully Qualified Health Center (FQHC) 330 status in June 2012. MMC provides comprehensive health care services to low-income and underserved individuals in the Sacramento region, with an emphasis on providing culturally competent and linguistically appropriate care to the region's Russian/Eastern European immigrant population, which numbers an estimated 200,000 individuals and represents one of the largest concentrations of this ethnic community in the United States. Through a \$50,000 contribution from KFH-Roseville and KFH-Sacramento, MMC will expand its integrated care activities for primary and behavioral health care by hiring a licensed clinical social worker to provide behavioral health services. Following an evidenced-based evaluation to detect

depression, anxiety, or substance abuse, both the primary care and behavioral health provider can determine the best treatment plan for the patient. It is expected that by using an integrated care and whole health approach, patients will experience better physical and mental health outcomes.

- Sacramento Loaves and Fishes received \$10,000 from KFH-Sacramento for Genesis Mental Health, a program providing mental health services for homeless individuals, specifically those suffering from post-traumatic stress disorder, a diagnosis that is excluded from county mental health program services. In 2012, Genesis, the only program of its kind in the Sacramento area, provided counseling to 1,343 individuals.
- KFH-South Sacramento and KFH-Sacramento awarded \$16,366 to HRS to support direct outreach to homeless youth 12 to 30. Using a mobile testing unit, outreach workers visit high-risk locales, including camps along the river, abandoned buildings and homes, and other community service areas within Sacramento County, to provide services and HIV, hepatitis C, and other STD testing and education. From July 1, 2012, to the time this report was written, 45 individuals were tested. A referral process has been established for individuals who test positive and receive follow-up by the HRS case manager. HRS has provided counseling, distributed risk materials, and administered medical referrals to 200 individuals to date. HRS representatives also make weekly visits to Luther Burbank High School to provide youth-specific services.
- KFH-Sacramento entered into a medical services agreement (MSA) with CommuniCare and The Permanente Medical Group (TPMG) to provide specialty care (endocrinology, rheumatology, and neurology) to uninsured Yolo County residents. Physicians and mid-level providers at CommuniCare's Winters and Esparto clinics refer patients to TPMG specialty physicians. KFH-Sacramento provides all related specialty services in accordance with the treatment plan, including diagnostic and inpatient hospitalization as necessary. In the first nine months of 2012, 58 patient visits were scheduled under the agreement and TPMG physicians provided 121 telephone consults with primary care physicians in the community clinics.
- KFH-Sacramento entered into a MSA with SPIRIT and TPMG to provide eye care to uninsured Sacramento County residents. TPMG physicians volunteer professional eye services through the SPIRIT Vision program. KFH-Sacramento provides related services and supplies, including eyeglasses. Staff at KFH-Sacramento's Folsom and Point West medical office buildings worked with SPIRIT coordinators to provide five uninsured individuals with cataract surgery and 69 individuals with eye exams and glasses.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

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

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Sacramento will assess impact by tracking the increase in the number of children and adults enrolled in coverage and the number of children retaining coverage, the number of referrals made to community clinics, and the number of new

patient visits at designated community clinics; the number and amounts of grants funded; the number of signed MSAs and the number of visits; the number of people reached through shared assets; the number of individuals receiving MFA; the number of signed MFA agreements; the time required to approve MFA awards; and the number of MFA applications screened.

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

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

2012 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).

2012 STRATEGIES

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

TARGET POPULATION

Youth, families, and communities of Sacramento County and Yolo County.

COMMUNITY PARTNERS

Community partners include Food Bank of Yolo County, River City Food Bank, Folsom-Cordova Unified School District (FCUSD), Yolo County Children's Alliance (YCCA), and other community-based organizations.

2012 YEAR-END RESULTS

- YCCA received the second \$75,000¹ of a two-year Kaiser Permanente Northern California Region HEAL (Healthy Eating Active Living) local partnership grant (\$150,000) to lead implementation of a community action plan focused on West Sacramento's Bryte-Broderick area, with the goal of reducing obesity rates and other health risks among residents over a two-year period. YCCA has successfully cultivated support for the project and engaged residents who have been invited to participate in the process through two primary channels. YCCA launched a structured promotora train-the-trainer program focused on nutrition education. Veronica Vasquez, MS, RD, CDE, KFH-Roseville, and Myrna Rivas, Community Benefit Specialist, North Valley Area, designed and implemented the program guidelines in partnership with YCCA staff and the promotoras group. In addition, YCCA is partnering with Westfield School to connect the campus to a walking/biking path that is easily accessible by residents. The renovated exterior green space, with a structured walking path and a fenced-in area, is scheduled to reopen in spring 2013. Both initiatives expect to have long-term sustainable impacts in the Bryte-Broderick area.
- Food Bank of Yolo County directly serves more than 500 people per week via its three distribution sites. And through a partnership using the distribution networks of more than 50 agencies in the county, it feeds more than 22,000 people each month. Of the total population served, 32% are residents of West Sacramento, an identified food desert. Through a partnership with University of California, Davis, nutritionists and registered dietitian interns worked with the food bank to develop menu standards designed to positively impact clients' overall health. Through its donations and purchasing agreements, the food bank strives to obtain foods that meet these menu standards. KFH-Sacramento provided a \$5,000 grant to support general operations.
- From 2011 to 2012, River City Food Bank experienced a 24% increase in the number of clients served. Specifically, the increase was among frail seniors and working families. Consequently, they estimated serving approximately 55,000 people in 2012. To help support this significant increase, KFH-Sacramento provided a \$10,000 grant to support general operations at the food bank.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

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

¹ This grant was distributed from the Kaiser Permanente Fund for Community Benefit, a donor-advised fund established in late-2004 and administered by the East Bay Community Foundation. Accordingly, the grant amount was not included in the community benefit totals for 2012 (Table A, B, and 2).

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Sacramento will assess impact by tracking the increase in the total number of grants awarded, the amount of grants, and the number of people reached through these grants; the number of people reached with shared assets; the number of KFH-Sacramento representatives participating in policy efforts; the number of people reached with in-kind services; and the number of ETP performances, including *The Best Me*, at schools.

PRIORITIZED NEED III: PREVENTION OF COMMUNITY AND FAMILY VIOLENCE

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

2012 GOAL

Increase access to violence prevention services.

2012 STRATEGIES

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

TARGET POPULATION

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

COMMUNITY PARTNERS

Community partners include Arden Manor Parks and Recreation, Mutual Assistance Network (MAN), Roberts Family Development Center, Yolo Family Service Agency, Sheriffs Community Impact Program (SCIP), and Women Escaping a Violent Environment, Inc. (WEAVE).

2012 YEAR-END RESULTS

- KFH-Sacramento provided a \$20,000 grant to Roberts Family Development Center's Teen Scene, a mentor and tutoring program at North Sacramento's Dos Rios housing complex, an underserved area in Sacramento County. By providing a safe gathering place on weekend evenings, the program aims to help at-risk youth 8 to 18 avoid illegal activities and improve their educational experience, and to encourage them to live successful, fulfilling lives. Approximately 105 youth participate in the program; of those, 85% are currently on the honor roll.
- KFH-Sacramento awarded \$15,000 to Yolo Family Service Agency to provide early identification and assessments in a school setting, using school-based early intervention therapy to teach communication and stress management skills to families. Through a partnership with Washington Unified School District, high-need families are identified for program participation. During the first six months of the grant period, 15 families received ongoing counseling.
- KFH-Sacramento and KFH-South Sacramento provided \$35,000 to WEAVE for crisis advocacy and therapeutic counseling services. This allowed WEAVE to staff its Safehouse with an advocate who provides 24-hour crisis intervention and support to Safehouse residents. As of December 2012, the advocate ensured that 82 women and 81 children received safe, confidential shelter. Grant funds also supported 24-hour support and crisis intervention services

to victims of domestic violence through WEAVE's support line and triage sessions. To date, 4,765 calls have been answered and 266 triage sessions were provided.

- An additional \$35,000 in KFH-Sacramento and KFH-South Sacramento funding allowed WEAVE to expand its legal services program to include legal triage two days per week, starting in 2013. The Legal Solutions for Domestic Violence Victims program addresses the current absence of services for domestic violence victims who need legal interventions to establish and maintain family safety and who cannot afford an attorney. The project serves domestic violence victims who indicate a legal barrier to maintaining or securing the safety of their families.
- MAN was developed to serve Del Paso Heights, a geographically isolated, underserved area in Sacramento County. To engage residents, the majority of MAN's daily activities, including case management, home visitation, crisis intervention, and assisting residents to acquire resources to address daily functioning such as food, housing, clothing, and medical assistance, focus on meeting imminent needs in the community. Heavily influenced by the social service model, these activities often addressed a specific individual's or family's short-term needs. Realizing that the problems plaguing families were not going away, MAN adjusted its work to improve the community and address the root causes of family problems. By studying the elements that exist in the Sacramento region's stronger communities, MAN, in partnership with the residents, began bringing those elements to Del Paso Heights. At Firehouse Community Center, MAN introduced social elements such as exercise and fitness classes, youth sports leagues, year-round family events, farmers' markets, and more to bring individuals of all economic backgrounds together. Opportunities for social involvement and the ability to take on leadership roles were developed and implemented. While there is still a need for services that focus on immediate needs, by pairing them with opportunities for social cohesion, residents have begun to create different expectations for their daily lives and their children's futures. To expand these successes, MAN wanted to duplicate the Firehouse Community Center model at Johnston Community Center. KFH-Sacramento provided \$15,000 to implement a pilot program at Johnston. The site currently hosts a summer day camp for youth 6 to 12, an after-school program for elementary school students, art classes, meetings, and community events.
- To help build stronger relationships between law enforcement and the community in Arden-Arcade, a high-need area of Sacramento County, the Deputy Friend Youth Outreach Program, an education program designed to mitigate juvenile delinquency and youth violence by improving relationships between law enforcement and youth, was launched as part of SCIP's violence intervention program. KFH-Sacramento contributed \$10,000 to the project. During the first six months of the pilot project, SCIP partnered with six San Juan School District schools to develop an onsite presence during the school day, resulting in stronger relations with students, school administrators, and the community at large.
- KFH-Sacramento provided \$40,000 to Arden Manor Parks and Recreation District for activities at Thomas Edison Language Institute, a Title 1 elementary school serving 560 students, 91% of whom are eligible for free/reduced lunch. Funding supports three components:
 1. Designed to provide students who are on campus after school with a safe and positive environment, this program expands on existing activities by providing after-school supervision, snacks, and homework assistance until 5:00 pm each day. The aim is to promote healthy, active lifestyles and violence prevention through time spent in a positive, constructive, and supervised environment during after school hours.
 2. Field of Dreams will be supported and maintained by Arden Manor Recreation and Park District and San Juan Unified School District. Funding will assist with upgrading and outfitting the sports field with necessary equipment. All long-term maintenance and equipment replacement will be shared by Arden Manor and Edison. The project will have a long-term positive impact on the broader community because it will serve as a community hub, with a safe walking/running area, a host facility for adult sports programs (which does not currently exist in the immediate area), and a host facility for youth sports programs for San Juan Unified School District West End elementary schools. The field will also serve as an essential component of the school's physical education program, providing a proper running track and a safe, maintained sports field for students.
 3. Under the supervision of the Arden Manor Sports and Fitness coordinator, Kinesiology interns from American River College will administer a physical education program. Edison students do not currently have structured physical education time, and implementation of this program will help combat obesity and sedentary lifestyle that may be reinforced outside the school day.

2013 GOAL UPDATE

The goal will remain unchanged for 2013.

2013 STRATEGIES UPDATE

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

MONITORING PROGRESS OF 2013 STRATEGIES

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

Table 1

KAISER FOUNDATION HOSPITAL-SACRAMENTO

2012 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: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members | 1 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 3,369 |
| Medi-Cal Managed Care members | 9,711 |
| Healthy Families Program members | 4,404 |
| Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) ¹ members | 102 |
| Health Research projects (new, continuing, and completed) | 6 |
| Nursing Research projects (new, continuing, and completed) | 6 |
| Educational Theatre Programs – number of performances and workshops | 34 |
| Educational Theatre Programs – number of attendees (students and adults) | 12,506 |
| Graduate Medical Education – number of programs | 9 |
| Graduate Medical Education – number of affiliated and independent residents | 249 |
| Nurse practitioner and other nursing training and education beneficiaries | 55 |
| Deloras Jones nursing scholarship recipients | 3 |
| Other health professional training and education (non-MD) beneficiaries | 36 |
| Summer Youth and INROADS programs participants | 9 |
| Number of 2012 grants and donations made at the local and regional levels ² | 105 |

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

²The vast majority of regional grants impact three or more local hospitals. As such, a single regional grant may be included in the “Number of 2012 grants and donations” count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-SACRAMENTO

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$22,659,487 |
| Healthy Families ² | 1,564,943 |
| Charity care: Charitable Health Coverage programs ³ | 2,458,986 |
| Charity care: Medical Financial Assistance Program ⁴ | 9,432,831 |
| Grants and donations for medical services ⁵ | 744,174 |
| Subtotal | \$36,860,422 |
| Other Benefits for Vulnerable Populations | |
| Summer Youth and INROADS programs ⁶ | \$43,727 |
| Grants and donations for community-based programs ⁷ | 214,071 |
| Community Benefit administration and operations ⁸ | 497,138 |
| Subtotal | \$754,936 |
| Benefits for the Broader Community⁹ | |
| Community health education and promotion programs | \$15,511 |
| Educational Theatre Programs | 269,115 |
| Facility, supplies, and equipment (in-kind donations) ¹⁰ | 12,269 |
| Community Giving Campaign administrative expenses | 10,235 |
| Grants and donations for the broader community ¹¹ | 251,208 |
| National board of directors fund | 23,514 |
| Subtotal | \$581,851 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$2,095,917 |
| Non-MD provider education and training programs ¹² | 453,199 |
| Grants and donations for the education of health care professionals ¹³ | 11,180 |
| Health research | 3,952,535 |
| Subtotal | \$6,512,831 |
| Total Community Benefits Provided | \$44,710,040 |

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.

KAISER FOUNDATION HOSPITAL (KFH)-SAN DIEGO

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

The KFH-San Diego service area includes a large part of San Diego County. The following cities and communities are included: Bonita Chula Vista, Coronado, Del Mar, Descanso, Dulzura, El Cajon, Encinitas, Leucadia, Olivenhain, Escondido, Fallbrook, Rainbow, Guatay, Imperial Beach, Jamul, La Jolla, La Mesa, Lakeside, Lemon Grove, Lincoln Acres, Mount Laguna, National City, Oceanside, Pala, Palomar Mountain, Pauma Valley, Pine Valley, Potrero, Poway, Ramona, Rancho Santa Fe, San Diego, San Luis Rey, San Marcos, San Ysidro, Santee, Solana Beach, Spring Valley, Tecate, Valley Center, Vista and Warner Springs.

COMMUNITY SNAPSHOT (2010 COMMUNITY HEALTH NEEDS ASSESSMENT FOR KFH-SAN DIEGO)

| | |
|-------------------------------|-----------|
| Total population: | 3,224,432 |
| Median age: | 35.3 |
| Median household income: | \$72,963 |
| Percentage living in poverty: | 12.6% |
| Percentage unemployed: | 10.1% |
| Percentage uninsured: | 22.9% |

| | |
|-----------------------------|-----|
| White: | 49% |
| Latino: | 31% |
| Asian and Pacific Islander: | 10% |
| African American: | 5% |
| Other: | 3% |
| Native American: | <1% |

KEY FACILITY STATISTICS

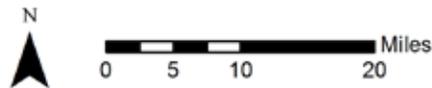
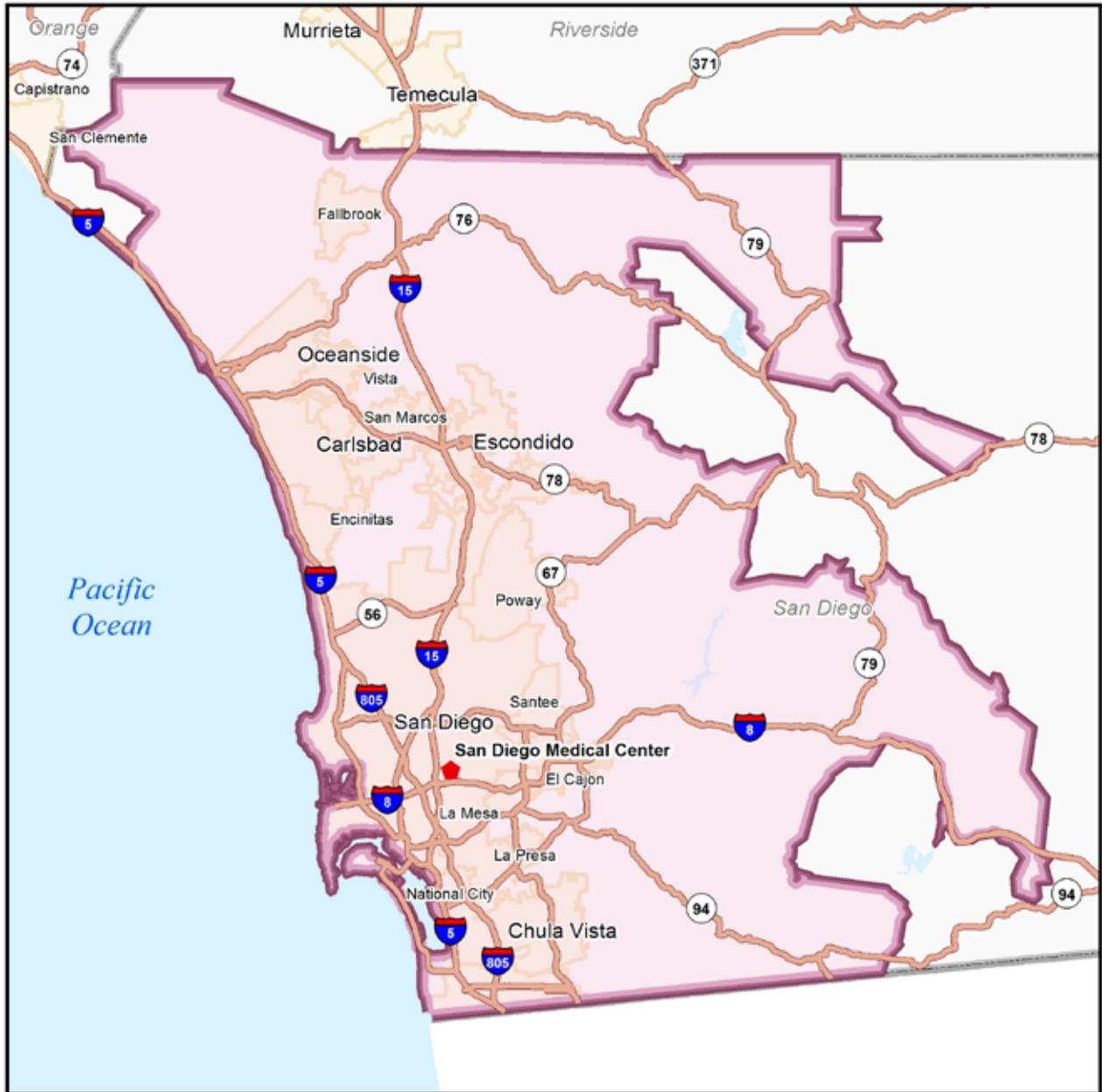
| | |
|-------------------------------------|---------|
| Year opened: | 1975 |
| KFH full-time equivalent personnel: | 2,016 |
| KFHP members in KFH service area: | 514,342 |

| | |
|------------------------|---------|
| Total licensed beds: | 392 |
| Inpatient days: | 112,789 |
| Emergency room visits: | 100,272 |

KEY LEADERSHIP AT KFH-SAN DIEGO

| | |
|-----------------------|--|
| Mary Ann Barnes, RN | Senior Vice President and Executive Director |
| Sammy Totah | Chief Operating Officer |
| Lynette Seid | Area Chief Financial Officer |
| Paul E. Bernstein, MD | Area Medical Director |
| James Malone | Chief Administrative Officer |
| Rodger Dougherty | Senior Director, Public Affairs and Brand Communications |
| Shreya Sasaki | Senior Community Benefit Health Manager |
| Tana Lorah | Community Benefit Health Manager |

KFH San Diego Medical Center Area



- KFH Medical Center
- Cities and Towns
- KFH Medical Center Area
- County Boundary

Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
Maps Produced by: the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES). March 2013.



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

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

KEY FINDINGS FROM THE 2010 CHNA

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

Access to Health Services:

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

Weight Status, Nutrition, and Physical Activity:

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

Injury and Violence:

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

Falls:

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

Motor Vehicle Injuries:

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

Overdose/Poisoning:

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

Pedestrian Injury:

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

Mental Health:

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

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-SAN DIEGO SERVICE AREA

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

2012 YEAR-END RESULTS

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

The economic recession that began in December 2007 has been more severe than any economic downturn since the Great Depression. San Diego County's unemployment rate has varied from 3.9% in 2000 to 8.6% in November 2012. The health consequences of losing a job include changes in health coverage and health care utilization, higher emergency room and primary care clinic utilization, and competing demands for the family budget. Given the impact the economic downturn has had on health care access, KFH-San Diego selected this prioritized need so that it can use its resources to help increase access to health services for vulnerable populations. With a history of participating in charitable health coverage programs, many long-standing partnerships with community clinics in the county that serve vulnerable populations, and a recent track record of providing needed surgeries to this population via its Surgery Day Program, KFH-San Diego is well suited to address this need.

2012 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.
3. Increase availability of supportive services to facilitate access health care services.

2012 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. Expand the type of Surgery Day procedures by including prostate biopsies.
4. Provide grant funding to community clinics to support operations and programs that increase access to direct health services.
5. Provide grant funding to nonprofit organizations to address outreach, enrollment, and retention activities.
6. Provide grant funding to nonprofit organizations to increase access to supportive services, including but not limited to transportation, nutrition assistance, language services, and case management.

TARGET POPULATION

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

COMMUNITY PARTNERS

Community partners include 2-1-1 San Diego, Council of Community Clinics (the clinic association for 16 community clinic members in San Diego County), Borrego Community Health Foundation, Family Health Centers of San Diego, Home Start Inc., Imperial Beach Health Center, Mountain Health and Community Services, Neighborhood Healthcare, North County Health Services, Planned Parenthood of the Pacific Southwest, San Diego American Indian Health Center, San Diego Family Care, San Ysidro Health Center (SYHC), Vista Community Clinic, and San Diego County Medical Society Foundation.

2012 YEAR-END RESULTS

- On June 8, 2012, the Kaiser Permanente Child Health Plan (KPCHP) officially opened for enrollment in San Diego County for children in need of health insurance and subsequent access to health care, assisting KFH-San Diego in

achieving its goal to increase insurance access for low-income and uninsured individuals. More than 1,000 children participated in the KPCHP program in 2012. KFH-San Diego's Senior Community Benefit Manager was an integral part of the Kaiser Permanente implementation team and provided significant assistance in conducting outreach and education on KPCHP in various community settings and through emails and conference calls with certified application assistors and nonprofit organizations focused on improving access to health care.

- Two surgery days were held on March 24, 2012, and October 20, 2012. During the second day, KFH-San Diego expanded the types of procedures provided to include sclerotherapy because of the higher need in the community instead of prostate biopsy. For instance, one patient had venous stasis disease that was so severe that it was difficult for him to stand at his job as a cook. Having the procedure meant he was to work without pain and walk with his family. Combined, KFH-San Diego donated approximately \$366,756 worth of care (e.g., cataract surgeries, gallbladder removals, hernia repairs, colonoscopies, etc.) for 57 uninsured individuals. Since 2008 KFH-San Diego's total amount of donated care was approximately \$2.1 million.
- KFH-San Diego provided grant funding to community clinics to support operations and programs that increase access to direct health services. In 2012, KFH-San Diego awarded support to 16 community health centers through 16 grants, totaling \$454,950. Funds were used to provide primary care and treatment of chronic conditions, outreach and enrollment services, and medical care to the homeless, in addition to other activities. Representative support includes the following:
 - Imperial Beach Health Center was awarded a \$30,000 grant to increase access to health insurance and services by educating uninsured individuals about insurance options and available health services and by assisting with enrollment. In the first six months of its grant, the SOAR (SSI/SSDI Outreach, Access and Recovery) Counselor educated 167 individuals about affordable health care, insurance options, community resources, and how to access the community clinic for primary care instead of the emergency room. In addition, the SOAR Counselor assisted 10 candidates eligible for SSI/SSDI in completing and submitting their applications. Three individuals had their applications approved, and one of them received a large retroactive payment from SSI/SSDI due to a terminal illness that allowed him to purchase food and other necessities.
 - Vista Community Clinic was awarded a \$35,000 grant to support a part-time nurse practitioner to facilitate access to health services for low-income and uninsured residents in north San Diego County, an area that has a high number of migrant workers in need of health care. The grant has been able to increase access to health care as the Nurse Practitioner is able to see walk-in patients, schedule appointments, and, as necessary, refer patients to specialty care. She conducted 2,192 patient visits in the first six months of the grant.
- Kaiser Permanente Southern California Region funded Quality Improvement (QI) projects for safety-net organizations to build stronger programs and infrastructure that improves service for patient populations at risk of racial and ethnic health disparities, with special focus on improved management of chronic conditions and patient outcomes. In 2012, Community Clinics Health Network received \$500,000 to continue to provide leadership and infrastructure to expand the ALL clinical protocol to community clinics, providers, and patients throughout Southern California.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013, except strategy number three and five will be removed. For three, the reason is that as stated in the results, it was difficult to identify patients in need of prostate biopsies. Although community clinics have reported the need, San Diego County Medical Society Foundation's Project Access San Diego has been unsuccessful in its attempts to recruit such patients for Surgery Day. For five, due to newly implemented health care reform activities, the need for support from KFH-San Diego has been reduced.

MONITORING PROGRESS OF 2013 STRATEGIES

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

PRIORITIZED NEED II: OBESITY PREVENTION

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

2012 GOALS

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

2012 STRATEGIES

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

TARGET POPULATION

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

COMMUNITY PARTNERS

Community partners include the Environmental Health Coalition, Friends of Chula Vista Parks and Recreation/City of Chula Vista Parks and Recreation, International Rescue Committee, North County Community Services, San Diego County Childhood Obesity Initiative, and Special Olympics of San Diego County.

2012 YEAR-END RESULTS

- The Environmental Health Coalition was awarded a \$12,500 grant to train community leaders in building healthy communities through the SALTA (Salud Ambiental Lideres Tomando Accion–Environmental Health Leaders Taking Action) Leadership Training Program; guide implementation of Community Plans in Barrio Logan and National City to provide increased healthy food options, community gardens, and more walkable streets; facilitate development of a community vision for improving health and reducing obesity in City Heights; and work with San Diego and National City to provide incentives for existing stores and markets to carry fresh fruits and vegetables. The number of people served by this project includes over 100,000 mostly Latinos who are disproportionately impacted by obesity.
- In 2012, KFH-San Diego began a strong partnership with the International Rescue Committee (IRC) to establish a community garden on vacant property owned by Kaiser Foundation Health Plan in El Cajon to increase access to and consumption of fresh fruits and vegetables among a vulnerable refugee population. A large part of this effort included active involvement by the KFH-San Diego's senior community benefit manager and community benefit health manager in advocating for policy change to the City of El Cajon, specifically to update the city ordinance to allow for community gardens on residential and commercial property with no permit required. In December 2012, the City of El Cajon's City Council preliminarily approved this language and formally accepted it in January 2013. The passage of this ordinance will allow KFH-San Diego and the International Rescue Committee to implement the garden in 2013. Also related to this effort was approval of two grants providing \$74,000 in funding for the IRC to hire a garden coordinator and purchase supplies for the garden. When completed, the garden expects to serve approximately 150 individuals, most of them Iraqi refugees who have resettled in the El Cajon.
- A \$5,000 grant was provided to Special Olympics–San Diego to increase access to safe physical activity for individuals with physical and developmental disabilities. The objectives of this grant include improving the health and fitness of 1,100 Special Olympics athletes in San Diego County through participation in weekly sports practice; hosting six Special Olympics competitions in San Diego County for athletes to showcase their skills developed through sports training; and hosting three trainings to provide coaches in San Diego County with the skills needed to instruct individuals with ID in sport, health, protective behaviors (recognizing signs of abuse and neglect), and nutrition.
- On May 9, 2012, KFH-San Diego hosted a screening of the film *Weight of the Nation* for over 100 community members. *Weight of the Nation* is a comprehensive public awareness and engagement campaign aiming to catalyze efforts across the United States to combat obesity and improve health outcomes. Kaiser Permanente partnered with the Institute of Medicine, the Michael and Susan Dell Foundation, the National Institutes of Health, the Centers for Disease Control and Prevention, and HBO on the project. After the film a panel included Mary Ann Barnes, KFH-San Diego Executive Director and Senior Vice President, who discussed environmental and policy change related to obesity prevention; Ron Roberts, County Board Supervisor, who discussed the county's role in obesity prevention; and Jennette Lawrence Shay, Director, Government & Community Relations at Family Health Centers of San Diego, who discussed obesity among the community clinic population. Participants received screening kits so that they could hold their own community events related to the film.
- Kaiser Permanente Southern California Region's Operation Splash grants support recreation and parks departments and districts to provide children and adults with free swim lessons, junior lifeguard preparation, and to launch healthy beverage campaigns. In 2012, the Friends of Chula Vista received a \$55,000 grant to support their efforts including a sugar-free beverage campaign.
- Kaiser Permanente Southern California Region HEAL (Healthy Eating, Active Living) statewide strategic partnership grants support projects focused on policy and environmental changes that are to bring significant and sustained community-level change within communities. Community Health Improvement Partners received a \$200,000 grant over two years (\$100,000 in 2012) to support the San Diego County Childhood Obesity Initiative (COI), which works on multi-sector obesity prevention strategies to create healthy environments for all children and families in San Diego County.

- Kaiser Permanente Southern California Region's HEAL Zone initiative supports site-specific collaboratives, comprised of multi-sector representatives that include cities, school districts, community clinics and non-profit organizations, to develop and implement evidence based and prevention oriented environmental strategies focused on reducing obesity rates in their communities. The strategies aim to transform communities so that residents are exposed to multiple opportunities for engaging in healthy behaviors (e.g., availability of bike lanes, farmers' markets, parks, etc.). Community Health Improvement Partners received a \$150,000 grant.¹

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

All strategies will remain the same for 2013, except the following, which will be changed or updated:

2. Saturate the City of Lemon Grove with multiple, evidence-based strategies to impact physical and social environments through participation in the Lemon Grove HEAL Zone steering committee.
4. Partner with the International Rescue Committee to implement a community garden on KFHP-owned property in El Cajon to increase access to fresh produce and awareness on healthy eating and physical activity.

MONITORING PROGRESS OF 2013 STRATEGIES

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

PRIORITIZED NEED III: INJURY PREVENTION AND TREATMENT

In California, injury, including both unintentional and intentional, is the number one killer and disabler of persons 1 to 44. Unintentional injuries can occur at home, at work, while participating in sports and recreation, on the streets, and at school. The 2010 CHNA focused on those unintentional injuries that are severe enough to lead to a visit to a hospital emergency department, hospitalization, or death. Unintentional injuries are one of the leading causes of death for San Diego County residents of all ages, regardless of gender, race, or region. Intentional refers to injuries resulting from purposeful human action, whether directed at oneself or others. In terms of intentional injuries, the 2010 CHNA examined violence and self-inflicted injury. Violence includes a wide array of crimes involving the use of physical force with the intent to inflict harm or death upon another person. Self-inflicted injury, which includes suicide, is the deliberate harm of one's own body to cause injury (cutting, scratching, hitting, biting, and burning). In 2008, suicide was the eighth leading cause of death in San Diego County, accounting for 359 deaths, with an overall age-adjusted rate of 11.3 suicide deaths per 100,000 people.

The economic costs of injury and violence are massive, including not only costs related to medical expenses but also wage and productivity losses, administrative expenses, and motor vehicle damage. The rationale for selecting this priority need is based on the high numbers of deaths, high rates of hospitalization and ED discharges, and the economic and social costs (mental health issues, relationship issues, etc.) that unintentional and intentional injuries cause. In the past few years, KFHSan Diego has begun to support community-based organizations that aim to prevent or treat unintentional and intentional injuries. KFHSan Diego will continue building on this support in 2012.

¹ This grant was distributed from the Kaiser Permanente Southern California Charitable Contribution Fund, a donor-advised fund administered by the California Community Foundation. Accordingly, the grant amount was not included in the community benefit totals for 2012 (Table A, B and 2).

2012 GOALS

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

2012 STRATEGIES

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

TARGET POPULATION

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

COMMUNITY PARTNERS

Community partners included Access Inc., Center for Community Solutions (CCS), San Diego Organizing Project, South Bay Community Services (SBCS), and Union of Pan Asian Communities.

2012 YEAR-END RESULTS

KFH-San Diego provided a number of grants to organizations that provide health care services to immigrant victims of domestic violence, offer prevention education on domestic violence, support youth violence prevention in the City Heights area, and support teams that respond to domestic violence. The following are highlights of some of these activities:

- KFH-San Diego has been supporting the efforts of San Diego Organizing Project to reduce violence in the City Heights area of San Diego since 2006. One of its main strategies was to bring a Youth Development Office (YDO) to the City of San Diego. In order to prevent violence and promote positive youth development, YDO coordinates the work of the City of San Diego, the County of San Diego, the San Diego Unified School District, community-based organizations, and area business and community representatives through collaboration, coordination of youth development strategies, and tracking of outcomes and partnerships in federal and state grant programs. YDO ensures seamless sequencing and integration of youth services. Grant funding from KFH-San Diego in 2011 was used to assist the San Diego Organizing Project in securing seed money for YDO by January 2012; hire a "Youth Czar" by June; and open the office with San Diego Work Force Partnership by September. These outcomes were successfully achieved in 2012. Approximately 50,000 youth and their families will be positively impacted by YOD's efforts.
- KFH-San Diego in 2011- 2012 has provided CCS with grant funding, totaling \$32,500, to provide community-based prevention education on domestic violence among a vulnerable teen population. Through both grants, nearly 800 teens receive intimate partner violence (IPV) prevention education. From November 2011 through November 2012, 420 teens received IPV prevention education; specifically targeted populations included high school youth, immigrant and refugee girls, pregnant and parenting teens, runaway and homeless youth, and LGBTQ youth. In its evaluation, CCS found that teens demonstrated knowledge of bystander intervention skills and over 90% of participants reported that they would use the skills they learned to be an active bystander in their school and/or community. In addition to the grant funding, in 2012, 28 KFH-San Diego staff painted, deep-cleaned, organized, and landscaped CCS's temporary domestic violence shelter.
- KFH-San Diego in 2011 - 2012 provided grant funding to SBCS to support services for victims of domestic violence. The service population includes victims of domestic violence and their children in the southern part of San Diego County. A total of \$32,500 was provided for shelter and transitional housing with trauma-informed supportive services for victims of domestic violence. Over the course of the grant, more than 650 unduplicated clients were provided with shelter services, counseling, emergency food, clothing and transportation, case management and advocacy, support

groups, and walk-in victim assistance, and 522 unduplicated clients were provided with crisis intervention services. In addition to grant support in 2012, 17 KFH-San Diego staff landscaped the grounds of SBCS's foster youth transition residential complex.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

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

Table 1

KAISER FOUNDATION HOSPITAL-SAN DIEGO

2012 Key Community Benefit Program Metrics

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

| | |
|--|--------|
| Charity Care: Medical Financial Assistance Program recipients | 5,007 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members | 559 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 3,437 |
| Medi-Cal managed care members | 13,745 |
| Healthy Families Program members | 11,906 |
| Community Surgery Day patients | 66 |
| Health Research projects (new, continuing, and completed) | 214 |
| Nursing Research projects (new, continuing, and completed) | 4 |
| Educational Theatre – number of performances and workshops | 195 |
| Educational Theatre – number of attendees (students and adults) | 31,050 |
| Graduate Medical Education – number of programs | 16 |
| Graduate Medical Education – number of affiliated and independent residents | 136 |
| Nurse practitioner and other nursing training and education beneficiaries | 29 |
| Deloras Jones nursing scholarship recipients | 18 |
| Other health professional training and education (non-MD) beneficiaries | 36 |
| Hippocrates Circle students | 86 |
| Summer Youth and INROADS programs participants | 22 |
| Number of 2012 grants and donations made at the local and regional levels ¹ | 94 |

¹The vast majority of regional grants impact three or more hospitals. As such, a single regional grant may be included in the "Number of 2012 grants and donations" count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-SAN DIEGO

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$10,210,514 |
| Healthy Families ² | 3,605,144 |
| Charity care: Charitable Health Coverage programs ³ | 1,647,019 |
| Charity care: Medical Financial Assistance Program ⁴ | 5,391,331 |
| Grants and donations for medical services ⁵ | 1,005,540 |
| Subtotal | \$21,859,548 |
| Other Benefits for Vulnerable Populations | |
| Watts Counseling and Learning Center ⁶ | \$0 |
| Educational Outreach Program | 0 |
| Summer Youth and INROADS programs ⁷ | 66,405 |
| Grants and donations for community-based programs ⁸ | 675,773 |
| Community Benefit administration and operations ⁹ | 923,991 |
| Subtotal | \$1,666,169 |
| Benefits for the Broader Community¹⁰ | |
| Community health education and promotion programs | \$142,435 |
| Educational Theatre | 719,598 |
| Facility, supplies, and equipment (in-kind donations) ¹¹ | 96,248 |
| Community Giving Campaign administrative expenses | 14,376 |
| Grants and donations for the broader community ¹² | 33,318 |
| National board of directors fund | 43,412 |
| Subtotal | \$1,049,387 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$1,365,392 |
| Non-MD provider education and training programs ¹³ | 1,155,605 |
| Grants and donations for the education of health care professionals ¹⁴ | 78,267 |
| Health research | 3,017,080 |
| Continuing Medical Education | 1,041 |
| Subtotal | \$5,617,385 |
| Total Community Benefits Provided | \$30,192,488 |

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 Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Los Angeles, KFH-West Los Angeles, and KFH-Downey.
- ⁷ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Summer Youth students hired.
- ⁸ Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the 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.
- ⁹ The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- ¹⁰ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a number of related denominators such as the number of Educational Theatre performances or health education programs.
- ¹¹ 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.
- ¹² Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ¹³ Amount reflects the net expenditures after tuition reimbursement for health professional education and training programs.
- ¹⁴ Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, 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.

KAISER FOUNDATION HOSPITAL (KFH)-SAN FRANCISCO

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

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

COMMUNITY SNAPSHOT (*COUNTY-LEVEL DATA)

| | |
|-------------------------------|----------|
| Total population: | 823,296 |
| Median age:* | 38.2 |
| Average household income:* | \$73,127 |
| Percentage living in poverty: | 11.86% |
| Percentage unemployed:* | 7.38% |
| Percentage uninsured: | 11.53% |

| | |
|-----------------------------|--------|
| White: | 44.92% |
| Latino: | 14.10% |
| African American: | 6.00% |
| Asian and Pacific Islander: | 31.02% |
| Native American: | 0.23% |
| Other: | 3.72% |

KEY STATISTICS

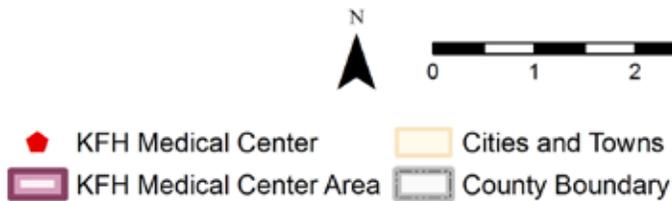
| | |
|-------------------------------------|---------|
| Year opened: | 1954 |
| KFH full-time equivalent personnel: | 1,526 |
| KFHP members in KFH service area: | 188,533 |

| | |
|------------------------|--------|
| Total licensed beds: | 247 |
| Inpatient days: | 62,361 |
| Emergency room visits: | 33,027 |

KEY LEADERSHIP AT KFH-SAN FRANCISCO

| | |
|-------------------|--|
| Christine Robisch | Senior Vice President and Area Manager |
| Don Irie | Area Finance Officer |
| Robert Mithun, MD | Physician in Chief |
| Tamara Marlett | Medical Group Administrator |
| Randy Wittorp | Public Affairs Director |
| James M. Illig | Community Benefit/Community Health Manager |

KFH San Francisco Medical Center Area



Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
Maps Produced by: the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES). March 2013.



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

In the City and County of San Francisco, the triannual CHNA is conducted by the Building a Healthier San Francisco (BHSF) collaborative, which includes all of San Francisco's nonprofit hospitals, as well as foundations, health and human service providers, and community-based organizations. BHSF was convened to address community health issues, identify health needs and disparities, and improve health outcomes for city residents. Kaiser Permanente (KP-) San Francisco is a founding member of the BHSF collaborative, which includes:

| | |
|----------------------------------|---|
| Anthem Blue Cross | California Pacific Medical Center |
| Chinese Hospital and Health Plan | Hospital Council of Northern/Central California |
| McKesson Foundation | McKesson Foundation |
| Mount Zion Health Fund | NICOS Chinese Health Coalition |
| Saint Francis Memorial Hospital | SF Community Clinic Consortium |
| SF Department of Human Services | SF Department of Public Health |
| San Francisco Foundation | San Francisco Medical Society |
| SF Unified School District | St. Mary's Medical Center |
| UCSF Medical Center | United Way of the Bay Area |

As a result of a previous CHNA process, the Community Benefit Partnership (CBP) was formed to harness the collective energy and resources of San Francisco's nonprofit and public hospitals, city departments, community clinics, health plans, nonprofit providers, and advocacy groups to address the need identified in the triannual assessments. The CBP expanded membership of the BHSF collaborative to include additional members:

| | |
|---|---|
| African American Health Equity Council | Black Coalition on AIDS |
| Circle Point | Conard House |
| African American Health Disparity Project | Operation Access |
| Public Health Institute | SF Department of Aging and Adult Services |
| SF Department of Children, Youth & Their Families | |

Access to good data is the foundation for conducting meaningful assessments and for monitoring changes that address identified health needs. BHSF devoted much of its early efforts to developing a data resource for coalition members and the broader health care community and worked with Healthy Communities Foundation to create and implement Health Matters in San Francisco (HMSF) <http://www.healthmattersinsf.org/>, a customized web-based information system. Launched in 2007, HMSF is updated as new data become available, ensuring that the CHNA is up-to-date between reporting years and that organizations undertaking their own planning have current data. HMSF puts tools and methodology together to increase community awareness, inform community decision making, and facilitate positive community change. It provides health data about San Francisco and additional resources for community planners and residents, such as promising practices and resource links, and contains quantitative data at the state, county, and/or zip code level, depending on availability, for more than 100 health and environmental indicators that impact health status. The data are the most current publicly available from the Office of Statewide Health Planning and Development (OSHPD), California Health Interview Survey (CHIS), San Francisco City Departments, United States Census, Centers for Disease Control and Prevention (CDC), and other sources, such as the National Cancer Institute. In addition to the raw data, HMSF includes an analysis of mortality and hospitalization data, identifying key findings for the CHNA.

As part of the 2010 CHNA, BHSF developed Community Vital Signs, a dynamic portal to the community's priority health issues and associated community resources. A measurement tool for San Francisco's health goals, Community Vital Signs also supports the infrastructure for community collaborations working to address these goals. By enhancing the four priority areas developed during the 2007 CHNA, the collaborative identified 10 priority health goals for San Francisco. At a community

stakeholder meeting in late 2009, the CBP hosted more than 75 participants with a range of health and human services expertise who confirmed the relevance of the 10 health goals and planted the seeds for 10 affinity groups composed of subject matter experts for each goal. The 10 priority health goals were adopted by the San Francisco Health Commission in 2010 and are tracked through Community Vital Signs on the HMSF website.

San Francisco's Community Vital Signs are an effective platform to promote the city's health priorities while providing a means to evaluate health intervention impacts, assess health and health care needs, and help guide health policy through collaboration. The affinity groups met throughout 2010 to brainstorm more than 350 potential data indicators to measure progress of the identified health goals. Additional research by BHSF and input from a 2010 stakeholder workshop allowed CBP to identify the 34 most relevant indicators that have current available data and benchmarks. HMSF was relaunched in late 2010 to show the current baseline for each Vital Sign and its associated benchmarks.

To continue the affinity groups' momentum and to support the infrastructure for community collaborations to work together, HMSF included a Collaboration Center for each health goal that provides an online web tool that:

- Moves San Francisco toward reaching each health goal;
- Increases efficiency and collaboration around important issues related to these goals;
- Provides information on participating agencies and organizations and their current initiatives and future goals;
- Maps resources available and identifies people interested in the health goals; and
- Connects existing resources with community and agency needs.

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 for each of the 10 priority health goals/Community Vital Sign are as follows:

1. *Increase Access to Quality Medical Care:*

- 94% of San Franciscans have health insurance or are enrolled in a comprehensive access program; target is 100%.
- 251.9 ER visits per 10,000; target is 239.5.
- Hospitalization rates for ambulatory care sensitive conditions:
 - 29.9 hospitalizations for congestive heart failure per 10,000; target is 18.1.
 - 3.9 hospitalizations for immunization-preventable pneumonia and influenza per 10,000 adults 65+; target is 2.8.

2. *Increase Physical Activity and Healthy Eating to Reduce Chronic Disease:*

- 26% of adults engage in moderate physical activity; target is 30%.
- Retail food environment index score: 3.18 fast-food/convenience stores per produce outlet; target is 3.0.
- 35% of households are within one-half mile of a farmers market; target is 88%.

3. *Stop the Spread of Infectious Diseases:*

- 931 clinicians on the SF Hep B Free Clinician's Honor Roll (SFDPH); target is 1,350.
- 469 new HIV infections per year (estimate); target is 352.
- Rates of sexually transmitted infections:
 - 570.8 chlamydia cases per 100,000; target is 314.6.
 - 241.2 gonorrhea cases per 100,000; target is 47.5.
 - 46.3 primary and secondary syphilis cases per 100,000; target is 2.1.

4. *Improve Behavioral Health:*

- 11.5% of adults smoke; target is 12%.

- 9.8 age-adjusted deaths due to suicide per 100,000; target is 5.0.
 - 60.0 ER visits due to alcohol abuse per 10,000; target is 22.0.
5. *Prevent and Detect Cancer:*
- 50.8 lung and bronchus cancer cases per 100,000; target is 48.7.
 - 15.3 liver and bile duct cancer cases per 100,000; target is 5.5.
6. *Raise Healthy Kids:*
- 87% of mothers received early prenatal care; target is 90%.
 - 11.2 hospitalizations due to pediatric asthma per 10,000 (< 18 years); target is 5.5.
7. *Have a Safe and Healthy Place to Live:*
- 98 pedestrian injuries and deaths per 100,000; target is 20.
 - 736 violent crimes per 100,000; target is 100.
8. *Improve Health and Health Care Access for Persons with Disabilities:*
- 92% of disabled persons have health insurance; target is 100%.
 - 82% of San Francisco corners have curb ramps; target is 100%.
 - 1,244 units of DPH-subsidized supportive housing units; target is 1,650.
9. *Promote Healthy Aging*
- 76% of adults 65+ received influenza vaccination; target is 90%.
 - Hospitalization rate due to hip fractures for those 65 and older:
 - 571.2 hospitalizations per 100,000 women; target is 613.2.
 - 286.9 hospitalizations per 100,000 men; target is 333.5.
10. *Eliminate Health Disparities*
- demographic and geographic findings embedded in each Community Vital Sign goal

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-SAN FRANCISCO SERVICE AREA

After developing the CHNA collaboratively, each private nonprofit hospital in San Francisco then decided how it would address the identified health needs. KFH-San Francisco worked with Shemick Healthcare Consulting to facilitate the 2011–2013 Community Benefit prioritization process for its service area. During a series of four meetings, Kaiser Permanente San Francisco's Community Benefit Advisory Committee used the CHNA findings, the HMSF qualitative and quantitative data, Community Vital Signs, and Kaiser Permanente Northern California Region's priority areas to select its local priorities. The Community Benefit Advisory Committee members participating in the 2011–2013 priority needs selection process were:

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

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

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-SAN FRANCISCO SERVICE AREA

The Community Benefit Advisory Committee confirmed the following priorities for San Francisco's 2011–2013 Community Benefit Plan:

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

2012 YEAR-END RESULTS

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

The 2009 CHIS (updated February 2012) finds there are 64,000 uninsured San Franciscans. The City and County of San Francisco created a unique health care access program called Healthy San Francisco (HSF) to achieve the goal that 100% of San Franciscans will have health insurance or access to care. HSF is not insurance, but it provides access to primary care, preventive services, and hospitalization through a network of public and private nonprofit resources within the City and County of San Francisco. The city's safety-net system—San Francisco General Hospital (SFGH), San Francisco Department of Public Health (SFDPH), San Francisco Community Clinic Consortium (SFCCC), and community-based providers—serves the majority of the 46,822 current HSF participants. The city's nonprofit hospitals also participate in HSF.

The CHNA found that African Americans, people living with HIV/AIDS, and seniors in San Francisco have a high need for access to health care:

- At 1,302 deaths per 100,000 persons, African Americans continue to have the highest age-adjusted death rate compared to all other ethnic groups measured; the San Francisco average is 535 per 100,000. Only 58% of African American adults have private health insurance as compared to 89% of white adults. African Americans indicate the lowest percentage for having a usual source of health care (84%) compared to all other ethnic groups measured; the San Francisco average is 90%.
- HIV/AIDS continues to affect several segments of the population and the years of life lost (YLL) to HIV/AIDS ranks number two among males, whites, and Hispanic males, and number three among African Americans. HIV/AIDS is among the top 10 causes of YLL in 13 out of 21 zip codes in San Francisco.
- Seven San Francisco neighborhoods (Bayview Hunters Point, Chinatown, Haight Ashbury, Mission District, North Beach, South of Market, and Tenderloin) have a higher percentage of people over 65 living below the federal poverty level (FPL)—12% to 23%—compared to the national average of 11%. In those neighborhoods with a higher percentage of seniors living in poverty and isolation, hospitalization rates due to hip fractures increase; e.g., 790 hospitalizations per 100,000 females 65 and older in the Tenderloin, and only 439 per 100,000 in San Francisco's affluent Marina District.

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

2012 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.

2012 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) policy and maximize efficiencies.
3. Participate in Healthy San Francisco.
4. Provide strategic grant funding to improve access to services in the following areas:
 - Safety-net services provided by SFGH, SFDPH, SFCCC, and the community clinics
 - Services addressing ethnic health disparities

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

TARGET POPULATION

Low-income uninsured or underinsured individuals and families.

COMMUNITY PARTNERS

Community partners include Ambulatory Surgery Access Coalition (dba Operation Access or OA), Asian & Pacific Islander (API) Wellness Center, Black Coalition on AIDS, Curry Senior Center, Healthcare Foundation of Northern and Southern California/Hospital Council African American Health Disparity Project (AAHDP), Larkin Street Youth Services, Lyon-Martin Health Services, Native American Health Center, On Lok Day Services/30th Street Senior Center, Positive Resource Center (PRC), Project Homeless Connect, San Francisco AIDS Emergency Fund, San Francisco AIDS Foundation, SFCCC, SFDPH, San Francisco Free Clinic, SFGH, SFGH Foundation, St. Anthony Foundation, University of California San Francisco (UCSF) Alliance Health Project (AHP, formerly the AIDS Health Project), and Women's Community Clinic.

2012 YEAR-END RESULTS

- OA, which provides free surgeries to low-income, uninsured people to improve their health, ability to work, and quality of life, received a regionwide \$300,000¹ Kaiser Permanente Northern California Region grant for operating support. The grant enabled OA in 2012 to coordinate 1,585 donated surgical and specialty care services at 35 medical centers in Northern California, including 89 services at Kaiser Permanente San Francisco. OA was cofounded by Douglas Grey, MD, former chief of Vascular & Thoracic Surgery, Kaiser Permanente San Francisco, and current chairman, Regional Product Council, Kaiser Permanente Northern California. Dr. Grey and Kaiser Permanente San Francisco's Susan Dean, RN, clinic manager, are on OA's board of directors.
- Kaiser Permanente Northern California Region's Safety Net Partnership provided funding to the following projects:
 - SFDPH and SFGH (dba SFGH Foundation) received a three-year \$400,000¹ grant to fund a Specialty Care Initiative to improve access to and the quality of specialty care in the safety-net system and a three-year \$150,000¹ QI grant to develop a primary care QI infrastructure to improve patient clinical outcomes across primary care clinics.
 - Curry Senior Center received a \$60,000 grant and North East Medical Services received a \$60,000 grant in 2012 for a Connecting People with Resources project. Jeffrey Beane, MD, Hospice Medical Director, Kaiser Permanente San Francisco, is a Curry Senior Center Board member.
 - To enhance its capacity to support SFDPH, San Francisco Public Health Foundation received website design consultation from Kaiser Permanente Northern California Region Communications. Kaiser Permanente San Francisco Public Affairs Director Randy Wittorp is a San Francisco Public Health Foundation board member.
- Kaiser Permanente Northern California Region and Kaiser Permanente Southern California Region jointly supported an access to care project. On behalf of the Regional Association of California, California Family Health Council received a \$130,000 core operating support grant (evenly split between the regions) to continue the collaboration of the executive directors of local consortia, CPCA, and California Family Health Council.
- KFH-San Francisco funded the following projects to increase access to care:

¹ This grant was distributed by the Kaiser Permanente fund for Community Benefit, a donor-advised fund established in 2004 and administered by the East Bay Community Foundation. Accordingly, the grant amount was not included in the community benefit totals for 2012 (Tables A, B, and 2).

- The Hospital Council's AAHDP received continued support with a \$54,384 grant to the Healthcare Foundation of Northern and Central California to support the efforts of local hospitals and community organizations to reduce health disparities in the African American community by increasing access to care.
- Project Homeless Connect (through the San Francisco Public Health Foundation) received a \$25,000 grant for an ongoing project linking homeless and low-income individuals to essential services. In addition, on December 12, approximately 25 Kaiser Permanente physicians, residents, mental health specialists, ophthalmologists, and staff volunteered at Project Homeless Connect, providing care to 1,720 homeless clients.
- API Wellness Center was awarded a \$20,000 grant to address API health disparities by providing free health care, including hepatitis B and C screenings, to 500 underserved API and LGBT (lesbian, gay, bisexual, and transgender) patients at its clinic in the Tenderloin. The center offers a continuum of chronic disease prevention and primary medical care to vulnerable API populations. Kaiser Permanente San Francisco Behavioral Medicine Subchief Frank Sclafani is on API Wellness Center's board of directors.
- On Lok Day Services/30th Street Senior Center received a \$15,000 grant to support development of a falls prevention exercise program to improve the strength and endurance of 60 frail elderly participants. The grant also supports the congregate nutrition program that provides hot prepared meals for 300 seniors each day in a social atmosphere at the 30th Street Senior Center.
- KFH-San Francisco and Kaiser Permanente Northern California Region continued to support HIV prevention, access to treatment, and support services for people living with HIV/AIDS with grants totaling \$220,000.
 - API Wellness Center received a \$75,000¹ grant to provide outreach, HIV testing, and counseling at nightclubs, bars, and other venues frequented by young men of color who have sex with men in the San Francisco Bay Area.
 - San Francisco AIDS Emergency Fund received a \$20,000 grant to stabilize the living situations of people living with HIV seeking financial assistance. As a result, 142 individuals moved into subsidized housing and 75 avoided eviction. Kaiser Permanente San Francisco Social Work Services Manager Joseph Headlee, LCSW, is an AIDS Emergency Fund board member.
 - Black Coalition on AIDS received a \$75,000¹ grant to increase access to HIV education, prevention, testing, and treatment for African-American and Latino youth, including youth who are incarcerated. The program brings workshops, education, testing, counseling, and referrals for other services to at-risk youth where they already gather—at schools, youth centers, the city jail, and a workforce training center.
 - Larkin Street Youth Services received a \$10,000 grant to help sustain a continuum of services, including health care, mental health, substance abuse and HIV/STI services, wraparound case management, employment opportunities, education, and housing, for 70 homeless, HIV-positive, at-risk youth 12 to 24. Charles Wibbelsman, MD, Adolescent Medicine, Kaiser Permanente San Francisco, is on Larkin Street's board of directors.
 - PRC received a \$20,000 grant to provide 300 low-income, HIV-positive people with a full complement of employment services to raise their socioeconomic status, leading to improved care and treatment adherence. Alex Khoo, revenue cycle director, Kaiser Permanente San Francisco, is on PRC's board of directors.
 - AHP received a \$20,000 grant to increase adherence to medical treatment and access to appropriate social services for 25 persons living with HIV. Murtuza Ghadiali, MD, Chemical Dependency Recovery Program, Kaiser Permanente San Francisco, is on UCSF AHP's Community Advisory Board.
- KFH-San Francisco helped sponsor five community health fairs in 2012 for a total of \$20,800. More than 60 Kaiser Permanente physicians and staff volunteered, providing health screenings and health education to the community.
 - The 8th Annual Richmond Community Health Festival (through Richmond Area Multi-Service) was held May 14 in the Richmond District.

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- United in Health Community Health Fair (through AfroSolo Theatre Company), serving the Western Addition neighborhood, was held August 11.
- Tenderloin Community Health & Safety Fair (through North of Market Tenderloin Community Benefit Corporation) was held September 29.
- Chinatown Health Fair (through NICOS Chinese Health Coalition) was held October 6.
- St. Paul of the Shipwreck Health Fair (through the Roman Catholic Archdiocese of SF), serving the Bayview neighborhood, was held September 29.
- In addition to those listed with grantees above, a number of key Kaiser Permanente employees serve on the boards of San Francisco nonprofit community-based organizations dedicated to access to care:
 - Christine Robisch, senior vice president and area manager, Kaiser Permanente San Francisco, is a member of the Healthy San Francisco Advisory Council.
 - Helen Archer-Duste, RN, MS, executive director, Care Experience and Workplace Safety, Kaiser Permanente Northern California Region, is a SFGH Foundation board member.
 - Jeffrey Braff, DrPH, director, Human Research Protections, Kaiser Foundation Research Institute, is a board member of Lyon-Martin Health Services.
 - Barbara Vogelsang, RN, director, Maternal Child Health and Perioperative Services, Kaiser Permanente San Francisco, is a board member of South of Market Health Center.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

Strategies connected to the goal “to increase the number of low-income people who enroll in or maintain health care coverage” will be measured by tracking the number of persons enrolled in Kaiser Permanente Child Health Plan, STEPS, and HSF. Strategies connected to the goal “to increase access to health care services for low-income and uninsured individuals” will be measured by tracking the number of individuals receiving MFA; the dollar amounts and outcomes of grants awarded to increase access to care; the number of OA services provided in San Francisco; and the support provided for community health fairs measured by total sponsorship dollars, the numbers of attendees, health screenings, and KP-SF volunteers.

PRIORITIZED NEED II: OBESITY AND OVERWEIGHT

As it was in 2004 and 2007, prevention was once again a dominant finding in the 2010 CHNA, which stressed the importance of addressing environmental factors such as access to healthy food and physical activity to tackle the growing rates of obesity and correlated chronic conditions. The CHNA found that 43% of adult San Franciscans were overweight or obese, with higher rates for Latinos (55 %) and African Americans (73%). Only 45% of children and 47% of adults ate five or more servings of fruits and vegetables per day. Only 51% of teens engaged in vigorous physical activity at least three of the past seven days, and 26% of adults engaged in moderate physical activity for at least 30 minutes five days per week. The proportion of households living within one-half mile of a farmers market is 35%; San Francisco’s target is 88%.

Obesity is correlated with several chronic conditions, including asthma, cardiovascular disease, and diabetes. In San Francisco, asthma prevalence overall is 11%, but is 28% among African Americans. High blood pressure, a cardiovascular disease risk factor, has an overall prevalence of 23%, but is higher for Asian Americans (31%) and African Americans

(32%). The overall age-adjusted death rate due to diabetes is 12%, but is higher for Latinos (17%) and African Americans (31%). Kaiser Permanente is a health care leader in the prevention and management of chronic conditions and provides training and TA in this area, in addition to financial support through the HEAL (Healthy Eating, Active Living) Zone Initiative and other grants.

2012 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).
4. Increase physical activity in institutional settings (e.g., schools, after-school programs, work sites).

2012 STRATEGIES

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

TARGET POPULATION

Low-income, uninsured, or underinsured individuals and families, with a special focus on those living in high-risk neighborhoods (e.g., Hunters Point, Mission District, and Tenderloin/South of Market) and populations with targeted risk factors, including those who are obese or at risk for obesity and those with asthma, cardiovascular disease, and/or diabetes.

COMMUNITY PARTNERS

Community partners include Boys & Girls Clubs of San Francisco, Community Grows, Family Service Agency of San Francisco (FSA), San Francisco Beacon Initiative, SFDPH/SUSF, Education Outside (formerly San Francisco Green Schoolyard Alliance), San Francisco Obesity Task Force, Sunday Streets, Urban Spouts, and YMCA of San Francisco.

2012 YEAR-END RESULTS

- Kaiser Permanente Northern California Region awarded a three-year (\$324,727 in 2012) \$1 million¹ grant to SUSF (through the San Francisco Public Health Foundation) to coordinate the Bayview HEAL Zone project, designed to encourage healthy eating and active living in the Bayview neighborhood through changes in the environment that include healthier and more affordable retail options and increased opportunities for residents to exercise safely in their community and a partnership with George Washington Carver Elementary School to increase physical activity for students and their families. Kaiser Permanente San Francisco Chief of Diversity Gina Gregory-Burns, MD, is on the Bayview HEAL Zone Advisory Committee.
- To reduce obesity rates in children and adults, KFH-San Francisco funded the following projects:
 - A \$50,000 grant to YMCA of San Francisco provides continued support of Gateway to Fitness, a partnership between Kaiser Permanente, San Francisco Beacon Initiative, and YMCA of San Francisco that engages low-income youth 8 to 15 in a range of fitness and nutrition activities, with parent involvement. Launched in 2005, Gateway to Fitness is based on Kaiser Permanente's First Class Fitness curriculum. Kaiser Permanente San Francisco's Charles Wibbelsman, MD, chief of the Teenage Clinic; Juggy Jaspal, MPH, health educator; and Janet Green, MPSH, pediatric clinical health educator, continue to provide program oversight and TA. In 2012, the program served close to 400 youth at three Beacon sites in the OMI/Excelsior, Richmond, and Western Addition neighborhoods.
 - SFDPH's SUSF received continued support with a \$25,000 grant to San Francisco Study Center, Inc., for the ReThink Your Drink Initiative to reduce consumption of sweetened beverages, advocacy for daily physical education for public school students, and the Walking Challenge. Kaiser Permanente participates in the SUSF Coalition, a multidisciplinary body of representatives from city government, community-based organizations, businesses, schools, health care, and other sectors working to create healthy environments where people live, play, work, and learn.
 - FSA received a \$20,000 grant for continued support of Healthy Family Healthy Lives, which provides access to nutritious foods for low-income families and pregnant and parenting teens in the Mission District through a farmers market, and nutrition and cooking education. Heather Peluso, MSPT, CPT, fitness health coach, Health Education, Kaiser Permanente San Francisco, is a FSA Wellness Council member.
 - On behalf of Community Grows, The Tides Center received a \$15,000 grant to support Seed to Mouth cooking classes at the community/school gardens and kitchen sites to provide education about childhood obesity in a fun, hands-on way to 150 youth from Western Addition housing developments and underserved communities. Using fruits and vegetables from the gardens, participants prepare meals that are a healthy alternative to fast food.
 - San Francisco Parks Alliance received a \$15,000 grant to support garden-based nutrition education through classroom, after-school, and summer programming. Approximately 475 San Francisco students planned, planted, cultivated, harvested, prepared, and tasted produce from the Urban Sprouts school garden.
 - Transportation for a Livable City received a \$15,000 contribution for Sunday Streets to support physical activity by creating miles of car-free space for people of all ages to exercise and play safely in an urban environment. Sunday Streets connects communities where open space and recreational opportunities are limited. Annually, six to 10 Sunday Street events are held spring through fall in San Francisco, drawing approximately 100,000 participants.
 - Boys & Girls Clubs of San Francisco received a \$20,000 grant to support Power Play at the Hunters Point Willie Mays and Treasure Island clubhouses and the expansion of the Columbia Park and Mission clubhouses. Power Play aims to increase vegetable consumption and physical activity among more than 900 Latino and African American youth 6 to 18 through cooking and gardening classes, taste testing, and 30-minute daily Power Play activity sessions at the four clubhouses.
 - Education Outside received a \$20,000 grant to support a project that will provide 4,000 students from 10 SFUSD elementary schools located in diverse, underserved communities with garden-based education and healthy

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produce. The project takes a critical step in fighting childhood obesity in San Francisco by providing comprehensive resources—staffing, teacher training, curricula, and support.

- Janet Green, MPSH, pediatric clinical health educator, Kaiser Permanente San Francisco, is a member of the San Francisco Childhood Obesity Taskforce.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

To monitor progress of the main goals—to increase consumption of fresh fruits and vegetables, to increase physical activity in community and institutional settings, and to support wellness programs—strategies will be measured by tracking the number of grants awarded, total dollars provided in grants, the number of people impacted through grants, and the number of organizations and/or people reached with shared assets.

PRIORITIZED NEED III: ALCOHOL AND DRUG USE

According to the 2010 HMSF CHNA, 63% of San Francisco teens drink alcohol, ranking San Francisco in the highest 25% of California counties for teen alcohol use (the state median is 39% of teens drink). San Francisco has a very high rate of alcohol outlets for its density, and research suggests the availability of alcohol is closely related to the level of crime, domestic violence, and sexual assault in a community. Areas with a higher density of alcohol outlets tend to have higher rates of vehicular accidents and fatalities, underage drinking, and adult alcohol and drug use. The health effects in San Francisco are evident in the high rate of emergency room visits due to alcohol abuse (43/10,000) and the high drug-induced death rate (22/100,000), both of which rank San Francisco in the highest 25% of counties.

According to *A Snapshot of Youth Health and Wellness* (San Francisco, 2009), alcohol and drug use appears to increase with school age. When asked about their use of alcohol and drugs, 7th, 9th, and 11th graders respond at increasingly higher rates: with 2%, 6%, and 13%, respectively, admitting to “binge-drinking in the past 30 days”; 3%, 8%, and 17%, respectively, admitting to “marijuana use in past 30 days”; and 3%, 8%, and 17%, respectively, admitting to being “offered, sold, or given an illegal drug at least once in the past month while on school property.”

These significant rates of teen and adult alcohol and drug use, and their wide-ranging consequences, are the reasons the Community Benefit Advisory Committee chose to focus on reducing rates of alcohol and drug use among youth 12 to 24. In addition to financial support, Kaiser Permanente is able to provide training and TA in this priority area by sharing guidelines and best practices of its Chemical Dependency Recovery Program, Health Education Department, and Pediatric Department’s Teen Clinic. Kaiser Permanente’s Educational Theater Program (ETP) is also very active in San Francisco schools using its age-appropriate productions to address youth risk factors, while building protective factors for youth and their families.

2012 GOAL

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

2012 STRATEGIES

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

3. Arrange for ETP performances in local schools.

TARGET POPULATION

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

COMMUNITY PARTNERS

Community partners include Dimensions Clinic and Healthy Initiatives for Youth (HIFY).

2012 YEAR-END RESULTS

- Dimensions Clinic (dba Health Initiatives for Youth) at Castro-Mission Health Center received an \$18,000 grant to target 50 at-risk and difficult-to-engage transgender youth 12 to 24, through community-based organization and school-based outreach and pre-engagement activities, and to support enrollment into existing substance abuse programming. Dr. Charles Wibbelsman, Teen Clinic chief, Pediatrics, Kaiser Permanente San Francisco, and Adekemi Oguntala, MD, Adolescent Medicine, Kaiser Permanente Daly City, provide cross-referrals between Kaiser Permanente and Dimensions Clinic for transgender Kaiser Permanente members in need of services.
- HIFY was awarded a \$20,000 grant to support Middle Schools Go Healthy, a project that targets predominantly African American, Latino, and Asian middle school youth 12 to 14 to encourage healthy decision-making about substance use, and that empowers them to share their perspectives through digital storytelling. The grant supported expansion of the project to two additional underserved middle schools, Everett and Martin Luther King, Jr.
- Tamara Mason-Williams, senior counsel with Kaiser Permanente's national Legal Department, is a member of the board of directors of HealthRIGHT 360, formerly known as Haight Ashbury Free Clinics and Walden House, two pioneering substance abuse treatment providers that recently merged operations.

2013 GOAL UPDATE

The goal will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

To monitor progress of the goal, strategies will be measured by tracking the number of grants awarded, total dollars provided in grants, the number of people served by those grants and the outcomes of those services, and the number of organizations and/or people reached with shared assets.

PRIORITIZED NEED IV: COMMUNITY VIOLENCE

An alarming trend of overall violence resurfaced in San Francisco in the last decade, with increasing rates of homicide each year until 2009 when the rates began to decline. These rates indicate that violence prevention efforts in San Francisco are making an impact. However, even with this downward trend, the homicide rate remains significant as does the violent crime rate of 8.45 crimes per 1,000; the target for San Francisco is 1.0 crime per 1,000. The HMSF CHNA also indicates that violence is the leading cause of YLL for African Americans and the third leading cause of age-adjusted death for all males and for Latinos. Violence is among the top-five leading causes of YLL in the South of Market, Western Addition, Mission, Excelsior, Visitacion Valley, and Bayview neighborhoods. The high ranking of violence as a cause of YLL reflects not just the number of deaths, but also the fact that victims of death from violence are overwhelmingly younger than those dying from other high-ranking causes of premature mortality. This is the reason the Advisory Committee focused on reducing rates of community violence among youth 12 to 24.

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

2012 GOAL

Reduce rates of community violence among youth 12 to 24.

2012 STRATEGIES

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

TARGET POPULATION

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

COMMUNITY PARTNERS

Community partners include Adolescent Health Working Group, Instituto Familiar de la Raza, Community Matters, Kidpower, Sunset Youth Services, and Third Street Youth Center and Clinic.

2012 YEAR-END RESULTS

- KFH-San Francisco awarded Instituto Familiar de la Raza, Inc., a \$20,000 grant to support Peace Dialogues, a program to reduce violence among 24 at-risk Latino youth by training them to recognize tiers of violence and actively engaging them to promote peace. The project will provide individual intakes and assessment, training, and guest speakers on violence/peace, outings, support groups, cultural arts support, and mental health support as needed.
- KFH-San Francisco awarded Community Matters a \$20,000 grant to support Whole School Climate Initiative to Reduce Community Violence, a program that provides bullying and violence prevention in three San Francisco middle schools, Hoover, James Lick, and Visitacion. The project serves 450 students, teachers, and parents and focuses on strong and shared leadership; discipline policies and practices; staff asset builders; engaged students; and informed parents.
- KFH-San Francisco awarded Kidpower a \$20,000 grant for a program that provides success-based skill building to help youth feel emotionally and physically safe, build healthy social relationships, and reduce aggressive, inappropriate, and ineffectual coping behaviors. Kidpower serves 325 people in low-income neighborhoods in collaboration with three partner agencies: Compass Family Services, Chinatown Development Center's SRO Families United Collaborative, and Mission Housing Development Corporation.
- KFH-San Francisco provided a \$20,000 grant to Sunset Youth Services to support the Comprehensive Juvenile Delinquency and Violence Prevention Program that will provide case management and campus mentoring and intervention to at least 90 high-risk youth and young adults who are in need of safe alternatives to violence, education, and connection with caring adults.
- KFH-San Francisco awarded Larkin Street Youth Services, on behalf of Third Street Youth Center and Clinic, a \$10,000 contribution to support the health and wellness of the Bayview Hunters Point population, where approximately 6,000 youth 12 to 24 live.
- KFH-San Francisco provided a \$4,500 sponsorship through the Tides Center for Adolescent Health Working Group's 9th Annual Teen/Young Adult Provider Gathering on April 27, 2012. The conference focus was on commercial sexual exploitation and human trafficking and 152 youth program providers, primary care providers, mental health providers, school-based health providers, youth, and youth advocates attended.

2013 GOAL UPDATE

The goal will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

To monitor progress of the goal, strategies will be measured by tracking the number of grants awarded, total dollars provided in grants, the number of people served by those grants and the outcomes of those services, and the number of organizations and/or people reached with shared assets.

Table 1

KAISER FOUNDATION HOSPITAL-SAN FRANCISCO

2012 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: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members | 2 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 552 |
| Charity Care: Charitable Health Coverage Program – Healthy San Francisco participants | 2,828 |
| Medi-Cal Managed Care members | 3,099 |
| Healthy Families Program members | 1,639 |
| Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) ¹ members | 166 |
| Operation Access – number of procedures (including general surgery, gastroenterology, colorectal, urology, orthopedics, ophthalmology, otolaryngology, dermatology, and plastic surgery) | 89 |
| Operation Access – number of medical volunteers | 175 |
| Operation Access – number of medical volunteer hours | 867 |
| Health Research projects (new, continuing, and completed) | 16 |
| Nursing Research projects (new, continuing, and completed) | 8 |
| Educational Theatre Programs – number of performances and workshops | 111 |
| Educational Theatre Programs – number of attendees (students and adults) | 30,138 |
| Graduate Medical Education – number of programs | 17 |
| Graduate Medical Education – number of affiliated and independent residents | 275 |
| Nurse practitioner and other nursing training and education beneficiaries | 43 |
| Deloras Jones nursing scholarship recipients | 39 |
| Other health professional training and education (non-MD) beneficiaries | 61 |
| Summer Youth and INROADS programs participants | 14 |
| Number of 2012 grants and donations made at the local and regional levels ² | 114 |

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

²The vast majority of regional grants impact three or more local hospitals. As such, a single regional grant may be included in the “Number of 2012 grants and donations” count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-SAN FRANCISCO

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$5,324,117 |
| Healthy Families ² | 990,284 |
| Charity care: Charitable Health Coverage programs ^{*3} | 2,729,442 |
| Charity care: Medical Financial Assistance Program ⁴ | 3,264,586 |
| Grants and donations for medical services ⁵ | 406,413 |
| Subtotal | \$12,714,843 |
| Other Benefits for Vulnerable Populations | |
| Summer Youth and INROADS programs ⁶ | \$68,020 |
| Grants and donations for community-based programs ⁷ | 176,731 |
| Community Benefit administration and operations ⁸ | 582,551 |
| Subtotal | \$827,301 |
| Benefits for the Broader Community⁹ | |
| Community health education and promotion programs | \$17,064 |
| Educational Theatre Programs | 240,485 |
| Facility, supplies, and equipment (in-kind donations) ¹⁰ | 18,405 |
| Community Giving Campaign administrative expenses | 11,260 |
| Grants and donations for the broader community ¹¹ | 329,919 |
| National board of directors fund | 25,869 |
| Subtotal | \$643,003 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$7,855,999 |
| Non-MD provider education and training programs ¹² | 874,015 |
| Grants and donations for the education of health care professionals ¹³ | 43,379 |
| Health research | 4,414,650 |
| Subtotal | \$13,188,043 |
| Total Community Benefits Provided | \$27,373,190 |

*This figure includes the KFH subsidy for Healthy San Francisco participants.

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. The KFH subsidy for Health San Francisco participants was \$2,302,772.
- 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.

KAISER FOUNDATION HOSPITAL (KFH)-SAN JOSE

250 Hospital Parkway
 San Jose, CA 95119
 (408) 972-3000

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 |
| Median age:* | 35.5 |
| Average household income:* | \$88,525 |
| Percentage living in poverty: | 10.11% |
| Percentage unemployed: | 8.20% |
| Percentage uninsured: | 13.2487% |

| | |
|-----------------------------|--------|
| White: | 30.07% |
| Latino: | 36.22% |
| African American: | 2.70% |
| Asian and Pacific Islander: | 27.47% |
| Native American: | 0.28% |
| Other: | 3.25% |

KEY STATISTICS

| | |
|-------------------------------------|---------|
| Year opened: | 1976 |
| KFH full-time equivalent personnel: | 1,224.1 |
| KFHP members in KFH service area: | 198,118 |

| | |
|------------------------|--------|
| Total licensed beds: | 242 |
| Inpatient days: | 46,636 |
| Emergency room visits: | 50,763 |

KEY LEADERSHIP AT KFH-SAN JOSE

| | |
|---------------------|--|
| Irene Chavez | Senior Vice President and Area Manager |
| Stephen Kalsman | Area Finance Officer |
| Raj Bhandari, MD | Physician in Chief |
| Timothy Wemple | Medical Group Administrator |
| Dawn Bussey | Public Affairs Director |
| Jo Seavey-Hultquist | Community Benefit/Community Health Manager |

KFH San Jose Medical Center Area



- ◆ KFH Medical Center
- KFH Medical Center Area
- Cities and Towns
- County Boundary

Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
 Maps Produced by: the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES). March 2013.



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

Working within Kaiser Permanente Northern California Region's needs assessment and planning framework, KFH-San Jose identified its priority needs, goals and supporting strategies for each need, 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 and 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 (BRFS) 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, in April 2011, developed a countywide strategy to inform the Community Benefit Plan for the South Bay.

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

2012 YEAR-END RESULTS

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

The Santa Clara County Public Health Department 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%). 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%). And Latinos (60.3%) and African Americans (68.2%) experienced lower rates of health insurance, compared to the county average of 79.2% in 2009.

2012 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.

2012 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 Kaiser Permanente 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 and technical assistance (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.

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; Stanford University-Pacific Free Clinic; RotaCare Bay Area; InnVision Shelter Network; Planned Parenthood Mar Monte (PPMM); Santa Clara Family Health Foundation; Santa Clara County, Office of Women's Policy; Santa Clara County Public Health Department; Second Harvest Food Bank of Santa Clara and San Mateo Counties (Second Harvest); School Health Clinics of Santa Clara County; South County Collaborative; and United Way Silicon Valley.

2012 YEAR-END RESULTS

- KFH-San Jose and KFH-Santa Clara awarded \$50,000 to CHP for the Medicaid Retention and Education campaign. CHP will partner with Services, Immigrant Rights & Education Network (SIREN) to educate community leaders and the medically underserved in Santa Clara County about their rights under health care reform to promote and retain health care coverage. The campaign will reach more than 500 low-income individuals.

- Kaiser Permanente Northern California Region awarded CHP \$200,000¹ for the second year of a two-year \$400,000 Specialty Care Initiative grant to focus on expanding the integration of care between community clinics and public hospitals by advancing technology infrastructure and coordination between providers.
- Kaiser Permanente Northern California Region awarded CHP \$80,000¹ for Consortia Core Operations Support, which supports community clinics in enrolling patients in subsidized health insurance programs and keeps them enrolled by incorporating new processes into clinic systems.
- KFH-San Jose and KFH-Santa Clara awarded \$10,000 to Santa Clara County Public Health Department to support Binational Health Week and development of the *Latino Health Report*. Binational Health Week comprises more than 20 different activities that promote awareness in the Latino community of health care access, chronic and communicable diseases, and women's health, and includes free health fairs, screenings, flu shots, and workshops. *Latino Health Report* provides a comprehensive picture of health in the Latino/Hispanic community, relative to other racial and ethnic groups, identifies socioeconomic factors that may influence Latino/Hispanic health, and assesses neighborhood conditions related to obesity, nutrition, physical activity, and safety.
- Kaiser Permanente Northern California Region awarded Gardner Family Health Network \$60,000¹ for the Public Benefit Screening and Enrollment program that will establish a community services referral system linking patients to needed services by providing referrals and navigation support.
- KFH-San Jose and KFH-Santa Clara awarded \$31,000 to InnVision Shelter Network for Healthcare for the Homeless, a program that increases access to health care for homeless and very low-income men, women, and children, and promotes clients' long-term health through case management, support services, and referrals to other community health agencies. Services, provided at two San Jose sites (Montgomery Street Inn and Georgia Travis Center), include medical appointments with doctors and nurses from Gardner Family Health Services; dental care provided by Santa Clara County Homeless Dental Mobile Unit; and educational resources around HIV/STI (sexually transmitted infection) prevention, smoking cessation, and dietary issues. The program is providing additional support to increase utilization of the health services offered. The program is expected to serve more than 1,700 people annually.
- KFH-San Jose and KFH-Santa Clara awarded \$31,000 to PPMM to provide onsite medical services, eligibility screening, referrals, and health education programs for foster youth who visit at The HUB, a local foster youth community center. More than 440 foster youth will be served by the program.
- KFH-San Jose and KFH-Santa Clara awarded \$46,000 to RotaCare Bay Area for the A Way Home: Clinic Patient Navigator program. Three RotaCare free clinics in Santa Clara County will launch a one-year concerted effort to assist patients in enrolling in health insurance programs as their entryway to a medical home, and to help them access other health-related community resources. More than 60 Kaiser Permanente employees volunteer at RotaCare clinics. The program will serve 1,950 low-income, uninsured people annually.
- KFH-San Jose and KFH-Santa Clara awarded \$10,000 to Santa Clara County Office of Women's Policy for The State of Women and Girls project, which entails development of a data-driven *State of Women and Girls Report* that captures how girls and women are faring in Santa Clara County. The report, which highlights four key areas—health, violence and crime, education, and economics—will be released at a launch event that will showcase health speakers and workshops to discuss the findings. Following the report's release, the Office of Women's Policy will convene community listening sessions to review the data and develop a community action plan.
- KFH-San Jose and KFH-Santa Clara awarded \$45,000 to Santa Clara Family Health Foundation for its community outreach effort to identify uninsured children and assist their parents in applying for and enrolling their children into subsidized health coverage. The program aims to establish and sustain relationships with community-based organizations that serve low-income families; conducting training for agency staff on health coverage programs; implement effective, customized referral systems that support agencies in their efforts to identify uninsured children and to refer parents to outreach staff for application assistance; and staff community events to identify uninsured children. More than 1,000 children will be identified through outreach efforts and their parents will receive application assistance.

¹ This grant was distributed from the Kaiser Permanente Fund for Community Benefit, a donor-advised fund established in late 2004 and administered by East Bay Community Foundation. Accordingly, the grant amount was not included in the Community Benefit totals for 2012 (Tables A, B, and 2).

- KFH-San Jose and KFH-Santa Clara awarded \$50,000 to Second Harvest to reduce hunger and improve access to unutilized CalFresh benefits. Second Harvest provides outreach, agency trainings, and direct application assistance to low-income populations. More than 3,000 clients benefit from interaction with Second Harvest 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.
- KFH-San Jose and KFH-Santa Clara awarded Stanford University Pacific Free Clinic (PFC) \$23,000 for its Access to Preventive Health Care for the Uninsured project, which will expand and enhance health education and coaching services provided to PFC patients through increased onsite mentorship by a professional health educator, establish a clinic use pharmacy program for high cost but critical preventive medications, and develop an adult immunization program. More than 850 uninsured adults will benefit from the program.
- KFH-San Jose and KFH-Santa Clara awarded \$10,000 to United Way Silicon Valley (UWSV) for the community assessment project, which includes conducting a CHNA. Data gathered from the process will reveal Santa Clara County evolving conditions, needs, and trends, and inform how UWSV will address them. The CHNA process will engage a variety of project partners in designing and developing the tool, and the results will be utilized to create more alignment of community investment and programmatic efforts.
- Kaiser Permanente Northern California Region awarded \$50,000 to the UWSV, under the 2-1-1 Information and Referral grants program, to provide general operating support for the infrastructure needed to bring appropriate screening and quality referral services to callers seeking information on local social services. More than 27,000 referrals will be given annually and more than 200,000 searches will be conducted via the website.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-San Jose will track information to monitor implementation of strategies and to demonstrate impact on the priority need. KFH-San Jose will also catalog materials used and developed for programs under this priority need and will 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 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 County Public Health Department 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 increase countywide obesity prevention efforts and focus on high-impact physical activity and nutrition interventions designed to lead policy, systems, and environmental change, promote health, and reduce the burden of chronic diseases for Santa Clara County residents. KFH-San Jose leadership recognizes the importance of this

investment, and Physician in Chief Raj Bhandari, MD, is on the CPPW Leadership Team representing the health care sector.

2012 GOALS

1. Decrease calorie consumption (e.g., soda/sugar-sweetened beverages, portion sizes).
2. Increase access to, and consumption of, fresh fruits and vegetables.
3. Increase physical activity in community and institutional settings (e.g., safe walking and biking routes, parks and hiking trails, joint use agreements).

2012 STRATEGIES

1. Provide funding to support access to healthy foods and physical activity opportunities in organizational settings.
2. 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).
3. Ensure that ETP makes presentations to target populations.
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 (Healthy Eating, Active Living) grant. 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 Alum Rock Union School District, Bay Area Women's Sports Initiative (BAWSI), Bay Area Nutrition and Physical Activity Collaborative (BANPAC), Breathe California, Children's Discovery Museum of San Jose (CDM), Choices for Children (CFC), Happy Hollow Corporation, County of Santa Clara Parks and Recreation Department, Santa Clara County Public Health Department, Somos Mayfair, FIRST 5 Santa Clara County, and Veggielution.

2012 YEAR-END RESULTS

- Kaiser Permanente Northern California Region awarded \$50,000 for the first year of a two-year \$100,000 grant to BANPAC, through the VMC Foundation, for the Pledge the Practice, Pass the Policy project. BANPAC will encourage Bay Area residents to reduce or eliminate sweetened beverage consumption, choose healthier options, and participate in changing systems, organizations, and policies to support their healthy choices. The project will support environmental and social norms change through the development and implementation of at least 20 healthy beverage or healthy food and beverage policies in Bay Area organizations serving low-income populations, youth, and/or communities of color. More than 50,000 residents will be impacted by policy implementation. BANPAC will also reach Bay Area residents with ReThink Your Drink educational and social marketing messages.
- KFH-San Jose and KFH-Santa Clara awarded \$40,000 to BAWSI for its BAWSI Girls program, which provides after-school fitness and confidence-building for 3rd through 5th grade girls attending underserved, Title I-designated schools. The program connects girls with volunteer college and high-school female athletes who serve as positive role models and coaches. BAWSI Girls aims to foster a love of play, changing young girls' beliefs, attitudes, and behaviors about

physical activity while also building important developmental assets. The program will serve 720 girls at six Gilroy and Santa Clara elementary schools. Christine Levan, MD, KFH-Gilroy, is a BAWSI board member.

- KFH-San Jose and KFH-Santa Clara awarded \$25,000 to Breathe California for Let's Get Moving to School, a project designed to increase the number of students who walk or bike to school, increase physical activity, and prevent obesity among children. Breathe California is partnering with seven low-income schools in Santa Clara County to reach more than 4,000 students and parents. Activities include traffic studies, parent education, youth pedestrian safety trainings, Walking Wednesday Campaigns, and youth advocacy. Kaiser Permanente physicians Sulochina Lulla, MD, Tom Dailey, MD, and Priti Singh, MD, participate in parent education sessions and Walking Wednesdays.
- KFH-San Jose and KFH-Santa Clara awarded \$35,000 to CDM for the Kick Start, Eat Smart project, which addresses the childhood obesity epidemic by advancing health education, nutrition, and wellness among CDM's 300,000 visitors, through development and fabrication of exhibits that support parents' and teachers' child development goals; reinforce connections to food sources; and expand and deepen nutrition education among diverse audiences. New and upgraded exhibits include Farm Produce Stand, What's for Lunch?, and ReThink Your Drink. Plans also include strengthening multilingual signage and adding elements that link three nutrition spaces—Rainbow Market indoor exhibition, Kids' Garden outdoor exhibition, and Kids' Café food service. Rajan Bhandari, MD, is on the board of directors.
- KFH-San Jose and KFH-Santa Clara awarded \$30,000 to Continuing Development Inc./CFC for the Five Keys Online for Child Care project, which will provide Santa Clara County child care providers and center staff with the knowledge and skills to follow the best practice, Division of Responsibility, messages in feeding young children. CFC will provide a modified Five Keys to Raising a Healthy Happy Eater professional development online training module with collaborative materials on a selected web platform. This fully operational, convenient, free online training module will be available to 6,825 Santa Clara County child care providers and teachers who care for young children in licensed organized child care.
- KFH-San Jose and KFH-Santa Clara awarded \$25,000 to County of Santa Clara Parks and Recreation Department for the Healthy Trails Bilingual Outreach Program that challenges and inspires individuals, families, and groups of any size, age, or ability to become more physically active while connecting with nature in Santa Clara County parks. Annually, 30,000 people are exposed to Healthy Trails. The program will develop bilingual materials for the third edition of Healthy Trails, conduct bilingual outreach through events and partnerships with community organizations, and organize and lead bilingual hikes. More than 5,000 individuals are expected to register for the program annually.
- KFH-San Jose and KFH-Santa Clara awarded \$50,000 to Happy Hollow Park and Zoo for Eat Like a Lemur, an obesity prevention project that showcases the diets and activities of zoo residents to deliver a healthy message in an appealing format to 450,000 annual visitors. The project will help to make the healthy choice the easy choice through selective rearrangement of food choices at the Picnic Basket, reduce sugary beverage choices by 25%, and expand healthy menu items. New messaging will raise awareness of healthy options through the use dynamic video, static signage, and table wraps. The project will also encourage physical activity throughout the park, including step counts, themed movement stations that mirror zoo animal behaviors, and staff-led activities in the Meadow.
- KFH-San Jose awarded \$12,000 to Somos Mayfair for In Our Hands, a family wellness initiative designed to increase physical fitness activity in San Jose's Mayfair neighborhood. Using the peer-to-peer promotora model, recognized by the Centers for Disease Control and Prevention as a "promising best-practice," the initiative recruits, trains, and supports promotores who facilitate walking groups around Cesar Chavez Elementary School and across the east San Jose neighborhood. Walking groups are visible on the streets and engage more than 300 residents of all ages.
- KFH-San Jose and KFH-Santa Clara awarded \$20,000 to Veggielution to engage the community in the production of fruits and vegetables, to build community, and to increase access to and consumption of healthy foods. Veggielution's community farm utilizes more than 2,000 volunteers annually to grow healthy crops, which are then made available at the low-cost Farm Stand, through the Farm Box Program. More than 300 children, teens, and adults are engaged in gardening and developing the land-food connection that is often lost in the current food system. Veggielution has embarked on a new "Veggie Prescription" partnership with East Valley Community Clinic where community members are referred to the farm to purchase low-cost produce.

- KFH-San Jose and KFH-Santa Clara partnered with Santa Clara County Public Health Department and FIRST 5 Santa Clara County on the 2012 ReThink Your Drink campaign, which builds on past successes and lessons learned. Starting from a single summer campaign initiated by the 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. Health education materials, co-developed by partners in the campaign, are updated or developed annually and distributed to more than 20,000 community members through partnerships with schools, child care agencies, and nonprofits.
- KFH-San Jose and KFH-Santa Clara hosted a series of Teddy Bear Clinics, 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, 25,000 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.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 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; 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 recognition of the comorbidity between violence and substance abuse, these priority needs were combined to maximize the impact of the 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. By 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.

2012 GOAL

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

2012 STRATEGIES

1. Provide grants as appropriate to implement interventions that increase safety by supporting youth at highest risk 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.

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, Asian Americans for Community Involvement (AACI), Community Solutions, Girl Scouts of Northern California, Rebekah Children's Services, Next Door Solutions to Domestic Violence (Next Door), Ocala Middle School, Santa Clara County Office of Education, Sunday Friends, and YMCA Silicon Valley–Project Cornerstone.

2012 YEAR-END RESULTS

- KFH-San Jose and KFH-Santa Clara awarded \$25,000 to Alum Rock Counseling Center for Ocala Middle School's mentoring and support program, serving more than 90 participants (grades 6 through 8) with an evidence-based substance abuse prevention program (Botvin Life Skills Training), mentoring, case management, counseling, and parent collateral services. The goals include reducing aggressive, violent, or delinquent behavior; strengthening participants' ability to use positive coping mechanisms to handle stress and emotions; improving interpersonal relationships between youth and their peers, teachers, family members, and other adults; and improving participants' health awareness and healthy living habits.
- KFH-San Jose and KFH-Santa Clara awarded \$30,000 to Alum Rock Union Elementary School District for Ocala Middle School's violence prevention project, which includes campus improvements that support a culture of nonviolence at the school. Teachers and students will participate in Positive Behavioral Intervention & Supports, an evidence-based training, while parents will benefit from workshops that help them build developmental assets in their children. The project will impact more than 600 students, staff, and parents.
- KFH-San Jose and KFH-Santa Clara awarded \$25,000 to AACI for Project PLUS (Peer Leadership Uniting Students), a 14-week onsite life skills program consisting of group sessions, one-on-one mentoring sessions, a field trip, and a self-improvement project that impacts 100 students at Sheppard Middle School and Independence and Yerba Buena high schools. Latino and Asian students participate in weekly discussion groups on topics such as decision making, substance abuse, race relations, gang awareness, communication, and conflict resolution. Self-improvement projects, from raising grades to quitting smoking and leaving gang life, improve decision making, planning skills, and self-esteem. KFH-San Jose pediatrician Dao Nguyen, MD, chief of patient education and health promotion, is on the AACI board.
- Community Solutions received \$35,000 for its Healthy Communities Program, which provides violence prevention and intervention services to high conflict, underserved children, youth, and families in South Santa Clara County. Program goals include decreasing aggressive and bullying behaviors, inappropriate coping behaviors, poor social relationships, and violence among youth and their families. In addition, the services will develop and strengthen youth and families' social, emotional, and coping skills and their ability to make positive choices. The program utilizes three curriculums/programs, including the six-session Why Try, the eight-session Systematic Training for Effective Parenting (STEP), and the 12-session Aggressors, Victims, and Bystanders (AVB). These multisession groups will serve 216 youth and parents in the Gilroy and Morgan Hill communities.

- KFH-San Jose and KFH-Santa Clara awarded \$25,000 to Girl Scouts of Northern California for Got Choices, a year-round prevention and intervention program aimed at reducing risky and harmful behaviors, increasing protective factors, and supporting positive, informed decision making in teen and tween girls. For 16 years, Got Choices has redirected high-risk and adjudicated girls toward a brighter future as healthy, thriving adults through its comprehensive life-skills curriculum, guest speakers, community service, and leadership opportunities. Got Choices serves up to 550 girls annually at juvenile detention centers, at-risk middle and high schools, and the Bill Wilson Center.
- KFH-San Jose and KFH-Santa Clara awarded \$35,500 to Next Door for the Healing Families project. Based on assessments conducted with clients, Next Door is implementing the Window Between Worlds curriculum at three sites: HomeSafe San Jose, HomeSafe Santa Clara, and the Community Office. The curriculum engages children who have been impacted by domestic violence in art workshops where they share their stories, express their feelings, and build their emotional resiliency through art expression. By providing an environment that promotes healing, the curriculum will help 225 mothers and their children develop a renewed sense of hope and possibility that profoundly impacts future decisions regarding the direction of their lives, their relationships, and how to stay safe.
- KFH-San Jose awarded \$28,000 to Rebekah's Children's Services (dba Odd Fellow-Rebekah Children's Home of California) for the violence and substance abuse prevention program. Gilroy Unified School District students in elementary, middle, and high schools participate in violence prevention groups using either the LifeSkills or WhyTry curriculum for 10-week sessions. More than 690 students will attend the sessions. Group facilitators will provide lessons in a classroom setting. Topics covered in the program include anger management, assertiveness, coping skills, social skills, self-esteem, and improving family and peer relationships.
- KFH-San Jose awarded \$50,000 to Santa Clara County Office of Education for the Building A Safe School Environment (BASSE) initiative, a multisystem approach designed to assist schools in decreasing incidences of violence. BASSE includes professional development for teachers and staff, parent education, policy development and implementation, and putting the Olweus Bully Prevention Program into practice. Full BASSE implementation will impact 3,100 students and parents, and 140 school administrators, teachers, and staff.
- KFH-San Jose and KFH-Santa Clara awarded \$20,000 to Sunday Friends to expand programming that builds developmental assets in children attending Lowell, Anne Darling, and Blackford elementary schools in very low-income San Jose neighborhoods. The program, which includes writing about violence prevention topics, service projects, classroom education on violence prevention topics, implementation of a curriculum that teaches violence prevention and builds literacy skills, and earning of basic necessities through participation, will impact 2,500 family members.
- KFH-San Jose and KFH-Santa Clara awarded \$40,000 to YMCA Silicon Valley–Project Cornerstone, which is working to reduce violence by creating caring schools. Project Cornerstone is partnering with 16 high need schools in East San Jose, Downtown San Jose, Mountain View, Morgan Hill, and Campbell to facilitate bullying and peer-abuse prevention workshops that will empower 320 youth. Project Cornerstone will also provide six developmental asset training workshops for 80 parents and engage 115 parents in school-based parent engagement programs at preschool and elementary schools. These monthly parent engagement programs will be culturally and linguistically appropriate for both English and Spanish-speaking adults and will impact more than 3,200 children.

2013 GOALS UPDATE

The goal will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 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; track 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.

Table 1

KAISER FOUNDATION HOSPITAL-SAN JOSE

2012 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: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 1,868 |
| Medi-Cal Managed Care members | 4,402 |
| Healthy Families Program members | 4,187 |
| Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) ¹ members | 96 |
| Health Research projects (new, continuing, and completed) | 1 |
| Nursing Research projects (new, continuing, and completed) | 10 |
| Educational Theatre Programs – number of performances and workshops | 84 |
| Educational Theatre Programs – number of attendees (students and adults) | 24,208 |
| Graduate Medical Education – number of programs | 1 |
| Graduate Medical Education – number of affiliated and independent residents | 7 |
| Nurse practitioner and other nursing training and education beneficiaries | 25 |
| Deloras Jones nursing scholarship recipients | 1 |
| Other health professional training and education (non-MD) beneficiaries | 18 |
| Summer Youth and INROADS programs participants | 9 |
| Number of 2012 grants and donations made at the local and regional levels ² | 145 |

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

²The vast majority of regional grants impact three or more local hospitals. As such, a single regional grant may be included in the "Number of 2012 grants and donations" count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-SAN JOSE

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$8,033,263 |
| Healthy Families ² | 2,482,319 |
| Charity care: Charitable Health Coverage programs ³ | 1,421,642 |
| Charity care: Medical Financial Assistance Program ⁴ | 3,348,370 |
| Grants and donations for medical services ⁵ | 584,286 |
| Subtotal | \$15,869,879 |
| Other Benefits for Vulnerable Populations | |
| Summer Youth and INROADS programs ⁶ | \$43,727 |
| Grants and donations for community-based programs ⁷ | 396,403 |
| Community Benefit administration and operations ⁸ | 587,161 |
| Subtotal | \$1,027,292 |
| Benefits for the Broader Community⁹ | |
| Community health education and promotion programs | \$17,932 |
| Educational Theatre Programs | 294,881 |
| Facility, supplies, and equipment (in-kind donations) ¹⁰ | 2,070 |
| Community Giving Campaign administrative expenses | 11,833 |
| Grants and donations for the broader community ¹¹ | 22,061 |
| National board of directors fund | 27,184 |
| Subtotal | \$375,961 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$13,818 |
| Non-MD provider education and training programs ¹² | 567,713 |
| Grants and donations for the education of health care professionals ¹³ | 38,379 |
| Health research | 4,569,538 |
| Subtotal | \$5,189,448 |
| Total Community Benefits Provided | \$22,462,580 |

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.

KAISER FOUNDATION HOSPITAL (KFH)-SAN RAFAEL

99 Montecillo Road
 San Rafael, CA 94903
 (415) 444-2000

The KFH-San Rafael service area comprises Marin County and the southern portion of Sonoma County, including the cities of Petaluma and Sonoma. Cities in Marin County include Belvedere, Corte Madera, Fairfax, Larkspur, Mill Valley, Novato, Ross, San Anselmo, San Rafael, Sausalito, and Tiburon and the coastal towns of Stinson Beach, Bolinas, Point Reyes, Inverness, Marshall, and Tomales.

COMMUNITY SNAPSHOT (*COUNTY-LEVEL DATA)

| | |
|-------------------------------|----------|
| Total population: | 355,366 |
| Median age:* | 43.7 |
| Average household income:* | \$89,909 |
| Percentage living in poverty: | 7.36% |
| Percentage unemployed: | 7.03% |
| Percentage uninsured: | 10.04% |

| | |
|-----------------------------|--------|
| White: | 72.67% |
| Latino: | 16.66% |
| African American: | 2.25% |
| Asian and Pacific Islander: | 4.95% |
| Native American: | 0.29% |
| Other: | 3.19% |

KEY STATISTICS

| | |
|-------------------------------------|---------|
| Year opened: | 1966 |
| KFH full-time equivalent personnel: | 671.5 |
| KFHP members in KFH service area: | 120,283 |

| | |
|------------------------|--------|
| Total licensed beds: | 116 |
| Inpatient days: | 18,927 |
| Emergency room visits: | 25,577 |

KEY LEADERSHIP AT KFH-SAN RAFAEL

| | |
|------------------|--|
| Judy Coffey, RN | Senior Vice President and Area Manager |
| Tony Fiorello | Chief Operating Officer |
| John Groesbeck | Area Finance Officer |
| Gary Mizono, MD | Physician in Chief |
| Patricia Kendall | Medical Group Administrator |
| Carl Campbell | Public Affairs Director |
| Jeannie Dulberg | Community Benefit/Community Health Manager |

KFH San Rafael Medical Center Area



- ◆ KFH Medical Center
- KFH Medical Center Area
- Cities and Towns
- County Boundary



Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
 Maps Produced by: the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES). March 2013.

THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

The 2010 CHNA for KFH-San Rafael was based primarily on data collected and reported by Healthy Marin Partnership (HMP). It is supplemented by data from CHIS (California Health Interview Survey) 2007, the Marin County Maternal Child and Adolescent Health Program (MCAH) Needs Assessment completed in 2009, research on older adults completed by Harder+Company and funded by the Marin Community Foundation, and UCLA Center for Health Policy Research. HMP is sponsored by Marin County Department of Health and Human Services, Marin Community Foundation, KFH-San Rafael, and Sutter Health Santa Rosa. Areté Consulting was engaged to review and synthesize available data and to facilitate the CHNA and planning process for KFH-San Rafael.

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:

Although Marin County has a relatively affluent population overall, a significant proportion of county residents are uninsured:

- An estimated 16.3% of Marin County residents were uninsured for all or part of the year in 2009.
- 8.6% of county residents were insured through Medi-Cal or Healthy Families.

Overweight and obesity are important factors in the health of Marin County residents:

- Almost 44% of adults over 18 are overweight or obese.
- 23% of 9th graders and 20% of 11th graders are overweight or at risk of being overweight.
- Only 57% of youth report eating five or more servings of fruits and vegetables per day.
- Physical activity among youth declines with age; 81% of 7th graders, 79% of 9th graders, and 76% of 11th graders report more than 20 minutes of physical activity on at least three of the last seven days.

Alcohol and tobacco use is widespread and create significant risks for Marin County residents:

- 52% of 11th graders and 27% of 9th graders report using alcohol in 2007.
- 38% of 11th graders and 14% of 9th graders report binge-drinking in 2007.
- 8% of 9th graders, 18% of 11th graders, and 12% of adults reported smoking tobacco in 2007.
- Tobacco use is most prevalent in the northeastern area of the county.

Marin County has disproportionately high rates of breast cancer:

- Breast cancer rates in Marin are 15% to 20% higher than for the greater Bay Area.

Low-income residents rely on a safety net that lacks stability at a time when demand for safety-net services is increasing.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-SAN RAFAEL SERVICE AREA

1. Access to health insurance coverage and health care services
2. Overweight and obesity
3. Alcohol, tobacco, and drug use
4. Sustainable safety net
5. Disproportionately high rates of breast cancer

2012 YEAR-END RESULTS

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

The most recent available estimates show that more than 16% of all county residents lack health coverage. Without health coverage, those lacking financial resources face significant barriers to care. KFH-San Rafael has been engaged in numerous efforts to increase access to care and coverage for Marin County residents and will continue to have this as a priority.

2012 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.

2012 STRATEGIES

1. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and Kaiser Permanente Child Health Plan); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.
2. Provide charity care through the Medical Financial Assistance (MFA) program and maximize efficiencies.
3. Participate in the county-convened planning phase of Managed Medi-Cal implementation in Marin County.
4. Continue to provide care to uninsured community clinic patients through the established Medical Services Agreements (MSAs) with Marin Community Clinic; collaborate with other providers in the community to offer free health care services (e.g., breast cancer screening and treatment); and continue nonmember access to open appointments.

TARGET POPULATION

Low-income individuals who lack health insurance.

COMMUNITY PARTNERS

Community partners include Marin Community Clinic, Operation Access (OA), Marin Community Foundation, and Marin County Department of Health and Human Services.

2012 YEAR-END RESULTS

- Coastal Health Alliance (CHA) was awarded a \$10,000 grant to provide direct bilingual nutritional therapy services to its chronic conditions patients as an ongoing service at Saturday clinics and at up to four community education sessions. From July to December 2012, billings, protocols, and workflows were developed and implemented, and community outreach about the services was conducted. Since September 2012, 43 appointments were completed. The goal is to deliver nutritional therapy services to 150 patients by May 2013. Although grant funding helped CHA bring the program to fruition, the clinic believes it will be self-sustaining as a result of productivity and the payer mix.
- On behalf of San Rafael RotaCare Clinic, RotaCare Bay Area, Inc., received an \$8,000 grant to support general operating costs at this free clinic, which provides primary medical care to uninsured or underinsured adults in Marin County. Services at the clinic include dermatology, podiatry, psychiatry, vaccinations, HIV testing, TB testing, breast health, diabetes management, and educational programs on stress management and disaster preparedness. San Rafael RotaCare Clinic currently operates out of KFH-San Rafael's medical building on Mondays and Thursdays, 5:30 p.m. to 8:30 p.m. The all-volunteer clinic staff of 145 medical professionals includes doctors, nurses, pharmacists, interpreters, and record keepers. From January through December 2012, 2,294 patient visits were provided to 1,396 patients; 78% of whom spoke a primary language other than English, 1,267 had incomes that fell below 100% of the federal poverty level (FPL), and 114 had incomes that were between 100% and 200% FPL.

- West Marin Senior Services (WMSS) received a \$10,000 grant to provide comprehensive case management services for West Marin seniors and their families. Working closely with physicians and medical clinics in the community, WMSS provides exceptional personal attention and follow-up. From July through December 2012, 132 client assessments and care plans were completed and 64 clients were matched with caregivers. In July 2012, WMSS assumed responsibility for home-delivered meals in West Marin, and volunteers have delivered 4,200 meals and provided weekly congregate meals for an average of 37 people per week. With the help of the TripTrans program and 100 volunteer drivers, WMSS has provided 1,450 trips for 88 frail seniors. Approximately 700 seniors attended 27 separate events, including workshops, teas, health fairs and forums, and received food boxes.
- In 2011, Petaluma Health Center (PHC) received half of a two-year \$100,000¹ grant from Kaiser Permanente Northern California Region and another \$50,000 from Marin-Sonoma Area to support its expansion and renovation. These funds have allowed PHC to build 43,000 square feet of its new 53,000-square-foot facility, increasing the number of exam rooms from 31 to 44 and increasing dental operatories from 3 to 9. Completion of phase one means PHC can now treat 21,000 patients—4,000 more than previously. Additional funding will help build additional primary care medical pods, including 15 vitally needed medical exam rooms and other patient care rooms, equipment, and medical staff team rooms that, in turn, will allow PHC to hire nine more primary care providers and other medical staff to serve up to 14,000 more patients, for a total of 35,000, helping it to meet increasing demand over the next few years and to grow capacity to improve the health of the southern Sonoma County community. This \$3 million campaign includes approximately \$2.5 million for completing and equipping the two medical pods that will further increase the number of exam rooms. Other features include an instructional kitchen for nutrition education and diabetes prevention and equipment for patient education and staff education and training.
- PHC also received the second installment (\$75,000¹) of a two-year Quality Improvement Initiative grant (\$150,000 total) to expand quality improvement efforts to support a dynamic new care model designed to improve health outcomes. PHC is implementing a second-generation care team model wherein each staff member is part of a health care team. PHC also hopes to demonstrate improved clinical outcomes through population management and to achieve NCOA recognition as a Patient-Centered Medical Home. The resulting health outcomes will positively impact childhood immunizations, diabetes control, hypertension control, and early detection and prevention of cervical and colorectal cancer, and will benefit approximately 20,000 patients.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

1. Participate in the county-convened Children's Health Insurance planning group.
2. 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.
3. Continue to provide care to uninsured community clinic patients through the established MSAs with Marin Community Clinic; collaborate with other providers in the community to offer free health care services (e.g., breast cancer screening and treatment); and continue nonmember access to open appointments.
4. Provide charity care through the MFA program and maximize efficiencies.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-San Rafael will monitor enrollment of children in public or private low- cost health insurance programs, including Kaiser Permanente Child Health Plan and STEPS; monitor the cost (in dollars) of charity care services provided; monitor the number of patients receiving care through OA; and monitor MFA program metrics, including the number of individuals receiving MFA, the number of signed agreements, time needed to approve MFA awards, and the number of MFA applications screened.

¹ This grant was distributed from the Kaiser Permanente Fund for Community Benefit, a donor-advised fund established in late 2004 and administered by East Bay Community Foundation. Accordingly, the grant amount was not included in the Community Benefit totals for 2012 (Tables A, B, and 2).

PRIORITIZED NEED II: OVERWEIGHT AND OBESITY

Almost 44% of adults and more than 20% of youth in Marin 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.

2012 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).

2012 STRATEGIES

1. Grant making to support development of sustained healthy eating practices, including increasing/enhancing access points in low-income neighborhoods and working with organizations to increase use of EBT (food stamps) at farmers markets.
2. Participate in HMP's effort to increase access to and affordability of healthy food choices through policy and organizational practices.
3. Grant making to encourage physical activity and to promote safe places to walk, bike, and play.
4. Participate in HMP's effort to increase physical activity in community settings through public policy and work with school districts.
5. Grant making for development and implementation of institutional policies and programs promoting physical activities.
6. Participate in HMP and other efforts, such as Marin Wellness Collaborative, to increase physical activity in institutional settings through policy, organizational practices, and work with school districts.

TARGET POPULATION

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

COMMUNITY PARTNERS

Community partners include HMP, farmers markets and sponsoring agencies, Marin Wellness Collaborative, and local schools and school districts.

2012 YEAR-END RESULTS

- Community Child Care Council of Sonoma County (4Cs) received a \$30,000 grant (\$10,000 for services in Marin County) to implement Let's Move! Child Care Plus, a program that supports child care providers and centers in preventing childhood obesity. From July through December 2012, two program supervisors received Let's Move training and then trained 17 child care providers at Marin child care centers; 85% of providers developed action plans to implement program activities with children and parents at their centers. Activities include 30 to 60 minutes of structured physical activities, 60 minutes of unstructured physical activities throughout the day, and limiting screen time. Child care providers will also attend training workshops on zumba, breastfeeding, ReThink Your Drink, and TV Turnoff Week.
- Petaluma Bounty received a \$10,000 grant to promote healthy lifestyles by providing fresh produce and on-farm education to overweight and obese children with a body mass index (BMI) \geq 85th percentile and their families enrolled in Petaluma Health Center's PLAY (Petaluma Loves Active Youth) program. From July through December 2012, 240 boxes of fresh organic produce were delivered to 30 families (120 participants) for eight weeks. All families participated

in six family education sessions at the Petaluma Bounty farm on topics including nutrition, gardening, and healthy grocery shopping. Education sessions at Petaluma Health Center included exercise, cooking classes, and nutrition information. Data collection will include an exit survey, a focus group, BMI percentile, blood pressure readings, and resting heart rates for all participants.

- Novato Unified School District (NUSD) received a \$20,000 grant to implement a program to provide cooking classes to school food service staff with NUSD and San Rafael Unified School (SUSD). From July through December 2012, 33 food service staff attended three days of cooking classes led by California Foods Cooking School and learned how to cook recipes from the *Cooking with California Food in K-12 Schools* cookbook, using freshly gleaned seasonal fruits and vegetables. NUSD's long-standing partnership with local organic farmers provides fresh produce to the schools and now food service staff have the skills to prepare foods that are healthy and meet federal standards and guidelines for school nutrition.
- LIFT-Levántate received \$15,000 to support a program to improve healthy eating and physical activity for children and families in the Marin City community. In the second half of 2012 and in collaboration with the local CYO (Catholic Youth Organization), LIFT-Levántate implemented a basketball league. LIFT-Levántate worked for two years to bring this opportunity to Marin City, overcoming challenges within the community, working with community partners, and successfully encouraging CYO to waive player fees. The first team consists of 3rd- and 4th-grade boys. There is active parent engagement at practices and games, and program staff are working with families on how parents can be positive role models for their children and how to sustain the healthy changes in their children's behavior. The program has introduced gymnastics at MLK Middle School, targeting vulnerable girls. The program also partnered with Marin City Recreation Center to create a summer camp program for 96 elementary, middle, and high school students in summer 2012, providing fun, engaging physical activities, and nutrition and gardening education for this high-risk community. In addition, LIFT-Levántate trained community residents to become coaches and nutrition educators.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-San Rafael will track dollars provided in grants and the number of families and individuals reached through grant-funded efforts to expand access points in low-income neighborhoods and to increase EBT use at farmers markets; monitor implementation of HMP initiatives and progress against HMP goals; track dollars provided through grants and the number of people reached through grant-funded efforts to improve safety and promote physical activity in low-income communities; and collect data on the number and type of institutional policies and practices that are adopted at work sites and in schools.

PRIORITIZED NEED III: ALCOHOL, TOBACCO, AND DRUG USE

Marin County residents have rates of alcohol and tobacco use that present significant health risks and costs. More than 75% of adults in Marin County report drinking alcohol, and more than 50% of 11th graders report the same. The rate of alcohol use among youth almost doubles between 9th and 10th grades, which coincides with when youth begin driving. Even more troubling, 38% of 11th graders report binge-drinking in the past month. The rate of tobacco use is highest among 11th graders in Marin (18% in 2005 and 2007) but has dropped since 2001.

2012 GOALS

1. Decrease high-risk drug and alcohol use.
2. Decrease tobacco use.

2012 STRATEGIES

1. Implement grant making to address social factors contributing to alcohol and drug use.
2. Participate in community advocacy efforts (through community partners) for public policies focused on decreasing teen drinking and enforcing underage drinking laws.
3. Implement grant making to prevent and decrease tobacco use and its impact on nonsmokers.
4. Participate in community advocacy efforts for public policies focused on creating a tobacco-free Marin.

TARGET POPULATION

Individuals engaging in or at risk of engaging in high-risk alcohol use or tobacco use.

COMMUNITY PARTNERS

Community partners include HMP, Marin County Health and Human Services, Marin Community Foundation, and Bay Area Community Resources (BACR).

2012 YEAR-END RESULTS

- BACR received a \$10,000 grant to advocate for smoke-free multi-unit housing ordinances by local governments to reduce tobacco use and harmful secondhand smoke in Marin County's multiunit housing community. Smoke-free housing ordinances were enacted in Sausalito and San Rafael, and advocacy was conducted in Mill Valley during this period. The new ordinances received lots of positive media coverage. With in-kind support from Kaiser Permanente Northern California Region Community Benefit Communications, BACR produced "Smoke-Free Housing Ordinance BACR," a video shown to a Fairfax homeowners association that was then motivated to make 600 condos and townhouses smoke-free. It was also shown at tobacco coalition meetings and at a statewide webinar on smoke-free multiunit housing. Positive feedback from across the state prompted the California State Health Department to post the video on its website. It is also posted on websites for the City of San Rafael and Marin and Sonoma counties. See "Smoke-Free Housing Video" by Kaiser: <http://www.cityofsanrafael.org/commdev-planning-proj-smoking/>.
- Being Adept received a \$10,000 grant to implement a ATOD (alcohol, tobacco, and other drug) prevention program to 7th graders at Davidson Middle School, which has a high percentage of low-income students. With the help of an interpreter, trained peer youth leaders deliver lessons to groups of 25 to 50 ELL (English-language learner) students during class time over a two-day period. Lessons were then presented to all 300 7th graders by the youth leaders and experts from the community, including a clinical psychologist, MFT, critical care nurse, and medical experts. In March, a parent education evening was offered that was anticipated to reach 1,500 parents. The KFH-San Rafael grant made it possible for this highly successful program to be offered at this low-income school.
- Novato Youth Center (NYC) received a \$15,000 grant to continue its work with Novato Promotores, which recruits, trains, and provides ongoing support to Latino community leaders who work with the local community to advocate, educate to reduce alcohol and other drug (AOD) use, and address health disparities through environmental prevention and neighborhood-based initiatives. From July through December 2012, the promotores regularly participated in the Novato Blue Ribbon Coalition for Youth, which addresses AOD prevention efforts in the community. The promotores and NYC staff participated in trainings on retail store scans and conducted scans to learn about AOD-related activity at the stores. The coalition will use the scan results to advocate for policy changes. Promotores also participated in planning meetings to develop Count Me In, a marketing campaign to encourage active participation by the Latino population in prevention and education efforts. Seven promotores attended an annual promotores summit that provided education and resources on policy and advocacy best practices in August 2012 and advocacy training offered by The California Endowment in October 2012. The promotores developed draft guidelines for renters and facility owners regarding youth access to alcohol at facilities that host family parties or community celebrations.

2013 GOALS UPDATE

Goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-San Rafael will track the amount of funding provided through grants and the number of people reached through grant-funded programs, and monitor the success of community advocacy efforts for policy changes related to high-risk drug and alcohol use and smoking.

PRIORITIZED NEED IV: SUSTAINABLE SAFETY NET

Safety-net providers in Marin County are critical contributors to the health of the community and are struggling to maintain services. Participants in the HMP focus groups indicated that there is a need for sustainable health services in smaller communities and rural areas.

2012 GOAL

Improve the financial health and sustainability of safety-net providers in Marin County and southern Sonoma County.

2012 STRATEGIES

1. Provide financial or clinical technical assistance (TA) to at least one safety-net clinic or other provider of care.
2. Work with community partners to convene and/or fund safety-net agencies to build collaboration, develop, and adopt effective clinical practices for addressing ATOD (alcohol, tobacco, and other drugs) and obesity/overweight, and to increase efficiency in the safety net.

TARGET POPULATION

Safety-net providers.

COMMUNITY PARTNERS

Community partners include HMP, Redwood Community Health Coalition, and Marin Community Foundation.

2012 YEAR-END RESULTS

- Center for Domestic Peace received a \$10,000 grant to support the life-saving, 24/7 safety-net response services (hotlines and emergency shelter) it provides to domestic violence victims and their children. From July through December 2012, the hotlines provided support to 1,780 callers, 339 of whom were in crisis and in need of immediate assistance. During this period, 43 women with a total of 51 children received emergency shelter through the hotline, for a total of 2,742 shelter bed nights. Also during this period, 62% of adult shelter residents exiting the shelter were able to find permanent housing within three months of program entry; 21% of adult residents exited to transitional housing; 54% of adult residents increased their income from entry to exit; and 31% maintained their income.
- Jewish Family and Children's Services received a \$10,000 grant to assist medically ill and disabled low-income Marin County adults in accessing supportive services enabling them to remain living independently in safety. The Seniors at Home intake line received 31 calls from July to December 2012 requesting care management. During this period, 74 individuals have received care management. Client surveys are conducted in March of each year to determine client progress toward indicated health outcomes.
- Petaluma People Services Center received a \$15,000 grant to support case management, which refers and provides clients with a range of assistive services allowing them to safely age-in-place and to maintain their independence and health. From July through December 2012, 171 unduplicated clients (68% of year-end goals) received 922 hours of

comprehensive case management services (56% of year-end goals). More than 2,300 contacts for senior information and referral services were provided.

2013 GOAL UPDATE

The goal will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-San Rafael will track the amount of TA provided and the number of agencies receiving TA; and monitor outcomes of the safety-net convening or funding with agreements and clear action steps taken and track adoption of new clinical practices in the safety net, as a result of the convening.

PRIORITIZED NEED V: DISPROPORTIONATELY HIGH RATES OF BREAST CANCER

Marin County women have rates of breast cancer that are 15% to 20% higher than the rates for women in the Greater Bay Area.

2012 GOALS

1. Decrease breast cancer rates to be more in line with overall Bay Area rates.
2. Increase access to and use of regular breast cancer screening and treatment.

2012 STRATEGIES

1. Participate in clinical research studies regarding breast cancer prevalence, risk factors, and prevention.
2. Grant making to reduce structural barriers (i.e., transportation, cultural competence, hours of service, and administrative procedures) to breast cancer screening and treatment.

TARGET POPULATION

Women facing barriers to cancer screening and treatment.

COMMUNITY PARTNERS

Community partners include Zero Breast Cancer Marin Breast Cancer Watch (aka Zero Breast Cancer [ZBC]), Marin County Department of Health and Human Services Breast Cancer Program, and To Celebrate Life Breast Cancer Foundation (To Celebrate Life).

2012 YEAR-END RESULTS

- Marin Center for Independent Living received a \$5,000 grant to support advocacy, insurance, and financial assistance for uninsured/underinsured individuals diagnosed with breast cancer to help them maintain housing and/or health insurance and successfully undergo treatment. From July through December 2012, the program served 24 consumers, who received benefits counseling and enrollment assistance, and financial assistance.
- ZBC received a \$2,500 sponsorship for its 2012 Honor Thy Healer awards ceremony and dinner, a special annual program that recognizes individuals and businesses throughout the Bay Area that have advanced the understanding of breast cancer and are invested in improving the health of the community. Over the past 12 years, the event has paid tribute to a number of extraordinary people and organizations that have made a difference in the lives of so many. ZBC has developed a public health message, featuring a group of adolescent soccer players, about the benefits of exercise

and breast cancer prevention and promoted it on bus shelters throughout Marin County. The campaign includes a portable poster that has been displayed at a number of businesses and health fairs throughout Marin County and San Francisco.

- To Celebrate Life received a \$3,000 sponsorship to support its annual fundraising event. Net proceeds from the event support the foundation's grant program, which since 1996 has granted \$3.3 million to dozens of nonprofit organizations throughout the Bay Area that provide a wide array of services to thousands of people living with breast cancer. To Celebrate Life estimates that 1,700 individuals were assisted in 2010 as a result of these grants.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-San Rafael will track documentation and dissemination of research results; dollars provided through grant funding, specific barriers addressed through grant-funded efforts; and the number of people affected.

Table 1

KAISER FOUNDATION HOSPITAL-SAN RAFAEL

2012 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: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members | 2 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 1,868 |
| Medi-Cal Managed Care members | 1,959 |
| Healthy Families Program members | 2,128 |
| Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) ¹ members | 128 |
| Operation Access – number of procedures (including general surgery, ophthalmology, gastroenterology, otolaryngology, urology, dermatology, plastic surgery, orthopedics, colorectal, and breast) | 117 |
| Operation Access – number of medical volunteers | 50 |
| Operation Access – number of medical volunteer hours | 245 |
| Health Research projects (new, continuing, and completed) | 1 |
| Nursing Research projects (new, continuing, and completed) | 4 |
| Educational Theatre Programs – number of performances and workshops | 53 |
| Educational Theatre Programs – number of attendees (students and adults) | 8,180 |
| Graduate Medical Education – number of programs | 1 |
| Graduate Medical Education – number of affiliated and independent residents | 7 |
| Nurse practitioner and other nursing training and education beneficiaries | 16 |
| Deloras Jones nursing scholarship recipients | 17 |
| Other health professional training and education (non-MD) beneficiaries | 38 |
| Summer Youth and INROADS programs participants | 10 |
| Number of 2012 grants and donations made at the local and regional levels ² | 90 |

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

²The vast majority of regional grants impact three or more local hospitals. As such, a single regional grant may be included in the “Number of 2012 grants and donations” count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-SAN RAFAEL

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$3,905,688 |
| Healthy Families ² | 1,322,355 |
| Charity care: Charitable Health Coverage programs ³ | 1,642,852 |
| Charity care: Medical Financial Assistance Program ⁴ | 2,145,527 |
| Grants and donations for medical services ⁵ | 469,516 |
| Subtotal | \$9,485,938 |
| Other Benefits for Vulnerable Populations | |
| Summer Youth and INROADS programs ⁶ | \$48,586 |
| Grants and donations for community-based programs ⁷ | 190,657 |
| Community Benefit administration and operations ⁸ | 350,017 |
| Subtotal | \$589,260 |
| Benefits for the Broader Community⁹ | |
| Community health education and promotion programs | \$10,887 |
| Educational Theatre Programs | 91,614 |
| Facility, supplies, and equipment (in-kind donations) ¹⁰ | 22,374 |
| Community Giving Campaign administrative expenses | 7,184 |
| Grants and donations for the broader community ¹¹ | 28,970 |
| National board of directors fund | 16,504 |
| Subtotal | \$177,533 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$34,887 |
| Non-MD provider education and training programs ¹² | 822,134 |
| Grants and donations for the education of health care professionals ¹³ | 53,202 |
| Health research | 2,774,285 |
| Subtotal | \$3,684,508 |
| Total Community Benefits Provided | \$13,937,239 |

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.

KAISER FOUNDATION HOSPITAL (KFH)-SANTA CLARA

710 Lawrence Expressway
 Santa Clara, CA 95051
 (408) 851-1000

The KFH-Santa Clara service area comprises roughly the northwest half of Santa Clara County. Cities in this area include Campbell, Cupertino, Los Altos, Los Gatos, Milpitas, Mountain View, San Jose, Santa Clara, Saratoga, and Sunnyvale.

COMMUNITY SNAPSHOT (*COUNTY-LEVEL DATA)

| | |
|-------------------------------|-----------|
| Total population: | 1,133,657 |
| Median age:* | 35.5 |
| Average household income:* | \$88,525 |
| Percentage living in poverty: | 8.33% |
| Percentage unemployed: | 8.21% |
| Percentage uninsured: | 10.88% |

| | |
|-----------------------------|--------|
| White: | 38.49% |
| Latino: | 21.85% |
| African American: | 2.27% |
| Asian and Pacific Islander: | 33.71% |
| Native American: | 0.22% |
| Other: | 3.46% |

KEY STATISTICS

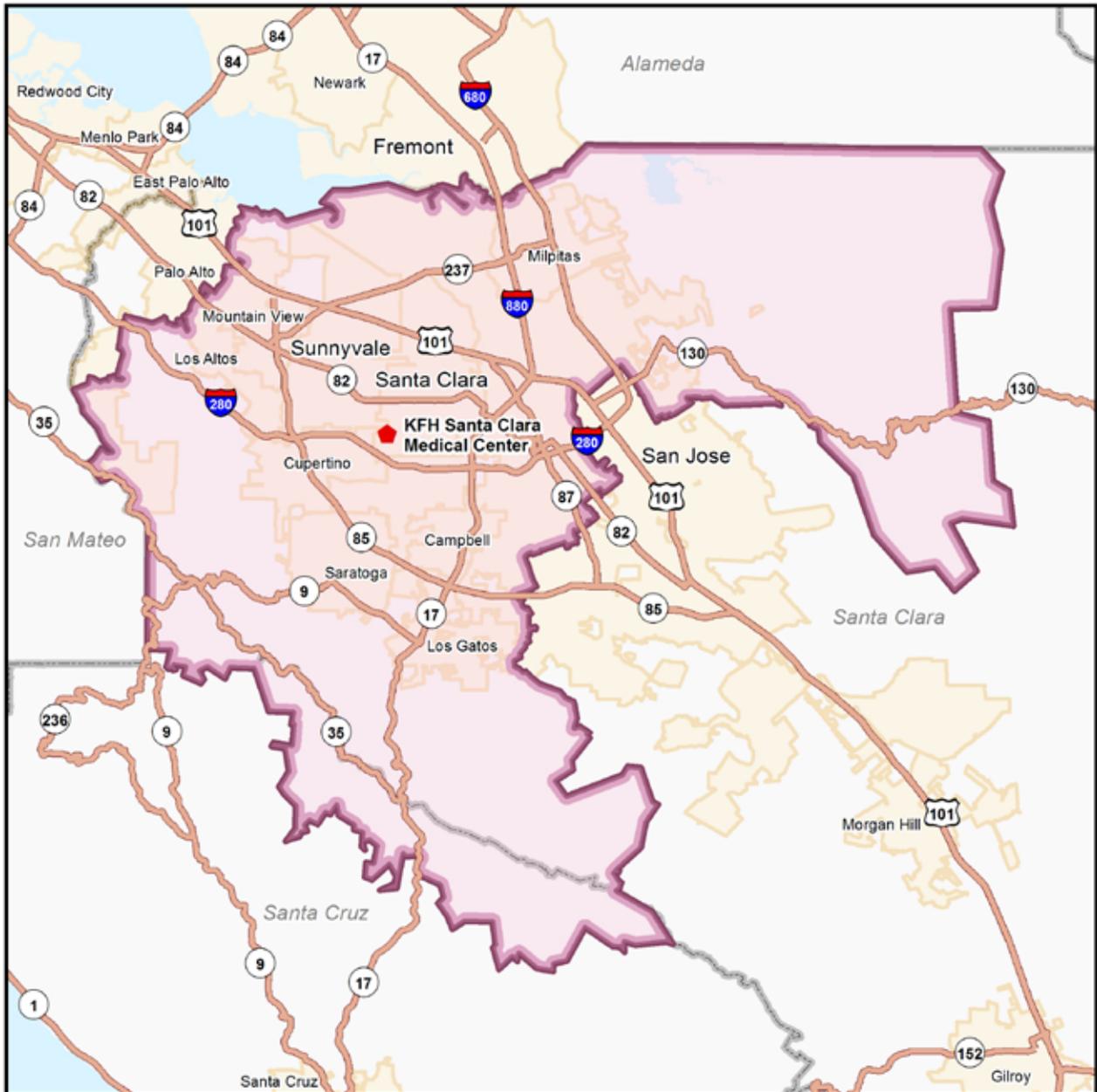
| | |
|-------------------------------------|---------|
| Year opened: | 1964 |
| KFH full-time equivalent personnel: | 2,301.7 |
| KFHP members in KFH service area: | 304,883 |

| | |
|------------------------|--------|
| Total licensed beds: | 327 |
| Inpatient days: | 97,679 |
| Emergency room visits: | 62,978 |

KEY LEADERSHIP AT KFH-SAN JOSE

| | |
|---------------------|--|
| Chris L. Boyd | Senior Vice President and Area Manager |
| Sue G. Murphy, MHSA | Chief Operating Officer |
| Sean M. Fitzpatrick | Area Finance Officer |
| Susan C. Smarr, MD | Physician in Chief |
| Valerie McCarthy | Medical Group Administrator |
| Dawn Bussey | Public Affairs Director |
| Jo Seavey-Hultquist | Community Benefit/Community Health Manager |

KFH Santa Clara Medical Center Area



- ◆ KFH Medical Center
- KFH Medical Center Area
- Cities and Towns
- County Boundary

Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
 Maps Produced by: the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES). March 2013.



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

Working within Kaiser Permanente Northern California Region's needs assessment and planning framework, KFH-San Jose identified its priority needs, goals and supporting strategies for each need, and indicators or metrics to measure success. To arrive at these priorities, KFH-Santa Clara 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-Santa Clara and KFH-San Jose 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 and 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 (BRFS) 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-Santa Clara 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-Santa Clara to address in the triennial CHNA process, and provided the groundwork for setting priorities and allocating resources.

To better serve Santa Clara County, KFH-Santa Clara and KFH-San Jose reviewed the findings for both service and, in April 2011, developed a countywide strategy to inform the Community Benefit Plan for the South Bay.

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/Laotians (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-SANTA CLARA SERVICE AREA

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

2012 YEAR-END RESULTS

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

The Santa Clara County Public Health Department 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%). 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%). And Latinos (60.3%) and African Americans (68.2%) experienced lower rates of health insurance, compared to the county average of 79.2% in 2009.

2012 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.

2012 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 and technical assistance (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.

TARGET POPULATION

Those at risk for experiencing disparities specific to rates of uninsurance and chronic conditions.

COMMUNITY PARTNERS

Community partners include Asian Americans for Community Involvement (AACI); Community Health Partnership of Santa Clara County, Inc. (CHP); Gardner Family Health Network; Stanford University-Pacific Free Clinic; RotaCare Bay Area; InnVision Shelter Network; Planned Parenthood Mar Monte (PPMM); Santa Clara Family Health Foundation; Santa Clara County, Office of Women's Policy; Santa Clara County Public Health Department; Second Harvest Food Bank of Santa Clara and San Mateo Counties (Second Harvest); School Health Clinics of Santa Clara County; South County Collaborative; and United Way Silicon Valley.

2012 YEAR-END RESULTS

- KFH-Santa Clara and KFH-San Jose awarded \$50,000 to CHP for the Medicaid Retention and Education campaign. CHP will partner with Services, Immigrant Rights & Education Network (SIREN) to educate community leaders and the medically underserved in Santa Clara County about their rights under health care reform to promote and retain health care coverage. The campaign will reach more than 500 low-income individuals.

- Kaiser Permanente Northern California Region awarded CHP \$200,000¹ for the second year of a two-year \$400,000 Specialty Care Initiative grant to focus on expanding the integration of care between community clinics and public hospitals by advancing technology infrastructure and coordination between providers.
- Kaiser Permanente Northern California Region awarded CHP \$80,000¹ for Consortia Core Operations Support, which supports community clinics in enrolling patients in subsidized health insurance programs and keeps them enrolled by incorporating new processes into clinic systems.
- KFH-Santa Clara and KFH-San Jose awarded \$10,000 to Santa Clara County Public Health Department to support Binational Health Week and development of the *Latino Health Report*. Binational Health Week comprises more than 20 different activities that promote awareness in the Latino community of health care access, chronic and communicable diseases, and women's health, and includes free health fairs, screenings, flu shots, and workshops. *Latino Health Report* provides a comprehensive picture of health in the Latino/Hispanic community, relative to other racial and ethnic groups, identifies socioeconomic factors that may influence Latino/Hispanic health, and assesses neighborhood conditions related to obesity, nutrition, physical activity, and safety.
- Kaiser Permanente Northern California Region awarded Gardner Family Health Network \$60,000¹ for the Public Benefit Screening and Enrollment program that will establish a community services referral system linking patients to needed services by providing referrals and navigation support.
- KFH-Santa Clara and KFH-San Jose awarded \$31,000 to InnVision Shelter Network for Healthcare for the Homeless, a program that increases access to health care for homeless and very low-income men, women, and children, and promotes clients' long-term health through case management, support services, and referrals to other community health agencies. Services, provided at two San Jose sites (Montgomery Street Inn and Georgia Travis Center), include medical appointments with doctors and nurses from Gardner Family Health Services; dental care provided by Santa Clara County Homeless Dental Mobile Unit; and educational resources around HIV/STI (sexually transmitted infection) prevention, smoking cessation, and dietary issues. The program is providing additional support to increase utilization of the health services offered. The program is expected to serve more than 1,700 people annually.
- KFH-Santa Clara awarded \$30,000 to Mayview Community Health Center for a smoking and tobacco cessation project that effectively tracks how many patients are current smokers or are exposed to secondhand smoke; effectively tracks and seeks to increase the number of current smokers who are advised to quit at office visits; aims to increase the number of smokers attending behavioral interventions for smoking cessation; and aims to increase the number of smokers receiving prescriptions for smoking-cessation aids. Clinicians use the Ask, Advise, Refer strategy to screen 2,500 patients to end tobacco use and play a key role in identifying, assessing and treating smokers. They also track and educate patients who are exposed to secondhand smoke. Medical assistants are trained to provide educational materials on NRT (nicotine replacement therapy) and to alert physicians if a patient is interested in using it.
- KFH-Santa Clara and KFH-San Jose awarded \$31,000 to PPMM to provide onsite medical services, eligibility screening, referrals, and health education programs for foster youth who visit at The HUB, a local foster youth community center. More than 440 foster youth will be served by the program.
- KFH-Santa Clara and KFH-San Jose awarded \$46,000 to RotaCare Bay Area for the A Way Home: Clinic Patient Navigator program. Three RotaCare free clinics in Santa Clara County will launch a one-year concerted effort to assist patients in enrolling in health insurance programs as their entryway to a medical home, and to help them access other health-related community resources. More than 60 Kaiser Permanente employees volunteer at RotaCare clinics. The program will serve 1,950 low-income, uninsured people annually.
- KFH-Santa Clara and KFH-San Jose awarded \$10,000 to Santa Clara County Office of Women's Policy for The State of Women and Girls project, which entails development of a data-driven *State of Women and Girls Report* that captures how girls and women are faring in Santa Clara County. The report, which highlights four key areas—health, violence and crime, education, and economics— will be released at a launch event that will showcase health speakers and

¹ This grant was distributed from the Kaiser Permanente Fund for Community Benefit, a donor-advised fund established in late 2004 and administered by East Bay Community Foundation. Accordingly, the grant amount was not included in the Community Benefit totals for 2012 (Tables A, B, and 2).

workshops to discuss the findings. Following the report's release, the Office of Women's Policy will convene community listening sessions to review the data and develop a community action plan.

- KFH-Santa Clara and KFH-San Jose awarded \$45,000 to Santa Clara Family Health Foundation for its community outreach effort to identify uninsured children and assist their parents in applying for and enrolling their children into subsidized health coverage. The program aims to establish and sustain relationships with community-based organizations that serve low-income families; conduct training for agency staff on health coverage programs; implement effective, customized referral systems that support agencies in their efforts to identify uninsured children and to refer parents to outreach staff for application assistance; and staff community events to identify uninsured children. More than 1,000 children will be identified through outreach efforts and their parents will receive application assistance.
- KFH-Santa Clara and KFH-San Jose awarded \$50,000 to Second Harvest to reduce hunger and improve access to unutilized CalFresh benefits. Second Harvest provides outreach, agency trainings, and direct application assistance to low-income populations. More than 3,000 clients benefit from interaction with Second Harvest 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.
- KFH-Santa Clara and KFH-San Jose awarded Stanford University Pacific Free Clinic (PFC) \$23,000 for its Access to Preventive Health Care for the Uninsured project, which will expand and enhance health education and coaching services provided to PFC patients through increased onsite mentorship by a professional health educator, establish a clinic use pharmacy program for high cost but critical preventive medications, and develop an adult immunization program. More than 850 uninsured adults will benefit from the program.
- KFH-Santa Clara and KFH-San Jose awarded \$10,000 to United Way Silicon Valley (UWSV) for the community assessment project, which includes conducting a CHNA. Data gathered from the process will reveal Santa Clara County evolving conditions, needs, and trends, and inform how UWSV will address them. The CHNA process will engage a variety of project partners in designing and developing the tool, and the results will be utilized to create more alignment of community investment and programmatic efforts.
- Kaiser Permanente Northern California Region awarded \$50,000 to the UWSV, under the 2-1-1 Information and Referral grants program, to provide general operating support for the infrastructure needed to bring appropriate screening and quality referral services to callers seeking information on local social services. More than 27,000 referrals will be given annually, and more than 200,000 searches will be conducted via the website.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Santa Clara will track information to monitor implementation of strategies and to demonstrate impact on the priority need. KFH-Santa Clara will also catalog materials used and developed for programs under this priority need and will track KFH-Santa Clara 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 II: OBESITY RATES

Despite recent Santa Clara County-wide efforts to reduce obesity, the proportion of middle and high school students who are obese is 10% while the Healthy People 2010 goal is 5%. Those at highest risk are children in lower-income groups,

African Americans, and Latinos. Overweight and obesity have been recognized in recent years as a national epidemic with severe health consequences for adults and children. Overweight or obese adults are more likely to be depressed and have chronic diseases such as arthritis, breathing problems, diabetes, certain types of cancer, heart disease, and stroke. It is estimated that one-half of overweight schoolchildren will remain overweight as adults. Being overweight in childhood has been linked to several health problems that can last into adulthood, including poor heart health, type 2 diabetes, and impaired mental health. Focus group participants are concerned about the growing number of children and adults who will require additional health care services if appropriate early-stage interventions are not instituted.

2012 GOALS

1. Decrease calorie consumption (e.g., soda/sugar-sweetened beverages, portion sizes).
2. Increase access to, and consumption of, fresh fruits and vegetables.
3. Increase physical activity in community and institutional settings (e.g., safe walking and biking routes, parks and hiking trails, joint use agreements).

2012 STRATEGIES

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 (Healthy Eating, Active Living) grant. Continue to participate in or support local collaboratives that align with these efforts.

TARGET POPULATION

Underserved populations in Campbell, Cupertino, Los Altos, Los Gatos, Milpitas, Mountain View, San Jose, Santa Clara, Saratoga, and Sunnyvale, and San Jose with a particular focus on children, youth, and families.

COMMUNITY PARTNERS

Community partners include Alum Rock Union School District, Bay Area Women's Sports Initiative (BAWSI), Bay Area Nutrition and Physical Activity Collaborative (BANPAC), Breathe California, Children's Discovery Museum of San Jose (CDM), Choices for Children (CFC), Community Alliance with Family Farmers Foundation (CAFF), Generations Community Wellness (GCW), Happy Hollow Corporation, County of Santa Clara Parks and Recreation Department, Santa Clara County Public Health Department, FIRST 5 Santa Clara County, Sunnyvale Community Services, and Veggielution.

2012 YEAR-END RESULTS

- KFH-Santa Clara and KFH-San Jose hosted a series of Teddy Bear Clinics, 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 handwashing 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, 25,000 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.

- KFH-Santa Clara and KFH-San Jose partnered with Santa Clara County Public Health Department and FIRST 5 Santa Clara County on the 2012 ReThink Your Drink campaign, which builds on past successes and lessons learned. Starting from a single summer campaign initiated by the 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. Health education materials, co-developed by partners in the campaign, are updated or developed annually and distributed to more than 20,000 community members through partnerships with schools, child care agencies, and nonprofits.
- Kaiser Permanente Northern California Region awarded \$50,000 for the first year of a two-year \$100,000 grant to BANPAC, through the VMC Foundation, for the Pledge the Practice, Pass the Policy project. BANPAC will encourage Bay Area residents to reduce or eliminate sweetened beverage consumption, choose healthier options, and participate in changing systems, organizations, and policies to support their healthy choices. The project will support environmental and social norms change through the development and implementation of at least 20 healthy beverage or healthy food and beverage policies in Bay Area organizations serving low-income populations, youth, and/or communities of color. More than 50,000 residents will be impacted by policy implementation. BANPAC will also reach Bay Area residents with ReThink Your Drink educational and social marketing messages.
- KFH-Santa Clara and KFH-San Jose awarded \$40,000 to BAWSI for its BAWSI Girls program, which provides after-school fitness and confidence-building for 3rd through 5th grade girls attending underserved, Title I–designated schools. The program connects girls with volunteer college and high-school female athletes who serve as positive role models and coaches. BAWSI Girls aims to foster a love of play, changing young girls' beliefs, attitudes, and behaviors about physical activity while also building important developmental assets. The program will serve 720 girls at six Gilroy and Santa Clara elementary schools. Christine Levan, MD, KFH-Gilroy, is a BAWSI board member.
- KFH-Santa Clara and KFH-San Jose awarded \$25,000 to Breathe California for Let's Get Moving to School, a project designed to increase the number of students who walk or bike to school, increase physical activity, and prevent obesity among children. Breathe California is partnering with seven low-income schools in Santa Clara County to reach more than 4,000 students and parents. Activities include traffic studies, parent education, youth pedestrian safety trainings, Walking Wednesday Campaigns, and youth advocacy. Kaiser Permanente physicians, Sulochina Lulla, MD, Tom Dailey, MD, and Priti Singh, MD, participate in parent education sessions and Walking Wednesdays.
- KFH-Santa Clara and KFH-San Jose awarded \$35,000 to CDM for the Kick Start, Eat Smart project, which addresses the childhood obesity epidemic by advancing health education, nutrition, and wellness among CDM's 300,000 visitors, through development and fabrication of exhibits that support parents' and teachers' child development goals; reinforce connections to food sources; and expand and deepen nutrition education among diverse audiences. New and upgraded exhibits include Farm Produce Stand, What's for Lunch?, and ReThink Your Drink. Plans also include strengthening multilingual signage and adding elements that link three nutrition spaces—Rainbow Market indoor exhibition, Kids' Garden outdoor exhibition, and Kids' Café food service. Rajan Bhandari, MD, is on the board of directors.
- KFH-Santa Clara awarded \$40,000 to CAFF to expand Farm to School in Santa Clara County through a pilot project within Sunnyvale School District (SSD). The primary goal is to implement and institutionalize a comprehensive Farm to School program throughout SSD classrooms and cafeterias by developing broad community support of Farm to School; building capacity of teachers to educate students on local food systems, agriculture, the environment, health, and nutrition; increasing the amount of local food available in SSD cafeterias; and enhancing food service skills in preparing, cooking, presenting, and marketing locally grown food in SSD cafeterias. By institutionalizing the farm to school connection, the long-term impacts will include increased knowledge of and access to healthy, locally sourced food in SSD. The project will impact 6,459 students, 35 school food service staff, and 25 teachers.
- KFH-Santa Clara awarded \$40,000 to GCW to provide TA to SSD to help develop wellness guidelines for the district office and nine SSD school sites. The guidelines will focus on healthy movement for employees and the availability of healthy foods and beverages for employees and community members who attend SSD programs. GCW works with school teams to provide the resources and support needed for development of the guidelines that, when implemented, will impact more than 7,500 staff and students.

- KFH-Santa Clara and KFH-San Jose awarded \$30,000 to Continuing Development Inc./CFC for the Five Keys Online for Child Care project, which will provide Santa Clara County child care providers and center staff with the knowledge and skills to follow the best practice, Division of Responsibility, messages in feeding young children. CFC will provide a modified Five Keys to Raising a Healthy Happy Eater professional development online training module with collaborative materials on a selected web platform. This fully operational, convenient, free, online training module will be available to 6,825 Santa Clara County child care providers and teachers who care for young children in licensed organized child care.
- KFH-Santa Clara and KFH-San Jose awarded \$25,000 to County of Santa Clara Parks and Recreation Department for the Healthy Trails Bilingual Outreach Program that challenges and inspires individuals, families, and groups of any size, age, or ability to become more physically active while connecting with nature in Santa Clara County parks. Annually, 30,000 people are exposed to Healthy Trails. The program will develop bilingual materials for the third edition of Healthy Trails, conduct bilingual outreach through events and partnerships with community organizations, and organize and lead bilingual hikes. More than 5,000 individuals are expected to register for the program annually.
- KFH-Santa Clara and KFH-San Jose awarded \$50,000 to Happy Hollow Park and Zoo for Eat Like a Lemur, an obesity prevention project that showcases the diets and activities of zoo residents to deliver a healthy message in an appealing format to 450,000 annual visitors. The project will help to make the healthy choice the easy choice through selective rearrangement of food choices at the Picnic Basket, reduce sugary beverage choices by 25%, and expand healthy menu items. New messaging will raise awareness of healthy options through the use dynamic video, static signage, and table wraps. The project will also encourage physical activity throughout the park, including step counts, themed movement stations that mirror zoo animal behaviors, and staff-led activities in the Meadow.
- KFH-Santa Clara awarded \$35,000 to Sunnyvale Community Services for Fresh From the Farm, a partnership with Full Circle Farm that provides low-income families with fresh produce, nutrition education, farm and gardening experiences, and community-building activities. Families participate in a Farm Bucks program where they are able to redeem vouchers for fresh produce at the farm and engage in Family Farm Days where they help harvest and cook produce at the farm. Fresh From the Farm will impact more than 700 families.
- KFH-Santa Clara and KFH-San Jose awarded \$20,000 to Veggielution to engage the community in the production of fruits and vegetables, to build community, and to increase access to and consumption of healthy foods. Veggielution's community farm utilizes more than 2,000 volunteers annually to grow healthy crops, which are then made available at the low-cost Farm Stand, through the Farm Box Program. More than 300 children, teens, and adults are engaged in gardening and developing the land-food connection that is often lost in the current food system. Veggielution has embarked on a new "Veggie Prescription" partnership with East Valley Community Clinic where community members are referred to the farm to purchase low-cost produce.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Santa Clara 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; catalog materials used and developed for programs under this priority need; and track KFH-Santa Clara 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 recognition of the comorbidity between violence and substance abuse, these priority needs were combined to maximize the impact of the 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. By 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.

2012 GOAL

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

2012 STRATEGIES

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.

TARGET POPULATION

Underserved populations in Campbell, Cupertino, Los Altos, Los Gatos, Milpitas, Mountain View, San Jose, Santa Clara, Saratoga, and Sunnyvale, and San Jose with a particular focus on children, youth, and families.

COMMUNITY PARTNERS

Community partners include Alum Rock Counseling Center, Asian Americans for Community Involvement (AACI), Community Solutions, Girl Scouts of Northern California, Rebekah Children's Services, Next Door Solutions to Domestic Violence (Next Door), Ocala Middle School, Santa Clara County Office of Education, Sunday Friends, and YMCA Silicon Valley–Project Cornerstone.

2012 YEAR-END RESULTS

- KFH-Santa Clara and KFH-San Jose awarded \$25,000 to Alum Rock Counseling Center for Ocala Middle School's mentoring and support program, serving more than 90 participants (grades 6 through 8) with an evidence-based substance abuse prevention program (Botvin Life Skills Training), mentoring, case management, counseling, and parent collateral services. The goals include reducing aggressive, violent, or delinquent behavior; strengthening participants' ability to use positive coping mechanisms to handle stress and emotions; improving interpersonal relationships between youth and their peers, teachers, family members, and other adults; and improving participants' health awareness and healthy living habits.
- KFH-Santa Clara and KFH-San Jose awarded \$30,000 to Alum Rock Union Elementary School District for Ocala Middle School's violence prevention project, which includes campus improvements that support a culture of nonviolence at the

school. Teachers and students will participate in Positive Behavioral Intervention & Supports, an evidence-based training, while parents will benefit from workshops that help them build developmental assets in their children. The project will impact more than 600 students, staff, and parents.

- KFH-Santa Clara and KFH-San Jose awarded \$25,000 to AACI for Project PLUS (Peer Leadership Uniting Students), a 14-week onsite life skills program consisting of group sessions, one-on-one mentoring sessions, a field trip, and a self-improvement project that impacts 100 students at Sheppard Middle School and Independence and Yerba Buena high schools. Latino and Asian students participate in weekly discussion groups on topics such as decision making, substance abuse, race relations, gang awareness, communication, and conflict resolution. Self-improvement projects, from raising grades to quitting smoking and leaving gang life, improve decision making, planning skills, and self-esteem. KFH-San Jose pediatrician Dao Nguyen, MD, chief of patient education and health promotion, is on the AACI board.
- KFH-Santa Clara and KFH-San Jose awarded \$25,000 to Girl Scouts of Northern California for Got Choices, a year-round prevention and intervention program aimed at reducing risky and harmful behaviors, increasing protective factors, and supporting positive, informed decision making in teen and tween girls. For 16 years, Got Choices has redirected high-risk and adjudicated girls toward a brighter future as healthy, thriving adults through its comprehensive life-skills curriculum, guest speakers, community service, and leadership opportunities. Got Choices serves up to 550 girls annually at juvenile detention centers, at-risk middle and high schools, and the Bill Wilson Center.
- KFH-Santa Clara and KFH-San Jose awarded \$35,500 to Next Door for the Healing Families project. Based on assessments conducted with clients, Next Door is implementing the Window Between Worlds curriculum at three sites: HomeSafe San Jose, HomeSafe Santa Clara, and the Community Office. The curriculum engages children who have been impacted by domestic violence in art workshops where they share their stories, express their feelings, and build their emotional resiliency through art expression. By providing an environment that promotes healing, the curriculum will help 225 mothers and their children develop a renewed sense of hope and possibility that profoundly impacts future decisions regarding the direction of their lives, their relationships, and how to stay safe.
- KFH-Santa Clara and KFH-San Jose awarded \$20,000 to Sunday Friends to expand programming that builds developmental assets in children attending Lowell, Anne Darling, and Blackford elementary schools in very low-income San Jose neighborhoods. The program, which includes writing about violence prevention topics, service projects, classroom education on violence prevention topics, implementation of a curriculum that teaches violence prevention and builds literacy skills, and earning of basic necessities through participation, will impact 2,500 family members.
- KFH-Santa Clara and KFH-San Jose awarded \$40,000 to YMCA Silicon Valley–Project Cornerstone, which is working to reduce violence by creating caring schools. Project Cornerstone is partnering with 16 high-need schools in East San Jose, Downtown San Jose, Mountain View, Morgan Hill, and Campbell to facilitate bullying and peer-abuse prevention workshops that will empower 320 youth. Project Cornerstone will also provide six developmental asset training workshops for 80 parents and engage 115 parents in school-based parent engagement programs at preschool and elementary schools. These monthly parent engagement programs will be culturally and linguistically appropriate for both English- and Spanish-speaking adults and will impact more than 3,200 children.

2013 GOALS UPDATE

The goal will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Santa Clara 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; catalog materials used and developed for programs under this priority need; and track KFH-Santa Clara 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-SANTA CLARA

2012 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: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members | 3 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 2,248 |
| Medi-Cal Managed Care members | 4,857 |
| Healthy Families Program members | 5,485 |
| Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) ¹ members | 200 |
| Health Research projects (new, continuing, and completed) | 6 |
| Nursing Research projects (new, continuing, and completed) | 10 |
| Educational Theatre Programs – number of performances and workshops | 157 |
| Educational Theatre Programs – number of attendees (students and adults) | 31,653 |
| Graduate Medical Education – number of programs | 16 |
| Graduate Medical Education – number of affiliated and independent residents | 245 |
| Nurse practitioner and other nursing training and education beneficiaries | 61 |
| Deloras Jones nursing scholarship recipients | 3 |
| Other health professional training and education (non-MD) beneficiaries | 33 |
| Summer Youth and INROADS programs participants | 10 |
| Number of 2012 grants and donations made at the local and regional levels ² | 145 |

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

²The vast majority of regional grants impact three or more local hospitals. As such, a single regional grant may be included in the “Number of 2012 grants and donations” count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-SANTA CLARA

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$10,518,736 |
| Healthy Families ² | 5,069,260 |
| Charity care: Charitable Health Coverage programs ³ | 2,102,036 |
| Charity care: Medical Financial Assistance Program ⁴ | 3,897,499 |
| Grants and donations for medical services ⁵ | 538,286 |
| Subtotal | \$22,125,817 |
| Other Benefits for Vulnerable Populations | |
| Summer Youth and INROADS programs ⁶ | \$48,586 |
| Grants and donations for community-based programs ⁷ | 565,403 |
| Community Benefit administration and operations ⁸ | 891,940 |
| Subtotal | \$1,505,929 |
| Benefits for the Broader Community⁹ | |
| Community health education and promotion programs | \$27,595 |
| Educational Theatre Programs | 320,647 |
| Facility, supplies, and equipment (in-kind donations) ¹⁰ | 0 |
| Community Giving Campaign administrative expenses | 18,209 |
| Grants and donations for the broader community ¹¹ | 25,061 |
| National board of directors fund | 41,834 |
| Subtotal | \$433,347 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$7,384,388 |
| Non-MD provider education and training programs ¹² | 827,030 |
| Grants and donations for the education of health care professionals ¹³ | 21,722 |
| Health research | 7,032,042 |
| Subtotal | \$15,265,181 |
| Total Community Benefits Provided | \$39,330,274 |

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.

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 |
| Median age:* | 39.3 |
| Average household income:* | \$62,314 |
| Percentage living in poverty: | 10.81% |
| Percentage unemployed: | 8.60% |
| Percentage uninsured: | 14.31% |

| | |
|-----------------------------|--------|
| White: | 65.55% |
| Latino: | 24.72% |
| African American: | 1.61% |
| Asian and Pacific Islander: | 3.95% |
| Native American: | 0.93% |
| Other: | 3.25% |

KEY STATISTICS

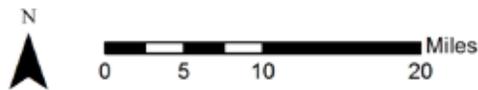
| | |
|-------------------------------------|---------|
| Year opened: | 1990 |
| KFH full-time equivalent personnel: | 951.1 |
| KFHP members in KFH service area: | 144,983 |

| | |
|------------------------|--------|
| Total licensed beds: | 173 |
| Inpatient days: | 32,959 |
| Emergency room visits: | 45,390 |

KEY LEADERSHIP AT THE KFH- SANTA ROSA

| | |
|-----------------|--|
| Judy Coffey, RN | 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 |
| Jeannie Dulberg | Community Benefit/Community Health Manager |

KFH Santa Rosa Medical Center Area



- KFH Medical Center
- Cities and Towns
- KFH Medical Center Area
- County Boundary

Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
Maps Produced by: the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES). March 2013.



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, is based primarily on data collected and reported by Sonoma Health Alliance. It is supplemented by data from CHIS 2007, Sonoma County Economic Development Board, and UCLA Center for Health Policy Research. Sponsored by Sonoma County, Kaiser Permanente, 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. 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 get no 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 a 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

2012 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.

2012 GOALS

The most recent estimates available (www.healthysonoma.org) show that 6% of Sonoma County children and more than 19.7% 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 a priority issue.

2012 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.

2012 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) policy and maximize efficiencies.
3. Provide charity care through the MFA program and maximize efficiencies.
4. 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.
5. Provide grant funding to enhance the capacity of safety-net providers to provide medical homes and coordinated care.
6. 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.
7. 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), Operation Access, and safety-net clinics in Sonoma County.

2012 YEAR-END RESULTS

- RCHC received a \$20,000 grant to provide ongoing enrollment training and TA to certified application assistants (CAAs) affiliated with Healthy Kids and to provide certification training to newly hired enrollment workers. From January 1 to December 31, 2012, 41,203 Managed Medi-Cal enrollees received renewal reminders; and 18,673 low-income children and 4,326 pregnant women received application assistance or case management services. With the increased focus on getting families to submit their renewal applications in a timely manner, approval rates for public health applications and renewals for children during this period increased to 97.8% for all Healthy Kids CAAs. RCHC trainers hired eight new CAAs during this period and provide each with one-on-one CAA training and mentorship. In addition, the lead trainer developed a tool that health center managers can use to help newly hired CAAs begin the state certification process. All newly hired CAAs are trained on One-e-App and are processing all applications electronically. The first-time approval rate on children's applications is 94.6% for the eight CAAs trained during the first six months of 2012.
- Santa Rosa Community Health Centers received a \$20,000 grant for furniture and interior renovations for the new Roseland Pediatric Center. With additional space and staff, the center will increase annual visits from 8,500 in 2010 to 13,500 by the end of 2013 and will provide a medical home to an additional 1,089 low-income children, serving a total of 2,939 children. Additional medical providers (1.3 full-time equivalent) and medical assistants (2.4 FTE) were hired to serve the increased number of patients at the expanded center. New staff were hired and on board by October 31, 2012. New equipment and furnishings were delivered and/or installed by October 1, 2012.
- Sonoma County Adult and Youth Development (SCAYD) received a \$15,000 grant to support the Rohnert Park-Cotati Healthy Family Outreach, Education, and Advocacy Program to create bilingual awareness of health care resources and social services; and to connect low-income people with these services through case management and outreach services. From July through December 2012, SCAYD referred 231 clients to a variety of organizations to get help with applying for health insurance (48 clients), rental assistance (113 clients), CalFresh (70 clients, 20 households), food banks (150 clients), clothing and holiday gifts (204 clients), and utility bills (35 clients), thereby helping these clients avoid homelessness. SCAYD also provides onsite counseling services to children and families and works in partnership with local schools and the county to identify families in need and to help them find the resources they need to remain stable and healthy.
- RCHC, a network of 16 community clinics and health centers (CCHCs) that offer culturally and linguistically sensitive, cost-effective health care services for low-income, medically underserved populations in Marin, Napa, Sonoma, and Yolo counties, received a Consortia Core Operations Support Initiative grant for \$80,000 to help reduce costs and to improve health outcomes, quality, and the patient experience. RCHC will work collaboratively with the CCHCs to expand enrollment of and access to care for newly insured individuals, support practice innovations and the analysis and implementation of evolving payment reform and contracting models, and improve data capacity and performance standards. The grant allows RCHC to achieve the strategic goals and objectives that support the safety net, benefiting all 16 CCHC members and the nearly 200,000 patients they serve.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

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

PRIORITIZED NEED II: OVERWEIGHT AND OBESITY

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.

2012 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).

2012 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 (SR2S) 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 County of Sonoma Department of Health Services' SR2S program, Community Activity and Nutrition Coalition (CAN-C), HEAL grantees, Sonoma County Office of Education, Health Action and its iWalk and iGrow initiatives, and First 5 Sonoma County.

2012 YEAR-END RESULTS

- Community Child Care Council of Sonoma County (4Cs) received a \$30,000 grant (\$10,000 for services in Marin County) to implement Let's Move! Child Care Plus, a program that supports child care providers and centers in preventing childhood obesity. This grant adds to and enhances Child Care Resource & Referral (R&R) funding 4Cs received from First 5 Sonoma County. The KFH-Santa Rosa grant will be used to improve overall nutrition and to provide training for physical activities in child care settings. From July through December 2012, two child care program monitors and one supervisor were trained in the Let's Move curriculum (Train the Trainers). Also, 38 child care providers at 10 sites are participating in Let's Move; 85% completed checklist surveys and 75% developed action plans to implement Let's Move at their sites.
- VOICES Sonoma received a \$20,000 grant to support its health and wellness program, which serves 250 transitional youth. VOICES Sonoma: Health & Wellness Services increases opportunities for low-income, transitional-aged youth to live healthy lives and make choices that support wellness. At the time this report was written, 25 youth had participated in building and growing a community garden, 29 had participated in cooking classes, 159 had used the agency's kitchen

to access healthy foods and to prepare healthy meals, 72 had received application assistance for public benefits, 50 had received free dental services, and 18 had received services through VOICES's onsite CAPE (Crisis Assessment Prevention Education) program. A 12-member Youth Council was established, and it is designing a nutrition assessment that will help the group identify and implement a nutrition-related project in spring 2013.

- 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 (Healthy Eating, Active Living) 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 Department of Health Services received a HEAL Zone initiative grant of \$1 million¹ (over three years; \$350,902 in 2012) to implement a countywide SR2S program, decrease calorie consumption, increase consumption of fresh fruits and vegetables through structured classroom nutrition education, install water stations in schools, decrease consumption of sweetened beverages in schools, provide ReThink Your Drink education in schools, implement and institutionalize Second Chance Breakfast, implement healthy school lunches and Harvest of the Month programs, increase physical activity in the classroom and at recess, and implement school wellness programs.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

We will track the dollars provided in grants and the number of families and individuals reached through funded efforts to increase fruit and vegetable consumption; monitor dissemination of successful HEAL approaches, including the number of individuals reached through communication efforts and the number of entities working to replicate or spread the impact of HEAL in Sonoma County; track dollars provided through grants and the number of people reached through grant-funded efforts to improve safety and promote physical activity in low-income communities; collect data on the number of schools, children, and families participating in SR2S; track dollars provided in grants and the number of schools engaged in funded efforts to increase physical activity on the school yard; collect data on the number of students served in the schools participating in funded efforts; and monitor and record 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.

¹ This grant was distributed from the Kaiser Permanente Fund for Community Benefit, a donor-advised fund established in late 2004 and administered by East Bay Community Foundation. Accordingly, the grant amount was not included in the Community Benefit totals for 2012 (Tables A, B, and 2).

2012 GOALS

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

2012 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's Health System Sonoma County, Healthy Kids, Sonoma County Oral Health Coalition, Redwood Empire Dental Society, Santa Rosa Community Health Centers, WIC, Community Action Partnership, and Redwood Community Health Coalition and the Pediatric Dental Initiative.

2012 YEAR-END RESULTS

- Alexander Valley Regional Medical Center received a \$15,000 grant to fund the patient-centered medical home dental program to integrate oral health education and assessments in conjunction with primary care visits. From July 1 to December 31, 2012, 346 medical visits were scheduled for 88 children 2 to 19; 78 children received dental assessments, 15 of which were on the same day as the medical visit; 16 children were referred to outside dental providers; 16 received restorative dental services as a result of primary care assessment at the medical site; and 268 patients at the medical site refused dental assessments. The project has gained interest among member health centers in the county. In addition, a referral mechanism was established with Healdsburg's Alliance Medical Center to accept Medicare patients who lack dental insurance and qualify for sliding-scale discounts to be seen in its dental clinic. Prior to this project, Alliance Medical Center did not accept sliding-scale dental patients unless they were an existing Alliance patient.
- Community Action Partnership of Sonoma County received a \$15,000 grant to support the 2012 Give Kids a Smile dental program. At the agency's annual Give Kids a Smile day, 450 low-income, uninsured, or underinsured children received preventive dental services from 150 volunteer dentists, hygienists, and students at 10 participating sites throughout the county; 63 children were referred for sealants and 54 received them.
- St. Joseph Dental Clinic/Dental Prevention received a \$20,000 grant to implement Mighty Mouth, a dental disease prevention program for children that provides dental screenings, fluoride varnish, education, and prevention in low-income schools in the community. Teacher, nurses, and volunteers are trained and help disseminate important oral health messages of to the community. Parents receive oral health report cards for their children that include key messages. Children with dental needs are connected to St. Joseph Dental programs for care and a dental home. From July 1 to December 31, 2012, dental hygiene and prevention information was provided to 2,466 students at 13 schools; 1,971 children received a dental screening and fluoride varnish; 585 children were referred for dental treatment; and 63 uninsured children were referred to Promotores de Salud for insurance application assistance.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 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 2013 STRATEGIES

KFH-Santa Rosa will track the amount of funding provided through grants; track the number of people reached through funded outreach, service provision, and education efforts; and monitor progress of the funded planning effort relative to expanded dental services at safety net clinics. Oral health data for 2011 will be available in spring 2013 on the Healthy Sonoma website.

Table 1

KAISER FOUNDATION HOSPITAL-SANTA ROSA

2012 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: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members | 4 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 3,243 |
| Medi-Cal Managed Care members | 6,082 |
| Healthy Families Program members | 4,762 |
| Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) ¹ members | 113 |
| Operation Access – number of procedures (including general surgery, otolaryngology, orthopedics, colorectal, plastic surgery, dermatology, vascular, and urology) | 43 |
| Operation Access – number of medical volunteers | 63 |
| Operation Access – number of medical volunteer hours | 364 |
| Health Research projects (new, continuing, and completed) | 2 |
| Nursing Research projects (new, continuing, and completed) | 18 |
| Educational Theatre Programs – number of performances and workshops | 81 |
| Educational Theatre Programs – number of attendees (students and adults) | 22,107 |
| Graduate Medical Education – number of programs | 3 |
| Graduate Medical Education – number of affiliated and independent residents | 59 |
| Nurse practitioner and other nursing training and education beneficiaries | 12 |
| Deloras Jones nursing scholarship recipients | 5 |
| Other health professional training and education (non-MD) beneficiaries | 12 |
| Summer Youth and INROADS programs participants | 10 |
| Number of 2012 grants and donations made at the local and regional levels ² | 91 |

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

²The vast majority of regional grants impact three or more local hospitals. As such, a single regional grant may be included in the “Number of 2012 grants and donations” count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-SANTA ROSA

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$8,740,291 |
| Healthy Families ² | 1,352,559 |
| Charity care: Charitable Health Coverage programs ³ | 2,302,214 |
| Charity care: Medical Financial Assistance Program ⁴ | 2,469,557 |
| Grants and donations for medical services ⁵ | 689,766 |
| Subtotal | \$15,554,387 |
| Other Benefits for Vulnerable Populations | |
| Summer Youth and INROADS programs ⁶ | \$48,586 |
| Grants and donations for community-based programs ⁷ | 153,588 |
| Community Benefit administration and operations ⁸ | 420,528 |
| Subtotal | \$622,702 |
| Benefits for the Broader Community⁹ | |
| Community health education and promotion programs | \$13,123 |
| Educational Theatre Programs | 177,501 |
| Facility, supplies, and equipment (in-kind donations) ¹⁰ | 748 |
| Community Giving Campaign administrative expenses | 8,659 |
| Grants and donations for the broader community ¹¹ | 23,328 |
| National board of directors fund | 19,893 |
| Subtotal | \$243,252 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$294,046 |
| Non-MD provider education and training programs ¹² | 570,238 |
| Grants and donations for the education of health care professionals ¹³ | 36,272 |
| Health research | 3,343,992 |
| Subtotal | \$4,244,548 |
| Total Community Benefits Provided | \$20,664,888 |

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.

KAISER FOUNDATION HOSPITAL (KFH)-SOUTH BAY

25825 South Vermont Avenue
 Harbor City, CA 90710
 (310) 325-5111

The KFH-South Bay (formerly KFH-Harbor City) service area includes Athens, Carson, Catalina Island, Compton, El Segundo, Gardena, Harbor City, Hawthorne, Hermosa Beach, Lawndale, Lomita, Long Beach, Manhattan Beach, Palos Verdes Peninsula, Redondo Beach, San Pedro, Signal Hill, Torrance, Willowbrook, and Wilmington.

COMMUNITY SNAPSHOT (2010 COMMUNITY HEALTH NEEDS ASSESSMENT FOR KFH-SOUTH BAY)

| | |
|-----------------------------------|-----------|
| Total population: | 1,314,050 |
| Median household income (county): | \$54,467 |
| Percentage living in poverty: | 11.4% |
| Percentage unemployed: | 4.13% |
| Percentage uninsured: | 22.7% |

| | |
|-----------------------------|-----|
| Latino: | 39% |
| White: | 30% |
| Asian and Pacific Islander: | 15% |
| African American: | 13% |
| Other: | 3% |

KEY FACILITY STATISTICS

| | |
|-------------------------------------|---------|
| Year opened: | 1957 |
| KFH full-time equivalent personnel: | 1,089 |
| KFHP members in KFH service area: | 193,319 |

| | |
|------------------------|--------|
| Total licensed beds: | 235 |
| Inpatient days | 52,251 |
| Emergency room visits: | 57,004 |

KEY LEADERSHIP AT KFH-SOUTH BAY

| | |
|--------------------|---|
| Lesley Wille, RN | Executive Director and Senior Vice President |
| Yvonne Rockwood | Chief Operating Officer |
| Karen Kretz | Chief Finance Officer |
| Barbara Carnes, MD | Area Medical Director |
| Robert Blair | Chief Administrative Officer |
| Tara O'Brien | Director, Public Affairs and Brand Communications |
| Janae Oliver | Community Benefit Health Manager |

KFH South Bay Medical Center Area



- ◆ KFH Medical Center
- KFH Medical Center Area
- Cities and Towns
- County Boundary

Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
 Maps Produced by: the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES). March 2013.



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

KFH-South Bay contracted with the Advancement Project's Healthy City to conduct a community-wide health needs assessment of its service area. The geographic boundaries of the service area stretch from Willowbrook to the north, Palos Verdes Peninsula and San Pedro to the south, Long Beach to the east, and beach cities Manhattan, Redondo, and Hermosa to the west, and include Santa Catalina Island. Healthy City gathered and analyzed quantitative data for key health and social indicators of the service area, including demographic, income and poverty, community safety, educational attainment, health care access, maternal and child health, mortality and morbidity, and health behaviors. Several sources were utilized to collect secondary data, namely, California Office of Statewide Health Planning and Development (OSHPD); California Department of Public Health; United States Census Bureau; Nielsen Claritas, Inc.; Geolytics; and California Health Interview Survey (CHIS).

To validate the secondary data analysis, Healthy City partnered with Social Services for Groups to gather primary data that would identify unmet health needs for the overall service area, especially underserved populations. Three community focus groups and five stakeholder interviews were conducted to gather qualitative information about community health needs, barriers to health and wellness, and community assets. Thirty-one participants were selected from a wide range of backgrounds, including physicians, public health experts, county public health representatives, community resource centers, health care organizations, public officials, faith-based organizations, and other community-based nonprofit organizations.

KEY FINDINGS FROM 2010 CHNA

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

Access to Health Insurance Coverage and Health Care Services:

- KFH-South Bay did not meet the Healthy People 2010 objectives relative to health insurance for all age groups (100% target), regular source of care for youth 0 to 17 (97% target), or reducing difficulties or delays in obtaining care (7% target for the total population). In addition to health insurance, focus group respondents identified cost, lack of transportation, lack of infrastructure, and availability of referrals as barriers to health care.
- According to CHIS, 77.3% of individuals 0 to 65 had health insurance, comparable to the county (77.1%) but lower than the state (80.6%). Working-age adults 18 to 65 in particular were less likely to be insured.
- While the service area had a nearly 5% increase in the percent of youth with a usual source of ongoing care (higher than the county and state), the Healthy People 2010 objective of 97% was not met. Furthermore, 12.8% of the total population experienced difficulty or delays in obtaining care, not meeting the Healthy People target of 7%.
- Additional focus group feedback suggests a need for more preventive services, especially for chronic disease. Heart disease and cancer continue to be the two leading causes of death in the service area, accounting for more than half (52%) of all deaths (2008). Heart disease was the leading cause of death among the total population, especially individuals over 45. Diabetes-related hospitalizations for the total population and children surpassed county and state rates, representing almost 14% of all hospitalizations and 16% of child hospitalizations countywide.

Violence Reduction and Community Safety:

- Poverty, educational attainment, homicide rates, percent unemployed, and teen births were the primary indicators to select violence reduction and community safety for the second priority area. Since there are significant disparities for these indicators across the service area, the high-need index was used to identify areas of highest need. These areas were Compton, Gardena, Harbor-City/Harbor Gateway, North and Central Long Beach, and Wilmington.
- High school dropout rates were highest in the Compton (53.7%), Los Angeles (18.7%), and Long Beach (13.6%) school districts.

- The 2007 crude homicide rate for the service area was 9.1, higher than the 2006–2008 Los Angeles County rate (8.9) and significantly higher than the state rate (6.4).
- Homicides per 10,000 people were mostly concentrated in the Compton, Gardena, Hawthorne, and Long Beach areas followed by Carson, Harbor City/Harbor Gateway, and San Pedro. Homicides in the service area account for 14.8% of all homicides in the county.
- Focus group participants indicated that gang and community violence, particularly around schools, contributes to physical and mental health issues. For example, lack of safety may be a deterrent for individuals utilizing neighborhood parks and community centers or engaging in physical activity.

Overweight and Obesity Prevention:

- While there were positive trends for children engaging in vigorous physical activity for the whole service area, including HFZ (Healthy Fitness Zone), which measures aerobic capacity and body composition of 5th, 7th, and 9th graders, a comparison of school districts revealed significant disparities. Students in Hawthorne and Los Angeles unified school districts had the lowest HFZ scores, indicating the two districts have a greater need for physical fitness opportunities.
- Adults in the service area continue to report no physical activity and did not meet the Healthy People 2010 objective for healthy weight. In 2007, more than one in four adults in the service area were obese and the percent of adults reporting no physical activity increased to 18%, nearly double the 2005 rate of 10%.
- The highest concentration of obesity was in Wilmington, followed by San Pedro, North Long Beach, West Compton, Hawthorne, and Gardena. Focus group respondents pointed to obesity as a major concern among African American and Latino populations, giving validity to the secondary data where these populations are most concentrated in the service area.
- Similarly, residents in Compton, Carson, Gardena, and parts of Long Beach were less likely to eat five or more servings of fruits and vegetables. 44.6% of children 5 to 11, 48.7% of adults 18 and older, and only 16% of adolescents 12 to 17 reported eating five or more servings. Focus group participants identified lack of access to affordable, healthy foods and nutrition education as major barriers to healthy food consumption.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-SOUTH BAY SERVICE AREA

1. Access to health insurance coverage and health care services
2. Violence reduction and community safety
3. Overweight and obesity prevention

2012 YEAR-END RESULTS

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

Lack of insurance continues to be one of the most significant barriers to accessing health care services in the KFH-South Bay service area. South Bay's uninsured population was most concentrated in zip codes in the eastern part of the region and among working-age adults. According to CHIS, 27.4% of adults 18 to 65 had periods without health insurance in 2007, not meeting the Healthy People 2010 objective to increase the proportion of persons with health insurance to 100%. Focus group and key informant interview respondents attribute the increase in the total uninsured population to individuals who recently experienced job loss, and thus loss of employer-based health insurance. Secondary data support this assertion; a major source of insurance coverage for the service area in 2007 was employment-based (52.5% of the population). While the number of youth under 18 without a usual source of care decreased sharply between 2005 and 2007 from 12.3% to 7.6%, KFH-South Bay did not meet the Healthy People 2010 objective of 97% of youth with a specific source of care. In 2007, approximately 92% of youth 0 to 17 had a usual source of care when sick or in need of health advice. The number of youth under 18 experiencing delays in obtaining care decreased 3% from 2003 to 2007, meeting the healthy people 2010 objective of 7%. Yet the proportion of delays in care among all ages in the area (12.8%) did not. In addition to lack of insurance coverage, other barriers included lack of infrastructure, affordability, gaps in coverage, lack of transportation, and limited access to referrals. Lack of culturally competent health and social services, extending beyond language and translation for hard-to-reach ethnic populations, was also identified as a major barrier to care.

Chronic diseases, such as heart disease, diabetes, and cancer, continue to be serious health concerns in the KFH-South Bay service area, with the two leading causes of death, heart disease and cancer, accounting for more than half (52%) of all deaths (2008). Heart disease was the leading cause of death among the total population, especially individuals over the age of 45. Focus group respondents pointed to the need to increase prevention efforts to address health issues at an earlier stage. Diabetes also has serious health consequences for the service area. The prevalence of diabetes among adults 18 to 64 increased between 2005 (5.4%) and 2007 (6.3%). Approximately 14% of adults in the service area were told they had diabetes or were prediabetic, and focus group participants suggested type 2 diabetes is increasing among younger populations. Breast cancer is the second leading cause of death among all LA County women. However, the South Bay service area surpassed the Healthy People 2010 objective of 70% mammogram screening in women over 40 by 10%. Access to mental health service continues to be a major concern for the KFH-South Bay service area. In 2007, close to 17% of adults needed help for emotional/mental health problems or drug and alcohol abuse, slightly higher than Los Angeles County (15.6%) and comparable to the state (16.5%). Focus group respondents noted that mental health care is most commonly needed among men; secondary data reveal that 59% of men were more likely not to receive the help they needed when compared to women (45.4%). Older adults, especially those experiencing dementia, depression, or Alzheimer's, were also identified as a target population by focus group respondents.

Medically underserved areas were identified in parts of Compton, Gardena, Hawthorne, Long Beach, San Pedro, and Wilmington. The number of Federally Qualified Health Centers (FQHCs) clustered in the southeastern part of the service area is consistent with high-need areas (San Pedro, Wilmington, and Long Beach), but a limited number of FQHCs support the northern and eastern part of the region in equally underserved areas of need (Compton, Gardena, and Hawthorne).

2012 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.
3. Increase access to culturally competent early intervention screenings, treatment, and management of chronic disease, including heart disease and diabetes with an emphasis on the target population.
4. Increase access to mental health care services and addiction medicine for low-income, uninsured individuals with emphasis on men and seniors.

2012 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 MFA policy and maximize efficiencies.
3. Coordinate planned charity care through annual Community Surgery Days to provide up to 30 outpatient surgical procedures for low-income, uninsured adults.
4. Support the health care safety net by providing financial, in-kind, and/or staff contributions to FOHCs, FOHC Look-Alikes, and other nonprofit community clinics with emphasis on medically underserved areas in the service area.
5. Provide in-kind donations, staff contributions, and/or grant funding for a school-based health clinic to increase access to primary and preventive health care services for students in Los Angeles Unified School District (LAUSD).
6. Provide grant funding to at least one community organization or public health district with experience implementing culturally competent early intervention screenings and treatment programs for chronic diseases.
7. Provide grant funding to at least one organization that provides mental health and/or addiction services for low-income and uninsured/underinsured individuals in the service area.

TARGET POPULATION

Uninsured and underinsured children, adults, and seniors and the working poor, specifically in medically underserved areas.

COMMUNITY PARTNERS

Community partners include The Children's Clinic, Serving Children and Their Families; United States Veteran's Initiative; Westside Neighborhood Clinic; Wilmington Community Clinic; South Bay Children's Health Center Association, Inc.; Children's Dental Health Clinic; Harbor Community Clinic; Robert F. Kennedy Institute; South Bay Family Healthcare Center; AIDS Project Los Angeles Inc.; Serra Ancillary Care Corporation; and Project Angel Food.

2012 YEAR-END RESULTS

- In October 2012, KFHSouth Bay hosted its annual Community Surgery Day. A team of surgeons, anesthesiologists, nurses, managers, operating room personnel, and perioperative staff volunteered their time to provide free outpatient surgeries (e.g., hernia repairs, lipoma removals, cataract removal, and gall bladder removal) to the uninsured. KFHSouth Bay partnered with The Children's Clinic and South Bay Family Healthcare Center to identify, screen, and enroll qualified patients into our charitable care program. In addition to the surgery, patients received preoperative appointments, diagnostic screenings, postoperative follow-up appointments, physical therapy, and medications as needed. A total of nine patients received free surgery in 2012. This grant fulfills 2012 Access to Health Insurance Coverage and Health Care Services strategy #3: Coordinate planned charity care through annual Community Surgery Days to provide up to 30 outpatient surgical procedures for low-income, uninsured adults; and strategy #2: Provide charity care through the MFA policy and maximize efficiencies.
- South Bay Family Healthcare Center (SBFHC) received a \$20,000 grant for its Healthy Students, Healthy Families program at Carson High School. A director of education and outreach will provide classroom-based education and referrals to SBFHC's school-based clinic on the high school campus. Education will be provided on a variety of topics, including nutrition, the importance of regular health care, drug use prevention, and sex education/STDs. A part-time health educator will provide clinic-based education/instruction in individual and group settings on managing chronic disease and maintaining healthy lifestyles. English and Spanish health brochures will also be distributed to promote overall health and well-being. At the end of the grant period, SBFHC will report on the number of students educated and referred for services; pre- and post-education surveys of health knowledge; and gathering of patient feedback regarding personal health outcomes. This grant fulfills 2012 Access to Health Insurance Coverage and Health Care Services strategy #5: Provide in-kind donations, staff contributions, and/or grant funding for a school-based health clinic to increase access to primary and preventive health care services for students in Los Angeles Unified School District (LAUSD).

- KFH-South Bay awarded \$20,000 to Children's Dental Foundation for its school-based dental clinic on Catalina Island in the community of Avalon. This clinic is the only dental clinic on the island that accepts children of low-income families and the only provider of pediatric dental care on the island. Children who participate in the Free Lunch Program, compared to those who did not, had a higher prevalence of tooth decay. Seventy-one percent of Avalon school children are eligible for the Free Lunch Program. In addition, the water on Catalina Island is not fluoridated, which puts children at additional risk for tooth decay. This particular grant will fund the purchase of a cephalometric X-ray, which is used to take digital hard tissue X-rays of the entire head and neck. This piece of equipment is useful in identifying the position of extra teeth, wisdom teeth, craniofacial anomalies for cleft palate patients, orthodontic treatment, and trauma/sports injuries to the head and neck. At the end of the grant period, Children's Dental Foundation will report on the number of children served and utilization of the X-ray equipment. This grant fulfills 2012 Access to Health Insurance Coverage and Health Care Services strategy #4: Support the health care safety net by providing financial, in-kind, and/or staff contributions to FQHCs, FQHC Look-Alikes, and other nonprofit community clinics with emphasis on medically underserved areas in the service area.
- KFH-South Bay awarded \$20,000 to Wilmington Community Free Clinic to increase access to health care services and for the assessment, prevention, treatment, and self-management for patients with diabetes or at risk of developing diabetes. Almost 10% of patients served at Wilmington Community Free Clinic have diabetes. According to the Department of Public Health, diabetes is one of the costliest medical conditions to treat, making prevention especially cost-effective. Low-income individuals in Wilmington will be assessed for diabetes risk, and those who have diabetes will have a follow-up visit with a Family Practitioner. They will also receive glucose monitors and test strips; regular monitoring of HgbA1c levels; and education on diabetes self-management. Patients deemed at risk will attend a prevention class with a Registered Dietitian and be screened for diabetes with a HgbA1c test. This grant fulfills 2012 Access to Health Insurance Coverage and Health Care Services strategy #6: Provide grant funding to at least one community organization or public health district with experience implementing culturally competent early intervention screenings and treatment programs for chronic diseases.
- Harbor Free Clinic, Inc. received a \$20,000 grant to hire a new intake specialist for eligibility screening, enrollment assistance, and recertification in Medi-Cal, Healthy Way L.A., Medicare, and other programs. Sixty-one percent of patients seen at Harbor Free Clinic are Latino; Service Planning Area 8, where Harbor Free Clinic is located, has the highest percentage of overweight adults in Los Angeles County, and the second highest rate of coronary heart disease deaths. The process to enroll in these programs can be cumbersome and confusing—especially for monolingual Spanish speakers—and the intake specialist will help increase access to health coverage by assisting clients in working through the enrollment and recertification processes. The intake specialist will be the first point of contact with each new patient. At the end of the grant period, Harbor Free Clinic, Inc. will report on the number of new patients and returning patients served by the intake specialist; and the number of enrollments in Medi-Cal, Healthy Way L.A., Health Care LA IPA, Medicare, and other programs. This grant fulfills 2012 Access to Health Insurance Coverage and Health Care Services strategy #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.
- The Children's Clinic, Serving Children and Their Families (TCC) received a \$15,000 grant for its patient enrollment counseling project. This grant will provide a patient enrollment counselor at TCC's Family Health Center at Hamilton Middle School in North Long Beach. The counselor will work with clients to determine eligibility for health care assistance programs and facilitate the application and enrollment process in a culturally and linguistically appropriate manner. In addition, the counselor will reach out to parents at school events, back-to-school nights, PTA meetings, and other activities to connect with people who may not realize their eligibility for health insurance programs. Specifically, the KFH-South Bay grant will expand this program from one day per week to three days per week at the school. At the end of the grant period, TCC will report on number of clients served and increased access to State and County funded health care assistance programs and services. This grant fulfills 2012 Access to Health Insurance Coverage and Health Care Services strategy #4: Support the health care safety net by providing financial, in-kind, and/or staff contributions to FQHCs, FQHC Look-Alikes, and other nonprofit community clinics with emphasis on medically underserved areas in the service area.

- Westside Neighborhood Clinic received a \$10,000 grant to expand access to health care services in Long Beach. Specifically, the grant will cover clinic costs in excess of a \$40 patient copayment for those who are uninsured, have incomes between 133% and 200% of the federal poverty level, and cannot afford to pay the full out-of-pocket costs for their health care services. This funding will help fill a gap caused by the elimination of reimbursement from the State of California's Expanded Access to Primary Care Program. At the end of the grant period, Westside Neighborhood Clinic will measure its success by tracking recouped reimbursement costs for patients between 133% and 200% of the federal poverty level; and increased the number of patients served. This grant fulfills 2012 Access to Health Insurance Coverage and Health Care Services strategy #4: Support the health care safety net by providing financial, in-kind, and/or staff contributions to FQHCs, FQHC Look-Alikes, and other nonprofit community clinics with emphasis on medically underserved areas in the service area.
- KFH-South Bay awarded a \$10,000 grant to United States Veteran's Initiative for general expenses related to coordinating enrollment into the West Los Angeles and Long Beach Veteran's Administration Healthcare Systems and offering mental health services to veterans with posttraumatic stress disorder. This program will use counselors to screen and assess veterans for housing, social services, economic status, mental health needs, health needs, and employment capacity. Counselors will develop a plan to meet each veteran's needs. A clinical psychologist and graduate students will provide individual, couple, and group counseling sessions. At the end of the grant period, United States Veteran's Initiative will report on the percentage of clients who are enrolled in VA or community health care; improvement in psychological well-being of clients as measured by the Mental Health Inventory or the PTSD Scale pre- and posttests; the percentage of clients who have immediate and permanent housing; and the percentage of clients who obtain employment or receive skills/financial literacy training. This grant fulfills 2012 Access to Health Insurance Coverage and Health Care Services strategy #7: Provide grant funding to at least one organization that provides mental health and/or addiction services for low-income and uninsured/underinsured individuals in the service area.
- Robert F. Kennedy Institute of Community and Family Medicine (RFKI) received a \$10,000 grant for the expansion of enrollment services in the Wilmington community and surrounding areas. Wilmington is home to 2,500 homeless residents, with 27% of people living in poverty and 63% of children living in poverty. RFKI is a longtime community partner with KFH-South Bay and has a proven track record of community outreach for health education and enrollment into local, state, federal, and nonprofit health plans. The 2012 grant funds a part-time promotora who works directly in the community at parenting centers, housing developments, churches, clinics, and other community-based organizations to share information about free or low-cost health programs—including health insurance for children and families. At the end of the grant period, RFKI will report on the number of educational encounters completed; the number of referrals for health and human services; and the number of children/families that successfully complete the application process for insurance programs. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and Kaiser Permanente Child Health Plan). This grant fulfills 2012 Access to Health Insurance Coverage and Health Care Services strategy #1: Participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.
- AIDS Project Los Angeles, Inc. (APLA) received a \$7,500 grant to provide free/low-cost and accessible oral health care services to people living with HIV/AIDS. This population is more likely to face frequent and more serious oral health issues and is less likely to have coverage or benefits for dental care. When Medi-Cal eliminated adult dental services from its benefits, APLA saw a 20% increase in the number of clients presenting for oral health services. APLA offers oral health care at two freestanding clinics and one mobile dental van in Los Angeles County. When the grant period has ended on June 30, 2013, APLA will report on the number of unduplicated clients living with HIV/AIDS who received oral health care services in the KFH-South Bay low-income communities; the percentage of clients receiving oral health education; client satisfaction; and the percentage of clients who have made progress toward implementing the recommendations in their treatment plans. The grant also provides for outreach to community providers to promote the availability of oral health services.
- Serra Ancillary Care Corporation, operating as Alliance for Housing and Healing, was awarded a \$10,000 grant to provide permanent housing and support services fostering access to care for low-income people with HIV/AIDS and their families in the city of Long Beach. Alliance for Housing and Healing operates 29 housing units. Housing is a major predictor of AIDS treatment access and health outcomes, as death rates due to HIV/AIDS are five to seven times higher among homeless persons. When the grant period ends on June 30, 2013, Alliance for Housing and Healing will report

on a variety of measures, including the percentage of participants who remain in permanent housing for six months or more; the percentage of clients who apply for health and human services benefits when eligible; and the percentage of participants referred for employment. KFH-West Los Angeles infectious disease physician Calvin Yu, MD, serves on the organization's medical advisory council.

- Project Angel Food received a \$10,000 grant to provide home-delivered meals to people disabled by HIV/AIDS. Proper nutrition is required for people living with HIV/AIDS so that their medications can work effectively, and some members of this population may have special dietary needs, malnutrition, or food aversions related to their condition. At the conclusion of the grant period in June 2013, Project Angel Food will measure and report client satisfaction, the number of meals served, the number of clients receiving evaluation and a nutrition plan, and the number of new clients from the KFH-South Bay area that signed on for services.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

Progress relative to the strategies will be assessed by tracking the amount of funding provided through grants as well as in-kind donations (including staff contributions, education materials, and facility space). Organizations receiving financial or in-kind donations from KFH-South Bay will be required to submit grant outcome reports. Programs will be evaluated tracking the total number of people reached and/or served through funded programs and efforts; increase in the number of individuals served over previously established benchmarks; evidence of sustainability for funded programs; identified need/s met or demonstrable expansion of services available to the community as a result of the funded program; and monitoring and recording progress on the development of innovative approaches to identified strategies.

PRIORITIZED NEED II: VIOLENCE REDUCTION AND COMMUNITY SAFETY

Violence in the KFH-South Bay community continues to negatively impact the quality of life among residents, especially in high-need areas where poverty, unemployment, high school dropout rates, and homicide rates are most prevalent. As indicated by focus group respondents, perceptions of safety deter individuals from utilizing neighborhood parks and community centers, and thus create barriers to physical activity. In Los Angeles County, homicide is the leading cause of death among Latinos and African Americans and the second leading cause of death for men. The KFH-South Bay service area accounts for 14.8% of all county homicides among individuals 15 to 24. In 2007, the crude homicide rate for the service area was 9.1, higher than the 2006–2008 county rates (8.9) and significantly higher than state crude rates (6.4). Homicides per 10,000 people were highly concentrated in the Compton, Gardena, Hawthorne, and Long Beach areas.

KFH-South Bay's violence reduction priority need is in line with and supports the countywide gang and violence reduction strategy "to promote the development of prevention, intervention, and suppression activities aimed at individuals, families and communities associated with gang involvement and juvenile delinquency." One of the four targeted areas includes the Harbor-Gateway area. Successful programs focus on youth already in gangs and the most at risk to join. KFH-South Bay has a proven track record of grant making in the area of violence prevention, particularly incidents fueled by racial tension. In 2007, KFH-South Bay awarded a three-year grant to Toberman Neighborhood Center's Gang Intervention Unit. To date, Toberman has successfully provided case management services, conflict resolution, and peace mediation for up to 80 gang members, 85% of whom become productive citizens.

2011 GOALS

1. Increase youth and young adult participation in programs and services as an alternative to gangs.
2. Reduce the recidivism rate among juvenile first-time offenders.

3. Strengthen collaborative efforts among community organizations, school districts, and local police departments to enhance community safety at local parks and schools.

2011 STRATEGIES

1. Provide financial support to at least one community organization that provides alternatives to gangs for youth and teens through after-school tutoring and mentoring programs, job training and placement programs, or high school GED training courses.
2. Provide grant funding or in-kind donations for community organizations skilled at executing gang intervention programs targeting teens and young adults.
3. Partner with at least one community organization providing crime diversion programs to reduce the rate of recidivism among juvenile first-time offenders.
4. Provide financial support to community organizations partnering with local schools to provide mental health counseling, conflict resolution and mediation, safe routes to school, and other supportive services targeting middle and high school youth.
5. Support community collaborative efforts among community organizations, school districts, and local police departments, to increase safety at local parks or schools.

TARGET POPULATION

At-risk youth, teens, and young adults particularly in the Carson, Harbor City-Harbor Gateway, Hawthorne, Long Beach, San Pedro, Willowbrook, and Wilmington communities, with an emphasis on African Americans and Latinos.

COMMUNITY PARTNERS

Harbor Area Gang Alternatives Program; Long Beach Bar Foundation; Sharefest Community Development, Inc.; South Bay Center for Counseling & Human Development; Toberman Neighborhood Center; Boys & Girls Club of Carson; Casa Youth Shelter; Centinela Youth Services, Inc.; City of Long Beach; and Elevate Your G.A.M.E.

2012 YEAR-END RESULTS

- KFH-South Bay awarded a \$15,000 grant to the City of Long Beach to conduct a community needs assessment in North Long Beach to increase safety at neighborhood parks and schools. Multilingual, multicultural staff will survey neighborhoods hit hardest by crime, create a needs assessment report, and share the results of the survey with residents and community partners to create an action plan for addressing safety needs. At least 100 door-to-door surveys will be administered, survey findings will be presented, at least three action steps will be outlined, and the Coalition for a Healthy North Long Beach will take responsibility for implementing the violence prevention action plan by August 2013. This grant satisfies 2012 Violence Reduction/Community Safety strategy #5: Support community collaborative efforts among community organizations, school districts, and local police departments, to increase safety at local parks or schools.
- Boys & Girls Club of Carson received a \$12,500 grant for its Teen Program. The Carson community is bordered by two gang injunction areas, is home to at least 16 active gangs with more than 3,400 identified gang members, and has a higher violent crime rate than its neighboring cities. The program aims to help teens transition seamlessly from middle school to high school by participating in a number of programs, including mentoring, tutoring, case management, workshops, college tours, career exploration, leadership development, and healthy lifestyle/fitness programs. Teen programming is offered at Stephen M. White and Carnegie Middle Schools twice a week. At the conclusion of the grant period, Boys & Girls Club of Carson will report on the number of students served; academic achievement measured by grades and/or attendance; and increased frequency in physical activity or nutrition choices. This grant supports 2012 Violence Reduction/Community Safety strategy #1: Provide financial support to at least one community organization that provides alternatives to gangs for youth and teens through after-school tutoring and mentoring programs, job training and placement programs, or high school GED training courses.

- Centinela Youth Services was awarded a \$12,500 grant for its Conflict Resolution Program. Centinela Youth Services focuses on the Hawthorne, Lawndale, Gardena, and Carson areas in the KFH-South Bay service area. In Hawthorne alone there are 4,000 documented gang members—4.5% of the city's population and eight times the state average. Furthermore, 48% of the city's arrests are in the 14–17-year-old-age category. The organization aims to empower youth to resolve conflicts and overcome obstacles in order to become successful students and contributing adults. Students will be trained to conduct peer mediations for students in conflict at three Hawthorne high schools. Referrals come from administrators, teachers, counselors, and security officers. Students who are suspended or assigned detention will attend conflict resolution workshops. Finally, family mediation services will be made available to students and their families. At the end of the grant period, Centinela Youth Services will report on the number of mediators trained; the number of youth served; suspension and detention rates; arrest and rearrest rates; and self-reporting of improved family relations among families in the Family Mediation program. This grant supports 2012 Violence Reduction/Community Safety strategy #4: Provide financial support to community organizations partnering with local schools to provide mental health counseling, conflict resolution and mediation, safe routes to school, and other supportive services targeting middle and high school youth.
- KFH-South Bay awarded Harbor Area Gang Alternatives Program \$10,000 for its My Gangfree Life Sixth Grade Prevention Program. Harbor Area Gang Alternatives Program is a longtime community partner with a track record for evidence-based gang prevention education programs. The My Gangfree Life program provides a six-lesson gang prevention curriculum to 6th graders in Carson, Harbor City/Harbor Gateway, Lomita, San Pedro, and Wilmington. The curriculum includes a variety of topics, including peer pressure, drugs/alcohol, conflict and anger, staying in school, and the dangers and consequences of joining gangs. The 6th-grade program complements Harbor Area Gang Alternative Program's 2nd-grade and 4th-grade gang prevention programs. At the end of the grant period the organization will report on the number of students completing the program; knowledge of gangs as measured by pre-and posttests; and number of at-risk students referred for case management services. This grant supports 2012 Violence Reduction/Community Safety strategy #4: Provide financial support to community organizations partnering with local schools to provide mental health counseling, conflict resolution and mediation, safe routes to school, and other supportive services targeting middle and high school youth.
- Long Beach Bar Foundation received a \$10,000 grant for its SHORTSTOP Program, a Long Beach–based juvenile crime diversion program for first-time offenders. Program participants 10 to 17 and their parents attend two three-hour sessions in a Long Beach Courtroom with the objective to help the juveniles understand the circumstances that brought them to the program and the legal consequences of their choices. The program aims to improve the lives of youth and guide them toward productive citizenship by providing legal education, strengthening parenting skills, improving family communication, and emphasizing the importance of education. At the end of the grant period in June 2013, Long Beach Bar Foundation will report on the number of unduplicated youth served, including the percentage who completed the program; the number of families receiving therapy with a minimum of 10 sessions; the percentage of youth who reoffend within 12 months of completing the program; and increased legal education as measured by a pre- and posttest. This grant meets 2012 Violence Reduction/Community Safety strategy #3: Partner with at least one community organization providing crime diversion programs to reduce the rate of recidivism among juvenile first-time offenders.
- Toberman Neighborhood Center received a \$10,000 grant for its gang intervention program. Toberman Neighborhood Center is a longtime community partner with KFH-South Bay and has a long-term track record of successful gang intervention in the Harbor communities. Through the gang intervention program, Toberman Neighborhood Center provides intervention counselors who work 24 hours a day, 7 days a week, and 365 days a year to mediate a 16-plus-year peace agreement involving more than 30 local gangs. The staff provide other services to gang members, including counseling, case management, and employment. While violent crime overall has decreased from 2009 to 2011, the number of gang-related homicides has increased significantly in 2011. When the grant period concludes in June 2013, Toberman Neighborhood Center will report on the intervention counselors' response rate; crime rates in targeted neighborhoods; the percent increase of positive peacekeeping interactions (such as basketball tournaments, picnics, etc.) in targeted neighborhoods; the percentage of clients who attain employment; and the percentage of clients who graduate high school, receive trade school training, or attend college. This grant meets 2012 Violence Reduction/Community Safety strategy #2: Provide grant funding or in-kind donations for community organizations skilled at executing gang intervention programs targeting teens and young adults.

- Sharefest Community Development, Inc. received a \$10,000 grant for its Youth Development Academy, which aims to provide middle and high school students with after-school and summer programming to move students toward graduation. KFH-South Bay funding will support programs at Eagle Tree Continuation High School and Avalon Continuation High School. A previous grant to Sharefest Community Development Inc. resulted in a 300% increase in the graduation rate at Avalon High School. Programming includes tutoring, mentoring, job readiness, college prep, fitness, writing, drivers' education, and community service. At the end of the grant period, Sharefest Community Development Inc. will report on the percentage of student enrollment in the year-round program; the number of students hired to work at the summer youth development academy; and the number of students enrolled into the summer youth development academy. This grant supports 2012 Violence Reduction/Community Safety strategy #1: Provide financial support to at least one community organization that provides alternatives to gangs for youth and teens through after-school tutoring and mentoring programs, job training and placement programs, or high school GED training courses.
- South Bay Center for Counseling & Human Development received a \$10,000 grant for the Gardena Juvenile Justice Program at Gardena High School. This high school is one of the lowest performing schools in the Los Angeles Unified School District, with a graduation rate of 42% and a history of gang tension, racial tension, and gang-related crimes. This program includes a Teen Court, where accused juvenile offenders at other schools—and their parents—come together in a courtroom-like atmosphere as an alternative to traditional court. The accused offenders tell their side of the story, answer questions, and are judged and sentenced by a jury of their peers. The Juvenile Justice Program aims to keep juvenile crime records clean to help defendants enter college and the workforce; provide social skill building activities such as jury duty and community service; and provide career education in law enforcement, justice system, and social work. At the end of the grant period in June 2013, South Bay Center for Counseling & Human Development will report on truancy rates, grade point averages for defendants, and attendance at teen court and other related activities. This grant fulfills 2012 Violence Reduction/Community Safety strategy #4: Provide financial support to community organizations partnering with local schools to provide mental health counseling, conflict resolution and mediation, safe routes to school, and other supportive services targeting middle and high school youth, and strategy #3: Partner with at least one community organization providing crime diversion programs to reduce the rate of recidivism among juvenile first-time offenders.
- KFH-South Bay awarded a \$5,000 grant to Elevate Your G.A.M.E. to provide mentoring services to gang-infested areas in Wilmington, Long Beach, and Compton. Trained student and adult mentors meet with 5th- through 12th-grade students on a weekly basis to discuss a variety of academic and character topics. The student mentees also participate in service projects and events to develop their character, broaden life experiences, and motivate them academically. KFH-South Bay RN Denise Gasper has been a mentor with the program for more than four years. At the conclusion of the grant period in June 2013, Elevate Your G.A.M.E. will report on mentees' academic achievement. This grant fulfills 2012 Violence Reduction/Community Safety strategy #1: Provide financial support to at least one community organization that provides alternatives to gangs for youth and teens through after-school tutoring and mentoring programs, job training and placement programs, or high school GED training courses.
- Casa Youth Shelter received a \$5,000 grant for its Youth Counseling Program, which focuses on counseling and education services for youth who may be at risk for homelessness or becoming runaways. The program includes one-on-one therapy sessions and family counseling sessions during and after the youth's stay at the shelter. Youth also receive remedial education and personalized education plan to move toward reintegration at school. At the end of the grand period in June 2013, Casa Youth Shelter will report on the number of new schools served as well as other measures of effectiveness. This grant fulfills 2012 Violence Reduction/Community Safety strategy #4: Provide financial support to community organizations partnering with local schools to provide mental health counseling, conflict resolution and mediation, safe routes to school, and other supportive services targeting middle and high school youth.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

Progress relative to the strategies will be assessed by tracking the amount of funding provided through grants as well as in-kind donations (including staff contributions, education materials, and facility space). Organizations receiving financial or in-kind donations from KFHSouth Bay will be required to submit grant outcome reports. Programs will be evaluated tracking the total number of people reached and/or served through funded programs and efforts; increase in the number of individuals served over previously established benchmarks; evidence of sustainability for funded programs; identified need/s met or demonstrable expansion of services available to the community as a result of the funded program; and monitoring and recording progress on the development of innovative approaches to identified strategies.

PRIORITIZED NEED III: OVERWEIGHT AND OBESITY PREVENTION

Obesity is one of the highest risk factors for developing chronic conditions such as heart disease, cancer, and diabetes. Studies show that increased physical activity and a healthy diet (consumption of fresh fruits and vegetables) is the best method of preventing obesity and chronic disease. Overweight and obesity is a major concern for individuals in the KFHSouth Bay service area with the most concentrated area of obesity in Wilmington followed by San Pedro, North Long Beach, West Compton, Hawthorne, and Gardena. Focus group respondents pointed to obesity as a major concern in the service area, particularly among African American and Latino communities.

South Bay did not meet the Healthy People 2010 objective to increase the proportion of adults at a healthy weight. Since 2005, the overall percent of obesity among South Bay adults increased by almost 3% with more than one in four South Bay adults falling into the obese category based on a BMI (body mass index) of 30 or higher. Some 60% of South Bay adults were overweight and obese compared to 37.6% of adults with normal weight, whereas the Healthy People 2010 objective was 60%. When compared to Los Angeles County (63.5%), more South Bay adolescents 14 to 17 (71.3%) were engaged in physical activity at least three days per week; however, these gains did not reach the Healthy People 2010 objective of 85%. Notable improvements were shown from 2005/06 to 2008/09 in aerobic capacity and body composition for HFZ measures among 5th, 7th, and 9th graders. Yet disparities were evident when comparing more affluent school districts to less affluent districts. For example, students in Hawthorne and Los Angeles unified school districts continue to have the lowest HFZ scores, making the two school districts targets for physical fitness opportunities for middle and high school youth.

South Bay residents in the Compton, Carson, Gardena, and parts of Long Beach were less likely to eat five or more servings of fruits and vegetables. 44.6% of children 5 to 11 and 48.7% of adults 18 and older reported eating five or more servings while only 16% of adolescents 12 to 17 reported eating five servings. Focus group participants identified lack of access to affordable, healthy foods, and nutrition education as major barriers to healthy food consumption.

2012 GOALS

1. Increase access to culturally competent healthy lifestyle education and fitness programs.
2. Increase physical activity among children and adults in geographic areas with the highest concentrations of obesity.
3. Increase access to and consumption of fresh fruits and vegetables among children and adults in geographic areas with the highest concentrations of obesity.
4. Decrease consumption of high-calorie snacks and foods in local schools and neighborhoods.

2012 STRATEGIES

1. Provide grant funding for at least one community organization and/or public health district with experience in culturally and linguistically appropriate healthy lifestyle education (nutrition) and weight-management programs.
2. Provide grant funding for at least one community organization and/or public health district with experience in providing opportunities for communities to engage in physical fitness such as walking clubs, fitness zones in local parks, and exercise classes for children and adults.
3. Provide grant funding for at least one community organization and/or public health district with experience in increasing access to fresh fruits and vegetables.

4. Provide grant funding for at least one community organization and/or public health district with experience in promoting and providing more access to healthy choices (low-calorie drinks and foods).
5. Provide in-kind donations such as health education materials, staff contributions, or financial support for a local school partnership engaging youth in physical fitness instruction and nutrition education.

TARGET POPULATION

Residents in the Wilmington, San Pedro, North Long Beach, West Compton, Hawthorne, and Gardena areas with emphasis on African American, Latino, and Asian Pacific Islander communities.

COMMUNITY PARTNERS

Community partners include Black Women for Wellness; Christian Outreach Appeal; Inglewood Community Services Corporation; Gardena-Carson Family YMCA; Hawthorne School District; Help Me Help You; Special Service for Groups; Foodbank of Southern California; and Young Men's Christian Association of Metropolitan Los Angeles.

2012 YEAR-END RESULTS

- KFH-South Bay awarded \$15,000 for Hawthorne School District's Power Up program, which aims to improve physical fitness in low-income Hawthorne schools. The prevalence of childhood obesity in Hawthorne is 27.5%, compared to 23.3% throughout Los Angeles County. In the Hawthorne School District, 41.1% of students were not in the Healthy Fitness Zone (BMI), compared to 34.6% in Los Angeles County. The grant will support the purchase of new physical education equipment and the offering of Zumba dance/aerobics classes to students, adults, and school personnel. At the end of the grant period, Hawthorne School District will report on the percentage of physical education class time spent on vigorous physical activity; the purchase of equipment and application of appropriate lesson plans to use it; and participation levels in the Zumba classes. This grant satisfies 2012 Obesity and Overweight Prevention strategy #5: Provide in-kind donations such as health education materials, staff contributions, or financial support for a local school partnership engaging youth in physical fitness instruction and nutrition education.
- Special Service for Groups, Inc. received a \$10,000 grant for its Tongan Health Access project, which aims to address the growing rates of obesity and chronic diseases among Asians and Pacific Islanders (API) in a culturally and linguistically competent manner. Pacific Islanders have the highest prevalence of leading health disparity indicators, including smoking, hypertension, obesity, diabetes, and others. Approximately 21% of API lack health insurance, and seven in 10 native Hawaiians and Pacific Islanders are overweight or obese. In particular, 84% of Tongan youth were at-risk for being overweight, or extremely obese. This Hawthorne-based program will provide educational workshops on obesity, chronic disease management, cooking classes, and fitness activities for the Tongan community. Tongans have strong ties to their church communities, so the program will work through churches to deliver programming. At the end of the grant period, Special Service for Groups Inc. will report on the number of Tongans served; pre- and posttest of knowledge gained in the workshops; the number of culturally specific resources created with collaborative partners for the Tongan community; and the creation of the Tongan health committee to hardwire healthy behaviors/healthy policies into Tongan church activities, community activities, and social events. This grant satisfies 2012 Obesity and Overweight Prevention strategy #1: Provide grant funding for at least one community organization and/or public health district with experience in culturally and linguistically appropriate healthy lifestyle education (nutrition) and weight-management programs.
- KFH-South Bay awarded a \$10,000 grant to Inglewood Community Services Corporation for its Be Well weight management program at Hawthorne Senior Center. Senior citizens make up 6.7% of the Hawthorne population—a community where 36.8% of adults are overweight or obese. In addition, of the current Be Well participants, 53% are overweight or obese. In conducting a focus group of Be Well participants, Inglewood Community Services Corporation determined that seniors preferred to attend fitness classes with other seniors outside of a traditional gym or health club. The Be Well program will provide fitness and nutrition education at the Hawthorne Senior Center to seniors 60 and older who are obese or overweight and who have chronic diseases such as diabetes and hypertension. The KFH-South Bay grant will allow the Be Well program to add an exercise class each week, a weekly weight management support group for 24 weeks, two sessions of cognitive behavior therapy (behavior modification), and healthy food preparation classes.

At the end of the grant period, Inglewood Community Services Corporation will report on the percentage of participants who lose six or more pounds; the percentage of clients who demonstrate increased knowledge of weight reduction and maintenance behaviors; the number of steps walked; the reduction in hip-to-waist ration from baseline; body fat percentage; and reported changes in eating habits/diet. This grant satisfies 2012 Obesity and Overweight Prevention strategy #2: Provide grant funding for at least one community organization and/or public health district with experience in providing opportunities for communities to engage in physical fitness such as walking clubs, fitness zones in local parks, and exercise classes for children and adults.

- Christian Outreach Appeal received \$10,000 to increase access to fresh/frozen fruits, vegetables, eggs, and other proteins through its twice-weekly food distribution pantry in Long Beach. The grant will go toward the purchase of a refrigerated truck—which is required by the Health Department—to transport perishable foods from donor markets to its frozen storage freezers. In addition, Christian Outreach Appeal will provide classes in Spanish and English to teach clients how to prepare and eat the fresh/frozen food items. At the end of the grant period, Christian Outreach Appeal will report on the increase in the number of families served; the increased nutritional value of food giveaway bags; and the number of classes held in English and Spanish. This grant satisfies 2012 Obesity and Overweight Prevention strategy #4: Provide grant funding for at least one community organization and/or public health district with experience in promoting and providing more access to healthy choices (low-calorie drinks and foods).
- KFH-South Bay awarded Foodbank of Southern California with a \$10,000 grant for its Healthy Choices program. This program aims to increase access to fresh fruits and vegetables for low-income individuals and to promote healthy food choices at more than 200 community-based partner agencies in the KFH-South Bay service area. The Foodbank distributes fresh produce, canned chicken/tuna, rice, low-sodium canned vegetables, canned fruit packed in its own juice with no sugar added, and other nutrient-dense foods. The partner agencies also receive collateral material on healthy eating as well as training on food storage and handling. At the end of the grant period in June 2013, Foodbank of Southern California will report on the amount of fresh produce distributed; the number of new partnerships created with community agencies; and the number of “hits” on the Foodbank’s healthy eating videos webpage. This grant satisfies 2012 Obesity and Overweight Prevention strategy #3: Provide grant funding for at least one community organization and/or public health district with experience in increasing access to fresh fruits and vegetables.
- Black Women for Wellness received a \$10,000 grant for its Sisters In Motion/Kitchen Divas program, which targets black women in South Los Angeles. Black women have the highest screening rates for hypertension and high cholesterol, yet they have the highest mortality rates in Los Angeles County for these conditions. In addition, only 12% of black women eat the recommended five or more servings of fruits and vegetables each day. The Sisters In Motion/Kitchen Divas program works to lower the risk of heart disease, stroke, and diabetes in women by promoting healthy lifestyles, weight management, good nutrition, and physical fitness. Program activities include fitness, grocery store tours, food budgeting, food preparation workshops, and support groups. Kitchen Divas goes beyond the traditional models of personal responsibility for health to include the health influences of the family, community, and social environment. At the end of the grant period, Black Women for Wellness will report on improvement upon client baseline data (weight, blood pressure, BMI); a survey of client readiness to change; and pre- and posttests of health knowledge. This grant satisfies 2012 Obesity and Overweight Prevention strategy #1: Provide grant funding for at least one community organization and/or public health district with experience in culturally and linguistically appropriate healthy lifestyle education (nutrition) and weight-management programs.
- Young Men’s Christian Association of Metropolitan Los Angeles (YMCA) received a \$10,000 grant for its Salsa, Sabor Y Salud Program. This Wilmington-based program will address healthy living in a primarily Latino, low-income community where more than 24% of the population over the age of 12 is obese. The eight-session program is specifically designed for the unique cultural beliefs and traditions of the Latino community and includes education, handouts, physical activity, a nutrition activity (focused on food groups, portion sizes), discussion, and suggestions for home activities. The entire family is encouraged to participate in the sessions. Participation in the program also includes free YMCA membership and access to the nutrition, exercise, literacy, and dance/music programs that the YMCA offers. At the end of the grant period in June 2013, YMCA will report on the number of families served; the percentage of participants who self-report that the family tried one new food or recipe each week; the percentage of participants showing a decrease in waist measurements and/or weight; and the percentage of participants who self-report physical activity for 20 minutes at least three times per week. This grant satisfies 2012 Obesity and Overweight Prevention strategy #1: Provide grant funding

for at least one community organization and/or public health district with experience in culturally and linguistically appropriate healthy lifestyle education (nutrition) and weight-management programs.

- KFH-South Bay awarded \$5,495 to the Young Men's Christian Association of Los Angeles (YMCA) for its Health Intervention Program (HIP Kids) in the Carson, Gardena, and neighboring communities. HIP Kids targets children 8 and older who are at risk of becoming overweight or who are overweight/obese. The 12-week health intervention program meets twice weekly and includes education for children and their parents, exercise sessions for kids (parents optional), and nutrition sessions for parents and kids. Sessions are led by a registered dietitian and exercise science professional. At the end of the grant period, YMCA will report on the number of youth/families served; BMI improvements; attendance at HIP Kids sessions; satisfaction scores on participant surveys; and frequency of exercise routines. This grant satisfies 2012 Obesity and Overweight Prevention strategy #1: Provide grant funding for at least one community organization and/or public health district with experience in culturally and linguistically appropriate healthy lifestyle education (nutrition) and weight-management programs.
- Help Me Help You received a \$2,500 grant for the Healthy Lifestyles food pantry program, which aims to teach, develop, and support healthy food choices among low-income families in Long Beach. The organization has long lines of clients waiting to receive food and will use those lines as an opportunity to deliver education on healthy eating. Following the conclusion of the grant period, Help Me Help You will report on the number of clients served; the number of clients who received health education/demonstrations; and the number of clients referred to other public and private nutrition and health services. This grant satisfies 2012 Obesity and Overweight Prevention strategy #3: Provide grant funding for at least one community organization and/or public health district with experience in increasing access to fresh fruits and vegetables.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

Progress relative to the strategies will be assessed by tracking the amount of funding provided through grants as well as in-kind donations (including staff contributions, education materials, and facility space). Organizations receiving financial or in-kind donations from KFH-South Bay will be required to submit grant outcome reports. Programs will be evaluated tracking the total number of people reached and/or served through funded programs and efforts; increase in the number of individuals served over previously established benchmarks; evidence of sustainability for funded programs; identified need/s met or demonstrable expansion of services available to the community as a result of the funded program; and monitoring and recording progress on the development of innovative approaches to identified strategies.

Table 1

KAISER FOUNDATION HOSPITAL-SOUTH BAY

2012 Key Community Benefit Program Metrics

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

| | |
|--|--------|
| Charity Care: Medical Financial Assistance Program recipients | 4,170 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members | 190 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 1,253 |
| Medi-Cal managed care members | 6,976 |
| Healthy Families Program members | 5,122 |
| Community Surgery Day patients | 9 |
| Health Research projects (new, continuing, and completed) | 17 |
| Nursing Research projects (new, continuing, and completed) | 3 |
| Educational Theatre – number of performances and workshops | 109 |
| Educational Theatre – number of attendees (students and adults) | 13,535 |
| Graduate Medical Education – number of programs | 5 |
| Graduate Medical Education – number of affiliated and independent residents | 80 |
| Nurse practitioner and other nursing training and education beneficiaries | 2 |
| Deloras Jones nursing scholarship recipients | 10 |
| Other health professional training and education (non-MD) beneficiaries | 18 |
| Hippocrates Circle students | 37 |
| Summer Youth and INROADS programs participants | 22 |
| Number of 2012 grants and donations made at the local and regional levels ¹ | 121 |

¹The vast majority of regional grants impact three or more hospitals. As such, a single regional grant may be included in the "Number of 2012 grants and donations" count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-SOUTH BAY

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$10,504,540 |
| Healthy Families ² | 1,494,362 |
| Charity care: Charitable Health Coverage programs ³ | 474,854 |
| Charity care: Medical Financial Assistance Program ⁴ | 6,486,743 |
| Grants and donations for medical services ⁵ | 357,924 |
| Subtotal | \$19,318,423 |
| Other Benefits for Vulnerable Populations | |
| Watts Counseling and Learning Center ⁶ | \$0 |
| Educational Outreach Program | 0 |
| Summer Youth and INROADS programs ⁷ | 62,065 |
| Grants and donations for community-based programs ⁸ | 317,325 |
| Community Benefit administration and operations ⁹ | 381,011 |
| Subtotal | \$760,401 |
| Benefits for the Broader Community¹⁰ | |
| Community health education and promotion programs | \$53,535 |
| Educational Theatre | 402,237 |
| Facility, supplies, and equipment (in-kind donations) ¹¹ | 0 |
| Community Giving Campaign administrative expenses | 5,403 |
| Grants and donations for the broader community ¹² | 34,949 |
| National board of directors fund | 16,317 |
| Subtotal | \$512,441 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$546,157 |
| Non-MD provider education and training programs ¹³ | 447,551 |
| Grants and donations for the education of health care professionals ¹⁴ | 29,417 |
| Health research | 1,133,990 |
| Continuing Medical Education | 391 |
| Subtotal | \$2,157,506 |
| Total Community Benefits Provided | \$22,748,771 |

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 Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Los Angeles, KFH-West Los Angeles, and KFH-Downey.
- ⁷ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Summer Youth students hired.
- ⁸ Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the 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.
- ⁹ The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- ¹⁰ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a number of related denominators such as the number of Educational Theatre performances or health education programs.
- ¹¹ 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.
- ¹² Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ¹³ Amount reflects the net expenditures after tuition reimbursement for health professional education and training programs.
- ¹⁴ Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, 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.

KAISER FOUNDATION HOSPITAL (KFH)-SOUTH SACRAMENTO

6600 Bruceville Road
 Sacramento, CA 95823
 (916) 688-2000

The KFH-South Sacramento service area comprises a large part of Sacramento County, including the cities of Sacramento, Elk Grove, and Galt, and also a portion of Amador County.

COMMUNITY SNAPSHOT (*COUNTY-LEVEL DATA)

| | |
|-------------------------------|----------|
| Total population: | 576,764 |
| Median age:* | 34.4 |
| Average household income:* | \$56,882 |
| Percentage living in poverty: | 15.19% |
| Percentage unemployed: | 10.56% |
| Percentage uninsured: | 13.75% |

| | |
|-----------------------------|--------|
| White: | 35.02% |
| Latino: | 25.45% |
| African American: | 12.74% |
| Asian and Pacific Islander: | 20.67% |
| Native American: | 0.62% |
| Other: | 5.50% |

KEY STATISTICS

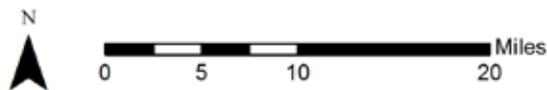
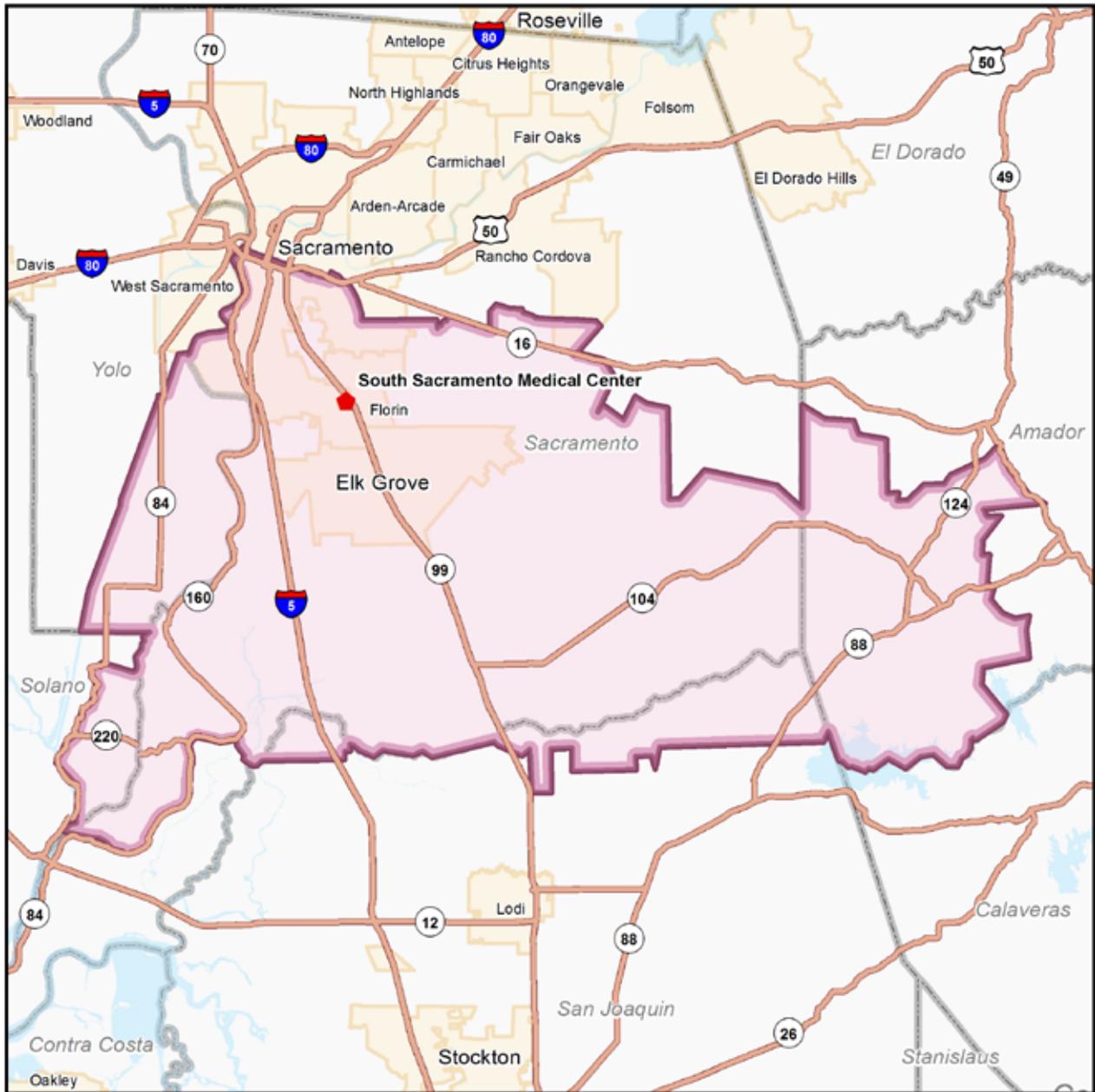
| | |
|-------------------------------------|---------|
| Year opened: | 1985 |
| KFH full-time equivalent personnel: | 1,289.3 |
| KFHP members in KFH service area: | 198,417 |

| | |
|------------------------|--------|
| Total licensed beds: | 217 |
| Inpatient days: | 44,630 |
| Emergency room visits: | 83,976 |

KEY LEADERSHIP AT KFH- SOUTH SACRAMENTO

| | |
|--------------------------|--|
| Patricia M. Rodriguez | Senior Vice President and Area Manager |
| Kevin Leroy Smith | Area Finance Officer |
| Richard Isaacs, MD, FACS | Physician in Chief |
| Debbie Royalty | Medical Group Administrator |
| Michelle Odell | Public Affairs Director |
| Ellen G. Brown | Community Benefit/Community Health Manager |

KFH South Sacramento Medical Center Area



- KFH Medical Center
- KFH Medical Center Area
- Cities and Towns
- County Boundary

Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
Maps Produced by: the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES). March 2013.



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

The 2010 CHNA, conducted by Valley Vision, was a collaborative effort of Kaiser Permanente, Dignity Health (Catholic Healthcare West) member-hospitals (including Mercy), Sutter Health Sacramento Sierra Region, and the University of California, Davis Health System. The CHNA objectives were to identify the unmet health needs of underserved residents in the Greater Sacramento region, understand the challenges these populations face when trying to maintain and/or improve their health, understand where underserved populations turn for services to maintain and/or improve their health, and understand what is needed to help them maintain and/or improve their health.

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

Secondary data included sociodemographic indicators collected at the zip code level (and county level when appropriate) for 2006, 2007, and 2008. The three main data sources were ER visits and hospitalization data from California Office of Statewide Health Planning and Development (OSHPD); birth and death profiles published by California Department of Public Health (CDPH); and demographic data from *Thomson Reuters, Census 2000, American Community Survey 2008*, and *GeoLytics*. For benchmarking, zip code level rates were compared to state, regional, and county rates where applicable. Geographic locations that consistently ranked in the top percentages for various conditions were identified and reported.

KEY FINDINGS FROM THE 2010 CHNA

An in-depth examination of health outcomes showed that the KFH-South Sacramento service area has high unmet health issues, including some of the highest rates in the region for hospitalizations, ER visits, and deaths due to asthma, diabetes, hypertension, heart disease, mental health issues, and injuries, both unintentional and homicidal in nature. Based on a careful review of the primary and secondary data collected for the 2010 CHNA, the key findings are as follows:

Asthma:

- Many service area zip codes had high rates for hospitalizations and ER visits due to asthma. Nine of the 21 zip codes for hospitalization due to asthma and eight out of the 21 for ER visits due to asthma ranked in the top 20% of the worst zip codes regionwide.
- Eleven service area zip codes had rates of ER visits due to asthma that exceeded both the state and Sacramento County rates. Zip codes 95823 and 95817 had rates more than twice that of the California state rate.

Diabetes:

- Some of the highest regionwide rates of hospitalizations, ER visits, and deaths due to diabetes were in the KFH-South Sacramento service area.
- Eight service area zip codes were in the top 20% regionwide for both hospitalizations and ER visits.
- Seven service area zip codes had rates of deaths due to diabetes that were above the state rate of 2/10,000. The zip codes with the highest rates were 95832 at 2.68/10,000 and 95822 at 2.47/10,000.

Hypertension:

- Seven service area zip codes for hospitalizations and five service area zip codes for ER visits due to hypertension ranked in the top 20% of the worst zip codes regionwide.
- The highest rate of ER visits due to hypertension in the region was zip code 95817, an indication that this is a large unmet health issue in the area.
- Seven service area zip codes were above the state rate (.93/10,000) and county rate (.81/10,000) for deaths due to hypertension. Service area zip code 95831 had the highest death rate in the region at 1.74/10,000.

Mental Health:

- Mental health issues include hospitalizations and/or ER visits for dementia, psychoses, neuroses, anxiety, reactions to stress, depression disorder, drug dependence, and psychotic conditions.
- Examination of service area rates for hospitalization and ER visits due to mental health issues showed that three zip codes (95814, 95817, and 95820) far exceeded state rates. At more than three times the state rate, zip code 95814 had the highest rate for hospitalization due to mental health issues in the region. ER visits due to mental health-related conditions were also high in these three zip codes.

Injury-Unintentional:

- The state rate for hospitalizations due to unintentional injuries was 137.17/10,000. The following four service area zip codes had rates higher than both the state and county rates: 95638, 95817, 95830, and 95693.
- Zip 95817 had the highest rates of both hospitalizations and ER visits due to unintentional injuries in the service area. In addition, death rates due to unintentional injuries revealed that 13 service area zip codes were above the state rate of 2.9/10,000.

Injury-Homicide:

- Eighteen service area zip codes had death rates due to homicide that far exceeded the Healthy People 2010 goal of 0.3/10,000.
- Four service area zip codes had high rates of ER visits due to homicide: 95817 at 82.9/10,000, 95823 at 56.38/10,000, 95824 at 56.1/10,000, and 95832 at 53.48/10,000.
- The rate of ER visits due to homicide for zip code 95817 was more than twice both the state and county rates.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-SOUTH SACRAMENTO SERVICE AREA

1. Access to health insurance coverage and health care services
2. Obesity rates—healthy eating and active living
3. Community and family violence prevention

2012 YEAR-END RESULTS

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

Affordability of health care was identified as the single largest obstacle to accessing care for under- and uninsured populations. Singled out among the many costs within the broader field of health care was the high cost of health coverage. Focus group participants spoke of their inability to afford public or private health care coverage. Secondary data showed that within the four-county region, more than 350,000 of the two million residents live without health insurance. This is approximately 17% of the total population, a rate slightly better than the state rate of 18.5%. In South Sacramento specifically, eight of 21 zip codes had rates above the state rate; 95817 at 40.5% and 95824 at 38% were more than twice the state rate. Other challenges, obstacles, and barriers for this population in maintaining and/or improving their health included problems locating physicians, specialists, dentists, mental/behavioral health, and other providers who accept Medi-Cal and/or work at reduced rates; difficulty navigating a complex and inefficient safety net; cultural barriers; and the stress of being poor.

2012 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.

2012 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) policy and maximize efficiencies.
3. Provide grant funding to organizations to support outreach, enrollment, and retention in subsidized health insurance programs for children and adults where possible.
4. Share lessons from the Medi-Cal case management project.
5. Participate in collaborative efforts to maximize coordination of services for low-income people, including coordination of referrals from the KFHS-South Sacramento emergency department to community clinics.

TARGET POPULATION

Vulnerable populations who are uninsured or underinsured or those who are in need of support services to access coverage and/or health care services to establish a “medical home.”

COMMUNITY PARTNERS

Community partners include American Heart Association; Asian Resources; Breaking Barriers; Breathe California of Sacramento-Emigrant Trails; Center for AIDS Research, Education and Services (CARES); Community Against Sexual Harm (CASH); Community Service, Education and Research Fund (CSERF); Cover the Kids; Elk Grove Unified School District (EGUSD); Golden Rule Services; Harm Reduction Services (HRS); Health Education Council; Planned Parenthood Mar Monte; Sacramento County Department of Health and Human Services; Sacramento District Dental Foundation; Sacramento Native American Health Center, Inc.; Sacramento City Unified School District (SCUSD); Serotonin Surge Charities; St. John's Shelter; The Effort, Inc.; Valley High School; and WayUp Sacramento.

2012 YEAR-END RESULTS

- KFHS-South Sacramento and KFHS-Sacramento awarded \$16,366 to HRS to support direct outreach to homeless youth 12 to 30. Using a mobile testing unit, outreach workers visit high-risk locales, including camps along the river, abandoned buildings and homes, and other community service areas within Sacramento County, to provide services and HIV, hepatitis C, and other STD testing and education. From July 1, 2012, to the time this report was written, 45

individuals were tested. A referral process has been established for individuals who test positive and receive follow-up by the HRS case manager. HRS has provided counseling, distributed risk materials, and administered medical referrals to 200 individuals to date. HRS representatives also make weekly visits to Luther Burbank High School to provide youth-specific services.

- KFH-South Sacramento and KFH-Sacramento provided \$40,000 to The Effort, Inc. for its Interim Care Program (ICP), a collaboration of Kaiser Permanente, Sutter Medical Center Sacramento, Dignity Health, and University of California Davis Health System. ICP is a 24-hour respite shelter where homeless patients can recuperate from their illness or injury upon release from the hospital. The Salvation Army provides 18 beds at its shelter and comprehensive, wraparound services that connect clients with resources, such as substance abuse treatment and medical care. Since its inception, 928 patients have been admitted to ICP; 154 were admitted in 2012.
- KFH-Sacramento and KFH-South Sacramento provided \$15,000 to and partnered with SPIRIT (Sacramento Physicians' Initiative to Reach-out, Innovate and Teach, dba Community Service, Education and Research Fund [CSERF]) to improve access to health care for Sacramento County's medically indigent residents. In 2012, 22 SPIRIT volunteer physicians provided 1,413 hours of primary care service to 1,799 patients and performed 62 surgeries. In addition, staff at KFH-Sacramento's Folsom and Point West medical office buildings worked with SPIRIT coordinators to provide cataract surgery, eye exams, and glasses. To date, more than 38,000 patients have been treated by SPIRIT volunteers.
- KFH-South Sacramento and KFH-Sacramento awarded a \$40,000 grant to Sacramento County Department of Health and Human Services to support the county's Immunization Assistance Program's (IAP) School Flu Clinic, which aims to improve the health outcomes of low-income elementary school children by providing access to seasonal flu vaccine. From October through December 2012, onsite flu clinics at 15 Sacramento County elementary schools, which were selected based on the percentage of free- and reduced-lunch participants, provided vaccinations to 2,108 children and 250 adults. Data have shown that students in Sacramento County who have been vaccinated have 1.5 fewer days of absence than students who were not vaccinated.
- KFH-South Sacramento, KFH-Roseville, and KFH-Sacramento provided \$75,000 to SNAHC, which serves the Native American and Native Alaskan community, to help low-income, underinsured or uninsured patients avoid complications from chronic diseases such as hypertension, diabetes, cardiovascular disease, liver disease, asthma, and kidney disease. In preparation for Patient Centered Medical Home implementation, SNAHC is operationally redesigning its system of care. Health center clinicians and ancillary and support staff are putting significant focus on the manner in which patient care is approached so that each encounter adds value to the patient's experience. As such, expanding technological solutions, such as electronic health records, to common patient tracking problems is under way. Owing to grant-funded improvements in SNAHC's system, care coordination between medical, dental, behavioral health, home visitation, and existing specialty care and supportive services within the community has exceeded expectations. Since June 2012, more than 331 program participants received free or discounted (based on income) appointments. Funds also support transportation vouchers for diabetic and hepatitis C patients, which helps patients comply with often difficult treatment regimens because 90% of patients who receive the vouchers show up for their appointments. In addition, SNAHC has increased its continuity of care (patients who see the same primary care provider) rate, with a goal of reaching a rate of 75%.
- In 2012, the CDC released a report indicating that young gay African American men are the only population in the United States in which new HIV infections are significantly increasing. In an effort to decrease infection rates in this specific population, Kaiser Permanente Northern California Region provided a \$75,000¹ grant to CARES to support its education and outreach program. CARES will offer group education and testing sessions to high-risk African American and Latino youth through community events, health fairs, schools, bars and clubs, festivals, cultural events, and LGTB centers. Using a core group of 7 to 10 college-age youth, the team is charged with organizing events, delivering HIV 101 prevention messages, offering high-impact prevention and outreach, disseminating and teaching proper usage of condoms, and administering and reading results of the 20-minute rapid HIV antibody test.

¹ This grant was distributed from the Kaiser Permanente Fund for Community Benefit, a donor-advised fund established in late-2004 and administered by the East Bay Community Foundation. Accordingly, the grant amount was not included in the community benefit totals for 2012 (Table A, B, and 2).

- SNAHC also received a \$60,000 2012 Connecting People with Resources Pilot grant. This pilot project will restructure current integrated care coordination for smoother patient flow, higher quality of patient care, and better tracking of patients who need access to community resources. The project will accomplish this goal by increasing staff knowledge, increasing staff's ability to make referrals and track patients who are referred, reviewing and increasing efficiency of staffing patterns, developing patient empowerment strategies, and educating patients on how to access community resources.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

For 2013, KFH-South Sacramento will not pursue the strategy of sharing lessons from the Medi-Cal case management project, and will replace it with a strategy to provide support to safety-net providers to increase access to health care services, including mental health services, for vulnerable populations in recognition of the ongoing need for these services within the service area. In addition, the Healthy Families program will be transitioning to Medi-Cal managed care throughout 2013, so KFH-South Sacramento will only be supporting enrollment in that program as long as it is available in the counties within the service area. The remainder of the strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-South Sacramento will assess impact by tracking the increase in the number of children and adults enrolled in coverage and the number of children retaining coverage; the number of outreach partners receiving training; the number and amounts of grants funded; the increase in Kaiser Permanente Child Health Plan and STEPS membership numbers; the number of referrals made to community clinics and the number of new patients visits at designated community clinics; the number of patients receiving care; the number of individuals receiving MFA assistance; and the number of MFA applications screened.

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

The Centers for Disease Control and Prevention (CDC) reports that about one in four Californians is obese, and more than half of all California adults are obese or overweight. Obesity increases the risk of chronic disease, including type 2 diabetes, hypertension, asthma, cardiovascular disease, and orthopedic complications. A contributor to this growing epidemic is diet, and research also shows a link between access to healthy foods and the socioeconomic status of communities and neighborhoods. Some individuals see the KFH-South Sacramento service area as a food desert because of limited accessibility to healthy foods at grocery stores, farmers' markets, and farm stands, and the ready availability of less expensive, unhealthy food at convenience and liquor stores and fast-food establishments. This difficulty in accessing healthier foods was a recurring theme with focus group participants.

2012 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).

2012 STRATEGIES

1. Provide funding support to organizations that directly increase the availability of fresh fruits and vegetables in the most vulnerable zip codes in the service area.

2. Participate in local policy initiatives aimed at increasing the availability and quality of fresh fruits and vegetables in vulnerable communities.
3. Participate in the design, implementation, and support of the HEAL (Healthy Eating Active Living) initiative in South Sacramento.
4. Consider the provision of funding to community organizations that are working to increase physical activity in vulnerable communities.
5. Participate in community advocacy efforts to bring about policy or systems changes that support increased opportunities for physical activity in vulnerable communities.
6. Provide clinical expertise to community coalitions working to increase physical activity (e.g., sports physicals, BMI tests, health education presentations).
7. Arrange for an Educational Theatre Programs (ETP) Community Troupe presence at community health events and targeted schools in the KFH-South Sacramento service area.
8. Consider the provision of funding to organizations or schools that are working to increase physical activity in institutional settings among children and youth.

TARGET POPULATION

KFH-South Sacramento service area youth, families, and community.

COMMUNITY PARTNERS

Community partners include Elk Grove Food Bank Services (EGFBS), Fresh Producers, HEAL Collaborative, Health Education Council, NeighborWorks Sacramento, Sacramento Region Food System Collaborative, Walk Sacramento, and Sierra Health Foundation's Healthy Sacramento Coalition (Community Transformation Grant).

2012 YEAR-END RESULTS

- KFH-South Sacramento awarded \$15,000 to EGFBS to support the Mobile Food Pantry, which distributes food at its rural Franklin site, south of Elk Grove, to homebound seniors, clients without transportation, and migrant farmworkers. Families visiting the Franklin site also have access to a mobile clothes closet, a monthly health or food education presentation, and connections to other resources. Migrant farmworker clients in the Franklin area reside in one of the poorest and least-known communities in Sacramento County. Most do not speak English, struggle to feed and clothe their families, and don't have or can't afford transportation to the main EGFBS facility. New in 2012 and specific to this project, EGFBS implemented a database of client needs such as requests for sugar-free or low-sodium foods, to create a more precise food distribution system. This grant supports 235 individuals each month.
- In June of 2011, Health Education Council received \$263,384² of a three-year \$1 million Kaiser Permanente Northern California Region HEAL Zone grant with the overarching goal of encouraging people to eat better and be more active. The vision is that by the end of the three-year initiative, HEAL Zones will be visibly transformed and opportunities for engaging in healthy behaviors, such as bike lanes, farmers' markets, clean and safe parks, and active after-school programs, will be an intrinsic part of community life. Equally important is that residents will have the knowledge and skills to make healthy choices and that social norms within HEAL Zones will support and encourage those choices. The target population for this grant is the 13,394 residents living within a defined area of South Sacramento's Valley Hi neighborhood. Highlights of the proposed strategies in this HEAL Zone Community Action Plan include:
 - Provide organized activities for youth and adults in Valley Hi Park to encourage active living and promote safe community spaces.
 - Implement healthy food guidelines for faith-based institutions.
 - Assess and reduce barriers to physical activity for those living in affordable housing complexes.

²This grant was distributed from the Kaiser Permanente Fund for Community Benefit, a donor-advised fund established in late 2004 and administered by the East Bay Community Foundation. Accordingly, the grant amount was not included in the community benefit totals for 2012 (Tables A, B, and 2).

- Implement California's physical education requirements in schools. Lisa Liu, MD, APIC Health Promotion, KFHSouth Sacramento, participated on a panel following a "Weight of the Nation" screening for students and other community members at a library in the HEAL Zone.
- KFHSouth Sacramento awarded \$20,000 to Sacramento Neighborhood Housing Services, Inc. for NeighborWorks HomeOwnership Center Sacramento Region to continue providing a weekly farmers' market for residents of the underserved Oak Park neighborhood. Healthy, locally grown produce from 20 vendors was provided to an average of 600 attendees every week for 26 weeks. Average weekly EBT sales increased at the market with a total of approximately \$1,107 per week. Average weekly WIC sales totaled \$20 per week. A particular emphasis was placed on employing marketing strategies to increase market attendance through postcards to local nonprofits and the Department of Human Assistance. KFHSouth Sacramento health educators provided nutrition and stroke prevention education at the market on two Saturdays. A partner agency, Health Education Council, provided cooking demonstrations and distributed healthy recipe books on two other Saturdays.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFHSouth Sacramento will assess impact by tracking the increase in the total number of grants, the amount of grants, and the number of people reached through these grants who benefit from new outlets to fresh produce and physical activity; the number of people reached with shared assets and the number of KFHSouth Sacramento representatives participating in policy efforts; the number of people reached with in-kind services; and the number of ETP performances, including *The Best Me*, at schools.

PRIORITIZED NEED III: COMMUNITY AND FAMILY VIOLENCE PREVENTION

The City of Sacramento has one of the highest rates of violent crime per capita in California. Similar to other large major metropolitan areas, Sacramento has seen a major growth in youth gang validation and youth gang membership, contributing greatly to youth violence. As Kaiser Permanente's first Level II Trauma Center, KFHSouth Sacramento has experienced a growing number of violence-related admissions and has partnered with local organizations to create a series of programs to provide social assistance and gang violence prevention efforts. Other funding efforts have included programs aimed at domestic violence intervention and prevention led by community organizations specializing in the field.

2012 GOALS

1. Decrease community violence in targeted hot spots in the KFHSouth Sacramento service area, specifically the Oak Park, Valley Hi/North Laguna, and Parkway/South Sacramento neighborhoods.
2. Continue to support domestic violence prevention resources in the service area.

2012 STRATEGIES

1. Provide grant funding to organizations focused on the prevention of violence, including domestic violence and youth and gang violence in the 95817, 95823, 94824, and 95832 zip codes.
2. Provide funding support focused on violence intervention in the 95817, 95823, 94824, and 95832 zip codes.
3. Partner with local governments, schools, and community organizations to support evidence-based programs focused on reducing youth and gang violence and increasing positive options for youth. Participate in advocacy efforts designed to

increase community safety in targeted areas and continue to explore connections between violence prevention and HEAL.

4. Continue the partnership with The Effort, Inc. to implement and strengthen the Sacramento Violence Intervention Program (SVIP) to provide intervention services to violently injured youth and young adults in Sacramento.
5. Explore the development of a youth violence prevention partnership with People Reaching Out (PRO) or another youth development organization focused on schools in the targeted zip codes.

TARGET POPULATION

Children, youth, adults, and families living in designated KFH-South Sacramento service area hot spots who may have experienced or are at risk of being affected by domestic and/or community violence.

COMMUNITY PARTNERS

Community partners include Always Knocking, Boys & Girls Clubs of Greater Sacramento (BGCBS), Child Abuse Prevention Council of Sacramento (CAPC), My Sister's House, PRO, Sacramento Area Congregations Together (ACT), SCUSD, Sacramento Children's Home, Sacramento Employment and Training Agency (SETA), Sacramento Police Department, St. John's Center for Women and Children, The Effort, Inc., Wellspring Women's Center, and Women Escaping a Violent Environment (WEAVE).

2012 YEAR-END RESULTS

- KFH-South Sacramento awarded \$10,000 to the SCUSD to implement bullying prevention at more than 80 SCUSD schools. Bullying prevention is a relatively new topic in youth violence, and SCUSD is leading the way with an antibullying policy and a progressive strategic plan that includes training for staff, students, and parents; providing technical assistance and support; and developing an SCUSD bullying prevention web page for staff, students, and families. At the time this report was written, 150 people had attended one of four bullying prevention programs for administrators and six trainings for parents and community members. A workgroup to construct the website was convened and work is under way to build the page from scratch. Kaiser Permanente Continuum of Care Administrator James Kelleher currently serves on SCUSD's Bullying Prevention Committee.
- Kaiser Permanente Northern California Region granted \$450,000³ (\$225,000 in 2012) to The Effort, Inc., to administer the Sacramento Violence Intervention Program (SVIP), which is based on the Caught in the Crossfire evidence-based model. Launched in June 2010, SVIP engages youth 15 to 26 with severe injuries related to violence (gunshots, stabbings, and/or other assault) who are admitted to the KFH-South Sacramento Trauma Center. Intervening with youth at this vulnerable time aims to reduce re-injury, retaliation, and arrest by promoting positive life choices and alternatives to violence. Between June 2010 and December 2012, 134 youth were referred to SVIP. Intervention specialists meet weekly with each client and provide them and their families with linkages to resources, including housing, financial benefits (victim's compensation), education, vocational/job training resources, health care, behavioral/mental health treatment, and addiction services (as needed). Outcome data to date show that very few participants have been rehospitalized due to a violence-related injury or arrested for a new offense. While fewer participants than were initially projected have gained employment due to the poor economy and lack of job assistance programs, a greater percentage have enrolled or re-enrolled in an educational program, a key measure of program success. Intervention specialists at The Effort work directly with KFH-South Sacramento Trauma Outreach Coordinator Wendie Skala, RN, to develop safety plans and collaborate on case management services for program clients.
- KFH-South Sacramento and KFH-Sacramento provided \$35,000 to WEAVE for crisis advocacy and therapeutic counseling services. This allowed WEAVE to staff its Safehouse with an advocate who provides 24-hour crisis intervention and support to Safehouse residents. As of December 2012, the advocate ensured that 82 women and 81 children received safe, confidential shelter. Grant funds also supported 24-hour support and crisis intervention services

³This grant was distributed from the Kaiser Permanente Fund for Community Benefit, a donor-advised fund established in late 2004 and administered by the East Bay Community Foundation. Accordingly, the grant amount was not included in the community benefit totals for 2012 (Tables A, B, and 2).

to victims of domestic violence through WEAVE’s support line and triage sessions. To date, 4,765 calls have been answered and 266 triage sessions were provided.

- An additional \$35,000 in KFH-Sacramento and KFH-South Sacramento funding allowed WEAVE to expand its legal services program to include legal triage two days per week, starting in 2013. The Legal Solutions for Domestic Violence Victims program addresses the current absence of services for domestic violence victims who need legal interventions to establish and maintain family safety and who cannot afford an attorney. The project serves domestic violence victims who indicate a legal barrier to maintaining or securing the safety of their families. Priya Batra, PsyD, and KFH-South Sacramento Public Affairs Director Michelle Odell sit on the WEAVE board of directors.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Sacramento will assess impact by tracking and reviewing homicide rates in targeted zip codes over three years; the number of grants provided, total grant dollars, and the number of people reached; the number of KFH-South Sacramento physicians and staff participating in community prevention efforts; the number of SVIP clients and number of referrals from hospitals, schools, and CBOs; and the rates of successful “graduation” from SVIP and the number of graduates who are then employed or are in school and not reentered into the criminal justice system. Community partners will also assess the feasibility of a youth violence prevention partnership with a youth development organization.

Table 1

KAISER FOUNDATION HOSPITAL-SOUTH SACRAMENTO

2012 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: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members | 2 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 3,434 |
| Medi-Cal Managed Care members | 13,369 |
| Healthy Families Program members | 6,317 |
| Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) ¹ members | 89 |
| Nursing Research projects (new, continuing, and completed) | 4 |
| Educational Theatre Programs – number of performances and workshops | 91 |
| Educational Theatre Programs – number of attendees (students and adults) | 17,776 |
| Graduate Medical Education – number of programs | 9 |
| Graduate Medical Education – number of affiliated and independent residents | 181 |
| Nurse practitioner and other nursing training and education beneficiaries | 40 |
| Other health professional training and education (non-MD) beneficiaries | 20 |
| Summer Youth and INROADS programs participants | 11 |
| Number of 2012 grants and donations made at the local and regional levels ² | 102 |

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

²The vast majority of regional grants impact three or more local hospitals. As such, a single regional grant may be included in the “Number of 2012 grants and donations” count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-SOUTH SACRAMENTO

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$27,404,577 |
| Healthy Families ² | 3,040,109 |
| Charity care: Charitable Health Coverage programs ³ | 2,448,657 |
| Charity care: Medical Financial Assistance Program ⁴ | 10,160,033 |
| Grants and donations for medical services ⁵ | 616,041 |
| Subtotal | \$43,669,418 |
| Other Benefits for Vulnerable Populations | |
| Summer Youth and INROADS programs ⁶ | \$53,444 |
| Grants and donations for community-based programs ⁷ | 489,297 |
| Community Benefit administration and operations ⁸ | 574,356 |
| Subtotal | \$1,117,097 |
| Benefits for the Broader Community⁹ | |
| Community health education and promotion programs | \$17,959 |
| Educational Theatre Programs | 234,760 |
| Facility, supplies, and equipment (in-kind donations) ¹⁰ | 0 |
| Community Giving Campaign administrative expenses | 11,850 |
| Grants and donations for the broader community ¹¹ | 149,734 |
| National board of directors fund | 27,225 |
| Subtotal | \$441,528 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$1,251,385 |
| Non-MD provider education and training programs ¹² | 480,404 |
| Grants and donations for the education of health care professionals ¹³ | 38,496 |
| Health research | 4,576,430 |
| Subtotal | \$6,346,716 |
| Total Community Benefits Provided | \$51,574,758 |

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.

KAISER FOUNDATION HOSPITAL (KFH)-SOUTH SAN FRANCISCO

1200 El Camino Real
 South San Francisco, CA 94080
 (650) 742-2000

The KFH-South San Francisco service area covers portions of northern San Mateo County. This includes, but is not limited to, the cities of Brisbane, Daly City, Pacifica, Montara, Moss Beach, San Bruno, and South San Francisco.

COMMUNITY SNAPSHOT (*COUNTY-LEVEL DATA)

| | |
|-------------------------------|----------|
| Total population: | 320,390 |
| Median age:* | 38.8 |
| Average household income:* | \$84,879 |
| Percentage living in poverty: | 6.48% |
| Percentage unemployed : | 6.75% |
| Percentage uninsured: | 11.55% |

| | |
|-----------------------------|--------|
| White: | 33.49% |
| Latino: | 21.09% |
| African American: | 2.13% |
| Asian and Pacific Islander: | 37.81% |
| Native American: | 0.21% |
| Other: | 5.28% |

KEY STATISTICS

| | |
|-------------------------------------|---------|
| Year opened: | 1954 |
| KFH full-time equivalent personnel: | 691.3 |
| KFHP members in KFH service area: | 101,988 |

| | |
|------------------------|--------|
| Total licensed beds: | 120 |
| Inpatient days: | 21,176 |
| Emergency room visits: | 34,748 |

KEY LEADERSHIP AT KFH-SOUTH SAN FRANCISCO

| | |
|------------------------|---|
| Frank T. Beirne, FACHE | Senior Vice President and Area Manager |
| Sheila Gilson, RN, MSM | Chief Operating Officer/Chief Nursing Officer |
| Mark A. Okashima | Area Finance Officer |
| John Skerry, MD | Physician in Chief |
| Martha Gilmore | Medical Group Administrator |
| Stacey K. Wagner | Public Affairs Director |
| Stephan H. Wahl | CB/CH Manager |

KFH South San Francisco Medical Center Area



- KFH Medical Center
- Cities and Towns
- KFH Medical Center Area
- County Boundary

Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
Maps Produced by: the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES). March 2013.



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

To support the 2011–2013 Community Benefit Plan, KFH-Redwood City and KFH-San Mateo collected information about current community needs. Part of this CHNA process included collection of primary data through telephone interviews with community health providers and focus groups with teens and seniors. Senior focus groups (12 participants per group) were conducted in two specific communities, Daly City and North Fair Oaks, which were chosen for geographic and ethnic diversity. Teen focus groups were conducted in Pacifica and Redwood City, also chosen for their geographic uniqueness and ethnic composition. Twelve students participated from two different high schools in Pacifica, and 11 students participated from a Redwood City High School. Shemick Healthcare Consulting was contracted to facilitate the focus groups and to conduct provider interviews. Providers who participated in the CHNA interview process are with organizations that are current community partners of KFH-South San Francisco and KFH-San Mateo, have a long track record in the community, and are trusted by the patients they serve:

- Coastside Adult Day Health Center (Half Moon Bay)
- County of San Mateo, Behavioral Health & Recovery Services
- Daly City Senior Services
- Daly City Youth Health Center
- Doelger Senior Center (Daly City)
- El Centro de Libertad (Redwood City and Half Moon Bay)
- Fair Oaks Intergenerational Center (North Fair Oaks)
- Legal Aid Society of San Mateo County
- Oceana and Terra Nova high schools (Pacifica)
- Peninsula Family Service Agency (North Fair Oaks)
- Peninsula Jewish Community Center (Foster City)
- Pyramid Alternatives (Pacifica, Daly City, South San Francisco, San Bruno)
- San Mateo County Senior Adult Services
- Sequoia High School (Redwood City)
- StarVista [formerly Youth and Family Enrichment Services] (San Mateo County)

To support the CHNA and the selection of priority needs, Shemick Healthcare Consulting also collected secondary data from a variety of federal, state, and local San Mateo County sources that track the most current health trends:

- *Healthy San Mateo 2010*, Disease Control and Prevention Epidemiology Program, San Mateo County Health Services Agency
- *Healthy People 2010*, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000
- *County Health Status Profiles, 2006*. Department of Health Services and California Conference of Local Health Officers
- *2010 California County Scorecard of Children's Well-Being*. Children Now
- California Department of Health Services, Center for Health Statistics, Birth Records 1990–2004
- Census 2000, U.S. Census Bureau
- UCLA Center for Health Policy Research 2009 Insurance Rates
- *San Mateo County Adolescent Report 2001*. San Mateo County Board of Supervisors, May 2001

- *San Mateo County Adolescent Report 2007*
- California Department of Education, Safe & Healthy Kids Program Office.
<http://hk.duerrevaluation.com/ar07repcounty.htm>
- San Mateo County Human Services Agency, 2007
- *Morbidity and Mortality Weekly Report (MMWR)*. Surveillance Summaries. Centers for Disease Control and Prevention (CDC)
- *Children in Our Community: A Report on Their Health and Well-Being*. San Mateo County Children's Report 2007. Lucile Packard Foundation for Children's Health
- *No Time for Complacency: Teen Births in California*. Public Health Institute, Center for Research on Adolescent Health and Development, March 2003
- *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report*. National Institutes of Health, National Heart, Lung, and Blood Institute in Cooperation with The National Institute of Diabetes and Digestive and Kidney Diseases, September 1998
- *Fact Sheet—Cancer; Healthy San Mateo 2010: Health Status Indicators for San Mateo County, California*
- 2006–2009 Master Birth Files. San Mateo County Health Department
- Half Moon Bay, Health Needs Assessment Report, November 2009

KEY FINDINGS FROM THE 2010 CHNA

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

- San Mateo County is among the most culturally and ethnically diverse counties. Asian and Hispanic residents, along with seniors, are expected to continue to become increasingly greater proportions of the population. The area is not adequately prepared for this enormous demographic shift.
- There are two San Mateo counties—one for the economic “haves” and one for the economic “have-nots”—and this gap is widening.
- The actual causes of premature death are rooted in behavior, and it is estimated that as many as 50% of premature deaths are due to health risk behaviors such as tobacco use, poor diet, a lack of exercise, alcohol use, etc.
- Individual health behaviors are deeply influenced by public policy and place (i.e., neighborhood conditions) to a far greater degree than is generally acknowledged.
- Access and affordability to health care services is a significant problem. The lack of a comprehensive health care system is a failing, unsustainable model.
- More than one out of four San Mateo County adults believe access to mental health, substance abuse, and dental services in the county is “fair” to “poor.”
- In the near future, the Internet is likely to replace physicians as the place where most people get most of their health care information.
- The rise in C-section rates is a disturbing trend.
- Children are not doing much better than adults in exhibiting healthy behaviors.
- Adolescents engage in a variety of risky behaviors such as alcohol, tobacco, and other drug (ATOD) use; violence; and sexual activity that will impact their future health.
- The proportion of adults 60 and older is expected to roughly double over the next four decades. This growing population requires increased attention to their health and social needs.
- Falls are the key issue leading to hospitalization, loss of independence, and death among seniors.

- Incidences of cancers (lung, breast, prostate, and colon) are decreasing.
- Gonorrhea and chlamydia rates are increasing.
- Homicide rates are increasing.
- Binge drinking among young adults has increased significantly over the last several years.
- Substance (ATOD) abuse is one of the most serious threats to community health. Substance abuse contributes to homelessness, violence, poverty, and disease. Youth substance abuse is a particular concern.
- Depression, isolation, and loneliness are prevalent in San Mateo County.
- Obesity, along with high blood pressure, type 2 diabetes, and high cholesterol, continues to be a major health concern.
- 90% of the county's population over age 19 has risk factors associated with cardiovascular disease.
- Access to health care is a persistent issue for the underserved and underinsured.
- Obesity rates continue to be an issue for children and adults alike. Poor food choices and lack of physical activity are main drivers of this epidemic.
- At-risk youth behavior is leading to substance abuse, depression, teen pregnancy, and mental health issues.
- By 2030, nearly one out of four San Mateo County's residents will be over age 65. Nationally, 60% of baby boomers will have more than one chronic disease, nearly one-third will be obese, and 25% will have diabetes.
- Domestic and family violence is increasing at alarming levels.

The Community Benefit Advisory Board approves the selection of priority needs for KFH-South San Francisco and consists of the following San Mateo Area physicians and staff:

Frank T. Beirne, Senior Vice President and Area Manager – KFH
Debbie Cotton, Director, Star Leadership Programs – KFH
Betty Gonzalez, Member Outreach & Interpreter Services Manager – TPMG
Sheila Fusaro, Assistant Medical Group Administrator – TPMG
Matthew L. Jacobs, Community and Government Relations Manager
Janice Parker, Director, Health Education – TPMG
Barbara Rigdon, Public Affairs Representative – KFHP
Charito Sico, MD, Pediatrics – TPMG
Lynne Siracusa, Social Services Manager – KFH
Irene Takahashi, MD, Pediatrics – TPMG
Scott Tsunehara, MD, Assistant Physician-in-Chief, Internal Medicine – TPMG
Jocelyne Vistan, Patient Care Experience Leader – KFH
Stacey K. Wagner, Public Affairs Director – KFHP
Stephan H. Wahl, Community Health & Benefit Manager – KFH

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-SOUTH SAN FRANCISCO SERVICE AREA

1. Access to health insurance coverage and health care services
2. Obesity rates
3. At-risk youth behavior
4. Poor health in the aging population
5. Domestic/family violence

2012 YEAR-END RESULTS

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

The San Mateo County Health System and Health Plan for San Mateo County analyzed the most recent census data (2010 American Community Survey [ACS] data). This analysis estimates 81,258 San Mateo County residents are uninsured. The county currently has enrolled 28,806 adults into its indigent care program ACE (Access to Care for Everyone). The loss of jobs and accompanying loss of employer-sponsored health insurance have led to an increasing number of adults seeking health coverage. San Mateo County anticipates 47,000 will qualify for new health insurance coverage under the Federal Health Reform Law. Current residents enrolled in public coverage (2012) include 61,030 Medi-Cal (full-scope) (federal/state Medicaid program for California), 10,800 Healthy Families (federal/state S-CHIP program for California), 4,740 Healthy Kids (local health insurance program for children who do not qualify for Medi-Cal or Healthy Families), and 1,515 children are currently enrolled in Kaiser Permanente's Children's Health Plan (KP CHP).

Accessing primary care and specialty care appointments in a timely manner continues to be a challenge for the Health Plan of San Mateo County. Demand remains high while provider resources are limited.

2012 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.
3. Increase access to health care services for low-income/uninsured patients at risk for chronic conditions or complications related to chronic conditions such as diabetes.
4. Increase access to health care by providing transportation to high-need seniors and disabled adults to medical appointments and other health-related needs.

2012 STRATEGIES

1. Provide charity care through the Medical Financial Assistance (MFA) program and maximize efficiencies.
2. Support Certified Application Assistants (CAAs) in clinics and core agencies for insurance enrollment and retention.
3. 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.
4. Provide grants to community organizations and safety-net providers to increase access to health care services for low-income, vulnerable, and uninsured individuals to better manage and prevent chronic conditions, with a focus on diabetes.

TARGET POPULATION

Low-income households, minority populations, immigrants, farm laborers, families living below the poverty level, and those lacking transportation to medical care in the South San Francisco Medical Center Service Area.

COMMUNITY PARTNERS

Community partners include Health Plan of San Mateo County, San Mateo County Medical Center, Daly City Youth Health Center, Peninsula Jewish Community Center, Operation Access (OA), Pyramid Alternatives, RotaCare Clinics of the Bay Area, San Mateo County Behavioral Health and Recovery Services, Samaritan House, San Mateo County Children's Health Initiative, San Mateo County Health Service Agency, SamTrans (San Mateo County Transit), Daly City Access, and other agencies serving northern San Mateo County.

2012 YEAR-END RESULTS

- Peninsula Jewish Community Center received a \$20,000 grant from KFH-South San Francisco and KFH-Redwood City for Get Up and Go, a model escorted transportation program for nondriving seniors, who are often frail, disabled, or in need of the type of supportive transportation not available through existing services, that currently serves 15 San Mateo County cities. The program has increased its emphasis on demand-responsive transportation, providing rides to medical, dental, and allied health (physical therapy, medication pickup, health maintenance) appointments. Medical rides are flexibly scheduled to best accommodate individual appointments. The program annually provides access to timely medical care and needed medications to an average of 100+ unique seniors. At least 20% of the rides each month are escorted transportation for disabled and very frail riders. During the funding period, 30% of riders to medical appointments were new to the program. Among surveyed riders, 85% report the program has increased access to medical care, had a positive impact on quality of life, and helped them remain living at home.
- San Mateo County Health System received a \$10,000 grant from KFH-South San Francisco and KFH-Redwood City to support SMART (San Mateo County Mental Health Assessment and Referral Team), a program operated by American Medical Response (AMR) that offers specialized treatment and transportation options for people experiencing behavioral health emergencies. SMART benefits San Mateo County residents by responding appropriately to people in crisis, assuring they get the most appropriate care possible. Operating 12 hours a day, seven days a week, and responding to an average of 650 behavioral health emergencies a year, SMART paramedics are specially trained to respond to psychiatric emergencies and have direct access to county mental health professionals.
- RotaCare–Daly City received an \$8,000 grant from KFH-South San Francisco to support northern San Mateo County's safety net. Operating out of Seton Medical Center in Daly City, the clinic delivers care every Monday from 5:00 pm to 7:00 pm, treating minor injuries, providing labs, diagnostic evaluations (including x-rays), and immunizing children under 18. Health care referrals are also provided as well as links to OA, which provides free outpatient surgeries at KFH facilities regularly throughout the year. KFH-South San Francisco physicians and staff who currently volunteer at the clinic include Gary Simms, advisory council president; Kathleen Gallagher, MSW; James Gibboney, MD; Douglas Zuckerman, MD; and Caroline Tsen, MD. At the visit, all patients, an average of 12 per evening (625 per year), are eligibility screened for public insurance or public health programs and given enrollment information.
- KFH-South San Francisco and KFH-Redwood City awarded a \$17,500 grant to RotaCare–Coastside, which operates a free clinic from 5:00 pm to 7:30 pm every Wednesday, providing primary care services to underserved and uninsured adults and children in the coastal communities in and around Half Moon Bay. No appointments are necessary; patients are seen on a first-come, first-served basis, and Spanish translators are always available. In addition, a health educator provides bilingual classes on the prevention and treatment of diabetes, asthma, hypertension, and proper nutrition. The clinic provides free urgent medical care, x-rays, EKGs, medications, and blood pressure and diabetes screenings. Averaging 30 patients per night, the clinic sees approximately 1,200 patients per year. Funding allowed the clinical coordinator nurse to follow up on cases outside regular clinic hours. Without this support, most of these patients would not access appropriate care, resulting in increased emergency room visits, morbidity, and mortality. Almost 100% of patients receive referrals, increasing access to the county health care system. Monitoring at the clinic and RotaCare Bay Area, Inc. audits indicate that quality improvement criteria are met 90% or more of the time.
- Samaritan House–Safe Harbor Shelter received a \$30,000 grant from KFH-South San Francisco to support client case management services. The homeless shelter serves 90 clients per day at its South San Francisco site, offering safe and warm shelter and onsite case management, along with access to health services, health education, counseling, educational programming, hot nutritious meals, and other supportive services as needed. Primary goals include increasing access to health care services through case management, health awareness, and programming, and providing linkages to referrals. The shelter also helps adults gain, maintain, and access health coverage programs. The homeless have multiple barriers to self-sufficiency that are exacerbated by chronic health conditions. More than 37% of self-reported homeless people report using the emergency room to receive medical care and 20% use the emergency room more than three times a year. The clinic's health navigation and education services reach 320 clients annually.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-South San Francisco will track the number of children and families enrolled in Kaiser Permanente coverage programs; track the number of individuals screened for MFA and time needed to approve applications; track the number of OA procedures performed at KFH-South San Francisco; track the progress of other agencies' successes in increasing access to health care for vulnerable populations; require partner agencies to track the number of children and families enrolled in public insurance programs and the number of high-need seniors and adults with disabilities receiving transportation assistance to medical/health-related appointments; and require six-month and year-end reports from all grantees.

PRIORITIZED NEED II: OBESITY RATES

Obesity prevalence in the United States has more than doubled over the past 30 years. According to an August 2010 UCLA Center for Health Policy Research policy brief, *Obesity and Diabetes: Two Growing Epidemics in California*, San Mateo County's obesity prevalence remains consistent with the rest of the nation; approximately 194,000 residents (34.8 %) are considered overweight and 17.9% (roughly 100,000) of those are considered obese. Obesity is a significant risk factor for diabetes, and both conditions are serious risk factors for heart disease and other serious medical conditions. American Indians, African Americans, and Latinos have the highest prevalence of obesity and diabetes in California, and those statistics are directly relevant to San Mateo County's population. Eighty-three percent of Pacific Islanders, 74% of Latinos, 69% of African Americans, 62% of Filipinos, 54% of American Indians, 52% of Whites, and 45% of Asians did not pass California State fitness standards in 5th, 7th, and 9th grades (2008–2009). Obesity and diabetes prevalence is highest among populations with lower incomes and the least education. Although a number of factors are associated with obesity—ranging from genetics to individual behaviors—the composition and structure of neighborhoods and social environments have also been increasingly implicated as impediments to maintaining a healthy lifestyle. Both physical activity and healthy eating are important for reducing and preventing obesity and diabetes.

2012 GOALS

1. Increase consumption of fresh fruits and vegetables.
2. Increase physical activity in institutional settings (e.g., schools, after-school programs, work sites).

2012 STRATEGIES

1. Provide grants to support programs that promote active living and physical activity in after-school programs, child care facilities, and recreation centers, increasing access to physical fitness classes, supervised play, and youth athletics.
2. Provide grants that support community-based efforts to increase the availability of healthier, more nutritious and affordable food items through community gardens, school gardens, community-supported agriculture, mobile produce markets, and in early child care settings and schools.
3. In addition to grant funding, identify and employ Kaiser Permanente assets and resources on behalf of strategic community organization partners to support mutual goals. Resources may include health education materials; health care providers and staff engagement; clinical and best-practice lessons and guidelines; communication and multimedia support; and Kaiser Permanente Educational Theatre Programs (ETP) presentations.
4. Participate in countywide obesity efforts through the Get Healthy San Mateo County task force on childhood obesity and act as an advisor and expert for countywide strategies.

TARGET POPULATION

Obese and overweight children and their families, including underserved southern San Mateo County community members.

COMMUNITY PARTNERS

Community partners include Boys & Girl Clubs of North San Mateo County, Mid-Peninsula Boys & Girls Club, Child Care Coordinating Council (4Cs), Coastside Health Committee, Healthy Community Collaborative of San Mateo County, Daly City Peninsula Partnership Collaborative, Peninsula Family Service Agency, Pacifica Collaborative, Pacifica Parks and Recreation Department, Daly City Parks and Recreation Department, South San Francisco Library, Project Read, South San Francisco Parks and Recreation Department, Jefferson Union High School, San Mateo County Health Department, Get Healthy San Mateo County, StarVista, and other agencies serving northern San Mateo County.

2012 YEAR-END RESULTS

- AHA received a \$10,000 grant from KFH-South San Francisco and KFH-Redwood City to support Iron Chef: Teen Edition. Broadening its focus beyond helping people reduce the risk of heart disease and stroke, AHA recently adopted prevention as an organizational goal to help all Americans build stronger health and a better quality of life. By enlisting local chefs to provide 75 middle school students with hands-on after-school nutrition and cooking instruction, AHA hopes to increase students' consumption of fresh fruits and vegetables. Students learn tricks of the trade, practical tools, and knowledge to navigate more effectively in the kitchen and to develop healthy cooking habits.
- Boys & Girls Club of the Coastside received a \$7,500 grant from KFH-South San Francisco and KFH-Redwood City to support Healthy Eating Active Living (HEAL), its school-based club geared to youth and the only middle school program available in San Mateo County's coastside communities. The after-school program supports physical activity and nutritional education. The club also played a significant role in upgrading a skateboard park adjacent to the school campus, hosting its own skate club and annual competitions. The program has developed a relationship with the Half Moon Bay HEAL Project, which allows it to utilize additional staff to provide nutrition education and to support healthy lifestyle activities. In 2012, the club narrowed its focus to provide more impactful programming for students, with 90% attending at least three days per week. To support higher-quality programming with existing resources, the club limited the average daily attendance to 60 participants.
- Second Harvest Food Bank received a \$20,000 grant from KFH-South San Francisco and KFH-Redwood City to expand healthy food access. The program goal is to increase access to healthy foods in low-income communities through fresh produce distribution and to reduce hunger through food referral and nutrition education services. Second Harvest has expanded access to fresh produce by delivering approximately 8.3 million pounds of fresh fruits and vegetables to 136 San Mateo County nonprofits, serving an average of 70,000 individuals each month. This essential service not only provides fresher foods to county residents, but supports CAL-FRESH enrollment efforts at most distribution points. Cooking demonstrations using local produce and Healthy Food Cards that include recipe tips are also available at distribution sites.
- SONC received a \$15,000 grant from KFH-South San Francisco and KFH-Redwood City to support San Mateo County school partnerships. At each participating school, K–12 students with disabilities participate in Special Olympics activities (sports training and physical fitness programs) that are integrated into the classroom curriculum. All 24 county school districts and more than 1,100 special needs students participate in and benefit from the program. As the only organization in Northern California licensed and accredited to provide Special Olympics training and competition for athletes with intellectual disabilities and permitted to use the Special Olympics name, SONC provides a year-round sports program for community-based teams that meet on weekends and evenings for a full academic year. All services are free of charge to the athletes. In the first quarter of each calendar year, SONC compiles an annual census to track athlete participation in the prior year. According to the most recently completed census, 15,788 athletes participated in SONC, including 1,145 in San Mateo County.
- Boys & Girls Clubs of North San Mateo County received a \$35,000 grant from KFH-South San Francisco to support Triple Play: A Game Plan for the Mind, Body and Soul, which Boys & Girls Clubs of America organizations have used as a central component of their programming for several years. Triple Play teaches children and youth to practice healthy behaviors, make better food choices, increase their knowledge of nutrition, and increase their physical fitness. A key goal is to increase activity and decrease obesity. Triple Play has expanded to all five sites and serves roughly 1,500 children. Baseline assessments were collected at each site and progress is regularly measured by site directors. Twice-monthly nutrition and cooking demonstrations emphasize healthy versus unhealthy foods, and daily fitness challenges

are tracked for each member. Among surveyed members, 82% knew the difference between unhealthy and healthy snacks and 86% reported enhanced fitness participation through daily opportunities to engage in recreation and sports activities. KFHSouth San Francisco Medical Group Administrator Martha Gilmore has been a board member of the clubs since 2007. And at the club's West Orange Avenue site, KFHSouth San Francisco health educators and medical providers Cindy Uriquez, Tricia Brovelli, Kristin Wood, Bertha Saucedo, NP, and Laura Prager, MD, presented a series of four one-hour health and nutrition workshops that targeted children in grades 3 to 5 and grades 6 to 8.

- Mid-Peninsula Boys & Girls Club received a \$20,000 grant from KFHSouth San Francisco. Located in Daly City's Bayshore area, the club provides a safe, structured after-school program at no or low cost to members and their families. This isolated community has some of the county's highest obesity rates, one of the highest gang activity rates, and inadequate public transportation, so many residents have limited access to grocery stores (i.e., fresh fruit and vegetable options) and other city resources, and easy access to fast-food outlets. The grant supports the nutrition and physical activity components of SPARK (Sports, Play, and Active Recreation for Kids) and the use of Triple Play, which addresses healthy habits for all age groups. Healthy cooking classes are conducted onsite. *Weight of the Nation* screenings and discussion efforts were integrated into some of the family gatherings facilitated by KFHSan Mateo Area Community and Government Relations Manager Matthew Jacobs. A 2008 KFHSouth San Francisco grant helped fund the purchase of Microsoft Healthwizard, software that assists in the evaluation process by tracking and analyzing health outcomes and provides recommendations for improvement. On a daily basis, 70 to 100 youth participate in a variety of physical fitness challenges and health and nutrition education classes. Pre- and post-fitness evaluations showed that 74% of youth improved their cardiorespiratory endurance by 65%, 77% demonstrated a 65%+ increase in flexibility, 86% demonstrated an increase in muscle strength, 90% showed an increased knowledge of healthy habits, 85% demonstrated increased muscle strength, and 67% demonstrated lower BMIs (body mass indexes).
- Now in its sixth year, Pacifica Gardens received a \$5,000 grant from KFHSouth San Francisco to support spring and fall garden-based educational field trips and community service opportunities and hosts classes on composting, vermiculture, seed germination, planting vegetables, ecology, and the importance of eating fresh organic fruits and vegetables. The program provided 20 field trips for more than 600 elementary schoolchildren. Approximately 50 community service students participate in various activities and 15 senior projects are currently conducted onsite. Key community collaborators include San Mateo County Master Gardeners, HEAL Project-Half Moon Bay, San Mateo County Food System Alliance, Pacifica Resource Center, and Pacifica School District.
- Project Read received a \$9,000 grant from KFHSouth San Francisco to support Lil' Chefs, a program designed to positively influence the eating habits of the entire family by providing nutritional information and alternatives to traditional food for an underserved Latino population of South San Francisco. Four workshops that specifically addressed reducing fat and increasing the use of fresh fruits and vegetable in meal preparation were held at The Community Learning Center and 80 parents and children participated.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFHSouth San Francisco will track the number of children and families served by Kaiser Permanente support and enrolled in participating physical fitness programs; track physical fitness improvements with pre- and posttesting; track weight reduction due to exercise; require partnering agencies to track programs, including ETP, that increase knowledge and awareness of healthy eating and active living in northern San Mateo County communities; track efforts by the community and organizations to increase the amount of fresh fruits and vegetables eaten in daily diets; and require six-month and year-end reports from all grantees.

PRIORITIZED NEED III: AT-RISK YOUTH BEHAVIOR

Teen focus groups and provider interviews conducted in August and September of 2010 noted that the current economic crisis is having an adverse effect on teens. An increase in family tension due to foreclosures, joblessness, alcoholism, family tension, and family violence was noted. This dynamic may affect some teens' mental state, leading to depression and other issues. In addition, too much schoolwork may lead to eating disorders, stress, and lack of sleep. Accessing mental health and reproductive health services is another challenge that teens face. On the street and on school campuses, there is easy access to alcohol and illegal substances. Many teens do not practice safe sex, and the problem is exacerbated by the use of drugs and/or alcohol. At the January 2012 San Mateo County, City and School Partnership (CCS) countywide symposium, San Mateo County probation and police officers confirmed an increase in local gang activity throughout the county. In many communities, a significant lack of activities available outside the school setting further compounds the challenge.

2012 GOALS

1. Decrease rates of teen alcohol and substance abuse.
2. Reduce depression in teens.

2012 STRATEGIES

1. Provide grant funding for education and interventions around substance abuse at schools, health fairs, teen clinics, and other social venues.
2. Provide education and teen pregnancy awareness, birth control, self-esteem, culturally sensitive sex education in classroom settings, and other community settings.
3. Increase/support access to mental health services for teens.

TARGET POPULATION

Teens at risk for issues related to substance abuse (including alcohol, tobacco, illicit drugs, over-the-counter drugs, narcotics), depression, self-abuse, and/or violence.

COMMUNITY PARTNERS

Community partners include Pyramid Alternatives, South San Francisco and Jefferson union high schools, San Mateo Human Service Agency, San Mateo County Health Department, Peninsula Conflict Resolution Center, Rape Trauma Services (RTS), San Mateo County Behavioral Health and Recovery Services, Daly City Youth Health Center (DCYHC), Partnership for a Safe and Healthy Pacifica, Pacifica Collaborative, StarVista, and other agencies serving northern San Mateo County.

2012 YEAR-END RESULTS

- El Centro de Libertad received a \$15,000 grant from KFH-South San Francisco and KFH-Redwood City to support Coastside Youth Intervention Program, part of a continuum of care that reduces the impact of substance abuse on adolescents and their families in Coastside communities by providing culturally competent outpatient treatment, school-based prevention education, and a unique collaborative community that El Centro calls the Environmental Prevention Program. Youth and adult stakeholders from the community examined existing environmental factors that may contribute to the use and abuse of alcohol and other illegal substances, and 425 youth are impacted by the program.
- KFH-South San Francisco awarded received a \$20,000 grant to DCYHC, a school-linked Jefferson Union High School District (JUHS) program that provides year-round health and youth development programming for youth 13 to 21. DCYHC is a satellite facility of San Mateo County Medical Center, which was founded in 1990 and designed to serve low-income youth in Daly City and nearby cities. DCYHC started as a safety-net primary care clinic and now serves 600 teens a month, providing comprehensive health services, including reproductive health, primary care, behavioral health counseling, support groups, case management of pregnant teens, school-based comprehensive sexuality education, health education, vocational guidance, career/college life skills training, and insurance enrollment assistance. Current

funding supports youth counseling services and behavioral health counseling to reduce depression and decrease alcohol and substance abuse. DCYHC therapists counseled 126 clients in 520 visits. A part-time mental health counselor, a part-time mental health manager, and MFT (marriage and family therapy) interns provide direct counseling to youth. The interns work 16 hours per week and provide onsite services at Jefferson, Westmoor, and Terra Nova high schools. The youth often report facing barriers such as inadequate access to health care, poor test scores, learning disabilities, family conflict, exposure to violence, isolation from the community, and challenges inherent to being an English language learner. DCYHC also works with families and consults with teachers, probation officers, and social service agencies. Because San Mateo County Health Department provides services only to youth with serious mental illnesses, DCYHC is the only behavioral health provider in Daly City that counsels uninsured, low-income youth with mild to moderate psychiatric disorders.

- JUHSD received a \$10,000 grant from KFH-South San Francisco to support its youth to youth mentoring/prevention program at Oceana and Terra Nova high schools. JUHSD provides at-risk students with incentives and skill sets to help them develop relationships, behaviors, and attitudes for a healthy lifestyle. Mentors are trained and provide weekly interactions and mentoring opportunities with younger high school students. Mentees, who are referred and/or have a clear interest in participating, are matched with a mentor. A total of 32 to 36 students from both schools participate. The purpose is to adopt and maintain a healthy, positive lifestyle and to eliminate at-risk behaviors, such as substance abuse and negative lifestyle choices. The mentors/peer educators also presented a prevention/awareness education component that addressed the issue of over-the-counter drug abuse to approximately 500 9th graders.
- South San Francisco High School received a \$29,000 grant from KFH-South San Francisco to support Be the Warrior, a collaboration with Peninsula Conflict Resolution Center that nurtures emerging leaders by focusing on students who have been directly affected by recent tragedies and other obstacles such as low economic status, substance abuse, low self-esteem, neighborhood violence, and academic failure. The program was created to empower youth to become leaders through the use of education and dialogue-based workshops and its success has been proven by decreased school suspensions and disciplinary referrals. Pyramid Alternatives also supports students by providing substance abuse counseling and student support groups. Five-hundred students are served by the program.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-South San Francisco will track the number of students reached through education; track the number of students reached through interventions; and require six-month and year-end reports from all grantees.

PRIORITIZED NEED IV: POOR HEALTH IN THE AGING POPULATION

Senior focus groups and provider interviews were conducted in August and September 2010. They identified isolation, transportation, medication compliance and misuse, availability and affordability of medications, nutrition, malnutrition, and unintentional injuries as current issues facing the senior population.

By 2030, the number of adults over 65 in San Mateo County will increase by 72%, and the number of people over 85 will increase to two and a half times the current number. This mirrors a pattern across the United States as baby boomers (those born between 1946 and 1964) age. Locally, San Mateo County will have a greater proportion of older adults than the state average. Unless significant changes are made, the demand for health care and community-based services will far exceed what public and private systems can provide.

According to the San Mateo County Projection Model, if we do nothing, by 2030 the county will experience a 50% increase in demand for physicians, a potential 108% increase in demand for treatment in various subspecialty areas, a 34% increase in acute hospital days among older adults, and a 59% increase in demand for hospital beds. These projections are driven not only by an increased number of older adults, but by high rates of chronic disease and cognitive impairment among that population. Combined, these factors will result in a dramatic increase in demand for services.

By 2030, 60% of baby boomers nationally will have more than one chronic disease, nearly one-third will be obese, and 25% will have diabetes. Approximately 23,000 older adults in San Mateo County will have developed Alzheimer's disease, a 70% increase over current numbers. One out of five people over 65 in San Mateo County will have a physical or mental disability, and some communities will face an even greater prevalence of these conditions. As such, it is imperative to support community capacity to assist older adults in maintaining good health by helping to provide services and programs that go beyond health education. This requires working across nontraditional sectors to promote healthy living for older adults, including expanded transportation options, opportunities for social engagement, and access to affordable housing.

2012 GOALS

1. Increase access to social services for seniors, including but not limited to social integration and elder abuse prevention.
2. Seniors must remain physically and mentally active and eat nutritious food.

2012 STRATEGIES

1. Provide grants that link seniors to essential services and programs.
2. Provide grants that support community capacity to assist older adults in maintaining physical and mental health and in remaining socially connected to friends and families, and support ongoing activities that decrease barriers for the isolated, disabled, and frail.
3. Provide grants that inform and educate seniors about the resources available to address elder abuse situations.
4. Facilitate conversations between senior care providers and medical center social workers to identify area resources for seniors and senior care.
5. Provide grants that support community capacity to assist older adults in maintaining physical and mental health.
6. Provide grants that provide healthy meal and snack choices and provide nutrition education.

TARGET POPULATION

Seniors and disabled adults who are underserved by community resources, are in need of basic essential services, and may be victims of physical or financial abuse.

COMMUNITY PARTNERS

Community partners include San Mateo County Health Policy and Planning, California Health Care Foundation, American Hospital Association, Alzheimer's Association, SamTrans, San Mateo County Commission on Aging, San Mateo County Health Department, San Mateo County Aging and Adult Services, and other agencies serving the needs for seniors in northern San Mateo County.

2012 YEAR-END RESULTS

- Coastside Adult Day Health Center (CADHC) received a \$10,000 grant from KFHSouth San Francisco and KFHS Redwood City to help maintain an appropriate level of health for seniors who are frail, elderly, or disabled. Serving the entire San Mateo County coast from Daly City to Año Nuevo, CADHC helps clients stay as healthy, active, and independent as possible both during the natural aging process and as mental and/or physical conditions require more care and attention. CADHC provides special programs for clients with mild to severe dementia and works closely with family members and caregivers to support their needs. A multidisciplinary team addresses each client's needs and consults with their primary care provider. The adult day program prevents premature institutionalization, allows this

aging population to remain at home, and restores a sense of well-being. CADHC is a cost-effective alternative that spares clients, families, and the community at large from the high cost of nursing home care. In 2012, CADHC served more than 75 unduplicated clients and families with resources, respite, and program services.

- Daly City Peninsula Partnership Collaborative received a \$29,000 grant from KFH-South San Francisco to support HART (Healthy Aging Response Team), which encourages and supports independence and helps to reduce isolation among seniors and adults with disabilities, who are isolated, frail, or in need. Clients are competently connected to necessary services and systematically linked to existing resources. HART was created in response to rapidly increasing numbers of older adults and disabled persons, many of whom are monolingual, isolated, or hard to reach. Its goal is to achieve greater access to local services for elderly, culturally and linguistically isolated, or post-injury adults over age 50. HART strengthens the safety net of community-based care and contributes to crisis and disease prevention through a nexus of coordinated multilingual services, including outreach, education needs assessments, referrals, and follow-up, and fields approximately 5,000 calls annually. HART collaborating partners include San Mateo Commission on Aging, JUHSD, Second Harvest Food Bank, Aging and Adult Services of San Mateo County, Legal Aid Society of San Mateo County, Peninsula Jewish Community Center, Peninsula Family Services Agency, Woodlawn Foundation, Mills Peninsula Health Services, Silicon Valley Community Foundation, and others.
- San Mateo County Fall Prevention Task Force received a \$5,000 grant from KFH-South San Francisco and KFH-Redwood City to support a fall prevention outreach and education program designed to decrease falls among older adults through advocacy, resource development, and community education. Tools and resources focus on exercise, home safety modifications, medication management, vision checks, and other fall risks. The task force provides community education and public awareness for older adults and their providers, caregivers, and exercise instructors countywide. The task force nearly doubled its target, reaching approximately 5,000 older adults with written fall reduction materials. Initial surveys were sent to more than 600 primary care providers to assess the county's fall prevention resources; the lack of available programs to which they can refer at-risk seniors remains a key challenge.
- Ombudsman Services of San Mateo County (OSSMC) received a \$5,000 grant from KFH-Redwood City and KFH-South San Francisco to provide advocacy services to frail seniors. A federally mandated program under the Older Americans Act, OSSMC is required to monitor senior care facilities, receive complaints, and facilitate complaint resolution. And state mandates require the investigation of all allegations of abuse emanating from facilities. The overarching goal is to ensure that frail, vulnerable elders and disabled adults have access to the appropriate level of medical care and necessary social services. In San Mateo County, 52 state certified volunteers act as field ombudsmen and more than 9,000 long-term care residents have access to the service that oversees 485 county facilities.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

1. Provide grants that link seniors to essential services and programs.
2. Provide grants that support community capacity to assist older adults in maintaining physical and mental health, remain socially connected to friends and families, and support ongoing activities that decrease barriers for the isolated, disabled, and frail.
3. Provide grants that inform and educate seniors about the resources available to address elder abuse situations.
4. Facilitate conversations between senior care providers and medical center social workers to identify area resources for seniors and senior care.
5. Provide grants that support community capacity to assist older adults in maintaining physical and mental health.
6. Provide grants that provide healthy meal and snack choices and provide nutrition education.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-South San Francisco will track the number of seniors linked to local services, resources, and social services; track the number of seniors enrolled in physical/ movement classes; track the number of seniors participating in cognitive stimulation sessions; track improved movement and flexibility from attending exercise classes; track the number of seniors reached through community outreach efforts and education about elder abuse; track the number of healthy meals and/or healthy choices served at senior centers and other venues where meals are provided to seniors; and require six-month and year-end reports from all grantees.

PRIORITIZED NEED V: DOMESTIC/FAMILY VIOLENCE

Among children who live in households where domestic violence occurs, 87% witness the abuse. These children are more likely to show behavioral and physical health problems, including depression, anxiety, and violence toward peers; attempt suicide; abuse drugs and alcohol; run away from home; engage in teen prostitution; and/or commit sexual crimes. And seniors are sometimes victims of financial, physical, and/or emotional abuse by relatives and caregivers and are often hesitant to address the abuse or even discuss it unless they have a close relative or friend. This can cause anxiety, stress, sleeplessness, and physical injuries.

Access to legal services is an important factor in ending domestic violence. As a result of the current socioeconomic situation, the need for shelter and help for domestic violence victims has increased. CORA (Community Overcoming Relationship Abuse), San Mateo County's only comprehensive domestic violence service agency, experienced a 7% increase in referrals from law enforcement since last year (a more than 50% increase since 2009). There was a 28% increase in the number of victims who received interventional counseling and support and a 38% increase in the number in clients provided with protective/transitional housing.

2012 GOALS

Protect victims and their families from domestic violence.

2012 STRATEGIES

1. Provide grant funding to support resources that keep families and children who are in abusive situations safe and free from harm.
2. Support other physician and staff involvement in domestic violence awareness and education.
3. Provide grant funding to support resources that keep families and children in abusive situations safe and free from harm.

TARGET POPULATION

Parents, families, elders, children, and youth who may be at risk for endangerment as a result of violence, abuse, or domestic violence.

COMMUNITY PARTNERS

Community partners include CORA, Legal Aid Society of San Mateo County, Bay Area Legal Aid (BayLegal), Shelter Network, San Mateo County Sheriff's Department, Peninsula Conflict Resolution Center, and Rape Trauma Services (RTS).

2012 YEAR-END RESULTS

- BayLegal received a \$10,000 grant to support the legal safety net for low-income San Mateo County residents who are victims of domestic violence. BayLegal focuses its resources on traditionally underserved groups, including immigrants, people with limited English proficiency, and the disabled. Approximately 51% of BayLegal clients are not U.S. citizens and more than 34% of victims seeking its services speak Spanish as their primary language. The agency's goal is to

increase the safety and self-sufficiency of low-income domestic violence survivors and their children by providing free domestic violence–related legal services. Victims are able to transition from being in dependent, abusive relationships to living safely and securely, both physically and economically. BayLegal collaborates with many local agencies to coordinate and streamline services, and co-counsels and maintains cross-referral relationships with other local social service providers, transitional housing programs, food banks, and the courts.

- CORA received a \$35,000 grant from KHF-South San Francisco and KFH-Redwood City to support crisis and interventional services, specifically a 24-hour hotline and an emergency response program that address the individual needs of clients and their families by connecting them to internal CORA services and external community-based resources. Clients can be referred to CORA's emergency shelter or transitional housing; individual, family, or group counseling; or legal services. Each client has the opportunity to develop a personalized safety plan. CORA annually fields 5,000 calls, and 50% receive counseling and adjunct services.
- RTS received a \$10,000 grant from KHF-South San Francisco and KFH-Redwood City to support its Rape and Relationship Abuse Program. RTS is the only rape crisis center in San Mateo County providing information and resources to support community members and those at risk of experiencing violence. RTS facilitates healing and violence prevention through counseling, advocacy, and education. RTS supports a 24-hour hotline that serves more than 12,000 community members annually; conducted 16 violence prevention workshops at Garfield Community School in which 180 students participated; provided peer empowerment, antibullying, and specialized family counseling to 253 individuals at Garfield; and hosted eight violence prevention workshops for 16 young women in Redwood High Continuation School's teenage parent program.

2013 GOALS UPDATE

Protect victims and their families from domestic violence, gang violence, and bullying. Because only a few agencies target their efforts exclusively toward domestic violence, KFH-South San Francisco decided it was prudent to expand the original goal, allowing us to address other community violence issues, which are gaining greater visibility countywide, and to fund this priority most effectively.

2013 STRATEGIES UPDATE

1. Provide grant funding to support resources that keep families and children who are in abusive situations safe and free from harm.
2. Provide grant funding to support agencies that provide education and intervention around issues of bullying, violence, and gang-related violence.
3. Support other physician and staff involvement in domestic violence awareness and education.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-South San Francisco will require partner agencies to track the number of victims of violence reached through outreach efforts related to options for protecting themselves and/or their families from domestic violence or other violent situations; track emergency calls made to local law enforcement agencies or domestic violence emergency hotlines; track the number of victims who receive temporary or transitional shelter; support antibullying campaigns and awareness; and track the number of victims who receive legal assistance; and require six-month and year-end reports from all grantees.

Table 1

KAISER FOUNDATION HOSPITAL-SOUTH SAN FRANCISCO

2012 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: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members | 2 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 687 |
| Medi-Cal Managed Care members | 8 |
| Healthy Families Program members | 2,055 |
| Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) ¹ members | 55 |
| Operation Access – number of procedures (including orthopedics, general surgery, vascular, colorectal, urology, and gynecology) | 45 |
| Operation Access – number of medical volunteers | 55 |
| Operation Access – number of medical volunteer hours | 284 |
| Health Research projects (new, continuing, and completed) | 1 |
| Nursing Research projects (new, continuing, and completed) | 2 |
| Educational Theatre Programs – number of performances and workshops | 44 |
| Educational Theatre Programs – number of attendees (students and adults) | 8,968 |
| Graduate Medical Education – number of programs | 2 |
| Graduate Medical Education – number of affiliated and independent residents | 5 |
| Nurse practitioner and other nursing training and education beneficiaries | 13 |
| Other health professional training and education (non-MD) beneficiaries | 15 |
| Summer Youth and INROADS programs participants | 13 |
| Number of 2012 grants and donations made at the local and regional levels ² | 89 |

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

²The vast majority of regional grants impact three or more local hospitals. As such, a single regional grant may be included in the "Number of 2012 grants and donations" count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-SOUTH SAN FRANCISCO

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$839,983 |
| Healthy Families ² | 1,311,423 |
| Charity care: Charitable Health Coverage programs ³ | 751,599 |
| Charity care: Medical Financial Assistance Program ⁴ | 3,168,635 |
| Grants and donations for medical services ⁵ | 353,369 |
| Subtotal | \$6,425,009 |
| Other Benefits for Vulnerable Populations | |
| Summer Youth and INROADS programs ⁶ | \$206,909 |
| Grants and donations for community-based programs ⁷ | 120,397 |
| Community Benefit administration and operations ⁸ | 320,143 |
| Subtotal | \$647,449 |
| Benefits for the Broader Community⁹ | |
| Community health education and promotion programs | \$9,231 |
| Educational Theatre Programs | 94,476 |
| Facility, supplies, and equipment (in-kind donations) ¹⁰ | 17,210 |
| Community Giving Campaign administrative expenses | 6,091 |
| Grants and donations for the broader community ¹¹ | 267,612 |
| National board of directors fund | 13,994 |
| Subtotal | \$408,615 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$9,870 |
| Non-MD provider education and training programs ¹² | 369,753 |
| Grants and donations for the education of health care professionals ¹³ | 20,952 |
| Health research | 2,352,333 |
| Subtotal | \$2,752,908 |
| Total Community Benefits Provided | \$10,233,981 |

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.

KAISER FOUNDATION HOSPITAL (KFH)-VACAVILLE

1 Quality Drive
 Vacaville, CA 95688
 (707) 624-4000

The KFH-Vacaville service area includes the Solano County communities of Dixon, Elmira, Fairfield, Rio Vista, Suisun City, Vacaville, and Winters. The KFH-Vacaville hospital is centrally located along the Interstate 80 corridor in Solano County and intersects with Interstate 505.

COMMUNITY SNAPSHOT (*COUNTY-LEVEL DATA)

| | |
|--------------------------------|----------|
| Total population: | 279,747 |
| Median age:* | 35.9 |
| Average household income:* | \$70,173 |
| Percentage living in poverty:* | 10.40% |
| Percentage unemployed:* | 11.10% |
| Percentage uninsured: | 8.07% |

| | |
|-----------------------------|--------|
| White: | 48.18% |
| Latino: | 24.90% |
| African American: | 11.80% |
| Asian and Pacific Islander: | 9.39% |
| Native American: | 0.62% |
| Other: | 5.10% |

KEY STATISTICS

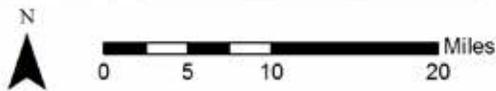
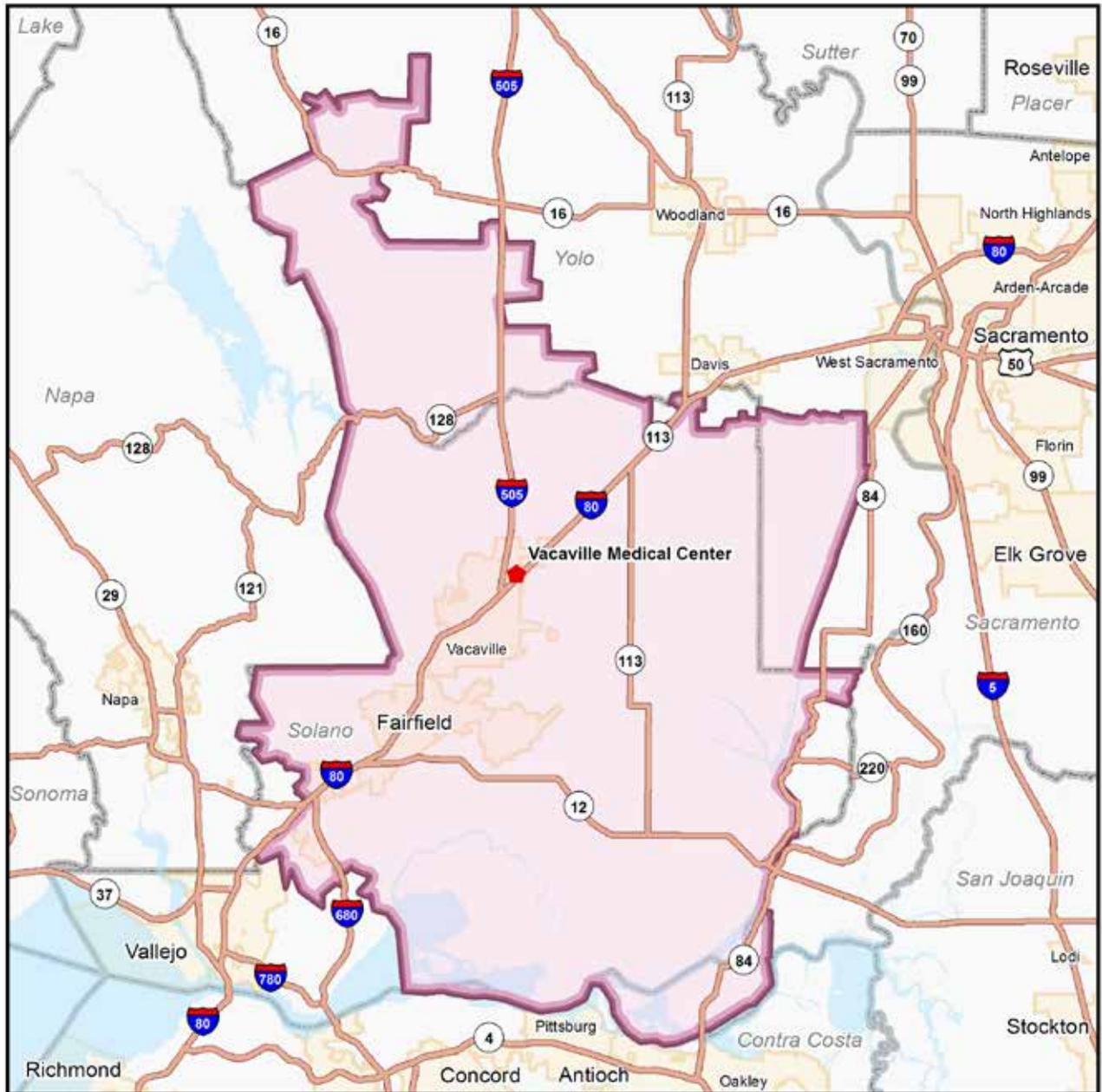
| | |
|-------------------------------------|---------|
| Year opened: | 2009 |
| KFH full-time equivalent personnel: | 487 |
| KFHP members in KFH service area: | 116,232 |

| | |
|------------------------|--------|
| Total licensed beds: | 64 |
| Inpatient days: | 14,968 |
| Emergency room visits: | 33,325 |

KEY LEADERSHIP AT KFH-VACAVILLE

| | |
|---------------------|--|
| Max Villalobos | Senior Vice President and Area Manager |
| Kim Trumbull | Chief Operating Officer |
| Kyle Wichelmann | Area Finance Officer |
| Steven Stricker, MD | Physician in Chief |
| Sandra Rusch | Medical Group Administrator |
| Michelle Odell | Interim Public Affairs Director |
| Cynthia Verrett | Community Benefit/Community Health Manager |

KFH Vacaville Medical Center Area



- ◆ KFH Medical Center
- KFH Medical Center Area
- Cities and Towns
- County Boundary

Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
 Maps Produced by: the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES). March 2013.



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

KFH Vacaville serves the Solano County communities of Fairfield, Suisun City, Rio Vista, Dixon, and Vacaville. The 2010 CHNA focused on Solano County and was based on a review of several secondary data sources, including:

- Data from the 2007 California Health Interview Survey (CHIS)
- The Solano County 2009 MCAH (Maternal, Child, and Adolescent Health) Needs Assessment (Title V)
- A 2008 survey by Global Research, exploring the quality of life for Solano County residents
- Data on Solano County children, as reported by Kidsdata.org
- *Assessing the Need for Care for Uninsured and Low-Income Residents of Solano County Living with Serious and Persistent Mental Health Conditions*, winter 2010, by the Solano Coalition for Better Health (SCBH)
- Data from the California Department of Public Health, STD Control Branch
- *Solano County Status Report on Seniors 2008*, Senior Coalition of Solano County
- *Situational Assessment of Reducing Rates Coalition's ATOD Prevention Efforts in Solano County*, January 2010

In addition to the secondary data sources, primary data and community input were collected through a community survey conducted by Barbara Aved Associates and a teen focus group designed and facilitated by Areté Consulting, which also reviewed and analyzed the CHNA data. Synthesized results were shared with the Napa-Solano Area Contributions Committee to inform selection of the prioritized needs for the 2011–2013 Community Benefit Plan.

KEY FINDINGS FROM THE 2010 CHNA

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

Racial and ethnic disparities in health status and health outcomes continue in Solano County:

- Disparities are evident for African Americans on key MCAH indicators for prenatal care, low birth weight, very low birth weight, infant mortality, teen birthrates, perinatal substance abuse, childhood and teen asthma prevalence, and breastfeeding.
- SCBH continues to see disparities for African Americans on a number of key health status indicators such as diabetes morbidity and mortality, overweight and obesity, and other related chronic conditions.

High rates of overweight and obesity and the related risk factors affect health:

- About 60% of Solano County adults were overweight or obese. About 12% of children 0 to 17 were overweight or obese, a rate that has decreased from 16% in 2003.
- 67.3% of Solano County residents reported eating fast food at least once in the past week; less than 45% of children over age 2 were reported to eat five or more servings of fruit and vegetables each day.
- 11.5% of Solano County teens reported being physically active for at least one hour less than three days in a typical week; 20.7% of children reported being physically active for at least one hour less than three days in a typical week; and almost 30% of adults and teens reported that they did not visit a park, playground, or open space in the previous month.

High rates of alcohol, tobacco, and drug (ATOD) use, particularly among teens:

- In 2005 and 2007, approximately 18% of Solano County residents reported being a current smoker.

- In 2007, nearly 51% of Solano County youth had used alcohol before age 16, up from 47% in 2005; 35% of 11th graders reported consuming alcohol at least once in the past 30 days, and two-thirds are binge-drinking when they drink.
- 25% of Solano County youth reported using marijuana before age 17, and 20% of 11th graders reported using it in the past 30 days.
- Data for 2007 show 6% of 7th graders, 11% of 9th graders, and 13% of 11th graders report using tobacco in the past 30 days; the rates for 7th and 9th graders were trending upward, while the rate for 11th graders was trending downward.
- Teens in the Solano County focus group felt that data on drinking, drug use, and unprotected sex greatly under-represented what goes on with teens they know.

Access to medical care is better than access to dental services:

- 8.9% of Solano County residents reported being uninsured; 11.1% were covered by Medi-Cal.
- CHIS data for Solano County showed fairly high access to medical care: 93.6% of children and teens reported having a usual source of care and health advice; 90.7% of all residents reported a usual source of care and health advice. A total of 66.8% reported that the usual source of care is a doctor's office, an HMO, or Kaiser Permanente; 22.6% reported it as a community clinic, government clinic, or community hospital; and less than 1% reported that it is an emergency room or urgent care department.
- 27.1% of Solano County adults report having no dental insurance in the past year; 10.3% report having dental insurance for only part of the past year. Among adolescents and children, 9% reported that they had never been to a dentist and 7% reported that the last time they saw a dentist was more than one year ago.
- A Solano County community survey in early 2010 found that only 60% of residents indicated having seen a dentist in the past year; 71% had visited an emergency department in the past year.

Crime and violence are a significant concern in Solano County:

- Mentioned by 40% more individuals than any other issues, violence and crime were seen by Solano County residents as by far the greatest detriments to health.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-VACAVILLE SERVICE AREA

1. Increase access to prevention and primary care services.
2. Reduce obesity and overweight rates in adults and children.
3. Decrease risky teen behaviors.
4. Prevent community violence.
5. Reduce health disparities.

2012 YEAR-END RESULTS

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

CHIS data from 2007 indicate that 8.9% of Solano County residents reported having no health care coverage. More recent UCLA estimates show that 20.3% of Solano County residents were uninsured all or part of the year. Dental insurance data show that 37.4% of adult residents had no dental coverage for all or part of the year. Further, even those with coverage, such as children enrolled in Denti-Cal, were not receiving dental care. Only 60% of low-income residents in Solano County reported seeing a dentist in the past year. Nine percent of children and teens reported never having been to a dentist. One common indicator of access to primary care is the use of prenatal care. First trimester prenatal care rates, particularly for women of color, were a concern. Late entry into prenatal care can contribute to several other indicators of MCAH status, including low birth weight, premature birth, and infant mortality.

2012 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.

2012 STRATEGIES

1. Provide grant funding to support increased preventive dental care services for children and increased availability of prenatal care for low-income residents.
2. 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.
3. Provide charity care through the Medical Financial Assistance (MFA) program and maximize efficiencies.
4. Participate in Project Homeless Connect, which provides free optical care and/or other health resources to homeless individuals.

TARGET POPULATION

Low-income children, pregnant women, individuals eligible for charitable health coverage programs or government programs, and uninsured individuals.

COMMUNITY PARTNERS

The specific community partner identified for these goals is Project Homeless Connect.

2012 YEAR-END RESULTS

- KFHVacaville awarded \$20,000 to Dixon Family Services for continued support of its mental health continuum of care program, which offered case management services, including intervention, assessment, individual and family counseling, substance abuse treatment, classes, and support groups to 120 clients in 2012. KFHVacaville's Lori Nelson is a longtime volunteer at Dixon Family Services, and Ken Colenzo is an on-call group facilitator for mental health teen issues. Community partners include local schools and churches, City of Dixon Police Department, Dixon Chamber of Commerce, and ATOD City Team.
- KFHVacaville and KFVVallejo awarded Children's Network of Solano County \$75,000 to support its Solano Resource Connection program, which includes 10 city-level Family Resource Centers (FRCs) to enhance access to essential services for families most in need of housing, food, medical care, and other basic necessities. FRCs helped to sustain and position 408 low-income families to take advantage of stimulus and economic recovery to prevent them from falling deeper into poverty. FRCs use three strategies to deliver basic needs services: (1) maintain and access networks of basic needs service providers to preserve the basic needs safety net in each Solano County city; (2) provide assistance

to low-income families to help them access benefit programs that provide health care access, food assistance, and other essential services; and (3) offer one-time only, last-resort direct financial assistance for emergency basic needs. In-kind donations of more than 250 prefilled packages (deodorant, hair brush, comb, lip balm, lotion, shampoo, socks, soap, sunscreen, toothbrush/toothpaste, and collapsible water bottles) were provided to support homeless teens.

- KFH-Vacaville and KFH-Vallejo awarded \$15,000 to Faith In Action to support Ride With Pride, a transportation program serving seniors 60 and older that transports approximately 50 seniors each month to medical and social service appointments and has more than 350 care recipients enrolled in the program. Faith in Action recruits and trains volunteers throughout Solano County who are matched with care recipients in need of transportation. More than 1,259 rides to medical appointments and pharmacies were provided between July and December 2012.
- KFH-Vacaville and KFH-Vallejo partnered with local nonprofit organizations, government leaders, and Fairfield and Napa businesses to continue supporting Project Homeless Connect events, where hundreds of homeless and near-homeless people received health screenings, job counseling, and other key community resources. More than 200 reading glasses, lens cleaners, and health education materials were provided at the Fairfield, Vacaville, and Vallejo events.
- The Napa-Solano Area's Volunteers In Public Service (VIPS) program provides a framework for clinicians to volunteer and provide high-quality clinical and educational assistance to community agencies and clinics. VIPS currently supports 15 projects at Solano County organizations, including Opportunity House, La Clínica de la Raza, Vallejo Unified School District's school-based clinics (Jesse Bethel High), Meals On Wheels, and Youth and Family Services. In 2012, nearly 46 clinicians donated close to 600 hours, providing consultations, health screenings, health education, and other clinical services for 279 patients or points of service each month for an annual total of 1,978 patients or points of service. VIPS works with Napa-Solano Area Community Benefit and the Community Involvement Task Force, soliciting feedback on perceived community needs and participating in Community Benefit's grant review process.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

To assess the contributions our investments make toward the achievement of our goals, KFH-Vacaville will track enrollment numbers for subsidized products and government programs; monitor community data on the use of preventive dental services and early prenatal care; track grant dollars and get data from grantees on the number of individuals who obtained access to care as a result of grant funding; track participation by KFH-Vacaville employees in Project Homeless Connect and number of individuals receiving care through the effort; and monitor data on the number of people served through MFA as well as the efficiency of service as measured by number of applications screened and time per application.

PRIORITIZED NEED II: REDUCE OBESITY AND OVERWEIGHT RATES IN ADULTS AND CHILDREN

Solano County has high rates of obesity and, as a result, high rates of morbidity and mortality for resulting chronic conditions. Approximate 60% of adults are overweight or obese, and about 12% of children 0 to 17 are overweight or obese, a decrease from 2003 (16%). Overweight and obesity are seen at higher rates among African Americans and Latinos, as are diabetes prevalence and mortality. High rates of the behaviors that contribute to obesity and overweight were also seen in available data. In Solano County, 67.3% of residents reported eating fast food at least once in the past week; less than 45% of children 2 and over were reported to eat five or more servings of fruit and vegetables each day; 11.5% of Solano County teens and 20.7% of children reported being physically active for at least one hour less than three days in a typical week; and almost 30% of adults and teens reported that they did not visit a park, playground, or open space in the previous month.

2012 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).

2012 STRATEGIES

1. Provide grant funding for culturally competent education about preparing and eating fruits and vegetables, distribution of low-cost fruits and vegetables to residents in underserved areas, and advocacy and action to increase fresh fruits and vegetables in school cafeterias and snack shops.
2. Transition Farms to Families to a community-based organization that has the capacity to sustain the program and expand it countywide.
3. Provide grant funding for improvements in health education, recreation, exercise opportunities, and neighborhood infrastructure, particularly in schools to support children and families.

TARGET POPULATION

Low-income children and families. **COMMUNITY PARTNERS**

Community partners will include school districts in the communities served by KFH-Vacaville and Farms to Families.

2012 YEAR-END RESULTS

- KFH-Vacaville and KFH-Vallejo awarded \$25,000 to Food Bank of Contra Costa and Solano for continued support of Solano County's Farm 2 Kids Program, which serves 27 low-income schools in Dixon, Fairfield, Suisun, Vacaville, and Vallejo. The program currently provides more than 2,300 children with five to seven pounds of fresh fruit and vegetables on a weekly basis. Close to 215,000 pounds were distributed over a six-month period. Farm 2 Kids includes a nutrition education component taught by after-school program staff.
- Interfaith Council of Solano County (Heather House) received \$15,000 in support of Healthy Families, a pilot program to improve the quality of life for children and adults living in the Heather House homeless shelter. The multifaceted program includes health screenings, education, and activities designed to reduce obesity and overweight rates in adults. From May to December 2012, 83 homeless clients (24 children, 59 adults) participated. All adults were informed about food security resources and the status of their and their child's weight and BMI. They also received application assistance for CalFresh and other appropriate programs. The shelter partners with Solano County Health & Social Services to assist with county resource programs. The adults attended Life Skills classes that addressed nutrition, healthy eating, and medical issues related to obesity. All clients were screened for medical insurance coverage. Three did not have coverage and received appropriate referrals. KFH-Fairfield physicians Veronica Obodo-Eckblad, MD, and Amikumar Patel, MD, teach monthly life skills classes to adult shelter residents.
- KFH-Vallejo and KFH-Vacaville awarded \$20,000 to Meals On Wheels of Solano County (MOWSC) for continued support of its elder meal program, the only one of its kind for seniors 60 and older. From June to November 2012, 44,000 healthy and nutritious home-delivered meals were provided to 449 clients and 10,057 meals were served to 663 clients at congregate dining sites at local senior centers and community centers. MOWSC is part of a coalition of four local nonprofit organizations comprising Solano Hearts United, which addresses the needs of seniors, children, and low-income and homeless populations. The other partners include Children's Nurturing Project and the Mission Solano and Heather House homeless shelters. KFH-Vallejo physicians Gigi Farag, MD, and LeChi Pham, MD, provide health talks on nutrition and other topics to seniors at congregate dining sites on a monthly basis.
- KFH-Vacaville awarded \$25,000 to The Leaven for continued support of its free after-school tutoring center, which provides at-risk children in Fairfield neighborhoods with healthy opportunities, including mentoring, academic

assistance, and recreational activities. In 2012, The Leaven launched a fifth tutoring center in Suisun City with a very successful open house and ribbon-cutting celebration. Interest in The Leaven's model, which includes basic skills instruction involving literacy, grammar, and mathematics, continues to develop among new tutoring centers in other areas of Solano and Napa counties, including Vacaville, Vallejo, and Napa. The program, with close to 175 volunteers, has served 150 students: nearly 60% of whom have exhibited improvement in homework completion, classroom behavior, and participation; and 58% showed increased leadership, self-esteem, self-awareness, and connections to their community. Other program achievements to date include the development, design, and construction of a soccer/recreation field at the PACE site in Fairfield. The Leaven also played a key role in getting the City of Fairfield to successfully pass a resolution to adopt the Healthy Eating, Active Living (HEAL) initiative. Several local government and community members, including Fairfield's mayor, vice mayor, and police and fire chiefs, the commander of Travis AFB, and Congressman John Garamendi, have been guest speakers at the tutoring center.

- Vacaville Public Education Foundation received \$25,000 for continued support of its comprehensive Choose Well, Be Well program, which exposes young children and their parents to quality produce and nutrition information to help them learn to differentiate between healthy and unhealthy snacks, and hopefully include more produce in their regular diet. To date, approximately 1,250 kindergarten and preschool students received fresh fruits and vegetables along with short descriptions of the products' health benefits and availability on a regular monthly/bimonthly schedule. Most produce is grown locally and organically. Healthy meals and snacks are also provided to approximately 400 Spanish-speaking families and volunteers who participate in the English Learners Community Connection (ELCC) forum program. Nearly 1,000 5th graders (Class of 2020) are participating in all six segments of the state PE healthy zone testing. Results should be available by July 2013. Community partners include ELCC: Youth Takin' on Tobacco and local organic farms, ranches, and grocery outlets.
- KFH-Vacaville awarded \$20,000 to Vacaville Boys & Girls Club for continued support of Triple Play: A Game Plan for Mind, Body and Soul, which consists of an array of effective programs to equip members with crucial life skills needed to become healthy, fit, and successful adults. In 2012, Triple Play was strengthened, increasing the number of days it was offered from two to five, ensuring that participants increased their amount of physical activity by 150 minutes per week. The club also has a successful winter and summer garden program where members learn about planting, maintaining, and cultivating fruits and vegetables. When the crop is harvested, staff teach kids healthy recipes using fresh ingredients. Meanwhile, mentors are building positive relationships with the 71 mentees. Community partners include Grocery Outlet, Best Team Building, and Western Dental.
- As part of Kaiser Permanente Northern California Region's HEAL grant program, The Leaven received final payment of a two-year \$150,000 grant to continue work in transforming food and physical activity environments in several East Fairfield neighborhoods. The Leaven's A Pathway to Healthy Lifestyles program uses a comprehensive approach to increase opportunities for exercise by developing fitness routes and installing play/exercise equipment, while empowering families to best utilize these resources for recreation and physical activity. The program will also work with families to gain access to fresh fruits and vegetables through policy and program change. Best reflecting the program's achievements to date, The Leaven's developing soccer/recreation field project, farmers market program, and the successfully passed city resolution for the City of Fairfield to adopt the Healthy Eating Active Living (HEAL) program highlight our success. The Leaven successfully built a strong coalition of community leaders and business owners to collaborate on the development, design, and construction of a soccer/recreation field at our PACE center. The Leaven successfully leveraged this grant to secure in-kind support from a local engineering firm for field design, grading services, water hook-ups, and financial assistance from the city for permit fees, totaling over \$40,000 of in-kind and direct cash support for this project. The Leaven anticipates completing this project in April 2013. Additional goals and objectives continue to be in progress.
- KFH-Vacaville continues to support Farm to Families, a project program that brings fresh produce to impoverished neighborhoods in Fairfield and ultimately throughout Solano County. During 2012, Community Benefit/Community Health Manager Cynthia Verrett continued to meet with core committee members, including representatives from The Leaven, Solano Coalition for Better Health (SCBH), Touro University, Health Education Council, and the City of Fairfield. A professional facilitator was engaged to help the committee complete a strategic plan to develop a more sustainable, long-term model for increasing underserved residents' access to fresh produce. In August 2012, the collaboration partnered with Pacific Coast Farmers' Market Association to pilot a farm stand in East Fairfield where

residents can purchase fresh produce using EBT cards and/or cash. During weeks 3 to 6, the market sold out of produce. KFHVacaville will continue to work toward the availability of a farmers market in this neighborhood. In addition, The Leaven led the effort to pass the City of Fairfield's HEAL resolution, a major victory for future healthy eating, active living policy adoption and a reflection of the strong HEAL coalition of community members and local advocates The Leaven has successfully built over the last year.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

To assess the contributions our investments are making toward the achievement of our goals, KFHVacaville will monitor community data on physical activity and consumption of fruits and vegetables; track grant dollars and get data from grantees on the number of individuals or organizations that received education, technical assistance (TA), or another intervention as a result of grant funding; monitor data on the number of schools implementing policies to increase availability and consumption of fresh fruits and vegetables; and monitor the reach and sustainability of the Farms to Families program.

PRIORITIZED NEED III: DECREASE RISKY TEEN BEHAVIORS

Data from the CHNA highlighted several areas where teens were engaging in behaviors that put them and their health at risk. For example, the rate of ATOD use among teens was unacceptably high. In 2007, nearly 51% of Solano County youth used alcohol before age 16, up from 47% in 2005; 35% of 11th graders report consuming alcohol at least once in the past 30 days and two-thirds were binge-drinking when they drank; 25% of youth reported using marijuana before age 17; 20% of 11th graders reported having used it in the past 30 days; and 6% of 7th graders, 11% of 9th graders, and 13% of 11th graders reported using tobacco in the past 30 days (rates for 7th and 9th graders were trending upward). There was evidence from the secondary data that teens were engaging in risky sexual behavior as well. Teen pregnancy rates compared favorably overall but were of concern for young women of color. Chlamydia rates have been increasing dramatically for young women 15 to 24, with 32.6% having a reported case of chlamydia. Teens in the Solano County focus group felt that data on drinking, drug use, and unprotected sex greatly underrepresented what goes on with teens they know.

2012 GOALS

1. Decrease risky sexual activity among teens.
2. Decrease rates of ATOD use among teens.

2012 STRATEGIES

1. Provide grant funding to support school-based teen education and peer groups focused on informed and healthy choices regarding sexual activity.
2. Provide grant funding to support the local Reducing Rates Coalition's efforts in education, counseling, and other services to prevent and address teen ATOD use.
3. Bring Kaiser Permanente's Educational Theatre Programs (ETP) to local schools to address teen ATOD use.
4. Provide leadership to Solano County's ATOD efforts through participation on ATOD subcommittees.

TARGET POPULATION

Low-income teens, particularly African Americans and Latinos.

COMMUNITY PARTNERS

Community partners will include Reducing Rates Coalition and school districts throughout the service area.

2012 YEAR-END RESULTS

- KFH-Vacaville awarded \$10,000 to 2B Successful Youth to support its STEMulate Program, an innovative science, engineering, technology, and mathematic platform to support positive youth and career development. STEMulate serves approximately 160 students and 20 young adults, pre-kindergarten to 21, at three sites:
 - Matt Garcia Learning Center (elementary), an option for students who need to overcome academic deficits to get back up to grade level and correct behaviors that disrupt education.
 - Community Day School, which serves mandatory and other expelled students, students referred by a School Attendance Review Board (SARB), and other high-risk youth. Community Day School serves students up to and including grade 6. These students are not allowed to interact outside the group during the regular school day.
 - Project SIGMA, an alternative school setting, welcomes students who have experienced frustration and difficulty learning in a traditional school setting due to learning differences or disabilities.

2B Successful Youth partnered with St. Stephen CME Church to support the California State University 2012 Summer Algebra Institute, an intense free six-week course designed to improve this critical math skill. Forty-two students (grades 6 to 8 and incoming 9th graders) graduated from this academic program and increased their math skills by at least one grade level or higher.

- KFH-Vacaville and KFH-Vallejo awarded Big Brothers Big Sisters \$20,000 to support Operation Thrive, a program designed to provide mentors to the children of military personnel who live on or near Travis Air Force Base. The goal is to educate mentees on ways to improve lifestyle choices and outcomes, including nutrition, exercise, substance abuse, and sexual behavior. To address the need for one-on-one support, mentors were matched with nearly 56 at-risk and underserved youth who have one or both parents deployed or who are new to the community because of parent reassignment to Travis AFB. Community partners include Travis Youth Center, Fairview Elementary School, Reducing Rates Coalition, Solano Mentoring Collaborative, Solano Hispanic Chamber of Commerce, Vallejo Chamber of Commerce, and Fairfield-Suisun Chamber of Commerce. KFH-Vallejo's Gwen Havell and Sheila Newberry and KFH-Novato Psychologist Luanne Tikker volunteer as mentors.
- KFH-Vacaville and KFH-Vallejo awarded \$7,500 to Girl Scouts of Northern California to support its Got Choices of Solano County, a year-round program aimed at reducing risky and harmful behaviors among teen and tween girls. The program provides an emotionally and physically safe, girls-only environment where participants are encouraged to freely and fully express their thoughts, fears, challenges, and feelings. The program also helps participants think critically through their past choices and behaviors and begin to develop a new and healthier set of values and choices. Got Choices served 78 girls and achieved the following outcomes: 100% of participants reported they were able to make better life choices and think before they react; 96.3% reported they were better able to recognize healthy relationships and to work in a group and respect others; and 93.3% showed evidence of increased self-understanding and self-worth by improving their ability to think and decide for themselves.
- KFH-Vacaville awarded \$10,000 to Mission Solano Rescue Mission, Inc. to support its Helping Our Hurting Teenagers (HOTH) program. Mission Solano's programs offer help and hope to orphaned, homeless, and low-income teenagers in Solano County. HOTH involves the research, identification, and acquisition of proven life skills curriculum and training materials for teenagers and young adults. Implementation of the life skills programs by qualified, trained staff will coincide with marketing, bridge-building, partnerships, and connections to other agencies and organizations serving teenagers to achieve the planned scale of the grant investment. Solano Teen and Parent Leadership Training Institute is based on the successful San Joaquin Parent Leadership Training Initiative model. This 10-week program with a service project requirement for each participant will be hosted onsite at the Bridge to Life Center in Fairfield during the spring 2013. Mission Solano staff will be trained as Solano Teen and Parent Leadership Training Institute facilitators by founders and alumni of the Parent Leadership Training Initiative and by observing the program in Stockton.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

To assess the contributions our investments are making toward the achievement of our goals, KFH-Vacaville will monitor community data on teen behaviors, including ATOD use, as well as teen sexual practices and sexual health; track grant dollars and get data from grantees on the number of individuals reached through school-based programs as a result of grant funding; monitor data on the number of individuals reached through Reducing Rates Coalition's education and counseling efforts; track the number of schools and students reached by ETP, with a specific focus on promoting healthy teen behaviors; and monitor the county's progress in achieving its goals related to ATOD use among teens.

PRIORITIZED NEED IV: PREVENT COMMUNITY VIOLENCE

Community violence emerged as a concern during the CHNA process. Recent violent incidents in schools and neighborhoods highlighted the need for focused, specific actions to protect the health and well-being of residents. In the CHNA community survey, respondents indicated that violence and crime were the greatest detriment to community health. This was mentioned by 40% more individuals than any other detriment to health. Data from the California Department of Public Health showed an age-adjusted death rate from homicide in Solano County of 8.2 per 100,000, the sixth highest rate in the state.

2012 GOALS

1. Decrease violence in schools.
2. Decrease violence in at-risk communities.

2012 STRATEGIES

1. Provide grant funding to support positive after-school activities for youth.
2. Partner with ETP to develop and offer performances of a vignette about aggressive behavior and violence among youth.
3. Explore and engage in community efforts already under way or emerging to decrease violence in the schools.
4. Provide grant funding in support of collaborative community efforts to decrease violence in Vacaville and Fairfield.
5. Explore existing community efforts to address violence in Vacaville and Fairfield; define KFH-Vacaville's role in the efforts.
6. Adopt strategies for violence intervention and prevention that have worked in other KFH service areas.

TARGET POPULATION

Youth and young adults in at-risk communities.

COMMUNITY PARTNERS

Community partners will include school districts and emerging community coalitions to address violence.

2012 YEAR-END RESULTS

- KFH-Vacaville and KFH-Vallejo awarded \$10,000 to LIFT3 Support Group for continued support of Community Engagement in Violence Prevention, a program designed to mobilize the community to help prevent intimate partner violence through community conversations, which started in October 2012, to address and respond to family violence.

Next steps include a follow-up to police chiefs in the seven Solano County law enforcement jurisdictions, with a focus on those that want to have their own community showing and discussion of “Telling Amy’s Story,” a documentary film and public service media project designed to help end domestic violence. Suisun’s police chief extended an invitation to LIFT3 to participate in law enforcement field officer training to better equip officers to address family violence during calls. Fairfield police department reached out to LIFT3 and has assigned one of its lieutenants to sit on LIFT3’s advisory board. The remaining law enforcement jurisdictions are still deciding how they want to engage. Key partners include Vallejo Mayor Osby Davis; Benicia, Dixon, Fairfield, Suisun City, and Vacaville police departments; Solano Family Justice Center; and Office of Family Violence Prevention.

- KFH-Vacaville and KFH-Vallejo awarded CASA of Solano County \$10,000 to support its Male Advocate Recruitment program for at-risk youth in the foster care system. CASA targeted approximately 1,200 individuals and reached 567. Members of the targeted audience are starting to show results—in the number of men signing up for training and the number of referrals to other organizations for speaking opportunities. CASA also conducted a focus group that encouraged a change in its messaging to recruit long-term volunteers for its advocacy work. The message to men is now more focused on individual impact by teaching young men and is more effective.
- A part of the KFH-Vacaville grant to Vacaville Public Education Foundation focused on an antibullying program to increase awareness of the issue; develop leadership ability through character and asset building and youth development skills; and decrease the number of conflicts and disciplinary issues among 5th graders (950 students) before, during, and after school (onsite). To help staff recognize and deal with bullying problems, a bullying prevention training workshop was provided to all noontime yard duty supervisors in October 2012. To date, three of the nine school sites have participated in assemblies and the remainder will do so by the end of the school year.

2012 GOALS UPDATE

The goals will remain unchanged for 2012.

2012 STRATEGIES UPDATE

1. Provide grant funding to support positive after-school activities for youth.
2. Partner with ETP to develop and offer performances of a vignette about aggressive behavior and violence among youth.
3. Explore and engage in existing or emerging community efforts to decrease violence in the schools.
4. Provide grant funding that supports collaborative community efforts to decrease violence in Vacaville and Fairfield.

MONITORING PROGRESS OF 2012 STRATEGIES

To assess the contributions our investments are making toward the achievement of our goals, KFH-Vacaville will monitor community data on acts of violence in the schools, nonfatal assaults, and homicides; track grant dollars and get data from grantees on the number of teens participating in programs supported through grant funding; work with ETP to develop a vignette for youth about aggressive behavior and violence and to track number of times it is performed and number of students reached; track dollars granted to community programs and coalitions working to decrease violence and monitor the number of individuals and/or organizations receiving support through grant funded efforts; and monitor implementation of Kaiser Permanente and community programs designed to prevent community violence.

PRIORITIZED NEED V: REDUCE HEALTH DISPARITIES

SCBH has focused on reducing health disparities in Solano County for almost a decade. The disparities are most evident—and continue to persist—among African Americans and Latinos who have, for example, much higher rates of death from diabetes. Solano County’s age-adjusted death rate from diabetes in 2006–2008 was 31 per 100,000, 50% higher than the 2002–2004 rate. In addition, African Americans and Asians have the lowest rates of exclusive breastfeeding at discharge. Breastfeeding is associated with healthier babies and lower rates of obesity. Working with SCBH, KFH-Vacaville will focus on reducing disparities in diabetes control and breastfeeding rates.

2012 GOALS

1. Improve diabetes control among African Americans and Latinos.
2. Increase breastfeeding among African Americans and Asians.

2012 STRATEGIES

1. Provide grant funding to organizations focused on diabetes education, coordination of care, self-management, and promotoras/community health conductors for low-income African Americans and Latinos.
2. Continue community leadership through the SCBH's Disparities Project, with a particular focus on diabetes control.
3. Provide grant funding for culturally competent breastfeeding support, particularly outside the hospital setting.

TARGET POPULATION

The target populations are low-income African Americans, Latinos, and Asians.

COMMUNITY PARTNERS

Community partners will include SCBH.

2012 YEAR-END RESULTS

- KFH-Vacaville and KFH-Vallejo awarded \$20,000 to Area Agency on Aging (AAA) for continued support of the Latino Outreach Program, which serves monolingual, Spanish-speaking, multicultural populations in Napa and Solano counties using a culturally and linguistically appropriate approach to share information about community resources for Latino seniors, adults 18 and older with disabilities, caregivers, and other providers of underserved populations. The program reached close to 1,500 individuals at events such as Bi-National Health Fair and Fall Prevention Workshop, various senior centers, and other community locations. KFH-Napa Health Educator Maria Carter participates on the Stop Falls Coalition. A partial list of community partners includes Legal Aid of Napa, Adult Day Services of Napa Valley, Dixon Senior Center, and Community Health Clinic Olé.
- KFH-Vacaville and KFH-Vallejo provided A More Excellent Way (MEW) with \$15,000 to support the African American Breastfeeding Project, which encourages the practice of breastfeeding to decrease infant mortality among Solano County's African American population by increasing education, awareness, and support. Since its inception, MEW has trained 74 peer counselors, who have made more than 300 home visits to more than 140 clients and provide several hundred Solano residents with breastfeeding and program information, including one-on-one counseling to pregnant and breastfeeding women. MEW also conducted seven community baby showers and helped seven churches become mother-baby friendly. The program now has Twitter and Facebook accounts, with a large following (up to 150 hits per month). The following community partners donated services and goods and helped MEW recruit clients and attendees for events: Touro University Health Clinic; La Clínica de la Raza; Solano County CHDP Program/Lead Prevention Program; Child Start, Inc.; Black Infant Health; Baby First Solano; Urban Fitness Solutions; Health Education Council; Solano County WIC Program; Solano County Library; and Food Bank of Contra Costa and Solano counties.
- KFH-Vacaville and KFH-Vallejo awarded \$20,000 to Solano County Public Health's Health Promotion and Education Bureau to support the Napa/Solano HIV Mobile Testing Project, which aims to conduct a total of 500 HIV tests (350 in Solano County and 150 in Napa County) at community sites such as homeless shelters, drug treatment facilities, churches, and community events that serve African Americans and Latinos who engage in behaviors that put them at risk for HIV infections, including injection drug users, the homeless, day laborers, and men who have sex with men. Positive clients will be transitioned into health care and case management, thereby improving health outcomes related to HIV and reducing HIV health disparities among African Americans and Latinos. Testing occurs throughout Solano County and the City of Napa. Between June 1 and December 1, 2012, 226 HIV tests were conducted; 25% of clients were African-American and 37% were Latino. Community partners, including Hope Center, Salvation Army, Christian Help Center, and Mission Solano, have supported HIV testing at their facilities by facilitating access to target

populations and advertising testing dates and times. When the program targeted Latino day laborers for HIV testing, Home Depot allowed mobile HIV testing on its property.

2013 GOALS UPDATE

The goal(s) will remain unchanged for 2013.

2013 STRATEGIES UPDATE

1. Provide grant funding to organizations focused on diabetes education, coordination of care, self-management, and promotoras/community health conductors for low-income African Americans and Latinos.
2. Continue community leadership through SCBH's Disparities Project, with a particular focus on diabetes control.
3. Provide grant funding for culturally competent breastfeeding support, particularly outside the hospital setting.

MONITORING PROGRESS OF 2013 STRATEGIES

To assess the contributions our investments are making toward the achievement of our goals, KFV-Vacaville will monitor community data on diabetes incidence and mortality and on breastfeeding rates; track grant dollars and get data from grantees on number of individuals reached through grant-funded programs; and monitor SCBH's progress in achieving its goals related to eliminating health disparities.

Table 1

KAISER FOUNDATION HOSPITAL-VACAVILLE

2012 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: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members | 2 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 1,429 |
| Medi-Cal Managed Care members | 6,527 |
| Healthy Families Program members | 2,297 |
| Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) ¹ members | 52 |
| Nursing Research projects (new, continuing, and completed) | 24 |
| Educational Theatre Programs – number of performances and workshops | 41 |
| Educational Theatre Programs – number of attendees (students and adults) | 9,105 |
| Graduate Medical Education – number of programs | 2 |
| Graduate Medical Education – number of affiliated and independent residents | 14 |
| Nurse practitioner and other nursing training and education beneficiaries | 5 |
| Other health professional training and education (non-MD) beneficiaries | 4 |
| Number of 2012 grants and donations made at the local and regional levels ² | 69 |

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

²The vast majority of regional grants impact three or more local hospitals. As such, a single regional grant may be included in the “Number of 2012 grants and donations” count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-VACAVILLE

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$9,372,961 |
| Healthy Families ² | 1,108,384 |
| Charity care: Charitable Health Coverage programs ³ | 1,218,111 |
| Charity care: Medical Financial Assistance Program ⁴ | 1,518,243 |
| Grants and donations for medical services ⁵ | 38,119 |
| Subtotal | \$13,255,818 |
| Other Benefits for Vulnerable Populations | |
| Summer Youth and INROADS programs ⁶ | \$0 |
| Grants and donations for community-based programs ⁷ | 80,488 |
| Community Benefit administration and operations ⁸ | 354,920 |
| Subtotal | \$435,408 |
| Benefits for the Broader Community⁹ | |
| Community health education and promotion programs | \$10,520 |
| Educational Theatre Programs | 208,993 |
| Facility, supplies, and equipment (in-kind donations) ¹⁰ | 748 |
| Community Giving Campaign administrative expenses | 6,942 |
| Grants and donations for the broader community ¹¹ | 268,911 |
| National board of directors fund | 15,948 |
| Subtotal | \$512,062 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$211,301 |
| Non-MD provider education and training programs ¹² | 163,745 |
| Grants and donations for the education of health care professionals ¹³ | 15,238 |
| Health research | 2,680,860 |
| Subtotal | \$3,071,144 |
| Total Community Benefits Provided | \$17,274,433 |

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.

KAISER FOUNDATION HOSPITAL (KFH)-VALLEJO

975 Sereno Drive
 Vallejo, CA 94589
 (707) 651-1000

The KFH-Vallejo service area includes communities in Napa and Solano counties. The major communities are Benicia and Vallejo in Solano County and American Canyon, Calistoga, Napa, Oakville, Rutherford, St. Helena, and Yountville in Napa County. The service area is further defined by Highway 29 leading from Vallejo to Napa and Interstate 80 in Solano County.

COMMUNITY SNAPSHOT (*County-Level Data)

| | |
|--------------------------------|----------|
| Total population: | 276,838 |
| Median age:* | 39.3 |
| Average household income:* | \$64,829 |
| Percentage living in poverty:* | 10.0% |
| Percentage unemployed:* | 9.0% |
| Percentage uninsured: | 9.39% |

| | |
|-----------------------------|--------|
| White: | 43.93% |
| Latino: | 25.35% |
| African American: | 10.81% |
| Asian and Pacific Islander: | 15.25% |
| Native American: | 0.51% |
| Other: | 4.15% |

KEY STATISTICS

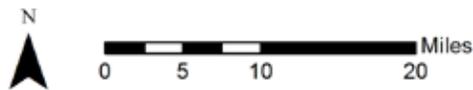
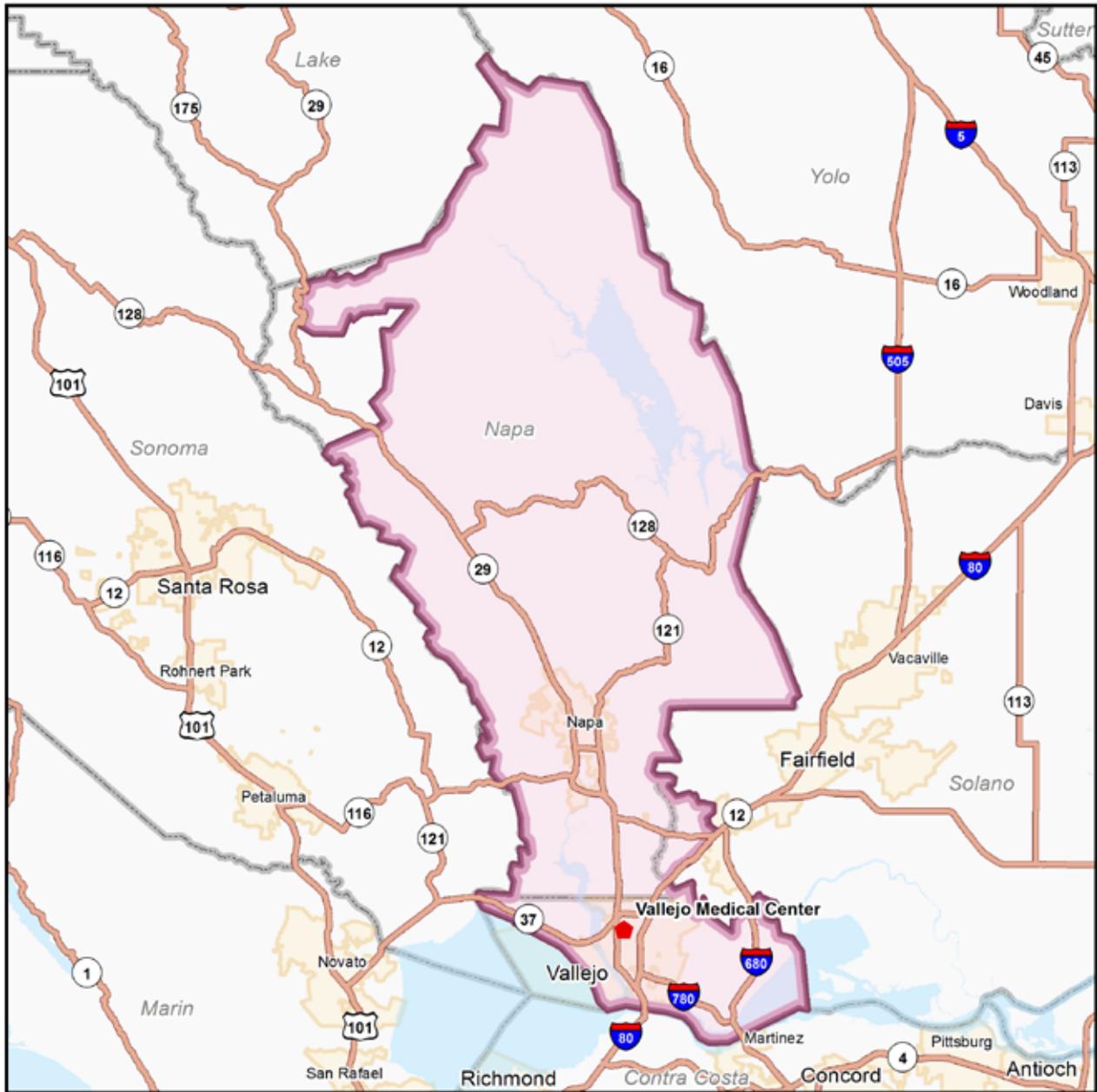
| | |
|-------------------------------------|---------|
| Year opened: | 1947 |
| KFH full-time equivalent personnel: | 1,455.3 |
| KFHP members in KFH service area: | 125,774 |

| | |
|------------------------|--------|
| Total licensed beds: | 200 |
| Inpatient days: | 55,550 |
| Emergency room visits: | 45,342 |

KEY LEADERSHIP AT KFH-VALLEJO

| | |
|---------------------|--|
| Max Villalobos | Senior Vice President and Area Manager |
| Vicky Locey | Chief Operating Officer |
| Kyle Wichelmann | Area Finance Officer |
| Steven Stricker, MD | Physician in Chief |
| Sandra Rusch | Medical Group Administrator |
| Michelle Odell | Interim Public Affairs Director |
| Cynthia Verrett | Community Benefit/Community Health Manager |

KFH Vallejo Medical Center Area



- ◆ KFH Medical Center
- KFH Medical Center Area
- Cities and Towns
- County Boundary

Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
 Maps Produced by: the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES). March 2013.



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

KFH Vallejo serves Napa County and parts of Solano County. The 2010 CHNA included data collection and analysis for both counties. In Solano County, the CHNA was based on a review of several sources of secondary data as well as a community survey and a teen focus group. The major secondary data sources for Solano County included:

- Data from the 2007 California Health Interview Survey (CHIS)
- The Solano County 2009 MCAH (Maternal, Child, and Adolescent Health) Needs Assessment (Title V)
- A 2008 survey by Global Research, exploring the quality of life for Solano County residents
- Data on Solano County children, as reported by Kidsdata.org
- *Assessing the Need for Care for Uninsured and Low-Income Residents of Solano County Living with Serious and Persistent Mental Health Conditions*, winter 2010, Solano Coalition for Better Health (SCBH)
- Data from the California Department of Public Health, STD Control Branch
- *Solano County Status Report on Seniors 2008*, Senior Coalition of Solano County
- *Situational Assessment of Reducing Rates Coalition's ATOD Prevention Efforts in Solano County*, January 2010

In addition to the secondary data sources, primary data and community input were collected through a community survey conducted by Barbara Aved Associates and a teen focus group designed and facilitated by Areté Consulting, which also reviewed and analyzed the CHNA data.

In Napa County, a comprehensive CHNA was prepared by Barbara Aved Associates for the Napa County Collaborative of Health Organizations and Community Funders, which includes KFV-Vallejo, Queen of the Valley Medical Center, Napa County Department of Public Health, St. Helena Hospital, Community Health Clinic Olé, Napa Valley Vintners, and Napa Valley Coalition of Non-Profit Agencies. The Napa County CHNA included a comprehensive review of secondary data on demographics, socioeconomic factors, health status and outcomes, and health resources. Barbara Aved Associates also conducted a community survey to gather primary data on community perceptions, health status, and health needs. Review and analysis of all the CHNA data was completed by Areté Consulting.

Synthesized results for both counties were shared with the Napa-Solano Area Contributions Committee and informed selection of the prioritized needs for the 2011–2013 Community Benefit Plans for KFV-Vallejo and KFV-Vacaville.

KEY FINDINGS FROM THE 2010 CHNA

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

Racial and ethnic disparities in health status and health outcomes continue in both counties:

- In Solano County, disparities are evident for African Americans on key MCAH indicators for prenatal care, low birth weight, very low birth weight, infant mortality, teen birth rates, perinatal substance abuse, childhood and teen asthma prevalence, and breastfeeding.
- SCBH continues to see disparities for African Americans on a number of key health status indicators such as diabetes morbidity and mortality, overweight and obesity, and other related chronic conditions.
- In Napa County, disparities are seen in premature mortality for African Americans. For Latinos, there are disparities in diabetes prevalence and mortality, diabetes risk factors, breastfeeding, binge drinking, and dental health indicators.

High rates of overweight and obesity and the related risk factors affect health in both counties:

- About 60% of Solano County adults were overweight or obese. About 12% of children 0 to 17 were overweight or obese, a rate that has decreased from 16% in 2003.
- 67.3% of Solano County residents reported eating fast food at least once in the past week; less than 45% of children over age 2 were reported to eat five or more servings of fruit and vegetables each day.
- 11.5% of Solano County teens and 20.7% of children reported being physically active for at least one hour for less than three days in a typical week; and almost 30% of adults and teens reported that they did not visit a park, playground, or open space in the previous month.
- In Napa County, 35% of respondents identified lifestyle factors (physical activity and exercise, stress, self-care, and sleep) as a top health need.

Both counties show high rates of alcohol, tobacco, and drug (ATOD) use, particularly among teens:

- In 2005 and 2007, approximately 18% of Solano County residents reported being a current smoker.
- In 2007, nearly 51% of Solano County youth had used alcohol before age 16, up from 47% in 2005; 35% of 11th graders reported consuming alcohol at least once in the past 30 days and two-thirds are binge-drinking when they drink.
- 25% of Solano County youth reported using marijuana before age 17; 20% of 11th graders reported using it in the past 30 days.
- Data for 2007 show 6% of 7th graders, 11% of 9th graders, and 13% of 11th graders report using tobacco in the past 30 days; the rates for 7th and 9th graders were trending upward, while the rate for 11th graders was trending downward.
- Teens in the Solano County focus group felt that data on drinking, drug use, and unprotected sex greatly under-represented what goes on with teens they know.
- 14% of Napa County 7th graders reported using alcohol in the past 30 days, while 5% reported using marijuana or cigarettes. Among Napa County 9th graders, 11% reported smoking cigarettes, 13% used marijuana, and 25% reported using alcohol in the past 30 days. Among 11th graders, 17% reported using cigarettes, 22% reported using marijuana, and 40% reported using alcohol in the past 30 days.

Access to medical care is better than access to dental services:

- 8.9% of Solano County residents reported being uninsured, and 11.1% were covered by Medi-Cal.
- CHIS data for Solano County showed fairly high access to medical care: 93.6% of children and teens—and 90.7% of all residents—reported having a usual source of care and health advice. A total of 66.8% reported that the usual source of care is a doctor's office, an HMO, or Kaiser Permanente; 22.6% reported it as a community clinic, government clinic, or community hospital, and less than 1% reported that it is an emergency department or urgent care.
- 27.1% of Solano County adults report having no dental insurance in the past year, and 10.3% report having dental insurance for only part of the last year. Among adolescents and children, 9% reported that they had never been to a dentist, and 7% reported that the last time they saw a dentist was more than one year ago.
- A Solano County community survey in early 2010 found residents indicating that only 60% had seen a dentist in the past year, and 71% had visited an emergency department in the past year.

Crime and violence are a significant concern in Solano County:

- Mentioned by 40% more individuals than any other issues, violence and crime were seen by Solano County residents as by far the greatest detriments to health.

PRIORITIZED NEEDS IDENTIFIED FOR KFV-VALLEJO

1. Increase access to prevention and primary care services.
2. Reduce obesity and overweight rates in adults and children.
3. Decrease risky teen behaviors.
4. Prevent community violence.
5. Reduce health disparities.

2012 YEAR-END RESULTS

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

CHIS data from 2007 indicate that 8.9% of Solano County residents reported having no health care coverage; in Napa County, data show that 10% of adults 18 to 64 reported having no health insurance and an estimated 4.1% of children 0 to 18 were uninsured all or part of the previous year. More recent estimates from UCLA show that 20.3% of Solano County residents and 17.2% of Napa County residents were uninsured all or part of the year. In 2009, more than a third of Napa County children 0 to 18 were enrolled in a subsidized health coverage plan (Medi-Cal, Healthy Families, Kaiser Child Health Plan, Healthy Kids).

Dental insurance data show that 37.4% of adult residents had no dental coverage for all or part of the year. Data showed that even those with coverage, such as children enrolled in Denti-Cal, were not receiving dental care. Only 60% of low-income residents in Solano County reported seeing a dentist in the past year. And 9% of children and teens reported never having been to a dentist.

One common indicator of access to primary care is the use of prenatal care. In both Napa and Solano counties, rates of first trimester prenatal care were of concern, particularly for women of color. Late entry into prenatal care can contribute to several other indicators of MCAH status, including low birth weight, premature birth, and infant mortality.

2012 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.

2012 STRATEGIES

1. Provide grant funding to support increased preventive dental care services for children and increased availability of prenatal care for low-income residents.
2. 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.
3. Provide charity care through the Medical Financial Assistance (MFA) program and maximize efficiencies.
4. Participate in Project Homeless Connect, providing free optical care and/or other health resources to the homeless.
5. Continue to support the specialty care agreement and provide up to 10 specialist visits per month for La Clínica de la Raza patients.

TARGET POPULATION

Low-income children, pregnant women, those eligible for charitable health coverage programs or government programs, the uninsured individuals, homeless individuals, and community clinic patients with limited access to specialty care services.

COMMUNITY PARTNERS

Specific community partners that are identified for these goals are Project Homeless Connect and La Clínica de la Raza.

2012 YEAR-END RESULTS

- KFH-Vallejo and KFH-Vacaville awarded Children's Network of Solano County \$75,000 to support its Solano Resource Connection program, which includes 10 city-level Family Resource Centers (FRCs) to enhance access to essential services for families most in need of housing, food, medical care, and other basic necessities. FRCs helped to sustain

and position 408 low-income families to take advantage of stimulus and economic recovery to prevent them from falling deeper into poverty. FRCs use three strategies to deliver basic needs services: (1) maintain and access networks of basic needs service providers to preserve the basic needs safety net in each Solano County city; (2) provide assistance to low-income families to help them access benefit programs that provide health care access, food assistance, and other essential services; and (3) offer one-time-only, last-resort direct financial assistance for emergency basic needs. In-kind donations of more than 250 prefilled packages (deodorant, hair brush, comb, lip balm, lotion, shampoo, socks, soap, sunscreen, toothbrush/toothpaste, and collapsible water bottles) were provided to support homeless teens.

- Children's Health Initiative (CHI) Napa County received \$20,000 to support affordable health insurance for parents, a new resource program for families being served that is designed to identify individual parents in the current caseload who do not have health insurance, offer them the opportunity to enroll in low-cost private health insurance, and assist them in the enrollment process. From August to December 2012, 1,437 individuals were screened and 16 were enrolled into the health insurance program. The number of enrolled individuals is much lower than anticipated, which is partly due to the limited time the project has been running. CHI has also increased its targeted outreach to parents in families with incomes at or above 200% FPL. Health Access Specialists were trained and certified as insurance agents, and they obtained agency licensure using a Gasser Foundation training grant.
- Cope Family Center received \$25,000 for continued support of its Home Visitation Program, an intensive one-on-one service that aims to help families develop self-sufficiency skills, provide healthy homes for their children, and access prevention and primary care services. Since June 2012, 194 families were served, with 2,028 visits (4,044.48 hours). Staff assess a family's strengths; develop an Individualized Family Service Plan (IFSP); and provide positive parenting skills by modeling behaviors, giving feedback, and encouraging practice of new skill sets. Results include 100% of families reporting improvement in their physical/mental health issues and 85% showing an improvement on the Family Development Matrix in the areas of child development/education (22%), mental health (13%), and physical health (6%). In addition, families were assessed and provided assistance with safety-net services and subsidy programs, including health insurance, child care subsidies, WIC, food stamps, school food programs, and other resources. A partial list of community partners includes Aldea Children's Services, Napa Emergency Women's Services (NEWS), Napa County Health and Human Services, and Family Service of Napa Valley.
- KFH-Vallejo and KFH-Vacaville awarded \$15,000 to Faith In Action to support Ride With Pride, a transportation program serving seniors 60 and older that transports approximately 50 seniors each month to medical and social service appointments and has more than 350 care recipients enrolled in the program. Faith In Action recruits and trains volunteers throughout Solano County who are matched with care recipients in need of transportation. More than 1,259 rides to medical appointments and pharmacies were provided between July and December 2012.
- KFH-Vallejo awarded \$20,000 to Vallejo City Unified School District for its school-based health centers at Elsa Widenmann and Pennycook elementary schools, which sees patients four days a week, with services provided by a nurse practitioner. A registered dental hygienist also sees dental patients two or three days a week at the Elsa Widenmann Student Health Center. The centers provide a full range of health assessments, immunizations, health education, medical referrals, dental assessments, and referrals to health care providers, to establish a medical home for individual uninsured children. The target population for the health center is all Vallejo children 1 to 18 and children 0 to 18 for the dental program. From June to December 2012, the Elsa Widenmann Student Health Center provided health care services to 233 patients and dental care to 416 patients; 164 patients received health care services at the Pennycook center. A partial list of community partners includes Touro University, SCBH, and SKIP (Solano Kids Insurance Program).
- Napa Valley Hospice and Adult Day Services received \$20,000 for its Latino Community and Bilingual Services program, which aims to strengthen its relationship with the Latino community to facilitate linkages to its programs and services. From June to December 2012, nearly 360 clients with chronic and advanced illness received access to the agency's services and health education. More than 2,000 individuals attended two major resource fairs and community events. KFH-Vallejo Health Educator Maria Carter assists with bilingual caregiver services. Community partners include Calistoga Family Center, Community Health Clinic Olé, Latino Elder Center, Puertas Abiertas, Queen of the Valley Medical Center Community Outreach, Rianda House, and St. Helena Family Center.

- The Napa-Solano Area's Volunteers In Public Service (VIPS) program provides a framework for clinicians to volunteer and provide high-quality clinical and educational assistance to community agencies and clinics. VIPS currently supports 15 projects at Solano County organizations, including Opportunity House, La Clínica de la Raza, Vallejo Unified School District's school-based clinics (Jesse Bethel High), Meals On Wheels, and Youth and Family Services. In 2012, nearly 46 clinicians donated close to 600 hours, providing consultations, health screenings, health education, and other clinical services for 279 patients or points of service each month for an annual total of 1,978 patients or points of service. VIPS works with Napa-Solano Area Community Benefit and the Community Involvement Task Force, soliciting feedback on perceived community needs and participating in Community Benefit's grant review process.
- As a part of its charity care program, KFV-Vallejo celebrated the second year of its partnership agreement with La Clínica de la Raza, which allows La Clínica to refer up to 10 patients per month who need specialty care services. KFV-Vallejo Community Benefit and VIPS oversee the new program, known as KPSOARS (Kaiser Permanente Specialists Offering Access to Referral Services). While community clinics in Solano County do an amazing job providing primary care to uninsured patients, they often run into roadblocks when trying to refer these patients to a specialist. Because of a shortage of specialists in the county, uninsured patients often go without needed specialty care or have to travel outside the county. In 2012, KPSOARS benefited 80 patients, providing specialty care services, including orthopedic, gastroenterology, neurology, women's health, and EKGs, valued at close to \$965,000. "KPSOARS has already provided specialty care to a great many of La Clínica's uninsured patients. Without KPSOARS these patients would simply not have gotten the specialized, and often very expensive, treatment that they needed, despite our best efforts at La Clínica to find it for them," commented La Clínica's Mark Schwartz, MD.
- KFV-Vallejo partnered with Sisters Network Solano County, an affiliate of the nation's first African American breast cancer survivorship organization. Its mission is to raise local and national awareness of the devastating impact breast cancer is having in the African American community. Solano County does not have a mobile van or free clinic that provides mammograms. KFV-Vallejo provided education and outreach services to dozens of women and gave seven free mammograms, valued at nearly \$15,000. In addition, KFV-Vallejo volunteers participated in the Gift for Life Block Walk visiting more than 700 homes and encouraging women to get their annual mammogram checks. Gift bags that included health education information to increase breast health awareness were provided to each home. "Women cried, and said, 'What a relief, we are no longer suffering in silence with cancer.' Kaiser Permanente heard us, they did something about it," said Sisters Network Solano County President Dr. Gloria Wade-Lessier.
- KFV-Vallejo piloted the Stanford Youth Diabetes Coaches Program at Vallejo's Jesse Bethel High School in fall 2012. This innovative eight-week course, designed to train high school students to become diabetes self-management coaches for their diabetic family members and friends, served 18 students as a part of the Bio-Med Academy. The goal is to improve the health of diabetes patients and to empower students and encourage healthy behaviors. The school district has plans to implement the program into the 2013–2014 curriculum. KFV-Vallejo providers Ashley Christiani, MD, Rubin Gonzales, MD, Paden Angelo, MD, and Diane Hildebrandt, RN, provide guidance to support the program.
- KFV-Vallejo and KFV-Vacaville partnered with local nonprofit organizations, government leaders, and Fairfield and Napa businesses to continue supporting Project Homeless Connect events, where hundreds of homeless and near-homeless people received health screenings, job counseling, and other key community resources. More than 200 reading glasses, lens cleaners, and health education materials were provided at the Fairfield, Vacaville, and Vallejo events.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

To assess the contributions our investments are making toward the achievement of our Community Benefit goals, KFV-Vallejo will track enrollment numbers for subsidized products and government programs; monitor community data on use of

preventive dental services and early prenatal care; track grant dollars and get data from grantees on number of individuals who obtained access to care as a result of grant funding; track participation by KFV-Vallejo employees in Project Homeless Connect and track number of individuals receiving care through the effort; monitor data on number of people served through MFA and the efficiency of service as measured by number of applications screened and time per application; and track number of patients seen through the specialty care agreement with La Clínica de la Raza.

PRIORITIZED NEED II: REDUCE OBESITY AND OVERWEIGHT RATES IN ADULTS AND CHILDREN

Solano and Napa counties have high rates of obesity and, as a result, high rates of morbidity and mortality for resulting chronic conditions. In Solano County, about 60% of adults are overweight or obese; about 12% of children 0 to 17 are overweight or obese, a decrease from 2003 (16%). The proportion of obese adults in Napa County grew from 18% in 2001 to 29% in 2007; and more than 30% of Napa County 5th, 7th, and 9th graders are considered overweight. In both counties, overweight and obesity are seen at higher rates among African Americans and Latinos, as are diabetes prevalence and mortality. High rates of the behaviors that contribute to obesity and overweight were also seen in available data. In Solano County, 67.3% of residents reported eating fast food at least once in the past week; less than 45% of children 2 and over were reported to eat five or more servings of fruit and vegetables each day; 11.5% of Solano County teens and 20.7% of children reported being physically active for at least one hour for less than three days in a typical week; and almost 30% of adults and teens report that they did not visit a park, playground, or open space in the previous month. In Napa County, 35% of respondents identified lifestyle factors (physical activity and exercise, stress, self-care, and sleep) as a top health need.

2012 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).

2012 STRATEGIES

1. Provide grant funding for culturally competent education about preparing and eating fruits and vegetables, distribution of low-cost fruits and vegetables to residents in underserved areas, and advocacy and action to increase fresh fruits and vegetables in school cafeterias and snack shops.
2. Transition Farms to Families to a community-based organization that has the capacity to sustain the program and expand it countywide.
3. Provide grant funding for improvements in health education, recreation, exercise opportunities, and neighborhood infrastructure, particularly in schools to support children and families.

TARGET POPULATION

Low-income children and families.

COMMUNITY PARTNERS

Community partners will include school districts throughout Napa and Solano counties and Farms to Families.

2012 YEAR-END RESULTS

- KFV-Vallejo awarded \$30,000 to American Heart Association (AHA) for continued support of the Healthy Students, Healthy Futures program. The program is offered at Solano Middle, Elsa Widenmann Elementary, and Loma Vista Elementary schools and is designed to combat childhood obesity by teaching students about healthy cooking. Highlights include hands-on participation, weekly lessons on various topics, and team collaboration. Students learn

about new fruits and vegetables, along with a science and math lesson. Approximately 65 students in the after-school programs worked with Chef Berlin Lillard and culinary students from Contra Costa College. During the fall 2012 semester, 10 weekly sessions were held at each school. Students learned key elements, including connecting basic math and science principles that are applicable to cooking and everyday life; introduction of new foods and choices that are healthier; foods from different countries and cultures; fostering teamwork, accountability, and responsibility; career paths in the culinary industry; and the art of expression through food and photography. Chef Berlin said, "Many of the students already help their parents cook at home. Now they say, 'I can be the main chef and my parents do a few things,' which is cute to hear. Most students had never cooked at home and were terrified of the large chef knives and gas burners. With detailed interaction and instruction, students developed their knowledge of basic food staples, cooking techniques, nutritious food alternatives, culinary history, food weights and measures, food science, and an interest in cuisines from around the world."

- Benicia Community Action Council received \$8,000 for continued support of its Senior Home-Delivered Meals Program. From June to December 2012, approximately 4,200 healthy daily meals were provided to 60 seniors. KFV-Vallejo's David Jones, RN, and Jessica Cruz, RN, assist with meal planning and nutrition education services, and John Hart, MD, provides blood pressure checks for clients. Community partners include Valero Refinery and the City of Benicia.
- KFV-Vallejo continues to support Benicia Unified School District and awarded \$20,000 for continued support of the Nutrition Education Program, a standards-based curriculum designed to engage elementary school children in hands-on learning, exploration, and cooking activities with fresh, affordable foods from diverse cultures to encourage healthy eating choices. The program has several components comprising a comprehensive approach to nutrition education at the pre-K, elementary, and high school level. Components include tasting demonstrations and classes, after-school cooking clubs, preschool tasting classes, parent cooking classes, alternative high school cooking classes, and several school events. In fall 2012, close to 3,000 students, teachers, and administrators participated in the program. A post-program survey showed that families noticed a change in their child(ren)'s behavior, including comments such as, "Yes, he enjoys cooking and points out foods that are healthy," "She wants to help more in the kitchen and wants to make her own recipes," and "Lauren has always been very good about eating a wide variety of fruits and vegetables, this class has reinforced these good habits and given her ideas to try at home."
- KFV-Vallejo and KFV-Vacaville awarded \$25,000 to Food Bank of Contra Costa and Solano for continued support of Solano County's Farm 2 Kids Program, which serves 27 low-income schools in Dixon, Fairfield, Suisun, Vacaville, and Vallejo. The program currently provides more than 2,300 children with five to seven pounds of fresh fruit and vegetables on a weekly basis. Close to 215,000 pounds were distributed over a six-month period. Farm 2 Kids includes a nutrition education component taught by after-school program staff.
- Friends of Loma Vista Farm received \$9,500 for its Fertile Grounds for Growing Minds program, which provides students with hands-on lessons in growing and eating fruits and vegetables to increase their knowledge of healthy behaviors. The program gives children the opportunity to spend time outdoors being physically active and engaged in gardening, cooking, and nutrition activities. From July to December 2012, more than 1,700 students (pre-K to 12) benefited from this program.
- KFV-Vallejo and KFV-Vacaville awarded \$20,000 to Meals On Wheels of Solano County (MOWSC) for continued support of its elder meal program, the only one of its kind for seniors 60 and older. From June to November 2012, 44,000 healthy and nutritious home-delivered meals were provided to 449 clients and 10,057 meals were served to 663 clients at congregate dining sites at local senior centers and community centers. MOWSC is part of a coalition of four local nonprofit organizations comprising Solano Hearts United, which addresses the needs of seniors, children, and low-income and homeless populations. The other partners include Children's Nurturing Project and the Mission Solano and Heather House homeless shelters. KFV-Vallejo physicians Gigi Farag, MD, and LeChi Pham, MD, provide health talks on nutrition and other topics to seniors at congregate dining sites on a monthly basis.
- KFV-Vallejo awarded \$40,000 to On The Move (OTM) to support Healthy Communities, Healthy Youth, a unique combination of health education, fitness, access to fresh produce, primary care services, civic engagement, and leadership development that supports diverse community members in improving healthy lifestyle choices. Highlights include three community garden spaces, farmers markets, gardening and nutrition classes, children's gardening activities, a youth governing committee, and gardening "workdays" with hundreds of volunteers in Napa's diverse

McPherson neighborhood, where most of the population is low-income or uninsured. By the close of 2012, 1,197 community members (140 adults; 160 Leadership Academy elementary, middle, and high school students; 639 Dos Mundos Preschool and McPherson Elementary School students; and 258 youth transitioning from systems of care) participated in the program. In fall 2012, OTM received in-kind support for its marketing efforts. Communications Manager Denice Alexander and Senior Web Developer Jill Katz, both from Kaiser Permanente Northern California Region, provided website consultation, assessment, and development services. OTM now has a new website that provides easier access, updated program information, and specific opportunities for involvement. A partial list of community partners includes Queen of the Valley Medical Center, Napa Parks and Recreation Advisory Commission, Napa County Health and Human Services Agency, Community Health Clinic Olé, UC Master Gardeners of Napa County, and Napa County Workforce Investment Board.

- KFH-Vallejo awarded \$20,000 to Queen of The Valley Community Outreach for continued support of its Napa Healthy for Life program, a school-based intervention model designed to reduce obesity and establish lifelong healthy lifestyle habits. The program was piloted in five schools during the 2009–2010 school year and 11 schools in 2010–2011, and was expanded to 17 schools in 2011–2012. In 2012–2013, a lower elementary (K–2) program will be added at five of the existing elementary schools (Snow, Pueblo Vista, Napa Valley Language Academy, Napa Junction, and Salvador). School PE instructors received a full day of training and orientation prior to start-up, and each newly added school received new equipment and teacher training in the Healthy for Life curriculum. Community partners include Community Health Clinic Olé, Loffler-Barry & Morgese Pediatrics, and Harvest Pediatrics.
- KFH-Vallejo awarded \$20,000 to the Public Health Program at Touro University California (TUC) for its Community Health Promoter Training Project, which launched in January 2013. Parents recruited from two low-income Solano County neighborhoods (North Vallejo and Fairfield) are trained as community health promoters by participating in an eight-week training program focused on improving healthy eating and active living in their communities. Follow-up sessions will provide additional training and support to conduct specific community health promotion activities targeting local neighborhoods. Graduate students from TUC Public Health work directly with these peer-trained health promoters who deliver the program curriculum. The project is an innovative partnership that builds community capacity by training and empowering new public health leaders to improve public health.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

To assess the contributions our investments are making toward the achievement of our Community Benefit goals, KFH-Vallejo will monitor community data on physical activity and consumption of fruits and vegetables; track grant dollars and get data from grantees on number of individuals or organizations who received education, technical assistance, or another intervention as a result of grant funding; monitor data on number of schools implementing policies to increase availability and consumption of fresh fruits and vegetables; and monitor the reach and sustainability of Farms to Families.

PRIORITIZED NEED III: DECREASE RISKY TEEN BEHAVIORS

Data from the CHNA highlighted several areas where teens were engaging in behaviors that put them and their health at risk. For example, the rate of ATOD use among teens was unacceptably high. In 2007, nearly 51% of Solano County youth used alcohol before age 16, up from 47% in 2005; 35% of 11th graders report consuming alcohol at least once in the past 30 days; and two-thirds were binge-drinking when they drank. Napa County data from 2007 show 14% of 7th graders, 25% of 9th graders, and 40% of 11th graders reported using alcohol in the past 30 days; and 13% of 9th graders and 26% of 11th graders in Napa reported binge-drinking in the past 30 days.

Twenty-five percent of Solano County youth reported using marijuana before age 17, and 20% of 11th graders reported having used it in the past 30 days; 6% of 7th graders, 11% of 9th graders, and 13% of 11th graders reported using tobacco in the past 30 days (the rates for 7th and 9th graders were trending upward). Among Napa County 7th graders, 5% reported using marijuana or cigarettes; among 9th graders, 11% reported smoking cigarettes and 13% used marijuana; and among 11th graders, 7% reported using cigarettes and 22% reported using marijuana.

There was evidence from the secondary data that teens were engaging in risky sexual behavior as well. Teen pregnancy rates compared favorably overall, but were of concern for young women of color. Chlamydia rates have been increasing dramatically for young women 15 to 24, with 32.6% having a reported case of chlamydia. Teens in the Solano County focus group felt that data on drinking, drug use, and unprotected sex greatly underrepresented what goes on with teens they know.

2012 GOALS

1. Decrease risky sexual activity among teens.
2. Decrease rates of ATOD use among teens.

2012 STRATEGIES

1. Provide grant funding to support school-based teen education and peer groups focused on informed and healthy choices regarding sexual activity.
2. Arrange for a KFH-Vallejo nurse practitioner to staff a high school teen clinic one day per week.
3. Provide grant funding to support the local Reducing Rates Coalition efforts in education, counseling, and other services to prevent and address teen use of ATOD.
4. Bring Kaiser Permanente's Educational Theatre Programs (ETP) into local schools to address teen ATOD use.
5. Provide leadership to Solano County's ATOD efforts through participation on ATOD subcommittees.

TARGET POPULATION

Low-income teens, particularly African Americans and Latinos.

COMMUNITY PARTNERS

Community partners will include Reducing Rates Coalition and school districts throughout the service area.

2012 YEAR-END RESULTS

- KFH-Vallejo and KFH-Vacaville awarded Big Brothers Big Sisters \$20,000 to support Operation Thrive, a program designed to provide mentors to the children of military personnel who live on or near Travis Air Force Base. The goal is to educate mentees on ways to improve lifestyle choices and outcomes, including nutrition, exercise, substance abuse, and sexual behavior. To address the need for one-on-one support, mentors were matched with nearly 56 at-risk and underserved youth who have one or both parents deployed or who are new to the community because of parent reassignment to Travis AFB. Community partners include Travis Youth Center, Fairview Elementary School, Reducing Rates Coalition, Solano Mentoring Collaborative, Solano Hispanic Chamber of Commerce, Vallejo Chamber of Commerce, and Fairfield-Suisun Chamber of Commerce. KFH-Vallejo's Gwen Havell and Sheila Newberry and KFH-Novato Psychologist Luanne Tikker volunteer as mentors.
- KFH-Vallejo and KFH-Vacaville awarded \$7,500 to Girl Scouts of Northern California to support its Got Choices of Solano County, a year-round program aimed at reducing risky and harmful behaviors among teen and tween girls. The program provides an emotionally and physically safe, girls-only environment where participants are encouraged to freely and fully express their thoughts, fears, challenges, and feelings. The program also helps participants think critically through their past choices and behaviors and begin to develop a new and healthier set of values and choices. Got Choices served 78 girls and achieved the following outcomes: 100% of participants reported they were able to make better life choices and think before they react; 96.3% reported they were better able to recognize healthy

relationships and to work in a group and respect others; and 93.3% showed evidence of increased self-understanding and self-worth by improving their ability to think and decide for themselves.

- Planned Parenthood Shasta-Diablo (PPSD) received \$25,000 for continued support of Reducing the Risk, a program at the Jesse Bethel High School teen clinic, which provides a combination of medical services and education to promote healthy lifestyles, prevention, and early intervention to reduce health problems. Since June 2012, the PPSD health educator has led 13 classes and continues to provide education for more than 300 students on a variety of reproductive issues, including healthy sexual relations and communication, sexual assault and rape, sexual reproductive anatomy, contraception, and preventing sexually transmitted infections (STIs), including HIV/AIDS, and unwanted pregnancy. Nearly 200 students accessed services and attended after-school reproductive health education classes at the teen clinic, and 12 students were linked to the PPSD clinic in Vallejo for ongoing care. The PPSD health educator also works very closely with Bio-Med Academy students who “adopted” the educator and asked him to be a mentor. In addition, under the direction of the PPSD health educator and an advisor, students are conducting on-campus outreach: activities for Get Tested Tuesdays and World AIDS Day reached and targeted a minimum of 180 students. Testing and other teen clinic services are promoted through announcements at the beginning of the day and at school-based activities. Students are also developing a production to be filmed through Vallejo Community Access Television during the second semester. KFV-Vallejo nurse practitioners Patricia Gahagan, NP, and Anne Sondheim, NP, provide health services at the teen clinic.
- Solano Community College Education Foundation was awarded \$15,000 to support its Violence Intervention and Training program, which targets Vallejo youth and is designed to increase student/youth awareness and manage behaviors that often lead to suspension and expulsion from school. Solano Community College (SCC) students are trained to serve as co-facilitators of youth workshops. The Peace Summit workshop includes interactive exercises, small group discussions, individual written exercises, video, and lecture. Since June 2012, 80 mentors were recruited, with 10 receiving 20 hours of Peace Course training, and 10 facilitators were trained for the program. The program is scheduled to begin in January 2013 at Solano Middle School and Vallejo’s Jesse Bethel High School.
- St. Helena Unified School District received \$15,000 to support its Student Assistance Program designed to assist at-risk high school youth with tools and resources to live a productive life. Three-hundred and fifty students were linked to services to improve academic and social skills, 40 students learned positive communication and coping skills, and 25 families received parenting skills to become more involved with their children in school. Community partners include St. Helena Family Center, Aldea Children & Family Services, Boys & Girls Club Diversion Program, Community Health Clinic Olé, Family Services of Napa Valley, Napa County Health & Human Services, St. Helena Police Department, Parents CAN, Planned Parenthood, and VOICES.
- St. Helena Family Center was awarded \$20,000 to support its Latino Teen Mentoring programs, CLARO and CLARA (Challenging Latinos/Latinas to Access Resources and Opportunities), which were designed to improve academic performance and social behavior among Latino middle and high school students who have been identified as at-risk for failure to thrive. The goal of the program is to provide tools to assist youth in making positive, life-enhancing choices. Through December 2012, 80 students participated in the program and 18 parents attended a four-week workshop focusing on communication, current teen issues, cultural identity, and the education process.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

To assess the contributions our investments are making toward the achievement of our Community Benefit goals, KFV-Vallejo will monitor community data on teen behaviors, including ATOD use, as well as teen sexual practices and sexual health; track grant dollars and get data from grantees on number of individuals reached through school-based programs as a result of grant funding; monitor data on number of individuals reached through Reducing Rates Coalition’s education and

counseling efforts; track number of schools and students reached through ETP, with a specific focus on promoting healthy teen behaviors; and monitor the county's progress in achieving its goals related to teen ATOD use.

PRIORITIZED NEED IV: PREVENT COMMUNITY VIOLENCE

Community violence emerged as a concern during the CHNA process. Recent violent incidents in schools and neighborhoods highlighted the need for focused, specific actions to protect the health and well-being of residents. In the CHNA community survey, respondents indicated that violence and crime were the greatest detriment to community health. This was mentioned by 40% more individuals than any other detriment to health. Data from the California Department of Public Health showed an age-adjusted death rate from homicide in Solano County of 8.2 per 100,000, the sixth highest rate in the state.

2012 GOALS

1. Decrease violence in schools.
2. Decrease violence in at-risk communities.

2012 STRATEGIES

1. Provide grant funding to support positive after-school activities for youth.
2. Partner with ETP to develop and offer performances of a vignette about aggressive behavior and violence among youth.
3. Explore and engage in community efforts already under way or emerging to decrease violence in the schools.
4. Provide grant funding in support of collaborative community efforts to decrease violence in Vallejo.
5. Explore existing community efforts to address violence in Vallejo and define KFH-Vallejo's role in the efforts.
6. Adopt strategies for violence intervention and prevention that have worked in other KFH service areas.

TARGET POPULATION

Youth and young adults in at-risk communities.

COMMUNITY PARTNERS

Community partners will include school districts and emerging community coalitions to address violence.

2012 YEAR-END RESULTS

- KFH-Vallejo and KFH-Vacaville awarded \$10,000 to LIFT3 Support Group for continued support of Community Engagement in Violence Prevention, a program designed to mobilize the community to help prevent intimate partner violence through community conversations, which started in October 2012, to address and respond to family violence. Next steps include a follow-up to police chiefs in the seven Solano County law enforcement jurisdictions, with a focus on those who want to have their own community showing and discussion of "Telling Amy's Story," a documentary film and public service media project designed to help end domestic violence. Suisun's police chief extended an invitation to LIFT3 to participate in law enforcement field officer training to better equip officers to address family violence during calls. Fairfield police department reached out to LIFT3 and has assigned one of its lieutenants to sit on LIFT3's advisory board. The remaining law enforcement jurisdictions are still deciding how they want to engage. Key partners include Vallejo Mayor Osby Davis; Benicia, Dixon, Fairfield, Suisun City, and Vacaville police departments; Solano Family Justice Center; and Office of Family Violence Prevention.
- KFH-Vallejo and KFH-Vacaville CASA of Solano County \$10,000 to support its Male Advocate Recruitment program for at-risk youth in the foster care system. CASA targeted approximately 1,200 individuals and reached 567. Members of the targeted audience are starting to show results—in the number of men signing up for training and the number of referrals to other organizations for speaking opportunities. CASA also conducted a focus group that encouraged a

change in its messaging to recruit long-term volunteers for its advocacy work. The message to men is now more focused on individual impact by teaching young men and is more effective.

- KFH-Vallejo awarded \$10,000 to Napa Emergency Women Services (NEWS) for continued support of its Domestic Violence Response Team (DVRT). From May 2012 through December 2012, NEWS advocates responded to 17 calls from law enforcement; 18 volunteers graduated from its 60-hour training program and became active DVRT advocates; and 16 DVRT advocates donated close to 5,182 volunteer hours. At the request of law enforcement, DVRT advocates respond immediately to domestic violence victims, going directly either to the scene of an incident or to a designated safe location. They provide emotional support, information, safety planning, and resources, and work with each client to develop a plan for follow-up services.
- Vallejo City Unified School District (VCUSD) was awarded \$12,000 to support its Anti-Bullying Campaign, designed to educate students about being bullied and its effects, increase their leadership styles, promote respect and diversity, and promote a productive, safe, academically motivated school culture and climate. VCUSD, which has 14,500 students in grades K–12, created a video production that is being implemented throughout the district via Roundtable discussions and Challenge Day activities.
- Benicia Education Foundation received \$9,900 to support its Stand Up, Speak Out ... End Bullying program at Benicia Middle School, which organized an antibullying committee and followed an organizational structure provided by Utterly Global to develop and implement monthly lesson plans for all students. Close to 1,200 students, 45 staff members, and 260 parents participated in a preprogram School Perceptions survey. The committee used data from the survey to address areas of concern on campus and to create an action plan for a consistent, ongoing, and supportive program for all students. Postprogram survey results will be available in spring 2013. Community partners include Benicia Middle School Parent Teacher Group, Benicia Youth Action Coalition, and Benicia Education Foundation.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

To assess the contributions our investments are making toward the achievement of our Community Benefit goals, KFH-Vallejo will monitor community data on acts of violence in the schools, nonfatal assaults, and homicides; track grant dollars and get data from grantees on the number of teens participating in programs supported through grant funding; work with ETP on the development of a vignette for youth about aggressive behavior and violence and track the number of times it is performed and the number of students reached; track dollars granted to community programs and coalitions working to decrease violence and monitor the number of individuals and/or organizations receiving support through grant funded efforts; and monitor implementation of Kaiser Permanente and community programs designed to prevent community violence.

PRIORITIZED NEED V: REDUCE HEALTH DISPARITIES

SCBH has focused on reducing health disparities in Solano County for almost a decade. The disparities are most evident—and continue to persist—among African Americans and Latinos who have, for example, much higher rates of death from diabetes. Solano County's age-adjusted death rate from diabetes in 2006–2008 was 31 per 100,000, 50% higher than the 2002–2004 rate. In addition, African Americans and Asians have the lowest rates of exclusive breastfeeding at discharge. Breastfeeding is associated with healthier babies and lower rates of obesity. Working with SCBH, KFH-Vallejo will focus on reducing disparities in diabetes control and in breastfeeding rates.

2012 GOALS

1. Improve diabetes control among African Americans and Latinos.
2. Increase breastfeeding among African Americans and Asians.

2012 STRATEGIES

1. Provide grant funding to organizations focused on diabetes education, coordination of care, self-management, and promotoras/community health conductors for low-income African Americans and Latinos.
2. Continue community leadership through SCBH's Disparities Project, with a particular focus on diabetes control.
3. Provide grant funding for culturally competent breastfeeding support, particularly outside the hospital setting.

TARGET POPULATION

Low-income African Americans, Latinos, and Asians.

COMMUNITY PARTNERS

Community partners will include SCBH.

2012 YEAR-END RESULTS

- KFH-Vallejo and KFH-Vacaville awarded \$20,000 to Area Agency on Aging (AAA) for continued support of the Latino Outreach Program, which serves monolingual, Spanish-speaking, multicultural populations in Napa and Solano counties using a culturally and linguistically appropriate approach to share information about community resources for Latino seniors, adults 18 and older with disabilities, caregivers, and other providers of underserved populations. The program reached close to 1,500 individuals at events such as Bi-National Health Fair and Fall Prevention Workshop, various senior centers, and other community locations. KFH-Napa Health Educator Maria Carter participates on the Stop Falls Coalition. A partial list of community partners includes Legal Aid of Napa, Adult Day Services of Napa Valley, Dixon Senior Center, and Community Health Clinic Olé.
- KFH-Vallejo and KFH-Vacaville provided A More Excellent Way (MEW) with \$15,000 to support the African American Breastfeeding Project, which encourages the practice of breastfeeding to decrease infant mortality among Solano County's African American population by increasing education, awareness, and support. Since its inception, MEW has trained 74 peer counselors, who have made more than 300 home visits to more than 140 clients and provide several hundred Solano residents with breastfeeding and program information, including one-on-one counseling to pregnant and breastfeeding women. MEW also conducted seven community baby showers and helped seven churches become mother-baby friendly. The program now has Twitter and Facebook accounts, with a large following (up to 150 hits per month). The following community partners donated services and goods and helped MEW recruit clients and attendees for events: Touro University Health Clinic; La Clínica de la Raza; Solano County CHDP Program/Lead Prevention Program; Child Start, Inc.; Black Infant Health; Baby First Solano; Urban Fitness Solutions; Health Education Council; Solano County WIC Program; Solano County Library; and Food Bank of Contra Costa and Solano counties.
- La Clínica de la Raza received \$24,832 for continued support of its Diabetes Management Project that was designed to effectively address health disparities that exist within Vallejo's diabetic and prediabetic patient population, which is primarily African American and Latino. The project serves approximately 436 active diabetic patients in La Clínica's registry. To date, 43 patient visits were generated for weight management classes, pharmacy assistance, and chronic condition management; 189 patients demonstrated blood pressures $\leq 130/80$; 396 patients tested for glycohemoglobin A1c at least once; 249 patients demonstrated a decrease in LDL cholesterol at <100 ; and 29 patients received retinopathy screenings. Project staff work closely with local community agencies such as Partnership Health Plan of California. KFH-Vallejo's David Williams, MD, Cardiology, provides volunteer clinical services to many project patients.
- KFH-Vallejo and KFH-Vacaville awarded \$20,000 to Solano County Public Health's Health Promotion and Education Bureau to support the Napa/Solano HIV Mobile Testing Project, which aims to conduct a total of 500 HIV tests (350 in Solano County and 150 in Napa County) at community sites such as homeless shelters, drug treatment facilities,

churches, and community events that serve African Americans and Latinos who engage in behaviors that put them at risk for HIV infections, including injection drug users, the homeless, day laborers, and men who have sex with men. Positive clients will be transitioned into health care and case management, thereby improving health outcomes related to HIV and reducing HIV health disparities among African Americans and Latinos. Testing occurs throughout Solano County and the City of Napa. Between June 1 and December 1, 2012, 226 HIV tests were conducted; 25% of clients were African American and 37% were Latino. Community partners, including Hope Center, Salvation Army, Christian Help Center, and Mission Solano, have supported HIV testing at their facilities by facilitating access to target populations and advertising testing dates and times. When the program targeted Latino day laborers for HIV testing, Home Depot allowed mobile HIV testing on its property.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

To assess the contributions our investments are making toward the achievement of our Community Benefit goals, KFHV-Vallejo will monitor community data on diabetes incidence and mortality and on breastfeeding rates; track grant dollars and get data from grantees on number of individuals reached through grant-funded programs; and monitor SCBH's progress in achieving its goals related to eliminating health disparities.

Table 1

KAISER FOUNDATION HOSPITAL-VALLEJO

2012 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: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 2,233 |
| Medi-Cal Managed Care members | 8,692 |
| Healthy Families Program members | 2,297 |
| Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) ¹ members | 52 |
| Operation Access – number of procedures ² | 0 |
| Operation Access – number of medical volunteers ² | 11 |
| Operation Access – number of medical volunteer hours ² | 0 |
| Health Research projects (new, continuing, and completed) | 5 |
| Nursing Research projects (new, continuing, and completed) | 20 |
| Educational Theatre Programs – number of performances and workshops | 100 |
| Educational Theatre Programs – number of attendees (students and adults) | 17,631 |
| Graduate Medical Education – number of programs | 3 |
| Graduate Medical Education – number of affiliated and independent residents | 48 |
| Nurse practitioner and other nursing training and education beneficiaries | 36 |
| Deloras Jones nursing scholarship recipients | 2 |
| Other health professional training and education (non-MD) beneficiaries | 29 |
| Summer Youth and INROADS programs participants | 10 |
| Number of 2012 grants and donations made at the local and regional levels ³ | 91 |

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

²All of the hours volunteered by KFV-Vallejo staff in 2012 were for procedures performed at other KFV facilities.

³The vast majority of regional grants impact three or more local hospitals. As such, a single regional grant may be included in the “Number of 2012 grants and donations” count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-VALLEJO

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$15,977,501 |
| Healthy Families ² | 888,799 |
| Charity care: Charitable Health Coverage programs ³ | 1,755,833 |
| Charity care: Medical Financial Assistance Program ⁴ | 1,440,747 |
| Grants and donations for medical services ⁵ | 423,922 |
| Subtotal | \$20,486,802 |
| Other Benefits for Vulnerable Populations | |
| Summer Youth and INROADS programs ⁶ | \$48,586 |
| Grants and donations for community-based programs ⁷ | 189,431 |
| Community Benefit administration and operations ⁸ | 382,161 |
| Subtotal | \$620,177 |
| Benefits for the Broader Community⁹ | |
| Community health education and promotion programs | \$11,384 |
| Educational Theatre Programs | 214,719 |
| Facility, supplies, and equipment (in-kind donations) ¹⁰ | 748 |
| Community Giving Campaign administrative expenses | 7,512 |
| Grants and donations for the broader community ¹¹ | 336,637 |
| National board of directors fund | 17,258 |
| Subtotal | \$588,257 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$724,461 |
| Non-MD provider education and training programs ¹² | 535,605 |
| Grants and donations for the education of health care professionals ¹³ | 20,952 |
| Health research | 7,025,427 |
| Subtotal | \$8,306,445 |
| Total Community Benefits Provided | \$30,001,681 |

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.

KAISER FOUNDATION HOSPITAL (KFH)-WALNUT CREEK

1425 South Main Street
 Walnut Creek, CA 94596
 (925) 295-4000

The KFH-Walnut Creek service area includes communities in Contra Costa and Alameda counties. The major cities and communities are Dublin, Livermore, and Pleasanton in Alameda County and Alamo, Concord, Danville, Lafayette, Martinez, Moraga, Orinda, Pacheco, Pleasant Hill, San Ramon, and Walnut Creek in Contra Costa County.

COMMUNITY SNAPSHOT (*COUNTY-LEVEL DATA)

| | |
|-------------------------------|----------|
| Total population: | 698,330 |
| Median age:* | 38.0 |
| Average household income:* | \$78,469 |
| Percentage living in poverty: | 5.27% |
| Percentage unemployed: | 9.07% |
| Percentage uninsured: | 7.82% |

| | |
|-----------------------------|--------|
| White: | 66.67% |
| Latino: | 13.62% |
| African American: | 2.19% |
| Asian and Pacific Islander: | 13.17% |
| Native American: | 0.33% |
| Other: | 4.01% |

KEY STATISTICS

| | |
|-------------------------------------|---------|
| Year opened: | 1953 |
| KFH full-time equivalent personnel: | 1,800.7 |
| KFHP members in KFH service area: | 248,069 |

| | |
|------------------------|--------|
| Total licensed beds: | 233 |
| Inpatient days: | 67,563 |
| Emergency room visits: | 53,874 |

KEY LEADERSHIP AT KFH-WALNUT CREEK

| | |
|----------------------------|--|
| Colleen McKeown, RN, MHROD | Senior Vice President and Area Manager |
| Tim Daly | Chief Operating Officer |
| Yakesun Wing | Area Finance Director |
| Judy Lively, MD | Physician in Chief |
| David Niver, MD | Physician in Chief |
| Linsey Dicks | Medical Group Administrator |
| Deneen Wohlford | Interim Public Affairs Director |
| Marianne Balin | Community Benefit/Community Health Manager |

THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

KFH-Walnut Creek serves residents of Central Contra Costa County and the Tri-Valley area of Alameda County. The 2010 CHNA for KFH-Walnut Creek is based on two reports of secondary data: one by the Contra Costa Department of Public Health and one by the Alameda County Department of Public Health. Primary data were collected through a community survey of low-income residents of east and central Contra Costa County and a community survey of low-income Tri-Valley residents. KFH-Walnut Creek contracted with the public health department in each county, as part of a collaborative that included John Muir Medical Center and Sutter Health in Contra Costa County and Alta Bates Summit Medical Center, Children's Hospital and Research Center, KFH-Fremont, KFH-Hayward, KFH-Oakland, KFH-Walnut Creek, St. Rose Hospital, ValleyCare Health System, Washington Hospital, and Eden Medical Center in Alameda County. The collaborative contracts were managed through the East Bay Section of the Hospital Council of Northern and Central California. The Contra Costa County community survey was designed and administered in collaboration with John Muir Health, and the Tri-Valley Community Survey was administered in collaboration with the Tri-Valley Community Foundation. Respondents were the clients of local agencies that serve very low-income communities. KFH-Walnut Creek engaged Areté Consulting to develop both surveys, analyze the results, and complete written reports of the findings.

KEY FINDINGS FROM THE 2010 CHNA

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

Obesity and overweight and the associated chronic conditions are significant health problems:

- In Contra Costa County, 56% of adults are overweight or obese, 26.5% of 5th graders are overweight, and African Americans and Latinos are overweight or obese at higher rates than other races and ethnicities. Almost 23% of Alameda County residents are overweight or obese.
- Heart disease mortality in Martinez and Pleasant Hill is significantly higher than the rate for Contra Costa County overall. The same is true for Livermore and Pleasanton with respect to the Alameda County rate.
- Among Central Contra Costa County community survey respondents, 40% reported being diagnosed as overweight or obese and more than 60% reported being diagnosed with hypertension or high blood pressure. In the Tri-Valley survey, 47% reported being diagnosed as overweight or obese, 61.5% reported being diagnosed with hypertension or high blood pressure, and 43% reported being diagnosed with diabetes.

The cost of health care services is a significant barrier to accessing health care for low-income residents:

- UCLA Center for Health Policy Research estimated that 17.3% of Contra Costa County residents were uninsured for all or part of 2009.
- Early prenatal care is accepted as an indicator of access to primary care. Only 80.5% of women in Concord accessed early prenatal care. Tri-Valley residents in Dublin, Pleasanton, and Livermore accessed early prenatal care at rates above 90%, meeting the Healthy People 2010 objective.
- Among Central Contra Costa County community survey respondents, 47% indicated that finding free or low-cost services was usually a problem when they needed medical care, and more than 50% indicated that their top health concerns included affordability of health insurance and of health and/or dental care. In the Tri-Valley, finding free or low-cost medical care was a barrier for more than 70% of survey respondents under age 65, and at least 50% of all respondents mentioned affordable health care, affordable health insurance, or affordable dental care as among their top health concerns.
- More than 40% of Tri-Valley residents under age 65 reported that language access was a concern when they needed medical care.

Adolescents are not observing safe sexual health practices as indicated by rates of sexually transmitted infection (STI):

- Teens and young adults in both counties have rates of chlamydia and gonorrhea that are much higher than the overall county rates.
- Teen birthrates are particularly high for African American and Latina youth in the Tri-Valley and in Contra Costa County.

Maternal and child health indicators show disparities for African Americans:

- Concord's low-birth-weight rate is 5.9 per 100 live births. For African Americans in Contra Costa County, the rate is 12.4. The Healthy People 2010 objective is 5.0.
- Dublin and Pleasanton have high rates of low birth weight compared to the Healthy People 2010 objective.
- Both the infant death rate and the neonatal death rate are more than two times higher for African Americans than for Contra Costa County residents as a whole.

Rates of Injury—both intentional and unintentional—are high for the KFH-Walnut Creek service area:

- Rates of suicide are high in Martinez, Walnut Creek, Livermore, and Pleasanton. Whites have the highest rate of suicide in both counties.
- Rates of unintentional injury hospitalization are high in Pleasant Hill, Concord, and Walnut Creek and occur most often among the elderly and women.
- Rates of unintentional injury mortality are high in Walnut Creek and Martinez and are highest among African Americans and the elderly.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-WALNUT CREEK SERVICE AREA

1. Access to health insurance coverage and health care services
2. Obesity and overweight
3. Adolescent sexual health

2012 YEAR-END RESULTS

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

The most recent data for Contra Costa County indicate that more than 17% of county residents are uninsured. In Alameda County, 12.6% of residents were uninsured in 2008. Data collected through the community surveys indicate that about 50% of central Contra Costa County residents face access barriers related to cost, 33% face barriers related to insurance coverage, and 39% face barriers related to transportation. In the Tri-Valley survey, cost was also the most frequently cited barrier to care; the most important health concerns were affordable dental care (82%), affordable health care services (67%), and affordable health insurance (66%).

2012 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.

2012 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 MFA policy and maximize efficiencies.
3. Provide grant funding to organizations that provide and/or support effective enrollment in public programs.
4. Provide grant funding to support primary care services in underserved areas.
5. Provide grant funding to increase the number of pregnant women receiving early prenatal care.
6. Collaborate with other providers in the community to offer free health care services (e.g., Operation Access).
7. Participate in and support East County CEO Roundtable and East County Access Action Team (ECAAT) to maintain effective communication across the participating organizations.
8. Operate the Mission Vision program to provide free eye exams and glasses for the uninsured.
9. Provide Kaiser Permanente prenatal classes to safety-net clinic patients at no charge.

TARGET POPULATION

Uninsured and underinsured individuals and low-income pregnant women.

COMMUNITY PARTNERS

Community partners include Operation Access (OA); Planned Parenthood Shasta Pacific (PPSP); Contra Costa Health Services Department; RotaCare Bay Area, Inc. Concord Clinic (RotaCare Concord); and Contra Costa Employment and Human Services Department.

2012 YEAR-END RESULTS

- Through its participation in OA, KFH-Walnut Creek offered free elective surgeries to low-income, uninsured individuals. At four Saturday surgery sessions, 151 volunteer clinicians and staff provided 53 patients with evaluations, diagnostic screenings, gastroenterology procedures, radiology procedures, and operating room surgeries. OA also received core operating support through a \$300,000¹ grant from Kaiser Permanente Northern California Region.

¹ This grant was distributed from the Kaiser Permanente Fund for Community Benefit, a donor-advised fund established in late-2004 and administered by the East Bay Community Foundation. Accordingly, the grant amount was not included in the community benefit totals for 2012 (Table A, B, and 2).

- Since September 2009, RotaCare Concord has operated as a medical care clinic, providing urgent, chronic, and specialty care and health education to uninsured adults by appointment only. RotaCare Concord offers services at the Concord Salvation Army and Cambridge Elementary School in the Monument neighborhood where it uses the multipurpose room for patient waiting, registration, social work consultation, data entry, and a dispensing pharmacy. In 2012, the clinic added women's health to its mix of services and began to offer routine pelvic exams and pap smears. The RotaCare Concord clinic had 1,100 encounters in 2012. A \$30,000 grant from KFH-Walnut Creek supported the purchase of pharmaceuticals, supplies, and lab services.
- Axis Community Health, Inc. provides health and substance abuse services through clinics in Pleasanton and Livermore. KFH-Walnut Creek's \$30,000 grant helped fund an eligibility worker who provides low-income residents with one-on-one enrollment assistance, including eligibility assessment, and help completing enrollment documents and renewal applications. Thus far in the grant period, the eligibility worker enrolled 371 patients in health plans. Axis anticipates that funding will enable it to serve 1,113 patients when the grant period ends on June 30, 2013. KFH-Walnut Creek also sponsors a monthly pediatric asthma clinic for Axis: Ian Bartos, MD, followed 22 patients, each averaging two or three visits, and pediatric asthma nurse Dede Greybeck, RN, provided asthma education to 33 families.
- KFH-Walnut Creek sponsored its third annual Mission Vision event on July 21. Four local organizations that work with homeless individuals, Society of St. Vincent de Paul Contra Costa, Contra Costa Health Services, Shelter Inc., and Catholic Charities, were invited to refer clients in need of eye exams and glasses. Ninety-three homeless and very-low-income adults participated; all received eye exams; several adults received ready-made readers and 30 individuals received prescription glasses. More than 30 Kaiser Permanente clinicians, staff members, and family members made the day a success. Total value of the readers and prescription glasses was \$3,361.
- PPSP, which operates clinics in Concord, Walnut Creek, and San Ramon, offers prenatal care but is unable to offer prenatal classes. Since 2009, KFH-Walnut Creek has offered scholarships to PPSP patients to attend prenatal classes at KFH facilities. In 2012, 22 PPSP patients attended pre- and postnatal classes at KFH-Antioch. Total enrollment costs for these patients were \$1,290.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Walnut Creek will assess our success relative to these strategies and goals by monitoring community rates of insurance coverage and indicators of access to care; tracking grant dollars we provide; tracking the number of people enrolled in public programs and Kaiser Permanente Child Health Plan; tracking the percentage of completed enrollment applications for Medi-Cal and Healthy Families; collecting data on the number of patient visits and unique patients seen by prenatal care and primary care services supported through grant funding; monitoring the number of clinicians who volunteer to offer free services and the number of patients served through those services; tracking the number of individuals receiving MFA and total dollars spent on this program; and collecting data on the number of safety-net clinic patients participating in Kaiser Permanente prenatal classes.

PRIORITIZED NEED II: OBESITY AND OVERWEIGHT

Health problems in themselves, obesity and overweight also contribute to other debilitating health conditions. In Contra Costa County, the rates of obesity and overweight are high for adults (more than 56%) and children (more than 26% of 5th graders). Rates of obesity and overweight are highest for African Americans, Latinos, and males and for students in the county's low-income school districts. In Alameda County, 22.7% of adult residents are obese, another 30.5% are

overweight, and 29% of children are overweight. Obesity is highest among African Americans, and overweight is highest among Whites and Latinos.

2012 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).

2012 STRATEGIES

1. Provide grant funding to support advocacy for changes in organizational practices and policies related to soda and other high-calorie drinks and foods.
2. Provide grant funding to organizations that increase the volume of fresh fruits and vegetables in low-income homes.
3. Identify a KFH-Walnut Creek representative to participate in leadership of the Healthy and Active Before 5 (HAB45) collaborative and achievement of its strategic plan.
4. Provide grants to organizations advocating for or leading efforts to increase walking, bicycling, swimming, and other physical activities.
5. Collaborate on program leadership for Live Well Livermore and its focus on Safe Routes to School and other obesity prevention strategies.
6. Provide grant funding for school-based and other institutional physical recreation programs.

TARGET POPULATION

Low-income adults and children who are obese or overweight or who are at risk of being obese or overweight.

COMMUNITY PARTNERS

Community partners include HAB45, Monument Community Partnership, Contra Costa Health Services Department, Wellness City Challenge, Food Bank of Contra Costa and Solano, Livermore Joint Unified School District, and local schools and recreation departments.

2012 YEAR-END RESULTS

- A \$30,000 grant to Food Bank of Contra Costa and Solano continued KFH-Walnut Creek and KFH-Antioch's long-term support for Farm 2 Kids and helped fund the purchase of fresh produce that is distributed weekly to after-school programs in east and central Contra Costa, including 30 in the KFH-Antioch (Antioch, Bay Point, Oakley, Pittsburg) and KFH-Walnut Creek (Concord, Pleasant Hill) service areas, where more than 50% of students are eligible for free and reduced-price lunches. In 2012, Farm 2 Kids provided 269,150 pounds of fresh produce to 4,149 students and their families.
- KFH-Walnut Creek and KFH-Antioch have supported HAB45, a community collaborative dedicated to reducing early childhood obesity in Contra Costa County through a whole-community focus on food and activity environments for young children and their families, since its inception in 2007. HAB45 works to support its many community partners to become role models for good health through new organizational policies and practices. A \$30,000 grant to Contra Costa Child Care Council provided support for HAB45 staff to work with local residents to evaluate the safety and appropriateness of parks in East Contra Costa. Parents belonging to First 5 East County Regional Group (ECRG) evaluated Pittsburg parks and identified several local play spaces that could be upgraded to be more welcoming and safe. Because of maintenance issues and a lack of play equipment, Santa Fe Linear Park, located in a low-income Pittsburg neighborhood, was of particular interest to the parent group as a focus for its advocacy efforts.

- KFH-Walnut Creek's \$15,000 grant to Livermore Area Recreation and Park District (LARPD) funded Let's Swim, a water safety program providing access to swim lessons and discounted pool entry for 198 low-income children. LARPD offered two orientation sessions at May Nissen Swim Center, followed by swim lessons for registered children. Swimmership program participants paid a \$0.25 entry fee to the swim center for the rest of the summer.
- Loaves and Fishes of Contra Costa operates a hot meal program at multiple sites in the KFH-Walnut Creek and KFH-Antioch service areas, including Martinez and Concord. A \$20,000 grant provided core operating support for this vital safety-net organization. During the grant's first six months, Loaves and Fishes served 61,586 hot nutritious meals to low-income residents. Many KFH-Walnut Creek employees volunteer for Loaves and Fishes, which also operates a food pantry for lunch program participants.
- KFH-Walnut Creek awarded a \$12,000 grant to East Bay Bicycle Coalition (EBCC) to support bicycle safety classes in Concord's Monument community, where many adults use bikes as primary transportation. Midway through the project year for this grant, EBCC has reached 170 adults and children through a bike rodeo held at the Monument Carnival of Health and a Spanish-language bike safety class held at the Michael Chavez Center.

2013 GOALS UPDATES

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Walnut Creek will assess our progress with respect to our goals and strategies by tracking grant dollars provided to support each strategy as well as the number of people reached by programs receiving grant funding; collecting data on the amount of produce brought into low-income homes as a result of funded programs; determining the status of progress toward HAB5's strategic plan; and tracking the number of families engaged in Cooking Matters, Safe Routes to School, and other nutrition and physical activity opportunities.

PRIORITIZED NEED III: ADOLESCENT SEXUAL HEALTH

Data on indicators of adolescent sexual behavior show that significant numbers of teens are engaging in unhealthy sexual practices. Teen birthrates are highest among Latinas and African Americans. Chlamydia rates are high across Contra Costa County, particularly for teens and those 20 to 24.

2012 GOALS

1. Increase the number of young adults receiving chlamydia screening and treatment.
2. Decrease rates of teen pregnancy.

2012 STRATEGIES

1. Provide grant funding to organizations that conduct outreach and education to increase chlamydia screening.
2. Provide grant funding to organizations that provide chlamydia screening.
3. Provide grants to school-based and other organizations working to decrease teen pregnancy through education and family planning services.

TARGET POPULATION

Low-income teens, particularly African Americans and Latinos.

COMMUNITY PARTNERS

Community partners include PPSP, school districts, and Contra Costa Health Services Department.

2012 YEAR-END RESULTS

- Using an evidence-based curriculum and Baby Think It Over dolls, Interfaith Solutions' Healthy Lifestyles program provides comprehensive sex education to reduce teen pregnancy and chlamydia rates. KFH-Walnut Creek and KFH-Antioch have sponsored the program for a number of years through the Contra Costa Office of Education (CCOE). In 2012, the program transferred from CCOE to a community nonprofit organization. KFH-Walnut Creek and KFH-Antioch made a joint \$20,000 grant to support this important pregnancy prevention program, which served 221 youth from Edna Hill, Bristow, and J. Douglas Adams middle schools. The program makes referrals to PPSP and provides movie tickets as incentives to motivate students to make appointments for physical exams, chlamydia screenings, and family planning if needed.
- KFH-Walnut Creek awarded a \$15,000 grant to PPSP to support 11 youth promotores who were trained to serve as youth peer educators and are reaching out to other teens in Concord's Monument neighborhood about reproductive health issues and PPSP's services. During the first half of the project year, these young promotores made 158 health education contacts.
- A \$10,000 KFH-Walnut Creek grant to Tri-City Health Center supported Project LOUD (Live Outreach Uniquely Delivered), which has a goal to lower high-risk behaviors for teen pregnancy, chlamydia, and other STDs among youth 14 to 18 who are sexually active or at risk of becoming sexually active. To do this, Project Loud will hold focus groups with 20 Tri-Valley youth to secure input for two youth conferences focused on the connection of substance use to sexual risk behavior, healthy vs. abusive relationships, and the locations of relevant youth services and resources.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Walnut Creek will assess our progress with respect to these strategies and goals by tracking grant dollars provided and the number of teens who are reached through grant-funded programs, and monitoring community indicators related to adolescent sexual health.

Table 1

KAISER FOUNDATION HOSPITAL-WALNUT CREEK

2012 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: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members | 2 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 1,997 |
| Medi-Cal Managed Care members | 3,103 |
| Healthy Families Program members | 2,970 |
| Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) ¹ members | 192 |
| Operation Access – number of procedures (including general surgery, urology, otolaryngology, vascular, orthopedics, gastroenterology, gynecology, ophthalmology, and colorectal) ² | 74 |
| Operation Access – number of medical volunteers | 174 |
| Operation Access – number of medical volunteer hours | 618 |
| Health Research projects (new, continuing, and completed) | 2 |
| Nursing Research projects (new, continuing, and completed) | 8 |
| Educational Theatre Programs – number of performances and workshops | 80 |
| Educational Theatre Programs – number of attendees (students and adults) | 22,544 |
| Graduate Medical Education – number of programs | 7 |
| Graduate Medical Education – number of affiliated and independent residents | 77 |
| Nurse practitioner and other nursing training and education beneficiaries | 32 |
| Other health professional training and education (non-MD) beneficiaries | 50 |
| Number of 2012 grants and donations made at the local and regional levels ³ | 99 |

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

²Totals include Operation Access data for KFH-Martinez medical offices, located in the Diablo Area.

³The vast majority of regional grants impact three or more local hospitals. As such, a single regional grant may be included in the "Number of 2012 grants and donations" count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-WALNUT CREEK

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$5,599,019 |
| Healthy Families ² | 2,091,575 |
| Charity care: Charitable Health Coverage programs ³ | 2,251,422 |
| Charity care: Medical Financial Assistance Program ⁴ | 4,005,280 |
| Grants and donations for medical services ⁵ | 561,369 |
| Subtotal | \$14,508,665 |
| Other Benefits for Vulnerable Populations | |
| Summer Youth and INROADS programs ⁶ | \$0 |
| Grants and donations for community-based programs ⁷ | 247,414 |
| Community Benefit administration and operations ⁸ | 725,334 |
| Subtotal | \$972,747 |
| Benefits for the Broader Community⁹ | |
| Community health education and promotion programs | \$22,453 |
| Educational Theatre Programs | 217,582 |
| Facility, supplies, and equipment (in-kind donations) ¹⁰ | 0 |
| Community Giving Campaign administrative expenses | 14,816 |
| Grants and donations for the broader community ¹¹ | 28,970 |
| National board of directors fund | 34,038 |
| Subtotal | \$317,859 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$369,477 |
| Non-MD provider education and training programs ¹² | 1,180,425 |
| Grants and donations for the education of health care professionals ¹³ | 111,536 |
| Health research | 5,721,649 |
| Subtotal | \$7,383,086 |
| Total Community Benefits Provided | \$23,182,358 |

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.

KAISER FOUNDATION HOSPITAL (KFH)-WEST LOS ANGELES

6041 Cadillac Avenue
 Los Angeles, CA 90034
 (323) 857-2000

The KFH-West Los Angeles service area includes the cities of Beverly Hills, Culver City, El Segundo, Inglewood, Malibu, Santa Monica, West Hollywood, the City of Los Angeles including the communities of Baldwin Hills, Cheviot Hills, Crenshaw, Hyde Park, Jefferson Park, La Tijera, Leimert Park, Mar Vista, Mid City, Miracle Mile, Ocean Park, Pacific Palisades, Palms, Playa Del Rey, Rancho Park, Rimpau, University Park, Venice, Vermont Knolls, West Adams, Westchester, Westwood, Wilshire, and unincorporated areas such as, Ladera Heights, Lennox, Marina del Rey, View Park, Westmont and Windsor Hills, among others.

COMMUNITY SNAPSHOT (2010 Community Health Needs Assessment for KFH-West Los Angeles)

| | |
|---|-----------|
| Total population: | 1,279,714 |
| Median household income (county): | \$54,467 |
| Percentage living in poverty: | 19.4% |
| Percentage unemployed: | 12.9% |
| Percentage uninsured: | 22.9% |
| Language other than English spoken at home: | 42% |

| | |
|-----------------------------|-----|
| White: | 35% |
| Latino: | 32% |
| African American: | 21% |
| Asian and Pacific Islander: | 8% |
| Other: | 4% |
| | |

KEY FACILITY STATISTICS

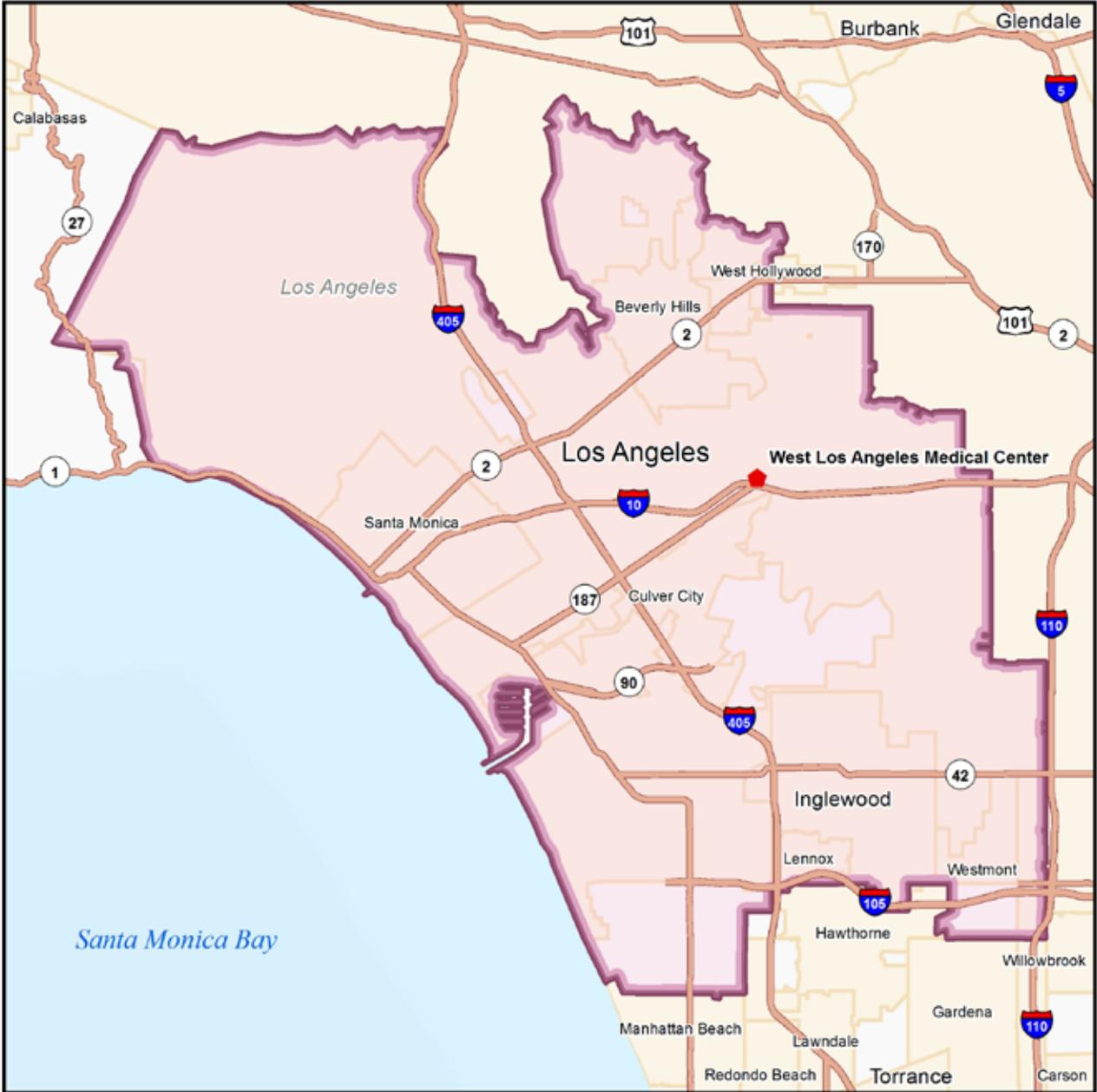
| | |
|-------------------------------------|---------|
| Year opened: | 1974 |
| KFH full-time equivalent personnel: | 1,034 |
| KFHP members in KFH service area: | 186,731 |

| | |
|------------------------|--------|
| Total licensed beds: | 305 |
| Inpatient days: | 45,826 |
| Emergency room visits: | 66,615 |

KEY LEADERSHIP AT KFH-WEST LOS ANGELES

| | |
|------------------------|---|
| Georgina R. Garcia, RN | Executive Director |
| Nor Jemjemian | Chief Operating Officer |
| Jerry Yu | Area Chief Financial Director |
| Howard Fullman, MD | Area Medical Director |
| Tracy Fietz, RNP | Chief Administrative Officer |
| Yesenia Monsour | Director, Public Affairs and Brand Communications |
| Celia Brugman | Community Benefit Health Manager |

KFH West Los Angeles Medical Center Area



- KFH Medical Center
- KFH Medical Center Area
- Cities and Towns
- County Boundary

Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
Maps Produced by: the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES). March 2013.



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

This CHNA was produced through the collaborative efforts of KFH-West Los Angeles, the Advancement Project's Healthy City, and Special Service for Groups, which met in 2010 to plan and carry out the assessment. Secondary data analysis for the 2010 CHNA consisted of data collection, processing, and analysis. Emphasis was placed on making the data as widely available as possible, and toward this end the data were prepared and uploaded to Healthy City's web-based data and mapping platform (<http://www.healthycity.org>). Primary data collection included focus groups and stakeholder interviews with physicians and health care delivery personnel, public health experts, county public health officers, direct service providers, community resource centers, health care organizations, public officials, faith-based organizations, and many other community-based nonprofits and organizations that provided critical information about health needs, assets, and barriers.

KEY FINDINGS FROM THE 2010 CHNA

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

Access to Health Care for the Uninsured and Underinsured:

- Not all populations have equal access to health care services. The CHNA identified 23 significant health disparities on the basis of race/ethnicity, gender, socioeconomic status, disability status, geographic location, sexual orientation, or a combination of these factors.
- According to 2009 estimates, difficulties or delays in obtaining care among adults have increased in both Service Planning Areas (SPAs) 4 and 5. The percentage of the population affected by this issue ranges from 10.8% to 16.8% among service area SPAs. These percentages are significantly above the Healthy People 2010 target of 7%.
- Latinos are the largest ethnic group in the service area, making up 35% (404,328) of the total population. Latinos also have the highest rate of uninsured people, 18%. Cultural and language barriers often impact an individual's timely access to health care services.
- According to the 2010 CHNA, more than one-third of all adults in California did not have dental insurance in 2007. The percent of the adult population without dental insurance for one year was higher than 40% in SPAs 4 and 6. Several focus groups mentioned the lack of oral health services for low-income and uninsured individuals in the KFH-West Los Angeles service area.

Obesity, Diabetes, and Chronic Disease Prevalence:

- Obesity, diabetes, and high blood pressure are among the top health concerns. For instance, the prevalence of diabetes in California has increased from 6.2% in 2001 to 7.8% in 2007, with a notable increase among adults 65 and older in every SPA in the service area.
- Diabetes-related hospitalizations were slightly higher in the service area, compared to the county and the state overall. The highest rates of diabetes diagnoses were concentrated in Inglewood and the southeastern region of the service area.
- The estimated prevalence of high blood pressure increased between 2001 and 2007 in all four of the SPAs within the service area (SPAs 4, 5, 6, and 8), consistent with trends in Los Angeles County and California.
- Obesity continued to be a top concern in this area as a major risk factor for several chronic conditions. The percentage of overweight Latino and African American adolescents and adults is around 60%. The estimated prevalence of obesity and overweight was concentrated in the Inglewood and southeastern regions of the service area at 71.5%. The estimated prevalence of overweight or obese adolescents 12 to 19 increased in SPA 4 and SPA 6 and decreased very slightly in SPA 8.

- The rate of hospitalization for HIV/AIDS in the service area was 4.0 per 10,000 persons, almost double the rate of Los Angeles County (2.3). Both rates were higher than that of California. HIV/AIDS hospitalizations in the service area represent about 20% of all HIV/AIDS hospitalizations countywide.

Access to Mental Health Care:

- Focus group input suggests that there is a high need for mental health care. Some participants indicated high levels of depression among adults and children in Watts, and among undocumented youth in general. The recession and the high unemployment rate, which has more than doubled from 5.4% in 2007 to 12.9% in 2010, were listed as two of the main reasons for the demand for mental health care.
- Mental health services are especially lacking in this region, particularly in SPA 6. Fifty percent or more of adults in SPA 6 and SPA 8 who sought care did not receive the care they needed, compared to 36.7% in SPA 5 and 40.3% in SPA 4.
- Inglewood and the easternmost part of the West Los Angeles area had the highest rates of substantiated cases of child abuse and neglect in the service area; they were among the highest 20% of zip codes in the county and were significantly higher than rates averaged across the state.

Health Behaviors:

- The estimated percent of youth engaging in physical activity dropped substantially in SPA 4 (from 74% to 52%) and SPA 5 (from 76% to 61%), but rose in western regions of the service area. Although a slightly higher-estimated proportion of adults in the overall service area engaged in vigorous physical activity in 2007 when compared to 2005, these figures remained poor. The estimated proportion of adults engaging in no physical activity also increased in all the service area SPAs, with the most substantial increases in SPA 4 (from 8.9% to 15.6%) and SPA 8 (from 9.7% to 17.7%).
- Community participants expressed concern over a lack of physical activity for youth due in large part to the lack of safe places for youth to exercise in areas with gang activity, as well as the reduction in school-based physical education. Participants also pointed to a missing “sense of community” and to a climate in which residents feared and mistrusted one another. Community participants also identified issues relating to lower levels of physical activity in adults, including the elimination of workplace programs (proven effective in increasing physical activity) as contributing to the problem.
- Multiple participants mentioned the lack of grocery stores and poor access to fresh fruits and vegetables in low-income areas such as South Los Angeles. Focus group participants also noted that the overabundance of liquor stores and fast-food establishments in South Los Angeles encouraged unhealthy lifestyles and poor diet. Adolescents 12 to 17 often had the lowest fruit and vegetable consumption. Inglewood and the areas to the east of the coastal cities had low levels of fruit and vegetable consumption.
- Rates of chlamydia, gonorrhea, primary and secondary syphilis, latent syphilis, and congenital syphilis were higher in Los Angeles County compared to the state overall. However, teen pregnancy showed a slight decline.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-WEST LOS ANGELES SERVICE AREA

1. Access to health insurance coverage and health care services
2. Access to health education and chronic disease prevention and management
3. Access to mental health programs and intervention services

2012 YEAR-END RESULTS

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

Access to primary health and specialty care services continues to be the leading issue faced by patients and providers in the KFH-West Los Angeles service area. Data for Los Angeles County indicate that 22.9% of residents were uninsured in 2007. In West Los Angeles, SPAs 4 (41.1%) and 6 (38.9%) have the highest rate of uninsured adults. Use of emergency departments is also a central issue related to access because working families who need care outside traditional hours and those who could not obtain referrals for their health conditions use emergency departments for primary care or wait until they are acutely ill before obtaining care. Data collected through community consultation indicate that the most prevalent barriers to health care access are the lack of insurance coverage, transportation, and linguistically appropriate services. In addition, there is a disparity in access to specialty care, which is nearly absent in medically underserved areas.

2012 GOALS

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

2012 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 and other support to expand access to primary care services through safety-net providers.
4. Provide grant funding to support outreach and education, as well as planning for expanded preventive dental services for children.
5. Operate the Community Surgery Day program to provide free surgeries for the uninsured.

TARGET POPULATION

Low-income and uninsured or underinsured individuals, with emphasis on vulnerable populations, including children and elderly adults.

COMMUNITY PARTNERS

Community partners include AIDS Project Los Angeles, Challengers Boys & Girls Club, Common Ground—The Westside HIV Community Center, LA Free Clinic (aka The Saban Free Clinic), People Assisting the Homeless, Planned Parenthood Los Angeles, South Bay Family Healthcare Center, The Children's Dental Center, UCLA School of Public Health, University Muslim Medical Association Community Clinic (UMMA), Venice Family Clinic, Wise & Healthy Aging, and Worksite Wellness LA.

2012 YEAR-END RESULTS

KFH-West Los Angeles approved grant awards to local community-based organizations that offer primary medical services to adults and families and worked with clinic partners to develop a model for providing specialty care to patients without access to such services. Thirteen clinics and organizations received grants from KFH-West Los Angeles totaling \$90,000 in 2012. Grant awards included a renewal option for a second year of funding at the same amount. Overall, KFH-West Los Angeles awarded \$180,000 in two years. In addition, access to specialty care was enhanced through an expanded surgical program in partnership with a collaborative of three community clinics.

In 2012, three organizations received grants to provide access to dental care for children and families for a total of \$20,000. Five organizations received funding to provide enrollment assistance services to help families enroll in government

programs, such as Health Way LA, for a total of \$23,500. Two organizations were funded a total of \$17,500 to provide access to care services to HIV/AIDS patients. Two organizations were funded \$14,000 to provide access to care for homeless people. Two organizations received \$15,000 in grant funds to provide direct health care services to uninsured youth and adults. Representative grant recipients and programs for access to care and coverage include:

- Challengers Boys & Girls Club, which serves over 2,500 disadvantaged youth 6 to 17 per year in South Central Los Angeles, received a \$7,500 grant for its “Smile Shoppe Dental Clinic and Cavity –Free Zone,” a licensed dental facility onsite at the club. This program offers year-round, free dental care services to 800 youth annually including students from four local schools and uninsured and low-income children from two homeless shelters.
- Los Angeles Free Clinic (dba The Saban Free Clinic) received a \$7,500 grant to continue to provide affordable primary and preventive dental services for low-income, underinsured individuals in Los Angeles County. Services include, but are not limited to, diagnostic visits, including oral exams and X-rays; preventive care, including cleanings, sealants, oral hygiene education, fluoride treatments, and nutrition counseling; and emergency and palliative care. They collaborate with the University of California, Los Angeles, to provide patients, especially eligible seniors, custom-made dentures. Nor Jemjemian, KFH-West Los Angeles Chief Operating Officer, is a member of the advisory board of The Saban Free Clinic.
- South Bay Family Healthcare Center (SBFHC) received a \$5,000 grant from to support the SBFHC Patient Navigation Program by partially funding a patient enrollment specialist (PES) to assist individuals with the process of applying for public health insurance programs. The program expects to serve 8,000 underinsured or uninsured people. In 2011 KFH-West Los Angeles’ \$10,000 grant enhanced access to care for uninsured residents with an additional 149 patients having access to primary care, disease management, and specialty care due to this funding.
- UCLA School of Public Health’s Center for Eliminating Health Disparities received \$7,000 in grant to support the Mobile Clinic Project (MCP), a student and faculty volunteer and community-based clinic. The mission of the MCP is to improve the health outcomes and quality of life of the homeless population in the Los Angeles County. The MCP provides medical services to homeless people residing in the KFH-West Los Angeles service area, including health screening, hygiene kits, and medications; vision screening and lenses; and information and enrollment assistance. The MCP serves 3,000 homeless individuals and expects to offer more than a hundred clinics per year. Walt Coppenrath, MD, serves on the advisory board for the UCLA Mobile Clinic Project. Julia Song, MD, is a volunteer physician.
- KFH-West Los Angeles sponsored one Surgery Access Day as part of a Kaiser Permanente Southern California Region initiative to increase specialty care access for uninsured and underinsured community members. Surgery Access Day is a collaborative partnership with South Bay/Westside Specialty Care Collaborative (Venice Family Clinic, South Bay Family Health Center, and Westside Family Health Center). A total of eight patients received hernia repair and gallbladder removal surgeries. In addition, KFH-West Los Angeles formed a Steering Committee to transform Surgery Day into a larger Community Access Day.
- Kaiser Permanente Southern California Region funded care- and coverage- related grants to increase access to affordable, quality health care and health insurance coverage for low-income, uninsured and underinsured individuals and families in our communities. Grants are made to support the education and potential and future enrollment of eligible individuals into publicly funded health insurance products. In 2012, Children Now received \$75,000 to support the core operations of the organization as it educates policymakers and engages health allies to ensure that California children have quality, affordable health coverage and access.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

To assess the progress and success in achieving the stated goals, the following indicators will be used: the number of grants awarded; total dollars provided in grants; the number of people reached through grants; the number of collaborating partners; the number of staff engaged in the community; the number of community organizations served; the number of people receiving charity care services; Kaiser Permanente Child Health Plan and STEPS members; and the number of individuals receiving MFA.

PRIORITIZED NEED II: ACCESS TO HEALTH EDUCATION AND CHRONIC DISEASE PREVENTION AND MANAGEMENT

The top chronic care conditions affecting the community include overweight, obesity, diabetes, hypertension, cardiovascular disease, and HIV/AIDS. Maintaining health through disease prevention strategies such as exercise, healthy eating, and education regarding chronic conditions was identified as an important community health issue. Despite success in increasing awareness of chronic conditions and the importance of prevention and management, the lack of access to culturally and linguistically appropriate services continues to be a challenge in supporting adults in managing their chronic conditions. Data indicate that Latinos and African Americans experience higher hospitalization rates due to unmanaged chronic conditions. In addition, cultural and language limitations in immigrant and refugee communities negatively impact their ability to comfortably access health care, properly take medication, or manage a chronic illness. Many community health providers offer a variety of explanations for the modern-day epidemic of rapidly increasing overweight and obesity, including limited physical activity at all ages; poor eating habits; lack of access to supermarkets in low-income areas; increased use of electronic games, television, and computers; and West Los Angeles' urban environment, which is not designed to accommodate active outdoor living.

2012 GOALS

1. Increase effective management of diabetes, obesity, and high blood pressure with an emphasis on reducing ethnic and geographic disparities in among Latinos and African Americans living in the Inglewood/South Los Angeles areas.
2. Expand programs that work to reduce HIV infection and increase access to innovative prevention and treatment services to populations most at risk for HIV/AIDS.

2012 STRATEGIES

1. Support community clinic partners in the delivery of chronic care management programs that provide clinic patients with education about self-management of their conditions, nutrition, and exercise.
2. Support culturally and linguistically appropriate health education, nutrition, and wellness programs that address healthy eating and active living for children or seniors.
3. Partner with faith-based organizations and community centers to leverage "promotora" and "train-the-trainer" models to expand the reach of education and training for adults and seniors.
4. Provide support for programs that promote prevention, medical care, and social services for individuals and families affected by HIV/AIDS.

TARGET POPULATION

Low-income and uninsured or underinsured individuals, with emphasis on vulnerable populations, including immigrants, refugees, children, and elderly adults, at risk for poor health outcomes.

COMMUNITY PARTNERS

Community partners include Alliance for Housing and Healing; American Heart Association; Asian American Drug Abuse Program; Black Women for Wellness; City of Inglewood – Parks, Recreation and Community Services Department; FAME Assistance Corporation; Healthy African American Families; Junior Blind of America; Los Angeles Jewish AIDS Services;

Los Angeles Urban League; Minority AIDS Project; Model Neighborhood Program; OPICA Adult Day Care and Caregiver Support Center; Project Angel Food; South Central Family Health Center; Special Olympics Greater Los Angeles; St. John's Well Child and Family Center, Inc.; Students Run LA; To Help Everyone Clinic; Vision y Compromiso; Westside Family Health Center; Women of Color Breast Cancer Survivors Support Project; and YMCA – Weingart.

2012 YEAR-END RESULTS

KFH-West Los Angeles provided grants to local community-based organizations to help vulnerable community members manage chronic diseases, such as diabetes, obesity, hypertension, and HIV/AIDS. These organizations offer programs to prevent the development of disease and direct services to assist community members in managing existing chronic conditions. A total of 23 organizations received \$118,000 in grant funds in 2012. Grant awards included a renewal option for a second year funding at the same amount. Overall, \$236,000 was awarded. Six organizations were awarded \$34,500 in grant funds to support their work in chronic care management of diabetes, hypertension, and obesity. Ten organizations received grant awards for a total of \$50,000 to assist them in the promotion of healthy eating, active living (HEAL) initiatives. Two organizations received grants of \$8,500 each to support their disease prevention and education work with African American fathers and senior citizens. Five organizations specifically received funding to provide supportive services for vulnerable community members diagnosed with HIV/AIDS for a total of \$25,000.

KFH-West Los Angeles provided substantial grant funding for the prevention and management of HIV/AIDS. Two organizations received \$17,500 to provide health care and dental care services to people living with HIV/AIDS. In addition, under prioritized need III, one organization received a \$5,250 grant to support specialized mental health services for LGBT community members living with HIV/AIDS. The total support for people living with HIV/AIDS across the three prioritized needs for KFH-West Los Angeles amounts to \$47,750 and includes dental, mental, and health care as well as supportive services. Representative grants are:

- The Westside Family Health Center (WFHC) received an \$8,000 grant to support the LEAP program (Learning Exercise with Active Parents). LEAP aim is to motivate parents to leap into action by cultivating healthy eating and physical activity habits in order to be positive role models for their children. WFHC pediatricians refer overweight and obese patients 4 to 17 to the program. Youth and parents receive combined health education sessions to model healthy behaviors and monitor BMI over a 12-month period. WFHC expects to serve 100 children and parents.
- Los Angeles Urban League (LAUL) received a \$5,000 grant from KFH-West Los Angeles to support Fit 4 Life and Fitness (Fit 4 Life), which is designed to create healthy lifestyle changes through education and trainer-led exercise. Participants receive onsite education regarding nutrition, healthy cooking, and the management of chronic health conditions. In 2012, LAUL served more than 300 individuals through the program and hosted six workshops on healthy cooking and nutrition.
- Weingart YMCA received a \$7,500 grant for its Youth and Family Wellness program at John Muir Middle School. The project provides nutrition education and healthy activity skill-building for community members, including physical activities such as dance and fitness classes. More than 1,400 youth are expected to participate in this program, which links soccer league activities in the school ground with wellness and prevention activities for families.
- Project Angel Food received a \$5,000 grant from KFH-West Los Angeles to support its food and delivery program. Project Angel Food cooks and delivers nutritious meals to people who are disabled due to life-threatening illnesses, such as HIV/AIDS and cancer. Project Angel Food's home-delivered meals are designed to prevent malnutrition and to support medication absorption. This organization operates 18 delivery routes in the KFH-West Los Angeles service area and serves 557 ill and disabled individuals. All clients receive at least one main entrée, resulting in a more than of 95,300 healthy meals cooked and delivered during the year in our service area.
- Vision and Compromiso received a \$5,000 grant to bring Latinos Saludables con Bailoterapia (Healthy Latinos with Bailoterapia) program to Inglewood and Culver City areas. This program recruits a cohort of 20 promotores to conduct nutrition and physical activity classes in their neighborhoods. Each pomotor/a reaches out to at least 20 residents who are overweight and obese, or at risk for overweight and obesity. The promotor/a provides education, support, and solutions for residents to manage their health conditions, in particular obesity, diabetes, and high blood pressure.
- In 2012, Kaiser Permanente Southern California Region funded School Wellness grants to improve school physical activity and nutrition programs and support healthy school partnerships. In the KFH-West Los Angeles area, A World Fit

For Kids! received a \$50,000 grant to support the After-school Professional Development Project. Half-day workshop trainings on specialized physical activity are provided to after-school staff in schools where 50% or more of the students qualify for free or reduced lunch.¹

- Kaiser Permanente Southern California Region awarded Public Health Foundation Enterprises a \$165,430 grant over one year to support the assessment of the capacity of community clinics within the Southside Coalition of Community Clinics to participate in health information exchange and provide a gap analysis for the clinics that will enable them to prepare for engaging in health information exchange with the County of Los Angeles health delivery system.¹

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

To assess the progress and success in achieving the stated goals, the following indicators will be used: the number of grants awarded; total dollars provided in grants; the number of people reached through grants; the number of collaborating partners; the number of staff engaged in the community; and the number of community organizations and schools served.

PRIORITIZED NEED III: ACCESS TO MENTAL HEALTH PROGRAMS AND INTERVENTION SERVICES

The stress of daily life has an impact on a large part of the population, ranging from young children to unemployed adults. Signs of poor mental health are widespread, and in KFH-West Los Angeles' most affected areas there is a significant lack of mental health services such as counseling and preventive services for youth, pregnant teens, and adults. Violence is one of the leading consequences of mental health issues in some West Los Angeles areas. Homicide was the leading cause of premature death among Latinos and African Americans in Los Angeles County. Survey participants expressed concern over the direct and indirect impact community violence has on community health and mental health. Exacerbating the lack of mental health services is a dearth of programs and services available in Spanish in an area where the majority population is Latino and one in three homes is monolingual Spanish speaking.

2012 GOALS

1. Increase access to mental health counseling for low-income and uninsured individuals through grant funding.
2. Expand the availability of programs and services targeted at preventing youth and family violence.

2012 STRATEGIES

1. Provide financial, in-kind, and staff support to organizations that provide mental health services for low-income and uninsured families, especially those providing Spanish-language services.
2. Support community organizations that address youth and family violence, especially those that address self-esteem building and conflict resolution skills.

TARGET POPULATION

Low-income families and youth who have limited access to mental health services and cope with a variety of mental health issues, including depression, low self-esteem, and gang and family violence

¹ This grant was distributed from the Kaiser Permanente Southern California Charitable Contribution Fund, a donor-advised fund administered by the California Community Foundation. Accordingly, the grant amount was not included in the community benefit totals for 2012 (Table A, B and 2).

COMMUNITY PARTNERS

Community partners include A Place Called Home; Airport Marina Counseling Service; Alcott Center for Mental Health; Being Alive People with HIV/AIDS; California Black Women's Health Project; Camp Laurel Foundation; CASA of Los Angeles; Centinela Youth Services, Inc.; Century Center for Economic Opportunity, Inc.; Korean American Family Service Center; LA Conservation Corps; Los Angeles Child Guidance Clinic; Midnight Mission; NAMI Urban Los Angeles; Ocean Park Community Center; Open Paths Counseling Center; Sickle Cell Disease Foundation of California; Southern California Counseling Center; and Vista del Mar.

2012 YEAR-END RESULTS

KFH-West Los Angeles supported local community organizations that provide counseling and outpatient mental health services for adults, children, and families. Nineteen organizations received a total of \$104,000 in funding for 2012, including a renewal for a second year of funding at the same amount. KFH-West Los Angeles awarded \$208,000 in two-year grants to provide a variety of services ranging from individual counseling sessions to home-based programs for at-risk families. In addition, grantees offered a variety of support services and creative interventions for at-risk and ill youth, including summer camps and job training programs.

- Los Angeles Child Guidance Clinic was awarded a \$7,500 grant to support the First Steps program, which provides home-based services to at-risk families in South Los Angeles. Infants and toddlers are followed to help them increase developmental skills and achieve required levels for school readiness and healthy growth. Parents receive individual case management and service plans to help them understand their child's needs and create a more child-focused and positive home environment. In 2012, the clinic provided primary prevention services to 45 at-risk families raising infant and toddlers. The clinic First Step program has been included in the list of programs that meet LA County Department of Mental Health requirements for funding based on its ability to achieve its desired outcomes.
- Open Paths Counseling Center received a \$7,500 grant for its Mental Health Counseling in Spanish. Open Paths identified an overwhelming need in the West Los Angeles area for low-income Spanish-language mental health services. The organization recruits Spanish-speaking and bicultural interns to see clients who either are unable to speak English or prefer expressing themselves in their native language. Key programs include outpatient counseling for low-income children and domestic violence intervention for adult perpetrators referred as an alternative to jail. This program serves 150 low-moderate-income Spanish-speaking people annually.
- The Midnight Mission received a \$5,000 grant award to support the Family Transitional Housing Mental Health & Domestic Violence Counseling Program at the Inglewood facility. This program provides 20 women and their children with the necessary tools to rebuild their lives after being exposed to the traumatic experience of homelessness and domestic violence. Services include case management and transitional residency to provide a safe, secured environment and domestic violence counseling to stabilize personal and family relationships.
- Century Center for Economic Opportunity, Inc. (CCEO) received a \$6,000 grant award for its Healthy Minds Healthy Homes (HMHH) program. The primary mission of CCEO is to provide at-risk youth and other unemployed adults with opportunities for success by providing them with job skills training, education, leadership development, counseling, and work experience with an emphasis on affordable housing and green construction projects that benefit the community. HMHH uses a network of providers, partners, and supporters to provide all CCEO youth with multilevel counseling and support services. CCEO has also expanded mental health services to include specialized counseling for LGBT and undocumented youth. CCEO serves 90 at-risk youth in the Lennox area.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

To assess the progress and success in achieving the stated goals, the following indicators will be used: the number of grants awarded; total dollars provided in grants; the number of people reached through grants; the number of collaborating partners; the number of staff engaged in the community; and the number of community organizations served.

Table 1

KAISER FOUNDATION HOSPITAL-WEST LOS ANGELES

2012 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 | 6,162 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members | 260 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 976 |
| Medi-Cal managed care members | 8,554 |
| Healthy Families Program members | 4,663 |
| Community Surgery Day patients | 8 |
| Health Research projects (new, continuing, and completed) | 23 |
| Nursing Research projects (new, continuing, and completed) | 4 |
| Educational Theatre – number of performances and workshops | 84 |
| Educational Theatre – number of attendees (students and adults) | 9,534 |
| Graduate Medical Education – number of programs | 2 |
| Graduate Medical Education – number of affiliated and independent residents | 24 |
| Nurse practitioner and other nursing training and education beneficiaries | 4 |
| Deloras Jones nursing scholarship recipients | 9 |
| Other health professional training and education (non-MD) beneficiaries | 27 |
| Hippocrates Circle students | 47 |
| Summer Youth and INROADS programs participants | 37 |
| Community Learning Program – Educational Outreach Program beneficiaries | 453 |
| Number of 2012 grants and donations made at the local and regional levels ¹ | 141 |

¹The vast majority of regional grants impact three or more hospitals. As such, a single regional grant may be included in the "Number of 2012 grants and donations" count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-WEST LOS ANGELES

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$11,814,586 |
| Healthy Families ² | 1,573,303 |
| Charity care: Charitable Health Coverage programs ³ | 943,311 |
| Charity care: Medical Financial Assistance Program ⁴ | 8,789,735 |
| Grants and donations for medical services ⁵ | 321,873 |
| Subtotal | \$23,442,808 |
| Other Benefits for Vulnerable Populations | |
| Watts Counseling and Learning Center ⁶ | \$960,657 |
| Educational Outreach Program | 0 |
| Summer Youth and INROADS programs ⁷ | 98,955 |
| Grants and donations for community-based programs ⁸ | 266,667 |
| Community Benefit administration and operations ⁹ | 426,255 |
| Subtotal | \$1,752,534 |
| Benefits for the Broader Community¹⁰ | |
| Community health education and promotion programs | \$51,711 |
| Educational Theatre | 309,981 |
| Facility, supplies, and equipment (in-kind donations) ¹¹ | 0 |
| Community Giving Campaign administrative expenses | 5,219 |
| Grants and donations for the broader community ¹² | 64,597 |
| National board of directors fund | 15,761 |
| Subtotal | \$447,269 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$273,078 |
| Non-MD provider education and training programs ¹³ | 550,470 |
| Grants and donations for the education of health care professionals ¹⁴ | 28,414 |
| Health research | 1,095,348 |
| Continuing Medical Education | 378 |
| Subtotal | \$1,947,688 |
| Total Community Benefits Provided | \$27,590,299 |

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 Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Los Angeles, KFH-West Los Angeles, and KFH-Downey.
- 7 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Summer Youth students hired.
- 8 Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the 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.
- 9 The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- 10 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a number of related denominators such as the number of Educational Theatre performances or health education programs.
- 11 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.
- 12 Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 13 Amount reflects the net expenditures after tuition reimbursement for health professional education and training programs.
- 14 Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, 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.

KAISER FOUNDATION HOSPITAL (KFH)-WOODLAND HILLS

5601 De Soto Avenue
 Woodland Hills, CA 91367
 (818) 719-4121

The KFH-Woodland Hills service area includes the west end of the San Fernando Valley and Ventura County, including the communities of Agoura, Calabasas, Camarillo, Canoga Park, Chatsworth, Encino, Fillmore, Moorpark, Newbury Park, Northridge, Oxnard, Porter Ranch, Reseda, Santa Paula, Sherman Oaks (west), Simi Valley, Tarzana, Thousand Oaks, Topanga, Ventura, Winnetka, and Woodland Hills.

COMMUNITY SNAPSHOT (2010 COMMUNITY HEALTH NEEDS ASSESSMENT FOR KFH-WOODLAND HILLS)

| | |
|-------------------------------|-----------|
| Total population: | 1,890,622 |
| Median age: | 35 |
| Median household income: | \$42,500 |
| Percentage living in poverty: | 17% |
| Percentage uninsured: | 19.5% |

| | |
|-----------------------------|-----|
| Latino: | 41% |
| Caucasian: | 40% |
| Asian and Pacific Islander: | 11% |
| Other: | 4% |
| African American: | 4% |

KEY FACILITY STATISTICS

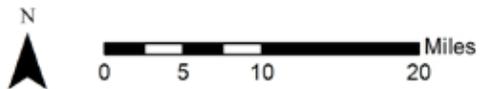
| | |
|-------------------------------------|---------|
| Year opened: | 1986 |
| KFH full-time equivalent personnel: | 978 |
| KFHP members in KFH service area: | 211,476 |

| | |
|------------------------|--------|
| Total licensed beds: | 262 |
| Inpatient days: | 44,365 |
| Emergency room visits: | 39,418 |

KEY LEADERSHIP AT KFH-WOODLAND HILLS

| | |
|------------------|---|
| Michael Carter | Executive Director |
| Richard Trogman | Chief Operating Officer |
| Marilou Cheung | Area Finance Officer |
| Shirley Suda, MD | Area Medical Director |
| Gail Knight | Chief Administrative Officer |
| Susan Ng | Director, Public Affairs and Brand Communications |
| Jennifer Lopez | Community Benefit Health Manager |

KFH Woodland Hills Medical Center Service Area*



- ◆ KFH Medical Center
- KFH Medical Center Area
- Cities and Towns
- County Boundary

*This map represents the community served by the KFH for purposes of conducting the Community Health Needs Assessment.

Sources: Kaiser Foundation Hospital/Health Plan. U.S. Census Bureau, Census 2010 TIGER/Line.
 Maps Produced by: the Institute for People, Place & Possibility (IP3)
 and the Center for Applied Research and Environmental Systems (CARES). May 2013.



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

KFH-Woodland Hills conducted the 2010 CHNA in collaboration with members of Valley Care Community Consortium (VCCC). VCCC's vision statement is the motivating force behind all joint projects and program development: "All residents of the San Fernando and Santa Clarita valleys will have access to comprehensive and coordinated health care to allow them to live and work as active participants in their communities." KFH-Woodland Hills supported the CHNA process by participating in surveys and planning meetings. *Assessing the Community's Needs: A Triennial Report on San Fernando and Santa Clarita Valleys* was published in June 2010. VCCC aims to provide organizations, institutions, social service agencies, government offices, and individual communities with an overview of the San Fernando and Santa Clarita valleys that make up Service Planning Area (SPA) 2. The CHNA findings serve as a chronology and index of health needs and issues prevalent among population groups, including children 0 to 17, adults 18 to 64, seniors 65 and older, poor/low income, and medically indigent/uninsured. Similar to the previous CHNA studies, the intent of the project focused on collecting both primary and secondary data that were relevant to the purpose of the investigation.

KEY FINDINGS FROM THE 2010 CHNA

Based on a review of the primary and secondary data collected, the key findings for the service area are as follows:

Health and Preventive Health:

- Affordable and accessible mental health services and prevention programs for low-income, homeless, and undocumented individuals and families are needed.
- More training is needed for workers to be culturally sensitive and language appropriate.
- Chronic disease prevention and intervention at an early age and affordable or low-cost medication for individuals with chronic disease(s) are needs.
- Early childhood dental prevention programs and low-cost dental services for the uninsured and disadvantaged are needed.

Mental Health:

- Attention-deficit/hyperactivity disorder was the number-one diagnosis for children; major depressive disorders and schizophrenia were the two leading diagnoses for adults and seniors.

Advocacy:

- Advocacy for public policy change for universal health coverage and more clinics accepting subsidized health insurance were identified as needs.

Hospital Admissions:

- For children 0 to 17 and adults 18 to 64, the number-one reason for hospital admissions was pregnancy and childbirth-related diagnoses; the number-one reason for hospital admissions for seniors 60 and older was heart failure.

Housing:

- Housing financial assistance programs for low- to middle-income families and seniors and sufficient transitional housing for the homeless, reentry populations, and substance abusers are needed.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-WOODLAND HILLS SERVICE AREA

1. Access to health insurance coverage and health care services
2. Healthy eating and active living
3. Develop and disseminate knowledge

2012 YEAR-END RESULTS

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

Nearly 2 million Californians lost their health insurance in 2008 and 2009, years characterized by a deep recession and massive layoffs, bringing the total number of uninsured in the state to more than 8 million, according to estimates from the UCLA Center for Health Policy Research, which stressed that uninsured rates may have risen further since the data were collected in 2007. Los Angeles County legislative districts have the highest rates of uninsured residents 0 to 64. In 2009, SPA 2 had a total of 405,348 uninsured residents, including 382,387 in San Fernando Valley. Among the uninsured population in SPA 2, 86% was 18 to 64, 13% was under 18, and 1% was 65 years and older. More than 383,000 residents enrolled in Medi-Cal, and 221,000 residents enrolled in Medicare. According to the Department of Public Social Services (DPSS) 2009 data, 1,389,211 Medi-Cal cases benefited 3,015,953 persons in the San Fernando Valley. In 2009, about 2 million residents in Los Angeles County were eligible for Medi-Cal; 55% were female and 45% were male. Among all SPAs in Los Angeles County, SPA 2 had the highest percentage (18%) of Medi-Cal eligible individuals.

2012 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.

2012 STRATEGIES

1. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and Kaiser Permanente Child Health Plan); participate in government programs (Medi-Cal and Health 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 and in-kind resources to organizations that provide and/or support primary care, specialty care, and preventive care services in underserved areas.

TARGET POPULATION

Uninsured and underinsured adults and children.

COMMUNITY PARTNERS

Community partners include Easter Seals Tri-Counties; Conejo Free Clinic; United Way of Ventura County; The Wellness Community Valley Ventura; Caregivers Volunteers Assisting the Elderly; Northeast Valley Health Corporation; Bethel African Methodist Episcopal Church; Planned Parenthood of Santa Barbara; Ventura and San Luis Obispo Counties, Inc.; and Westminster Free Clinic.

2012 YEAR-END RESULTS

- Northeast Valley Health Corporation received \$40,000 over two years (\$20,000 in 2012) to provide bilingual care coordination services to 20 highly complex patients including seniors and people with disabilities. Funding included assistance with follow-up appointments to specialty services, attainment of durable medical equipment, as well as the basic needs of housing, food, and transportation.
- Westminster Free Clinic received \$19,000 over two years (\$9,500 in 2012) to serve 3,276 unduplicated patients, 47 percent of whom stabilized their chronic conditions like diabetes and high blood pressure through 7,221 clinic services. In addition, 1,179 patients received case management.
- United Way of Ventura County received \$40,000 over two years (\$20,000 in 2012) to engage 14 local health champions in identifying service gaps and barriers to accessing care and developing a strategic plan to improve access to dental treatment and prevention services for children through a countywide collaborative.

- Caregivers Volunteers Assisting the Elderly received \$40,000 over two years (\$20,000 in 2012) to recruit and train 10 new volunteers who are also homebound seniors themselves making compassionate “Phone Friend” calls. This peer-to-peer telephone network makes a difference in the lives of isolated seniors who benefit from friendly phone calls—on both ends of the line.
- The Wellness Community Valley Ventura, Inc., received \$40,000 over two years (\$20,000 in 2012) to provide psychosocial support to 525 clients and patient navigation to 295 Spanish-speaking adults and children with cancer and their families.
- Kaiser Permanente Southern California Region funded care- and coverage- related grants to increase access to affordable, quality health care and health insurance coverage for low-income, uninsured and underinsured individuals and families in our communities. California Coverage and Health Initiatives, a project of Tides Center, received a grant for \$50,000 to support the core operations of the association as it advocates for children’s access to health coverage on a statewide and regional level through the aligned work of the 24 county-based Children’s Health Initiatives.
- Kaiser Permanente engaged with the Home For Good Funders Collaborative, composed of several foundations, business, and financial institutions as well as city and county leadership, to collectively address homelessness in Los Angeles County. This funding was aligned with a countywide strategy to address the chronically homeless by supporting a housing first model commonly known as permanent supportive housing. In addition, Community Benefit continues to support efforts to improve access to health care and systems of care for the uninsured, including the homeless through investments in community clinics, health centers, and other supportive services. In 2012, Tarzana Treatment Center Inc. was awarded \$165,000 to continue to provide intensive case management and community service linkages to non-Kaiser members accessing emergency and medical services in the KFH-Woodland Hills service area. This support includes funding for a project staff, alcohol and drug treatment services, and primary care provided at the Tarzana location.¹

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Woodland Hills will continue to monitor progress made by community partners. Grantees are required to complete midyear progress interviews and video submission, year-end final reports, and expense reports on projects and services funded by KFH-Woodland Hills.

PRIORITIZED NEED II: HEALTHY EATING AND ACTIVE LIVING

In 2008, diabetes mellitus was the seventh leading cause of death in SPA 2 with 405 deaths, which calculates to 3.34% of all SPA 2 deaths. In 2004, 395 deaths in SPA 2 were due to diabetes mellitus. According to the 2010 CHNA, of the total population, the total number of estimated cases for hypertension in the San Fernando Valley was 358,215, the number of cancer cases was 52,893, the number of asthma cases was 142,951, the number of stroke cases was 32,901, and the number of diabetes cases was 117,383. Food insecurity and job loss continue to be concerns during the economic downturn. According to the DPSS Caseload Characteristics Report for the quarter ending December 2009, 26,868 children under 5 were helped. During the same quarter, 44,381 youth 6 to 18 were also helped.

¹ This grant was distributed from the Kaiser Permanente Southern California Charitable Contribution Fund, a donor-advised fund administered by the California Community Foundation. Accordingly, the grant amount was not included in the community benefit totals for 2012 (Table A, B and 2).

2012 GOAL

Partner with neighborhood groups, government entities, educational institutions, and other community-based organizations to create lasting policy and environmental changes that support healthy eating and physical activity.

2012 STRATEGIES

1. Advocacy efforts to develop and enact new public policy to support access to nutritious foods and physical activity.
2. Implementation of evidence-based interventions in organizations or communities that increase access to nutritious foods and physical activity.

TARGET POPULATION

Low-income children and adults who lack access to affordable nutritious food and safe physical activity environments.

COMMUNITY PARTNERS

Community partners include Cabrillo Economic Development Corporation, The Foundation for Educational & Employment Resources Development, City Corp of the Central Coast, CHIME Charter Middle School, Child Care Resource Center, and Ventura Climate Care Options Organized Locally (VCCOOL).

2012 YEAR-END RESULTS

- CHIME Charter Middle School received \$25,000 over two years (\$12,500 in 2012) to acquire new supplies and accessible equipment to promote motor development and physical activities and to support greater access to inclusive physical education activities for children with physical disabilities and mobility issues. This equipment also allowed general and special education teachers to develop new physical education activities that benefitted 240 students in kindergarten through 3rd grade.
- The Foundation for Educational & Employment Resources Development, Inc., received \$19,000 over two years (\$9,500 in 2012) to provide 96 youth and their family members with entry-level swim lessons and evaluations by poolside life guards for swimming competency certification. The agency also used the funding to identify seven youth to complete junior life guard training. In addition, 37 youth and family members participated in presentations before decision-making bodies, including the City Council, to advocate for greater pool access for low-income communities.
- Child Care Resource Center, Inc., received \$24,310 over two years (\$12,155 in 2012) to support Head Start's Male Involvement Team by designing a family nutrition program with 32 families in preparation for a six-week class focused on both healthy cooking and healthy eating by learning nutritional guidelines.
- Cabrillo Economic Development Corporation received \$40,000 over two years (\$20,000 in 2012) to support 14 youth advocating for safe and accessible public transportation policies. These young adults successfully advocated for extension of the Ventura County Transportation Commission's bus service hours from 7 p.m. to 9 p.m. to enable Fillmore students attending Ventura City College to take the bus home after classes.
- City Corps of the Central Coast in Ventura received \$20,000 over two years (\$10,000 in 2012) to create community gardens designed and operated by youth that have provided over 7,000 pounds of fresh fruits and vegetables to 2,000 below-poverty-level Ventura County residents through the Saticoy Food Pantry weekly distribution center.
- Kaiser Permanente Southern California Region's Operation Splash grants support recreation and parks departments and districts to provide children and adults with free swim lessons, junior lifeguard preparation, and to launch healthy beverage campaigns. In 2012, the City of Ventura received \$30,000 to support their efforts.
- The California Center for Public Health Advocacy was awarded a \$83,333 grant to support the Kick the Can Campaign. The project advocates for healthy beverage environments, builds awareness and provides technical assistance to communities about the adverse health effects of sugary beverage consumption.

- Bikes Belong Foundation received a \$200,000 grant to continue to support the Safe Routes to School (SRTS) Regional Network. The project focuses on local and regional efforts to increase physical activity in students by removing policy barriers to walking and bicycling to schools, and to support local schools implementing effective SRTS efforts.

2013 GOALS UPDATE

The goals will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Woodland Hills will continue to monitor progress made by community partners. Grantees are required to complete midyear progress interviews and video submissions, year-end final reports, and expense reports on projects and services funded by KFH-Woodland Hills.

PRIORITIZED NEED III: DEVELOP AND DISSEMINATE KNOWLEDGE

In Los Angeles County, the percentage of those living above 200% of the federal poverty level (FPL) decreased over the years, though most of the population continues to live on incomes above 200% FPL. The unemployment rate in Los Angeles County jumped from 4.7% in 2006 to a high of 11.4% in 2009 due to the recession. In SPA 2, 10.64% of San Fernando Valley households (67,807) have income levels under \$15,000, approximately 34% (641,533) of the total population is still in school or too young to attend school, and approximately 8.20% (154,964) of the population has not graduated from high school.

2012 GOAL

Partner with safety-net providers, educational institutions, workforce development agencies, and other community-based organizations to build a health care workforce for the future.

2012 STRATEGIES

1. Partner with safety-net providers, educational institutions, workforce development agencies, and other community-based organizations to improve development, cultural competency, and medical technology.
2. Leverage existing Kaiser Permanente work force development programs including, but not limited to, Hippocrates Circle, Summer Youth, and Inroads.

TARGET POPULATION

Low-income youth and adults who seek to work in the health care industry.

COMMUNITY PARTNERS

Community partners include Mixteco Indigena Community Organizing Project, El Centrito Family Learning Center, Child and Family First Commission of Ventura County, Rescue Mission Alliance, and Ventura College Foundation.

2012 YEAR-END RESULTS

- El Centrito Family Learning Center received \$40,000 over two years (\$20,000 in 2012) to address educational achievement gaps through training 202 low-income Latino community parent promotores. The promotores train fellow parents to help their children achieve higher education. Program goals include the importance of parent involvement in education, college preparation, college entrance requirements, and financial aid. The promotores also increased the

leadership capacity of their team by developing the skills necessary to conduct home visits, public presentations, and improving community support of Latino students pursuing higher education.

- Children and Families First Commission of Ventura County received \$40,000 over two years (\$20,000 in 2012) to provide outreach to physicians, nurses, and medical assistants at 13 county clinics, six hospitals, and all public health home visitation and clinical perinatal staff in order to improve breastfeeding education support county wide. In addition, it developed a countywide hospital consortium that comprised all six maternity care hospitals to address quality improvement, eliminated formula bags from one hospital, and partnered with two hospitals to distribute new parent bags that promote breastfeeding. The organization also developed a local web resource for parents and the medical community to disseminate information and local resources that support breastfeeding practices; distributed 2,000 Ventura County breastfeeding directories to hospitals and clinics; and provided strategic leadership to the Ventura County Breastfeeding Coalition to promote local advocacy for policy changes and partnerships that will improve the county's breastfeeding rates.
- Mixteco Indigena Community Organizing Project received \$19,000 over two years (\$9,500 in 2012) to train 15 new trilingual Mixteco-Spanish-English-speaking youth 16 to 25 as health care interpreters in a 40-hour intensive program led by the California Healthcare Interpreter Association (CHIA). CHIA also expanded contracts to include Cottage Hospital of Santa Barbara, the California Office of Disability, and two area schools serving disabled children.
- Ventura College Foundation received \$40,000 over two years (\$20,000 in 2012) to award grants of \$1,000 each to 20 nursing students to help fund their tuition, book fees, uniforms, and medical supplies so they can succeed in their program with fewer financial distractions, prevent them from dropping out due to cost issues, and reach completion in a timely manner to build the regional health care workforce.
- Kaiser Permanente Southern California Region funded the ongoing work of the Center for Health Policy and Research to conduct the California Health Interview Survey (CHIS). Regents University of California Los Angeles received a \$316,375 grant for CHIS data collection on key health indicators.²
- Westminster Free Clinic received \$20,000 for its Mi Familia project, which provides individuals and families affected by diabetes with help in managing their chronic health condition through health education and improved access to specialty care services.
- California State University Northridge received \$28,500 for nursing faculty salary enhancement to reduce the salary gap between faculty and practicing nurses, which has become a critical barrier in recruiting and retaining nurse educators.

2013 GOALS UPDATE

The goal will remain unchanged for 2013.

2013 STRATEGIES UPDATE

The strategies will remain unchanged for 2013.

MONITORING PROGRESS OF 2013 STRATEGIES

KFH-Woodland Hills will continue to monitor progress made by community partners. Grantees are required to submit midyear progress reports, year-end final reports, and expense reports on projects and services funded by KFH-Woodland Hills.

² This grant was distributed from the Kaiser Permanente Southern California Charitable Contribution Fund, a donor-advised fund administered by the California Community Foundation. Accordingly, the grant amount was not included in the community benefit totals for 2012 (Table A, B and 2).

Table 1

KAISER FOUNDATION HOSPITAL- WOODLAND HILLS

2012 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 | 3,594 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members | 350 |
| Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members | 1,946 |
| Medi-Cal managed care members | 2,589 |
| Healthy Families Program members | 6,785 |
| Health Research projects (new, continuing, and completed) | 12 |
| Nursing Research projects (new, continuing, and completed) | 6 |
| Educational Theatre – number of performances and workshops | 86 |
| Educational Theatre – number of attendees (students and adults) | 9,073 |
| Graduate Medical Education – number of affiliated and independent residents | 18 |
| Nurse practitioner and other nursing training and education beneficiaries | 1 |
| Other health professional training and education (non-MD) beneficiaries | 13 |
| Hippocrates Circle students | 123 |
| Summer Youth and INROADS programs participants | 20 |
| Number of 2012 grants and donations made at the local and regional levels ¹ | 88 |

¹The vast majority of regional grants impact three or more hospitals. As such, a single regional grant may be included in the “Number of 2012 grants and donations” count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL- WOODLAND HILLS

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2012

| | 2012 Total |
|---|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$3,763,484 |
| Healthy Families ² | 2,310,320 |
| Charity care: Charitable Health Coverage programs ³ | 953,650 |
| Charity care: Medical Financial Assistance Program ⁴ | 4,640,011 |
| Grants and donations for medical services ⁵ | 275,594 |
| Subtotal | \$11,943,059 |
| Other Benefits for Vulnerable Populations | |
| Watts Counseling and Learning Center ⁶ | \$0 |
| Educational Outreach Program | 0 |
| Summer Youth and INROADS programs ⁷ | 57,728 |
| Grants and donations for community-based programs ⁸ | 291,533 |
| Community Benefit administration and operations ⁹ | 542,800 |
| Subtotal | \$892,061 |
| Benefits for the Broader Community¹⁰ | |
| Community health education and promotion programs | \$58,494 |
| Educational Theatre | 317,361 |
| Facility, supplies, and equipment (in-kind donations) ¹¹ | 169,798 |
| Community Giving Campaign administrative expenses | 5,905 |
| Grants and donations for the broader community ¹² | 61,182 |
| National board of directors fund | 17,829 |
| Subtotal | \$630,569 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$1,365,392 |
| Non-MD provider education and training programs ¹³ | 366,801 |
| Grants and donations for the education of health care professionals ¹⁴ | 81,640 |
| Health research | 1,239,043 |
| Continuing Medical Education | 428 |
| Subtotal | \$3,053,304 |
| Total Community Benefits Provided | \$16,518,994 |

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 Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Los Angeles, KFH-West Los Angeles, and KFH-Downey.
- 7 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Summer Youth students hired.
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- 9 The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- 10 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a number of related denominators such as the number of Educational Theatre performances or health education programs.
- 11 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.
- 12 Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 13 Amount reflects the net expenditures after tuition reimbursement for health professional education and training programs.
- 14 Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, 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.