



Kaiser Foundation Hospital – Northern California Region

2013 COMMUNITY BENEFIT YEAR-END REPORT AND 2014-2016 COMMUNITY BENEFIT PLAN

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INTRODUCTION

This is the eighteenth *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 2014* includes a hospital-specific Community Benefit Plan for each of the 35 hospitals owned and operated by KFH in California.

DEVELOPMENT OF A CONSOLIDATED COMMUNITY BENEFIT PLAN

Throughout 2013, the 35 hospitals undertook activities and projects to address selected priority needs identified in 2010 in their respective communities. This report documents the results of these efforts. The process of producing the KFH *Consolidated Community Benefit Plan 2014* 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 2013 year-end results by Northern and Southern California Regional Community Benefit Departments, and National Community Benefit, which included verification of total benefits, such as cash contributions, and donated equipment and supplies
- Update of hospital facts, metrics, and service area maps based on data obtained from various 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, 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 2014* 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 Community Benefit and Public Affairs staff throughout California.

CONTENTS OF THE COMMUNITY BENEFIT PLAN

CHAPTER I: HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

- History of Kaiser Permanente and a description of its organizational structure at the regional and national level

CHAPTER II: MISSION STATEMENT AND COMMITMENT TO THE COMMUNITY

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

CHAPTER III: COMMUNITY BENEFIT PROVIDED IN 2013

- Statewide and individual hospital Community Benefit provided by KFH in 2013, 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: 2014–2016 COMMUNITY BENEFIT PLANS AND 2013 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, in alphabetical order.
- Each hospital 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 leadership, a brief overview of the 2010 Community Health Needs Assessment (CHNA) process and 2011–2013 Community Benefit Plan, and 2013 year-end results.
- Each hospital 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 2013 (Table 2).
- Each hospital section concludes with a link to the 2013 CHNA report on the Kaiser Permanente Share website (www.kp.org/chna) and a description of the 2014–2016 Community Benefit Plan.

CHAPTER I: HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

Kaiser Permanente is an integrated health care delivery system. For nearly 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. Today we serve approximately 9.1 million members in eight states and the District of Columbia. Kaiser Permanente is dedicated to improving the health of our communities through broad coverage, high-quality care and continuous quality improvement and innovation in the care we deliver, clinical research, workforce development, health education, and the support of community health interventions.

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.

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 partnership of its kind, covering nearly 100,000 union-represented employees and their managers and yielding superior health care results in 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.

Kaiser Permanente is organized in each operating region by three separate but closely cooperating entities: comprised of KFH and KFHP (nonprofit public benefit corporations and exempt organizations under Section 501(c)(3) of the Internal Revenue Code), and a separate Permanente Medical Group (PMG) in each region in which Kaiser Permanente operates. These entities share responsibility for organizing, financing, and delivering quality, prepaid health care to members and the community at large.

NATIONAL STRUCTURE

KFHP and KFH (collectively KFHP/H) are governed by a 14-member Board of Directors; individuals from academia and private industry who are representative of the community. Bernard J. Tyson is Chief Executive Officer and Chairman for both organizations. Corporate headquarters for Kaiser Permanente is in Oakland, California.

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.

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: KFHP; KFH; The Permanente Medical Group, Inc. (TPMG), which contracts with KFHP in Northern California; and Southern California Permanente Medical Group (SCPMG), which contracts with KFHP in Southern California. Kaiser Permanente also provides

medical services to members in one non-hospital service area, Kern County, where SCPMG physicians provide primary and specialty care for members, and KFH contracts for hospital services.

The 2014 KFHP/H leadership team in Northern California includes Gregory Adams, President; Janet Liang, Chief Operating Officer; Wade Overgaard, Senior Vice President, California Health Plan 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, Interim Senior Vice President, Hospital and Health Plan Area Operations; Ed Glavis, Interim Senior Vice President, Hospital and Health Plan Area Operations; Gay Westfall, Senior Vice President, Human Resources; Yvette Radford, Vice President, External and Community Affairs; Nancy Cartwright, Vice President, Communications; Sandra Golze, Vice President and Regional Counsel; Barbara Crawford, Vice President, Quality and Regulatory Services; Kevin Hart, Vice President, Business Information Officer and KP HealthConnect; Jason Hall, Vice President, Compliance and Privacy; and Ann Orders, Executive Director, Health Care Reform and Continuum of Care.

The 2014 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 and 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 Peasnall, 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 Kvanetz, 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 442 medical offices where members receive outpatient health care. Each Kaiser Permanente medical office building is affiliated with a KFH medical center.

CHAPTER II: MISSION STATEMENT AND COMMITMENT TO THE COMMUNITY

MISSION STATEMENT

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

*Kaiser Permanente exists to provide high-quality, affordable health care services
and 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

Community Benefit is central to Kaiser Permanente's mission. We believe good health is a fundamental aspiration of all people. We recognize that promotion of good health extends beyond the doctor's office and the hospital. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. To be healthy, people need access to healthy and nutritious food in their neighborhood stores, clean air, successful schools, and safe parks and playgrounds. Good health for the entire community also requires a focus on equity as well as social and economic well-being.

We focus our work on three broad areas:

- Providing access to high-quality care for low-income, underserved people
- Creating safe, healthy communities and environments where people live, work, and play
- Developing important new medical knowledge and sharing it widely with others and training a culturally competent health care workforce of the future

Across these areas, we work to inspire and support people to be healthier in all aspects of their lives, and build stronger, healthier communities.

In pursuit of our mission we go beyond traditional corporate philanthropy and grant-making to leverage our financial resources with medical research, physician expertise, and clinical practices. In addition to dedicating resources through Community Benefit, we also leverage substantial additional assets that improve community health, including our purchasing practices, our environmental stewardship efforts and workforce volunteerism.

For many years, we have worked collaboratively with other organizations to address serious public health issues such as obesity, access to care, and violence. We have conducted CHNAs 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.

The KFHP/H Board of Directors has a standing Community Benefit Committee that oversees the program wide Community Benefit program. This includes the review and approval of certain community benefit plans and regulatory reports. 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. He reports to the CEO and Chairman of the Board.

KAISER PERMANENTE'S COMMITMENT TO COMMUNITY BENEFIT IN CALIFORNIA

The Community Benefit commitment is reflected in all levels of the organization:

- 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 2013

This chapter includes descriptions of all Community Benefit programs and services provided by Kaiser Permanente in 2013. In addition, 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.

METHODOLOGY

DEFINITION OF COMMUNITY

Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

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 hospitals 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 Kaiser Permanente-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 hospital service area.
- If exact financial expenditure amounts were not available by hospital service area, then regional expenses were allocated proportionally on the basis of KFHP membership or other quantifiable data, such as the number of Kaiser Permanente Educational Theatre 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 2013, KFH provided a total of \$776,303,922 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

19), most Community Benefit funds were used to subsidize inpatient medical care services for vulnerable populations (\$588,236,946) and for health research, education, and training programs (\$111,927,357). KFHP also expended \$59,300,998 on other benefits for vulnerable populations and \$16,838,622 on projects benefiting the broader community.

BENEFITS BY HOSPITAL SERVICE AREA

Table B shows total Community Benefit contributions made in 2013 by the 35 hospitals. 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 2013.

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 2013, KFHP spent a total of \$520,264,474 on unreimbursed medical care for vulnerable populations.

For the purpose of this plan, KFHP 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 Kaiser Permanente's own charity care programs. Government-funded programs include Medi-Cal Managed Care, Medi-Cal Fee-For-Service, and Healthy Families Program. KFHP 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

KFHP 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:** KFHP provides comprehensive inpatient and outpatient care to Medi-Cal managed care members in California through various local and state government entities. In Northern California, the local initiatives and county-organized systems are Alameda Alliance, Contra Costa Health Plan, SF Health Plan, Santa Clara Family Health Plan, Partnership Health Plan of CA, Health Plan of San Mateo, Health Plan of San Joaquin, and CalViva Health. In Southern California, KFHP subcontracts with local initiatives in Los Angeles, Riverside, San Bernardino, Ventura, and Orange counties, and contracts directly with the state of California through the Geographic Managed Care Plan in San Diego County. In 2013, KFHP/H provided comprehensive inpatient and outpatient care to approximately 352,034 Medi-Cal managed care members.
- **Medi-Cal Fee-For-Service:** KFHP provides subsidized 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-member Medi-Cal fee-for-service patients.

HEALTHY FAMILIES PROGRAM

In 2013, KFHP successfully transitioned its Healthy Families Program members into Medi-Cal, as required by the state of California. Healthy Families, California's version of the State Children's Health Insurance Program (SCHIP), 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.

CHARITABLE HEALTH COVERAGE PROGRAMS

Through Kaiser Permanente's Charitable Health Coverage Programs, approximately 86,000 low-income adults and children, who are ineligible for other public or private health insurance, receive subsidized coverage from Kaiser Permanente each year.

- In California in 2013, the Kaiser Permanente Child Health Plan (KPCHP) provided subsidized health coverage to 77,135 children 0 to 19 whose family income was up to 300% of the federal poverty level and who lacked access to other coverage due to their immigration status or family income. They received comprehensive benefits, including preventive care, inpatient and outpatient services, prescriptions, and vision and dental care. Premiums in 2013 were \$8 or \$15 per child per month, depending on family income, for up to three children with no charge for additional children.
- Healthy San Francisco, operated by the San Francisco Department of Public Health (SFDPH), provides health care services to uninsured San Francisco residents regardless of immigration status, employment status, or pre-existing medical conditions. The 2013 Healthy San Francisco Medical Home Network consisted of SFDPH and San Francisco Community Clinic Consortium clinics, private physician groups, and other providers, including Kaiser Permanente. In 2013, Kaiser Permanente provided health coverage to 2,904 Healthy San Francisco members.

MEDICAL FINANCIAL ASSISTANCE

Improving health care access for those with limited incomes and resources is fundamental to Kaiser Permanente. The Medical Financial Assistance program (MFA) helps low-income, uninsured, and underserved patients receive access to care. MFA provides temporary financial assistance or free care to patients who receive health care services from our providers, regardless of whether they have health coverage or are uninsured. MFA is open to eligible patients (members and nonmembers) who meet financial guidelines based on household size and income and have exhausted all means of private or public health care coverage. Patients apply for MFA in one or more ways, including accessing a hard copy of an application form, through Web access or an online application, or through financial counseling services. The program also includes support for community MFA programs and support for charity care programs at community hospitals. Community MFA programs are designed to enable access to health care through coordination with community-based organizations that address the health needs of the community's low income populations. In some instances, the program also provides financial resources to local community hospitals to support their charity care programs. In 2013, KFH contributed \$145,170,014 to help patients with limited or no resources pay for care provided in KFH facilities.

GRANTS AND DONATIONS FOR MEDICAL CARE SERVICES

KFH donated \$67,972,472 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 and other safety net provider to build capacity for improving access and quality care infrastructure. It also extends partnerships to health departments and public hospitals. Funding areas include, but are not limited to, 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 2013, KFH donated \$59,300,998 to benefit vulnerable populations through a number of programs, 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 they can address issues that impact 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 1,386 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 for 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. In 2013, WCLC provided services to a total of 1,717 individuals.

YOUTH EMPLOYMENT PROGRAMS

KFH participates in two programs that benefit disadvantaged youth—L.A.U.N.C.H (Learn About Unlimited New Careers in Healthcare) Summer Youth Employment Program (SYEP) and L.A.U.N.C.H. INROADS. These programs offer employment, mentoring, and training opportunities, as well as potential full-time employment upon completion. In 2013, 601 young people were employed through them.

- **Kaiser Permanente L.A.U.N.C.H. SYEP:** Kaiser Permanente L.A.U.N.C.H. SYEP offers paid summer work to underrepresented youth at Kaiser Permanente facilities throughout California. Interns participate in a variety of administrative and operational support positions. In addition to their work assignments, SYEP Interns participate in educational sessions and motivational workshops to enhance job skills and work performance, and to learn about careers in health care.
- **Kaiser Permanente L.A.U.N.C.H. INROADS:** Since 1987, Kaiser Permanente has worked with the INROADS organization to offer 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. Through Kaiser Permanente L.A.U.N.C.H. INROADS, we are making a solid investment in developing health care leaders capable of guiding us into the future. Kaiser Permanente L.A.U.N.C.H. INROADS interns discover a chance to develop their skills in a supportive environment. We offer a variety of health care internships that are designed to provide the practical background, support network, and knowledge that interns will need to succeed in their chosen field.

GRANTS AND DONATIONS FOR COMMUNITY-BASED PROGRAMS

KFH donated \$34,754,020 to community organizations to support a variety of programs and services for vulnerable populations in California. Through this funding category, KFH supports Community Health Initiatives (CHI). Kaiser Permanente has a longstanding focus on healthy eating, active living (HEAL) programs and other interventions designed to combat increased obesity rates. CHI supports efforts by community providers and coalitions to implement community-wide medical, environmental, and social changes that can help decrease obesity. CHI also supports efforts that address and promote community safety.

BENEFITS FOR THE BROADER COMMUNITY

In 2013, KFH spent \$16,838,622 on programs and services to benefit the broader community, including health education and community wellness programs, Educational Theatre, donations of surplus equipment and supplies, facility use, and grants and donations that support the broader community.

COMMUNITY HEALTH EDUCATION AND HEALTH PROMOTION PROGRAMS

This program provides health education programs, materials, and services and conducts training sessions for 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 by 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 2013, Regional Health Education provided more than 400 activities—responding to requests for materials, trainings, presentations, event staffing, technical assistance, and publication development—that reached more than 264,000 community members.

KAISER PERMANENTE EDUCATIONAL THEATRE (KPET)

KPET uses live theatre, music, comedy, and drama to inspire children, teens, and adults to make healthier choices and better decisions about their well-being. Its 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 skilled theatre artists. Professional actors who are also trained health educators deliver all performances and workshops. KPET programs share health information and develop individual and community knowledge about leading healthier lives. Now in its 27th year, it continues to provide programs free of charge to schools and the general community. In addition to performances and classroom workshops, KPET supplies schools and organizations with supplementary educational materials, including workbooks, parent and teacher guides, and student wallet cards. All materials are designed to reinforce the messages presented in the programs.

In 2013, KPET provided programs throughout Kaiser Permanente Northern California that align with CHI. In fact, 80% of KPET's total services in 2013 were in support of CHI or other area and regional strategies. KPET staff also communicated with CB managers and area staff to discuss potential school and community partnerships. In 2013, KPET developed twelve new partnerships and served more than 322,892 children and adults through 1,416 events, which ranged from school performances and workshops to community presentations and trainings.

In NCR, KPET offered the following services in 2013 for elementary schools: *The Best Me Assembly*, a performance for grades K to 6 with a targeted focus on healthy eating and active living; *The Best Me Program*, a weeklong program encouraging healthy eating and an active lifestyle through an educator orientation, grade-specific assemblies, workshops, Family Night, and educator guides; and *Peace Signs*, a conflict resolution and violence prevention program providing multiple interventions with schools, upper elementary school students, and their families.

For middle school students, KPET offered *Nightmare on Puberty St.*, a humorous yet serious presentation about the joys and angst of adolescence. For high school students, KPET offered *Secrets*, an HIV/STIs education drama. KPET also continued to offer its highly requested Community Troupe programs – All-Star Mascot Show, Kids' Course, Mascot Ambassadors of Health and Wellness, and Lotería – as well as customized workshops and activities.

In SCR in 2013, 213,635 children and adults attended one of 1,377 KPET performances. For the past several years, KPET has provided MPOWER (empower), a summer enrichment program that challenges students to explore health via self-expression through art, music, theatre, and movement. Ongoing partnerships include WCLC and Madison Middle School in North Hollywood; new partnerships include Boys and Girls Club of Redlands. MPOWER is facilitated by KPET actor-educators and culminates with a showcase of student work at each location. The repertoire for KPET in SCR also includes the following multifaceted programs:

- The Literacy Promotion Program (grades K-2) includes the play, *Jay and E and the ZigZag Sea* and a student workshop in which the actor-educators engage students in a LEA (language experience approach)-based activity. The program is designed to inspire and encourage students to read. Key concepts include reading is fun and sounding out words one letter at a time

- The Obesity Prevention Program (grades 4-5) includes the play, *Game On*, and two supporting student workshops. Key topics include eating a balanced meal, choosing water over sugary beverages, the importance of active play, and the power of media advertising.
- The Conflict Management Program (grades 3-5) the play, *Drummin' Up Peace*, and a student workshop. 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.

GRANTS AND DONATIONS FOR THE BROADER COMMUNITY

KFH donated \$3,945,573 to nonprofit organizations to help educate health care consumers about managing their own health and making informed decisions when obtaining services; 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.

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 2013, KFH spent \$111,927,357 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 2013, KFH contributed \$69,635,244 to educate more than 2,557 interns and residents in California. GME programs develop a pool of highly skilled physicians for Kaiser Permanente and the broader community. Most medical residents study within the primary care medicine areas of Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Preventive Medicine, and Psychiatry. As part of their training, residents participate in rotations at school-based health centers, community clinics, and homeless shelters.

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 how 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 school 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 of science in nursing with a clinical specialty in anesthesia. In 2013, there were 68 student participants. 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 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 are awarded upon successful completion of the curriculum. Thirteen students participated in the program in 2013.

CALIFORNIA NURSING ANESTHESIA COLLABORATIVE PROGRAM – (CNACP)

CNACP provides education and financial assistance to students pursuing a master's degree in nurse anesthesia. CNACP faculty (clinical and academic) are graduates of the Samuel Merritt University (SMU) program and serve as resources for lifelong learning within perioperative medicine departments throughout NCR. In 2013, 373 students participated in the program.

KAISER PERMANENTE DELORAS JONES NURSING SCHOLARSHIP PROGRAM

Kaiser Permanente provides financial assistance to students enrolled in California nursing programs. The scholarships encourage and support recipients to become registered nurses or to pursue advanced nursing degrees. Scholarships are based primarily on financial need and are awarded in several categories: underrepresented minorities, academic excellence, nursing as a second career, and graduate nursing degrees. In 2013, 189 scholarships totaling \$323,000 were awarded.

BOARD OF REGISTERED NURSING AND CLINICAL TRAINING PROGRAMS – (BRN-CTA)

The BRN-approved Nursing Work Study Program provides nursing students with clinical experience through nurse work study courses and internships at Kaiser Permanente medical facilities. Nurse interns are exposed to Kaiser Permanente's evidence-based practices, reinforcing the nursing curriculum and supporting them to BSN matriculation. Interns receive support and mentorship from BRN faculty and work under the direct supervision of Kaiser Permanente staff and RNs. In 2013, 83 students participated in the BRN Work Study program.

In SCR, the program is administered jointly by affiliated nursing programs and hospital education departments. In 2013, a total of 20 students were assigned to KFH facilities. Academic partners were Point Loma Nazarene University, San Diego State University, San Diego City College, and Santa Monica Community College.

TECHNICAL PROVIDER EDUCATION AND TRAINING

KFH provides postgraduate education and training, including internships, to non-physician 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 – (KPSAHS)

KPSAHS is located in Richmond, California and was established in 1989 as a radiology program in response to the severe shortage of radiologic technologists. KPSAHS eventually 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 offers educational programs and promotes learning to develop a skilled allied health workforce and to improve the quality of and access to health care services in the communities we serve.

KAISER PERMANENTE MENTAL HEALTH TRAINING PROGRAM

In Northern California, Kaiser Permanente's Mental Health Training Programs train mental health professionals and provide internships and residencies in a variety of postgraduate specialty areas. Internships in pre and post-master's level mental health services include Clinical Social Work and Marriage & Family Therapy (MFT). Participating interns are enrolled in or have completed either a master degree program in Social Work (MSW), or a master's degree program in Counseling Psychology, leading to an MFT license. Internships in Psychology require enrollment in American Psychological Association (APA)-accredited Ph.D., Psy.D. or Ed.D. programs in Counseling or Clinical Psychology. Postdoctoral residencies in Psychology require completion of Ph.D., Psy.D., or Ed.D. degrees in APA-accredited programs. Interns and residents receive individual and group supervision, participate in didactic seminars, and receive training in the delivery of outpatient mental health and chemical dependency services.

KAISER PERMANENTE PHARMACIST RESIDENCY PROGRAMS

Pharmacy residency programs provide one- and two-year postgraduate education and training programs to licensed pharmacists to gain additional experience and training in pharmaceutical care and administrative pharmacy services. Kaiser Permanente annually accepts students into its American Society of Health System Pharmacist 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, and drug distribution. The programs enable residents to meet the legal requirements in California for collaborative practice for initiating and adjusting prescription medication therapy under physician approved protocols and patient referrals. In 2013, Kaiser Permanente trained 117 students.

KAISER PERMANENTE PHYSICAL THERAPY FELLOWSHIP IN ADVANCED ORTHOPEDIC MANUAL THERAPY PROGRAM

Established in 1979 at KFH-Hayward in Northern California, this is the oldest program of its kind in the country and attracts therapists from across the nation to participate in advanced specialty training in orthopedic physical therapy. Graduates serve as clinical specialists, academic faculty, instructors for community courses, and consultants to industry.

KAISER PERMANENTE PHYSICAL THERAPY NEUROLOGY RESIDENCY

The Neurology Physical Therapy (PT) program trains neurologic residents to acquire the advanced clinical skills required to treat and manage patients with complex neurological diagnoses across the continuum of care. Neurologic PT residents participate in rotations at acute hospital inpatient, rehabilitation centers, and outpatient departments, and community clinics.

KAISER PERMANENTE PHYSICAL THERAPY CLINICAL INTERNSHIPS

This program delivers training and education to students by providing space in Kaiser Permanente-sponsored clinical training seminars and by partnering with established university training programs. Students receive education on pediatrics, sports medicine, women's health, chronic pain, autism, speech disorders, neurological physical therapy, geriatrics and orthopedics. In 2013, 279 physical therapy, occupational therapy, and speech therapy students received clinical training.

KAISER PERMANENTE PHYSICAL THERAPY ORTHOPEDIC FELLOWSHIP PROGRAM

This residency program provides education in the specialty area of orthopedic physical therapy. In 2013, the program offered 25 physical therapy residency slots at KFH hospitals in Southern California. Residents, fellows, and clinical faculty of our program continue to provide physical therapy services for patients at 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. Each year, there are six Movement Science fellowship slots at KFH hospitals in Southern California.

KAISER PERMANENTE ORTHOPEDIC 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 techniques and treatment procedures for extremity injuries in an active and post-surgical patient population with musculoskeletal conditions. There are four Orthopedic/Sports Rehabilitation Fellow slots at KFH hospitals in Southern California.

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. There are three Spine Rehabilitation fellow slots at KFH hospitals in Southern California.

KAISER PERMANENTE CLINICAL PSYCHOLOGY INTERNSHIP TRAINING PROGRAMS

This program is conducted through the Department of Psychiatry and Addiction Medicine in SCR. Pre-doctoral students enroll in the internship training programs to augment their educational experience by working in a high-quality educational environment, by having direct responsibility (under the supervision of licensed staff) for patients selected from a large and varied patient base, and by working with a multidisciplinary staff. The goal 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 that gives 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 at 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 KFH facilities in Southern California. The program served 185 students in 2013.

ADVANCED PRACTICE AND ALLIED HEALTH CARE EDUCATIONAL PROGRAMS

The Southern California Department of Professional Education offers educational programs 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 2013, approximately 551 community participants attended one of 11 Continuing Education programs and/or symposia.

HIPPOCRATES CIRCLE

This program was 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 2013, 732 students participated in the program at various KFH locations in Southern California.

GRANTS AND DONATIONS FOR THE EDUCATION OF HEALTH CARE PROFESSIONALS

KFH spent \$3,052,844 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 within the broader health care 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 nursing research.

DIVISION OF RESEARCH (DOR)

DOR, Kaiser Permanente Northern California's 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 society at large. DOR conducts research among the three million plus Kaiser Permanente members of Northern California, using interviews, automated data, medical records, and clinical examinations. DOR researchers have contributed more than 3,000 papers to the medical and public health literature; 313 studies were published in 2013. 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 has more than 50 research scientists who work closely with local research institutions and organizations, including 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 Kaiser Permanente members, community residents, and other key stakeholders. Financial and other CB support enables DOR to attract additional private funding and ensures 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 in conducting research through the provision of consultative, educational, and administrative services. Research and Evaluation conducts research projects initiated by team members working within the unit and in collaboration with scientists affiliated with other institutions. In 2013, there were 981 active projects and 315 published studies of regional and/or national significance.

KAISER FOUNDATION RESEARCH INSTITUTE (KFRI)

KFRI 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.

NURSING RESEARCH PROGRAM

NCR's program was established to improve the health and well-being of Kaiser Permanente members and the community at-large. The nurse scientist-director supports these goals by developing and maintaining the structure and function of the Nursing Research Program to:

- Advance clinical research and evidence-based nursing practice
- Expand partnerships and program visibility
- Promote projects that are aligned with Community Benefit work stream priorities
- Maintain compliance with Protection of Human Subjects Federal Regulations and HIPPA

The Nursing Research Program provides outreach to the community at large through a website, bimonthly WebEx meeting programs, bimonthly newsletters, and the Northern California Nursing Research blog. In addition, nurses receive consultation, administrative, and technical support to conduct, publish, and disseminate research findings that improve patient care and nursing practices and contribute to the knowledge of nursing science.

In Southern California, there were 103 new, continuing, and/or completed Nursing Research Program projects and two studies published in 2013. 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 2013

	2013 Total
Medical Care Services for Vulnerable Populations	
Medi-Cal ¹	\$305,204,709
Healthy Families ²	17,947,889
Charity care: Charitable Health Coverage Programs ³	51,941,862
Charity care: Medical Financial Assistance program ⁴	145,170,014
Grants and donations for medical services	67,972,472
Subtotal	\$588,236,946
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center	\$3,092,770
Educational Outreach Program	1,020,303
Summer Youth and INROADS programs	2,335,171
Grants and donations for community-based programs	34,754,020
Community Benefit administration and operations	18,098,734
Subtotal	\$59,300,998
Benefits for the Broader Community	
Community health education and promotion programs	\$1,234,309
Kaiser Permanente Educational Theatre	9,670,182
Facility, supplies, and equipment (in-kind donations) ⁵	471,283
Community Giving Campaign administrative expenses	775,589
Grants and donations for the broader community	3,945,573
National Board of Directors fund ⁶	741,686
Subtotal	\$16,838,622
Health Research, Education, and Training	
Graduate Medical Education ⁷	\$69,635,244
Non-MD provider education and training programs ⁸	20,487,969
Grants and donations for the education of health care professionals	3,052,844
Health research	18,751,300
Subtotal	\$111,927,357
Total Community Benefits Provided	\$776,303,922

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 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 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 SERVICE AREA SUMMARY TABLE

COMMUNITY BENEFITS PROVIDED IN 2013

NORTHERN CALIFORNIA HOSPITALS	
Antioch	\$19,007,986
Fremont	11,527,837
Fresno	15,385,500
Hayward	19,872,647
Manteca	10,845,598
Modesto	10,900,339
Oakland	41,741,824
Redwood City	9,857,478
Richmond	18,447,312
Roseville	24,535,607
Sacramento	34,451,721
San Francisco	24,240,596
San Jose	18,270,880
San Rafael	11,897,664
Santa Clara	29,514,186
Santa Rosa	22,137,388
South Sacramento	39,380,534
South San Francisco	8,057,312
Vacaville	14,368,974
Vallejo	26,644,037
Walnut Creek	19,441,247
Northern California Total	\$430,526,667

SOUTHERN CALIFORNIA HOSPITALS	
Anaheim	\$24,170,337
Baldwin Park	21,321,094
Downey	34,726,216
Fontana	33,162,488
Irvine	9,417,849
Los Angeles	51,195,672
Moreno Valley	13,796,642
Ontario	15,223,123
Panorama City	28,867,612
Riverside	20,008,909
San Diego	28,108,969
South Bay	21,067,856
West Los Angeles	26,342,786
Woodland Hills	18,367,702
Southern California Total	\$345,777,255

CHAPTER IV: 2013 YEAR-END RESULTS AND 2014–2016 COMMUNITY BENEFIT PLANS

INTRODUCTION

During 2013, local staff at the 35 KFH hospitals in California conducted a CHNA and developed a community benefit plan. For the first time, these CHNAs and community benefit plans were developed in compliance with new federal tax law requirements set forth in Internal Revenue Code section 501(r), which requires hospital facilities owned and operated by an organization described in Code section 501(c)(3) to conduct a CHNA at least once every three years and to develop and adopt an implementation strategy (in the parlance of SB697, aka community benefit plan) to meet the community health needs identified through the CHNA. What follows is a general description of the development of the triennial CHNA and the resulting community benefit plan as required by SB697.

COMMUNITY HEALTH NEEDS ASSESSMENT

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, added new requirements, which nonprofit hospital organizations must satisfy to maintain their tax-exempt status under section 501(c)3 of the Internal Revenue Code. One such requirement added by ACA, Section 501(r) of the Code, requires nonprofit hospitals to conduct a CHNA at least once every three years. As part of the CHNA, each hospital is required to collect input from designated individuals in the community, including public health experts as well as members, representatives or leaders of low-income, minority, and medically underserved populations and individuals with chronic conditions.

While Kaiser Permanente has conducted CHNAs for many years to identify needs and resources in our communities and to guide our Community Benefit plans, the new legislation provided an opportunity to revisit our needs assessment and strategic planning processes with an eye toward enhanced compliance and transparency and leveraging emerging technologies. The CHNA process undertaken in 2013 and described in this report complies with both the new federal requirements and SB 697 legislation.

Many KFH hospitals collaborate with community partners and/or engage a consultant to help design and implement the CHNA. Those that work collaboratively partner 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:

- *Focus groups:* This is a form of qualitative research in which a select group of people (providers, 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 in advance of 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.

In addition to primary data collection and analysis, the CHNA collaborative and/or the consultant researches existing data sources for relevant demographic and health-related statistics. Kaiser Permanente created a free, web-based data platform (www.chna.org/kp) to facilitate access to and analysis of relevant secondary data. The platform provided local data on demographics, social and economic factors, the physical environment, clinical care, health behaviors, and health outcomes. Sources for data available on the platform include, but are not limited to:

- U.S. Census Bureau
- Centers for Disease Control and Prevention (e.g., Behavioral Risk Factor Surveillance System)
- U.S. and California Departments of Education
- U.S. Department of Agriculture
- Walkscore.com 2012
- California Health Interview Survey (CHIS)
- U.S. Health Resources and Services Administration
- California Office of Statewide Health Planning and Development (OSHPD), Patient Discharge Data, 2010
- California Department of Public Health

Once the community's health problems and assets are identified through the CHNA data collection and analysis process, relevant stakeholders in each collaborative convene to discuss and analyze the information and to prioritize community health needs based on a set of criteria that included:

- Severity of issue/degree of poor performance against the benchmark
- Clear disparities/inequities
- Issue is getting worse over time/not improving
- Community prioritizes the issue over other issues
- Existing attention/resources dedicated to the issue
- Effective and feasible interventions exist
- A successful solution has the potential to solve multiple problems
- Opportunity to intervene at the prevention level

The CHNA report for each KFH hospital is posted on Kaiser Permanente's website ([Kaiser Permanente Share Site](#)).

COMMUNITY BENEFIT PLAN DEVELOPMENT

Information from the CHNA provides the foundation for how each local KFH hospital will work to improve the health status of the community through a strategic, three-year community benefit plan. Following the CHNA process, each KFH hospital convenes a committee of stakeholders to further discuss and analyze the CHNA findings with a particular focus on selecting the health needs the hospital will focus on. Planning committees include hospital administrative staff from various disciplines (e.g. medical, nursing, administrative, finance, labor, and marketing). These stakeholders help select the health needs that the KFH hospital will address using an established set of criteria, which, at a minimum, included the following:

- Magnitude/scale of the problem
- Severity of the problem
- Degree of racial/ethnic disparity
- Kaiser Permanente assets and expertise available
- Existing or promising approaches exist to address the need

Once health needs are selected, local CB staff and committees develop a community benefit plan. As part Kaiser Permanente's integrated health system, KFH hospitals have a long history of working with KFHP, TPMG, SCPMG, and other KFH hospitals, as well as external stakeholders to identify, develop, and implement strategies to address community health needs. These strategies are developed so that they:

- Are available broadly to the public and serve low-income consumers.
- Reduce geographic, financial, and/or cultural barriers to accessing health services, and if they were no longer in place would result in access problems.
- Address federal, state, or local public health priorities
- Leverage or enhance public health department activities
- Advance increased general knowledge through education or research that benefits the public
- Address needs that would otherwise become the responsibility of the government or another tax-exempt organization

KFH hospitals are committed to enhancing their understanding of how best to develop and implement effective strategies to address community health needs and recognize that good health outcomes cannot be achieved without joint planning and partnerships with community stakeholders and leaders. As such, KFH hospitals continue to work in partnership to refine their goals and strategies over time so that they can most effectively address the identified needs.

Each KFH hospital will monitor and evaluate its proposed strategies to track implementation of those strategies and to document the anticipated impact. Monitoring plans will be tailored to each strategy and will include the collection and documentation of tracking measures, such as the number of grants made, amount of dollars spent, number of people reached/served, number and role of volunteers, and volunteer hours. In addition, KFH hospitals will require grantees to propose, track, and report outcomes, including behavior and health outcomes as appropriate. For example, outcome measures for a strategy that addresses obesity/overweight by increasing access to physical activity and healthy eating options might include number of students walking or biking to school, access to fresh locally grown fruits and vegetables at schools, or number of weekly physical activity minutes.

OUTLINE OF HOSPITAL SECTION

The rest of this chapter contains, in alphabetical order, a narrative section for each of the 35 hospitals. Each hospital section contains the following information:

- A community snapshot, a few facts about the facility, and a list of key local leaders.
- A map of the service area.
- 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 2013, including highlights of key local and regional grants, partnerships, and other efforts to address the prioritized needs outlined in the 2011-2013 Community Benefit Plan.
- 2013 metrics for select programs in the CB portfolio, presented at the hospital level (Table 1).
- Quantified Community Benefit provided in 2013, presented at the hospital level (Table 2).
- A link to the 2013 CHNA.
- The 2014-2016 Community Benefit Plan.

Additional information about each hospital 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)-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, Burrel, 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%

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

KEY STATISTICS

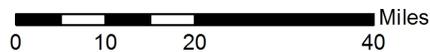
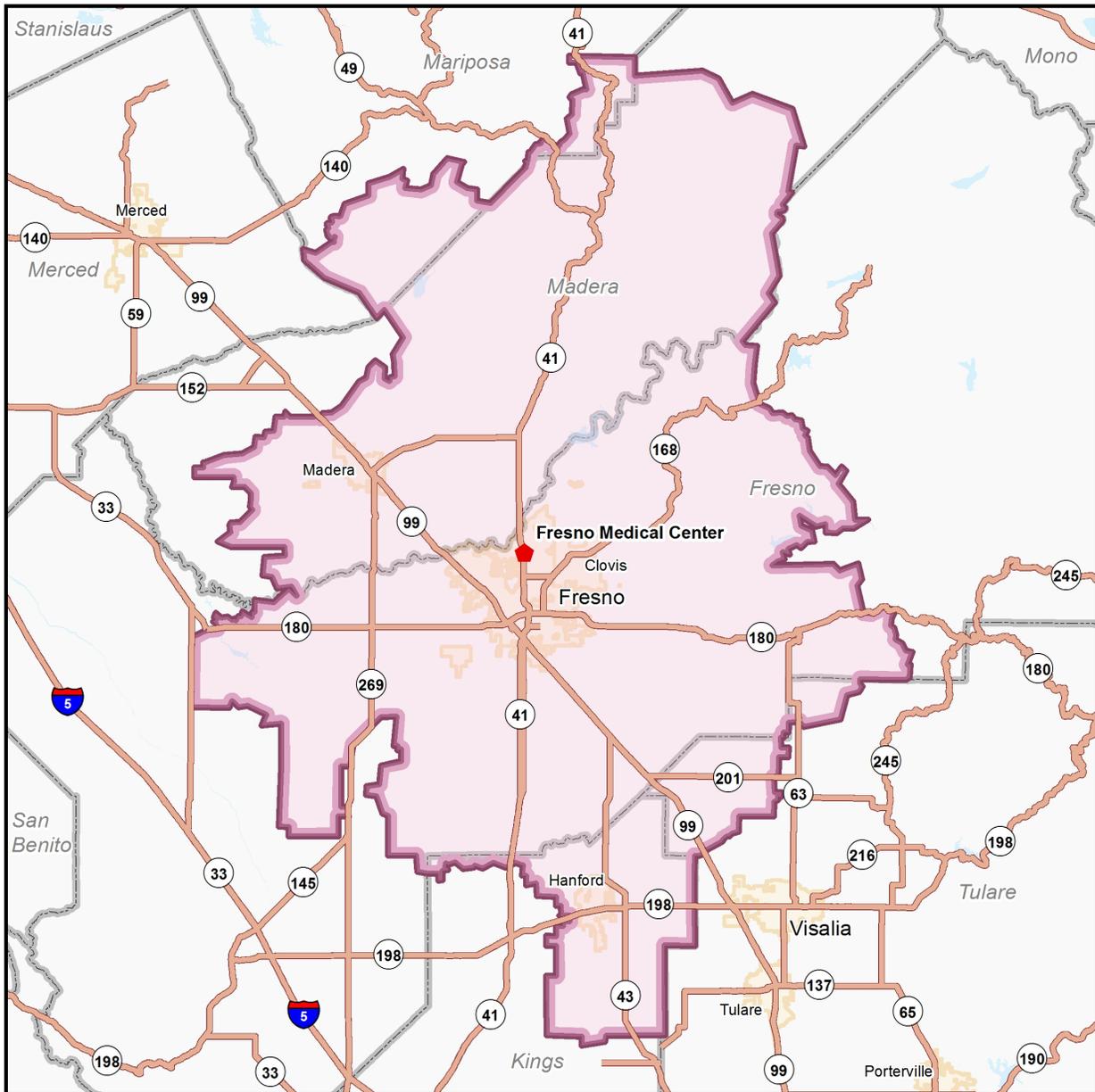
Year opened:	1995
KFH full-time equivalent personnel:	732.26
KFHP members in KFH service area:	105,715

Total licensed beds:	169
Inpatient days:	26,782
Emergency room visits:	29,902

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
Lynn Campama	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 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 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 and 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 limitations negatively impact an individual's ability to comfortably access health care, 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

2013 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 Affordable Care Act. 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.

2013 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.

2013 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. Support outreach efforts to increase enrollment, retention, and utilization efforts, through grant funding and/or technical assistance (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).

TARGET POPULATION

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

COMMUNITY PARTNERS

Community partners include Buddhist Tzu Chi Medical Foundation USA (Tzu Chi); Central Unified School District (Central USD); Clovis Unified School District (Clovis USD); Comprehensive Youth Services (CYS); Exceptional Parents Unlimited (EPU); Fresno Barrios Unidos (FBU); Fresno First Steps Home; Healthcare Foundation of Northern and Central California; Hmong National Development Inc.; Leukemia & Lymphoma Society Inc.; Marjaree Mason Center, Inc.; and The Foundation at Fresno County Office of Education (FCOE)

2013 YEAR-END RESULTS

KFH-Fresno invests in programs that foster access to health insurance coverage and services for underserved communities.

- Central USD, located on Fresno's western edge, encompasses 88 square miles, 21 school sites, and 14,817 students. Located in a primarily rural area with no community centers and few medical and health care options, families in the district must travel to Fresno and Kerman for primary care and other health-related services. Central USD's population

is 51% Hispanic, with a large Spanish-speaking parent population that often relies heavily on the school system for linguistically appropriate access to information about health care coverage, education, and services. A \$50,000 KFH-Fresno grant supported Central USD's establishment of a parent resource center. The center collaborates with agencies to provide parenting classes, navigation assistance for health services and enrollment, and health and nutrition education information and promotion for an expected 3,000 individuals. Research shows that parent engagement in schools is linked to positive and healthier student behavior, higher academic achievement, and enhanced social and emotional skills among children.

- CYS is dedicated to providing a full range of prevention, intervention, treatment, and educational services to help abused and at-risk youth and their families, many of whom are underserved and low-to-moderate income. Children in these families often experience high exposure to violence, abuse, neglect, and substance abuse. Since 1990, CYS has been a local leader in the field of school-based social and emotional support to students and has served thousands of students at many local schools through its award-winning Student Assistance Program (SAP). KFH-Fresno funded CYS with a \$39,510 grant to expand SAP services to 1,800 students, parents, teachers, and community members in rural areas served by Central USD. The program offers risk assessments; individual, family and group therapy; case management; and education workshops for parents and staff. A recent report indicated that 308 students have participated in individual and group therapy and outreach services. Students receiving SAP services who had academic problems demonstrated a 20% improvement. According to school administration reports, there has been a 50% reduction in disciplinary problems among students who received SAP services.
- Clovis USD Children's Health Centers (CHCs) have been serving children for 20 years, providing safety-net pediatric services—including well-baby and child exams, immunizations, treatment of common illnesses and minor injuries, WIC screenings, and sports screenings—for children with limited access to other health care services. CHC facilities are located on Title 1 elementary school campuses, thus minimizing transportation and access barriers for families seeking pediatric health care. CHC staff, who are certified to register children for Healthy Families and Medi-Cal, help increase families' access to health coverage. A \$7,000 grant from KFH-Fresno supported the purchase of exam room supplies, furnishings, and equipment for medical consultations at the Fancher Creek Elementary and Pinedale Elementary health centers. Pinedale serves close to 500 K-6 students and its health center has the potential to reach students from five nearby schools. Fancher Creek serves close to 900 K-6 students and its health center is a potential site for the dental program previously funded by KFH-Fresno.
- EPU provides holistic and specific intervention services that are non-traditional and often not offered by other agencies or are inaccessible to children with developmental, social, and emotional needs and their families. KFH-Fresno funded a \$40,000 grant to support EPU's ongoing Gentle Start-Early Mental Health program intended to serve 250 children, parents, and staff. These services include in-depth assessments, autism screening, speech therapy, occupational and physical therapy, developmental play and support groups, and advocacy assistance to access and negotiate fragmented systems of care and resources. In addition, the grant supports ongoing training for staff to deepen their knowledge and skills in assisting children and their families.
- With a vision to provide medical aid while inspiring love and humanity to both givers and receivers, Tzu Chi provides quality community health services in the form of monthly mobile clinics, outreach, and group support programs to primarily low-income and uninsured/underinsured residents at free or minimal cost. Tzu Chi also provides preventive medical and dental care, vision care, pediatric care, women's health, glucose testing, acupuncture, health education, preventive medical care and disease management, and emergency disaster medical relief around the world. KFH-Fresno funding has supported free health clinics that have served nearly 4,000 patients a year. A \$30,000 KFH-Fresno grant enabled Tzu Chi to continue providing basic medical services in areas with high need and limited transportation and health care providers. Tzu Chi provided services to 2,644 people during the annual two-day Healthy Fresno event, which featured 60 local community outreach booths staffed by agencies in the areas of social services and lead poisoning prevention among others. And 59 KFH clinical and non-clinical staff donated 544 hours serving uninsured and underinsured patients at Tzu Chi free health clinics.

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 goals.

2013 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).

2013 STRATEGIES

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.

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 Boys & Girls Club of Fresno County; California Teaching Fellows Foundation (CTFF); California Health Collaborative (the Collaborative); Central USD; City of Selma; Community Food Bank (CFB); Every Neighborhood Partnership (ENP); Fresno United Neighborhoods (FUN); Foundation for Clovis Schools; Habitat for Humanity Fresno County (Habitat Fresno); iCAN Junior Triathlon Club Inc.; Off the Front; The Foundation at Fresno County Office of Education (FCOE); and University High School, California State University, Fresno.

2013 YEAR-END RESULTS

KFH-Fresno supports strategies that improve health and wellness in schools and outside of schools.

- CTFF's primary purpose is to improve the quality and diversity of education and human services professionals by providing meaningful teaching, mentoring, and tutoring experiences that complement their course work in degree and credential programs to community college and university undergraduates. CTFF partners with 16 Fresno area school districts, FCOE's Migrant Program, and the Office of Safe and Healthy Kids. Teaching fellows serve 14,000 Fresno County students daily. KFH-Fresno provided a \$90,000 grant to support Central Educational Summer Adventure (CESA) and After School University (ASU), two free programs focused on the prevention of summer learning loss and the promotion of literacy and college awareness, healthy eating, and active living among at-risk students. Through intentional programming, students excelled in their understanding of the importance of remaining active, eating healthy,

exploring their creativity through literature, and engaging in enrichment and physical activities for 45 to 60 minutes per day. CESA targets students at Central East High School and delivers a curriculum based on key elements selected from a book that all students are required to read. Fifty CESA staff are serving 362 students. At this writing, 87% of students demonstrated increased knowledge of physical fitness, 89% demonstrated increased understanding of the benefits of whole versus processed foods, and 87% indicated they read as much or more than during a typical week of school. ASU, modeled as a university experience program, is held on the Fresno State campus and offers free math, science, language arts, elective, and physical education classes. Funds provided teaching fellow stipends, supplies, and transportation for students to and from local area schools. Ninety-eight ASU staff serve 874 students.

- FUN was established by the City of Fresno Parks, After-School, Recreation and Community Service (PARCS) with the mission to improve the quality of life in Fresno through innovative and collaborative outreach initiatives in recreation, health, and learning for residents of all ages. A \$60,000 KFH-Fresno grant helped re-open four learner pools and a summer swim program for low-income children in the Einstein, Fink White, Quigley, and Romain neighborhoods. Summer swim was extremely successful and served 21,246 children with no access to traditional summer activities such as camps, sports, and dance. In a safe, healthy environment, children learned about pool safety and the health benefits of daily physical exercise such as swimming. In addition, 258 children completed safety swimming classes taught by the American Red Cross.
- Serving 42 of the state's 58 counties, the Collaborative is committed to enhancing the quality of life and the health of California residents, with an emphasis on underserved and underrepresented populations, through an array of health promotion and disease prevention programs, public health surveillance systems, and a variety of capacity-building and networking activities. KFH-Fresno provided a \$39,445 grant to pilot a new model of care provider project to develop and implement a sustainable care delivery and financing model that improves childhood obesity prevention and treatment outcomes. The Collaborative intends to train and pair promotores or community liaisons, enabling five provider sites to enroll and support 200 overweight children 2 to 12, monitor measurable reductions in BMI and blood pressure, and address challenges to eating healthy and maintaining an active lifestyle. If successful, providers will adopt this model of care for treating overweight children and health plans will reimburse providers for the model.

KFH-Fresno supports strategies that combat hunger in Fresno and its surrounding communities.

- In the Central Valley region, one out of every four families and one in every three children are at risk of going hungry. CFB's mission is to address the immediate nutritional needs and provide sustainable solutions for the food-insecure through an efficient food acquisition and distribution system, community outreach, and public education. CFB is the hub of a 130-member network of agencies throughout Fresno, Madera, and Kings counties. A \$47,500 KFH-Fresno grant helped support CFB's mobile pantry and backpack programs. A mobile pantry makes 96 distributions a year (32 funded by KFH), delivering 288,000 pounds of fresh produce and reaching 32,883 individuals in high-need communities and neighborhoods located in remote and rural areas. Every Friday immediately after school, the backpack program gives socio-economically disadvantaged children a backpack filled with high-quality, nutritious foods to sustain them through the weekend when school meal programs are not available. KFH funds enabled the backpack program to increase from four to five sites this school year and to increase the number of students served on a weekly basis from 350 to 575. In addition, CFB distributes referral information to help parents connect to and apply for SNAP or WIC and distributes recipe cards on how to incorporate fresh produce into everyday meals.
- Habitat Fresno seeks to end poverty and housing inequity in the region by uniting individuals, families, and communities to build quality affordable housing. KFH-Fresno provided \$4,850 in sponsorship funds to enable Habitat Fresno to launch the Green Cart Initiative to improve access to fresh produce for 1,850 West Fresno residents living in an area categorized as a food desert. The initiative benefited the Highway 41 and North Corridor neighborhoods, home to 260 families. The nearest access to fresh produce is more than five miles away. The initiative took an inclusive approach, engaging residents, youth, seniors, vendors, and a neighborhood grocery store owner, and leveraged the grant to facilitate resident involvement and to employ neighborhood youth to build the carts and to market and promote the Green Cart launch. The initiative raised awareness about the benefits of a diet rich in fresh fruits and vegetables and increased media attention on the issue of food insecurity for many residents. The successful launch of the initiative was a result of strategic partnerships with the store owner, OK Produce, HOPE Builds youth construction training program, and a resident planning team. The initiative successfully installed three produce carts in a neighborhood convenience

store. To date, the carts are still in place and the store owner has signed a memorandum of agreement to maintain the quality and affordability of the produce for neighborhood residents.

KFH-Fresno sponsors health initiatives that promote access to nutritious foods and physical activities.

- In the Fresno area, the rate of overweight and obesity is 35% for children and 63% for adults. Through its Saturday Sports program, ENP facilitates connections between schools, churches, and communities to foster positive relationships and group mentoring for children in impoverished neighborhoods. In 2012, Saturday Sports logged 55,848 hours of student participation. KFH-Fresno's \$5,000 sponsorship enabled ENP to expand Saturday Sports to include a new component, Nutrition & Exercise Education Development (NEED). Founded by California State University, Fresno student volunteers who encourage children to make better food choices, NEED incorporates nutrition, health, and physical education activities. The grant was used to purchase new equipment and tools to duplicate and solidify the program, and to provide better incentives to encourage children's participation in the program. NEED served 580 teens and children 3 to 12 at 20 Fresno area elementary schools who learned to categorize the My Plate basic food groups and increased their knowledge by 10%.

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.

2013 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.

2013 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 youth, adults, and seniors.

TARGET POPULATION

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

COMMUNITY PARTNERS

Community partners include Clovis CUSD; Fresno Unified School District (FUSD); Fresno Center for New Americans (FCNA); and The Children's Movement of Fresno (TCM).

2013 YEAR-END RESULTS

KFH-Fresno invests in local strategies aimed at the prevention and management of chronic diseases among low-income and vulnerable populations.

- Serving more than 73,000 students, FUSD is California's fourth largest school district. Guided by the Board of Education's core beliefs that all students can and must learn at grade level and beyond, FUSD is making huge strides in preparing college- and career-ready graduates. KFH-Fresno provided a \$50,000 grant to support FUSD's grades K-8 school asthma management program that provides educational activities for 2,600 students and parents at eight middle schools that were selected based on student asthma rates, nurse office visits to use inhalers, poor attendance, and frequency of other health-related issues. Education is provided in partnership with school nurses trained in the American Lung Association's student curriculum, university health career student interns, and FUSD's Parent University program. Parents are educated in multiple languages about identifying asthma, environmental triggers, proper use of inhalers, and other effective asthma management strategies. The project was designed to expand the capacity of health services and school site staff to assist students in asthma management and to increase physical activity levels.
- FCNA, incorporated as a nonprofit organization in 1991, responds to the growing needs of Fresno County's Southeast Asians (Cambodians, Hmong, Lao, and Vietnamese) and immigrants. Immediate and critical needs include general health education, acculturation, and social and economic barriers. KFH-Fresno provided a \$40,000 grant to support FCNA's Living Well program to provide access to health education content and materials that use culturally and linguistically appropriate communication channels to address barriers in the prevention and management of chronic disease in the Hmong community. Intended outcomes are to increase awareness of behaviors that lead to hypertension and diabetes in the Hmong community through Hmong language radio and television; increase awareness of techniques to manage hypertension, diabetes, and other chronic illnesses; and increase access to culturally appropriate education, materials, and care. The first cohort of patients includes 17 people 34 to 73. The program intends to identify 5 to 10 new patients to enable FCNA to collect more data on program successes and challenges. Preliminary data showed participants' increased abilities to manage hypertension. While data showed a decrease in glucose levels, it also revealed a need to continue working with patients to control blood glucose levels more consistently. In addition to monthly educational sessions on diabetes and hypertension, FCNA provided 12 additional workshops on stress management, coping with problems, depression and anxiety, and healthy cooking for participating families. Weekly sessions on meditation, exercise groups, and healthy eating were also added.
- CUSD's Children's Health Centers (CHC) have served children for 20 years, providing safety-net pediatric services—including well-baby and child exams, immunizations, treatment of common illnesses and minor injuries, and WIC and sports screenings—to children with limited access to other health care services. Nursing Services, a CHC component, has actively provided preventive education and training services to students and staff. CUSD has two full-time school-based health centers staffed by pediatric nurse practitioners who work closely with Children's Hospital of Central California's endocrinology department to coordinate diabetes management efforts in schools. The number of students with diabetes has grown tremendously in the past five years. Type 1 and type 2 diabetes require 24/7 management of food intake, insulin/medication, and physical activity. KFH-Fresno provided a \$30,000 grant to support Nursing Services' goal to establish a comprehensive diabetes management program that promotes a healthy learning environment for all students. The objective is to train and empower staff with tools and knowledge in student diabetes care education. Once equipped with the necessary tools, students with diabetes will be encouraged to fully participate in educational and physical activities. Activities will serve 100 staff and students during the grant period.

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 high school career pipelines and to 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.

2013 STRATEGIES

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 wraparound 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 at a minimum of two organizations that serve 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.

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 Camarena Health; Court Appointed Special Advocates of Fresno County (CASA); Fresno Unified School District (FUSD); Forward Fresno Foundation, Inc.; Foundation for Central Schools; Reading and Beyond; Stone Soup Fresno; and United Faith Christian.

2013 YEAR-END RESULTS

KFH-Fresno supports organizations that offer programs to enhance and advance education and career-readiness among at-risk youth.

- Camarena Health serves low-income, medically underserved, and uninsured populations, including farmworkers and their families living in Madera County. In preparation for an increased number of patients in Madera County due to the Affordable Care Act, Camarena Health is working to meet growing demands on front and back office staff support positions. A \$30,000 KFH-Fresno grant helped develop Camarena Health's initial job training program, a partnership with local Workforce Assistance and educational institutions, to offer entry-level certification in health care services as an avenue for local unemployed, unqualified candidates to advance to skilled employee positions. The program intends to train an inaugural group of 20 students who will gain hands-on experience and skills needed to enter the health care workforce and serve patients in Madera County.
- FUSD received a \$50,000 KFH-Fresno grant to support its Men's and Women's Alliance Employment Readiness program, which served 200 male and 120 female students at Bullard, Edison, Fresno, Hoover, McLane, Roosevelt, and Sunnyside high schools. The program strives to improve academic achievement and high school graduation rates among at-risk students so that they can successfully transition to post-secondary education, training, and employment. Participants are supported by a network of peers and faculty that aims to increase attendance, reduce suspensions, and increase student knowledge of workplace expectations. Trainings and guest speakers expose students to a wide array of careers and experiences, including job shadowing opportunities and internships at local businesses. Recently, 100 students attended the first of two pre-employment skills workshops.
- Stone Soup Fresno's mission is to nurture leadership that will create positive change for Southeast Asian refugee families, enabling them to move forward and find their voices and places in America. Stone Soup provides culturally and linguistically responsive programs in early education, youth development, parent and family leadership, education, and

civic engagement. A \$30,000 KFH-Fresno grant supported Stone Soup's Hmong Culture and Literacy Academy, a six-week summer program that incorporates literacy, arts, culture, and leadership training as a way to encourage language development among Hmong youth 4 to 18. The program served 162 youth, equipping them with the skills necessary to meet the cultural and language demands of Fresno's diverse populations. Low English language skills and educational levels within the Hmong community continue to exacerbate the cycle of poverty and negatively impact the academic achievement of children. According to recent census data, Hmong children 5 to 17 comprise 33% of the total Fresno Hmong population (30,000); 40% of Hmong families with children under the age of 18 live in poverty; 49% of those 25 and older had less than a high school diploma. Among those 16 and older (25,000), 91% spoke a language other than English; of those, 43% spoke English "less than very well" and 47% were not in the labor force (US Census Bureau, 2008-2010 American Community Survey). As a result of participation in the academy, 80% of the youth demonstrated increased Hmong language capacities, which complemented their English language skills, and enabled effective communication and positive relationships with parents for academic support and success in school.

Table 1

KAISER FOUNDATION HOSPITAL-FRESNO

2013 Key Community Benefit Program Metrics

(For more information about these and other CB programs and services, please see pages 8–16 in Chapter III.)

Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	3,690
Medi-Cal Managed Care members	3,226
Nursing Research projects (new, continuing, completed, and/or published)	24
Kaiser Permanente Educational Theatre – number of performances and workshops	40
Kaiser Permanente Educational Theatre – number of attendees (students and adults)	11,607
Graduate Medical Education – number of affiliated and independent residents	35
Nurse practitioner and other nursing training and education beneficiaries	17
Deloras Jones nursing scholarship recipients	2
Other health professional training and education (non-MD) beneficiaries	23
Summer Youth and/or INROADS programs participants	20
Number of 2013 grants and donations made at the local and regional levels ¹	110

¹The vast majority of regional grants impact three or more local hospitals. As such, a single regional grant may be included in the “Number of 2013 grants and donations” count for multiple hospitals.

Table 2

**KAISER FOUNDATION HOSPITAL-FRESNO
 COMMUNITY BENEFIT RESOURCES PROVIDED IN 2013**

	2013 Totals
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$1,055,057
Healthy Families ²	517,244
Charity care: Charitable Health Coverage programs ³	2,774,870
Charity care: Medical Financial Assistance Program ⁴	5,354,824
Grants and donations for medical services ⁵	2,500,599
Subtotal	\$12,202,594
Other Benefits for Vulnerable Populations	
Summer Youth and INROADS programs ⁶	\$109,436
Grants and donations for community-based programs ⁷	1,376,890
Community Benefit administration and operations ⁸	292,439
Subtotal	\$1,778,765
Benefits for the Broader Community⁹	
Community health education and promotion programs	\$4,121
Kaiser Permanente Educational Theatre	114,344
Facility, supplies, and equipment (in-kind donations) ¹⁰	377
Community Giving Campaign administrative expenses	19,907
Grants and donations for the broader community ¹¹	159,693
National board of directors fund	14,355
Subtotal	\$312,797
Health Research, Education, and Training	
Graduate Medical Education	\$214,005
Non-MD provider education and training programs ¹²	427,470
Grants and donations for the education of health care professionals ¹³	248,176
Health research	213,751
Subtotal	\$1,103,402
Total Community Benefits Provided	\$15,397,558

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 the 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 Kaiser Permanente Educational Theatre 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.

THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2013 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY

The KFH-Fresno 2013 Community Health Needs Assessment (CHNA) is posted on the internet at www.kp.org/chna (the [Kaiser Permanente Share Site](#)). A detailed explanation of the CHNA process is included in the introductory section (Chapter IV) of the full SB 697 report.

LIST OF COMMUNITY HEALTH NEEDS IDENTIFIED IN THE CHNA REPORT FOR THE KFH-FRESNO SERVICE AREA

The list below summarizes the health needs identified for the KFH-Fresno service area through the 2013 CHNA process:

- Access to health care
- Diabetes
- Substance abuse
- Infant mortality
- Responsible sexual behavior
- Injury and violence
- Physical activity and overweight/obesity (combined as one need)
- Mental health
- Asthma
- Education
- Tobacco use
- Environmental quality
- Immunization
- Premature death

HEALTH NEEDS THAT KFH-FRESNO PLANS TO ADDRESS

1. ACCESS TO CARE

This is a health need because increasing access to appropriate and effective health care services addresses a wide range of specific health needs. Achieving the goal of increased access to care requires reducing barriers to preventive screening, primary care, and specialty care by deploying a wide range of strategies encompassing programs, outreach, training, and policies. KFH-Fresno will address access to care because of its potential impact on the rate of premature deaths, which is higher than the state average. One of the primary barriers for more than 19% of residents is the lack of health care insurance. The problem of access is worse in rural communities within the KFH-Fresno service area, possibly complicated by a shortage of primary care providers, lack of appropriate transportation, and higher rates of people who are linguistically isolated, specifically in Kings and Tulare counties. Selection criteria ranked highly include magnitude, severity, ability to make a meaningful contribution, disparities in health outcomes, ability to leverage existing relationships and programs, high community priority, and prevention opportunity.

2. PHYSICAL ACTIVITY AND OVERWEIGHT/OBESITY (RENAMED HEALTHY EATING AND ACTIVE LIVING [HEAL] TO BETTER CAPTURE THE FULL RANGE OF STRATEGIES THAT ADDRESS BOTH NEEDS)

This has been included as a health need because of its potential impact on the cost of care in an area where resources are limited, the high rates of diabetes for adults, heart disease prevalence, and mortality. The obesity and hypertension rates among Hmong children are higher than for the general population. Selection criteria ranked highly include magnitude, severity, ability to make a meaningful contribution, availability of effective strategies to address the health issue, disparities in health outcomes, ability to leverage existing relationships and programs, high community priority and prevention opportunity.

3. DIABETES

This is a health need in the KFH-Fresno service area, as marked by incidence rates and adult hospitalizations that are higher than state average. Several factors contribute to the high rates in the region: poor nutrition and/or lack of physical

exercise, poor access to care, and poor health literacy. Selection criteria ranked highly include: magnitude, severity, ability to make a meaningful contribution, disparities in health outcomes, and prevention opportunity.

4. ASTHMA

This is a health need in the KFH-Fresno service area, as marked by incidence rates of adult and youth hospitalizations that are higher than the state average. The presence of pollution exacerbates asthma in children, leading to a greater likelihood of hospitalization and more long-term impacts on their immune system. It should be noted that the measurement of air quality is influenced by the geographical terrain and measurement approaches that vary throughout the study region. Selection criteria ranked highly include magnitude, severity, disparities in health outcomes, ability to leverage existing relationships and programs, and prevention opportunity.

5. BROADER HEALTH CARE SYSTEM NEEDS IN OUR COMMUNITIES

Kaiser Foundation Hospitals, which includes 37 licensed hospital facilities as of 2013, has identified a number of significant needs in addition to those identified above through the CHNA process which we are committed to addressing as part of an integrated health care delivery system. These needs, which are manifest in each of the communities we serve, include 1) health care workforce shortages and the need to increase linguistic and cultural diversity in the health care workforce and 2) access to and availability of robust public health and clinical care data and research.

Supporting a well-trained, culturally competent, and diverse health care workforce helps ensure access to high-quality care. This activity is also essential to making progress in the reduction of health care disparities which persist in most of our communities. Individuals trained through these workforce training programs are able to seek employment with Kaiser Permanente entities or other health care providers in our communities.

Deploying a wide range of research methods contributes to building general knowledge for improving health and health care services, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared. Conducting high-quality health research and disseminating findings from it increases awareness of the changing health needs of diverse communities, addresses health disparities, and improves effective health care delivery and health outcomes.

2014-2016 COMMUNITY BENEFIT PLAN

The goals, strategies, and outcomes listed below address health needs identified during the 2013 CHNA. All KFH hospitals carefully considered the evidence-base when determining which goals and strategies would be most effective in addressing each need. KFH-Fresno anticipates that successful implementation of the identified strategies will result in or contribute toward a set of expected outcomes that can help support overall improvement of the priority health need in the community. All KFH hospitals will annually assess progress towards their planned strategies and outcomes and adjust their plans and expected outcomes as needed. For more information on how goals, strategies, and outcomes were identified, see the section titled “Community Plan Development” in Chapter IV.

PRIORITY HEALTH NEED I: ACCESS TO CARE

LONG-TERM GOAL

- Increase the number of low-income and uninsured individuals who have access to and receive appropriate health care services in the KFH-Fresno service area

INTERMEDIATE GOALS

- Increase the number of low-income people who enroll in, or maintain, health care coverage
- Increase access to culturally competent, high-quality health care services for low-income, uninsured individuals

STRATEGIES

- Participate in Medi-Cal Managed Care, the state’s Medicaid Program, to provide comprehensive inpatient and outpatient care to Medi-Cal Managed Care members in California
- Participate in Medi-Cal Fee for Service which provides subsidized health care on a fee-for-service basis for Medi-Cal beneficiaries not enrolled as KFHP members
- Provide Medical Financial Assistance, which assists patients in need by subsidizing all or a portion of their KP medical expenses for a period of time. Eligibility is based on prescribed levels of income, expenses, and assets
- Provide subsidized health care coverage that provides comprehensive benefits 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
- Provide access to free surgery and specialty care, to enable Kaiser Permanente medical volunteers to provide free outpatient consultations, specialty care, and same day surgery appointments to uninsured patient
- Provide basic technical assistance (TA), training support (i.e., conference speakers and presenters), and physician volunteers to community health centers and/or free clinics that provide care for low-income individuals

EXPECTED OUTCOMES

- Increased access to health care coverage and increased number of eligible individuals who enroll in and maintain coverage
- Increased access to care
- Increased number of patients seen and/or increased range of services offered at community health centers or free clinics

PRIORITY HEALTH NEED II: HEALTHY EATING ACTIVE LIVING

LONG TERM GOALS

- Increase healthy eating with special emphasis on African American, Latino, and Hmong populations
- Increase physical activity with special emphasis on low-income neighborhoods

INTERMEDIATE GOALS

- Increase access to healthy food options in schools and youth-based programs
- Increase awareness of the importance of healthy eating in at-risk schools
- Increase healthy eating among youth and adults in community settings
- Increase opportunities for physical activity in community settings through education and environmental changes (e.g., safe walking and biking routes, parks and hiking trails, joint use agreements)
- Increase physical activity in institutional settings (e.g. schools, after-school programs, worksites)

STRATEGIES

- Grant-making or collaborating and leveraging internal resources to support development and implementation of healthy eating policies and practices in schools and youth-based programs serving low-income youth
- Provide Kaiser Permanente Educational Theatre presentations in at-risk schools to increase awareness of the importance of healthy eating
- Grant-making to expand the use of patient navigators, community health workers or promotores to provide culturally sensitive assistance guiding individuals through available food and social support systems to increase consumption of fresh fruits and vegetables
- Collaborate with community coalitions to increase awareness of the benefits of healthy eating.
- Grant-making to support work that increases the availability of fresh fruits and vegetables in high-risk areas (food deserts, low-income neighborhoods)
- Grant-making and leveraging internal resources to increase opportunities for physical activity and to promote safe places to walk, bike, and play in community settings through education and environmental changes
- Collaborate with local coalitions to support policies that increase opportunities for physical activity such as safe walking routes to school, joint use agreements to expand use of school recreational facilities, increased use of parks, and other healthy community design policies
- Grant-making to organizations that involve families in physical activity in community settings.
- Grant-making and leveraging internal resources for development and implementation of institutional policies and programs promoting physical activity

EXPECTED OUTCOMES

- Increased access to fruits and vegetables
- Decreased access to unhealthy foods and beverages
- Increased number of new or enhanced school policies promoting healthy eating, access to healthy foods and beverages, and nutrition standards for all foods available on campus and in youth-based programs
- Increased awareness about the importance of healthy eating
- Increased awareness of resources for fresh fruits and vegetables
- Increased consumption of fresh fruits and vegetables
- Increased individual awareness to help make healthy behavioral changes

- Increased community awareness of benefits of healthy eating, prompting advocacy for increased access to healthy foods and beverages
- Increased opportunities for physical activity

PRIORITY HEALTH NEED III: DIABETES

LONG TERM GOAL

- Increase the number of diabetics whose disease is well-managed

INTERMEDIATE GOALS

- Increase screening and access to culturally competent, high-quality diabetes management education for low-income individuals who encounter barriers such as a lack of a primary care provider or medical home, lack of health insurance coverage, or language barriers
- Decrease structural barriers to diabetes self-management education (e.g., transportation, cultural competency, cultural practices, hours of service, administrative procedures, residency documentation, etc.) for low-income individuals

STRATEGIES

- Grant-making to increase early diabetes screening and referral for care and education through increased use of technology and/or patient navigators to enhance community health and outreach
- Grant-making or leveraging internal resources to support community health centers as medical homes for coordinated management of diabetes
- Grant-making and leveraging internal resources to increase culturally and linguistically appropriate self-management education available within the patients' own community
- Grant-making to expand the use of patient navigators, community health workers, or *promotores* to provide culturally sensitive assistance and care coordination, guiding patients through available medical, insurance, and social support systems to increase access to diabetes self-management education

EXPECTED OUTCOMES

- Increased number of individuals screened and referred for care
- Enhanced diabetes management capacity at community health centers
- Increased access to culturally competent diabetes self-management education that is sensitive to high-risk populations served (e.g., Hispanic, Hmong)

PRIORITY HEALTH NEED IV: ASTHMA

LONG TERM GOAL

- Improve asthma management to decrease asthma complications for low-income, high-risk individuals.

INTERMEDIATE GOALS

- Increase asthma screening and effective follow-up education for individuals who encounter barriers such as a lack of a primary care provider or medical home, lack of health insurance coverage, or language barriers
- Decrease structural barriers to asthma self-management training (e.g., transportation, cultural competency, cultural practices, hours of service, administrative procedures, residency documentation, etc.) for low-income individuals
- Increase awareness of the impact of air pollution and asthma triggers to decrease asthma complications

STRATEGIES

- Grant-making to improve access to culturally and linguistically competent asthma self-management education
- Collaborate with schools and community coalitions to establish policies and procedures to support children with asthma in schools, including asthma action plans, medication availability, home assessments, and school staff education
- Grant-making and leveraging of internal resources to support community health centers as medical homes for coordinated management of asthma
- Collaborate with community coalitions to increase awareness of the impact of air pollution and asthma triggers

EXPECTED OUTCOMES

- Increased number of individuals screened and referred for care
- Increased access to asthma self-management education that is sensitive to the populations served (e.g., Hmong, Hispanic)
- Increased or enhanced policies in schools that improve school staff skills and student self-management.
- Enhanced asthma management capacity at community health centers
- Increased individual awareness of the impact of air pollution to help make healthy behavioral changes
- Increased community awareness of the impact of air pollution, prompting advocacy for environmental changes

PRIORITY HEALTH NEED V: BROADER HEALTH CARE SYSTEM NEEDS IN OUR COMMUNITIES – WORKFORCE

LONG-TERM GOAL

- Address health care workforce shortages and cultural and linguistic disparities in the health care workforce

INTERMEDIATE GOAL

- Increase the number of skilled, culturally competent, diverse professionals working in and entering the health care workforce to provide access to quality culturally relevant care

STRATEGIES

- Implement health care workforce pipeline programs to introduce diverse, underrepresented school-age youth and college students to health careers
- Provide workforce training programs to train current and future health care providers with the skills, linguistic, and cultural competence to meet the health care needs of diverse communities
- Disseminate knowledge to educational and community partners to inform curricula, training, and health career ladder/pipeline programs
- Leverage CB-funded programs to develop strategies to increase access to allied health, clinical training, and residency programs for linguistically and culturally diverse candidates
- Increase capacity in allied health, clinical training, and residency programs to address health care workforce shortages through the provision of clinical training and residency programs
- Leverage Kaiser Permanente resources to support organizations and research institutions to collect, standardize, and improve access to workforce data to enhance planning and coordination of workforce training and residency training programs

EXPECTED OUTCOMES

- Increased number of culturally and linguistically competent and skilled providers

- Increased number of diverse youth entering health care workforce educational and training programs and health careers
- Increased awareness among academia of what is required to adequately train current and future allied health, clinical, and physician residents on how to address the health care needs of our diverse communities
- Increased participation of diverse professionals in allied health, clinical training, and residency programs
- Improved access to relevant workforce data to inform health care workforce planning and academic curricula

PRIORITY HEALTH NEED V: BROADER HEALTH CARE SYSTEM NEEDS IN OUR COMMUNITIES – RESEARCH

LONG-TERM GOAL

- Increase awareness of the changing health needs of diverse communities

INTERMEDIATE GOAL

- Increase access to and availability of relevant public health and clinical care data and research

STRATEGIES

- Disseminate knowledge and expertise to providers to increase awareness of the changing health needs of diverse communities to improve health outcomes and care delivery models
- Translate clinical data and practices to disseminate findings to safety net providers to increase quality in care delivery and to improve health outcomes
- Conduct, publish, and disseminate high-quality health services research to the broader community to address health disparities, and to improve effective health care delivery and health outcomes
- Leverage Kaiser Permanente resources to support organizations and research institutions to collect, analyze, and publish data to inform public and clinical health policy, organizational practices, and community health interventions to improve health outcomes and to address health disparities

EXPECTED OUTCOMES

- Improved health care delivery in community clinics and public hospitals
- Improved health outcomes in diverse populations disproportionately impacted by health disparities
- Increased availability of research and publications to inform clinical practices and guidelines