



Kaiser Foundation Hospital – Northern California Region

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

HAYWARD



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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)-HAYWARD

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

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

COMMUNITY SNAPSHOT (*COUNTY-LEVEL DATA)

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

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

KEY STATISTICS

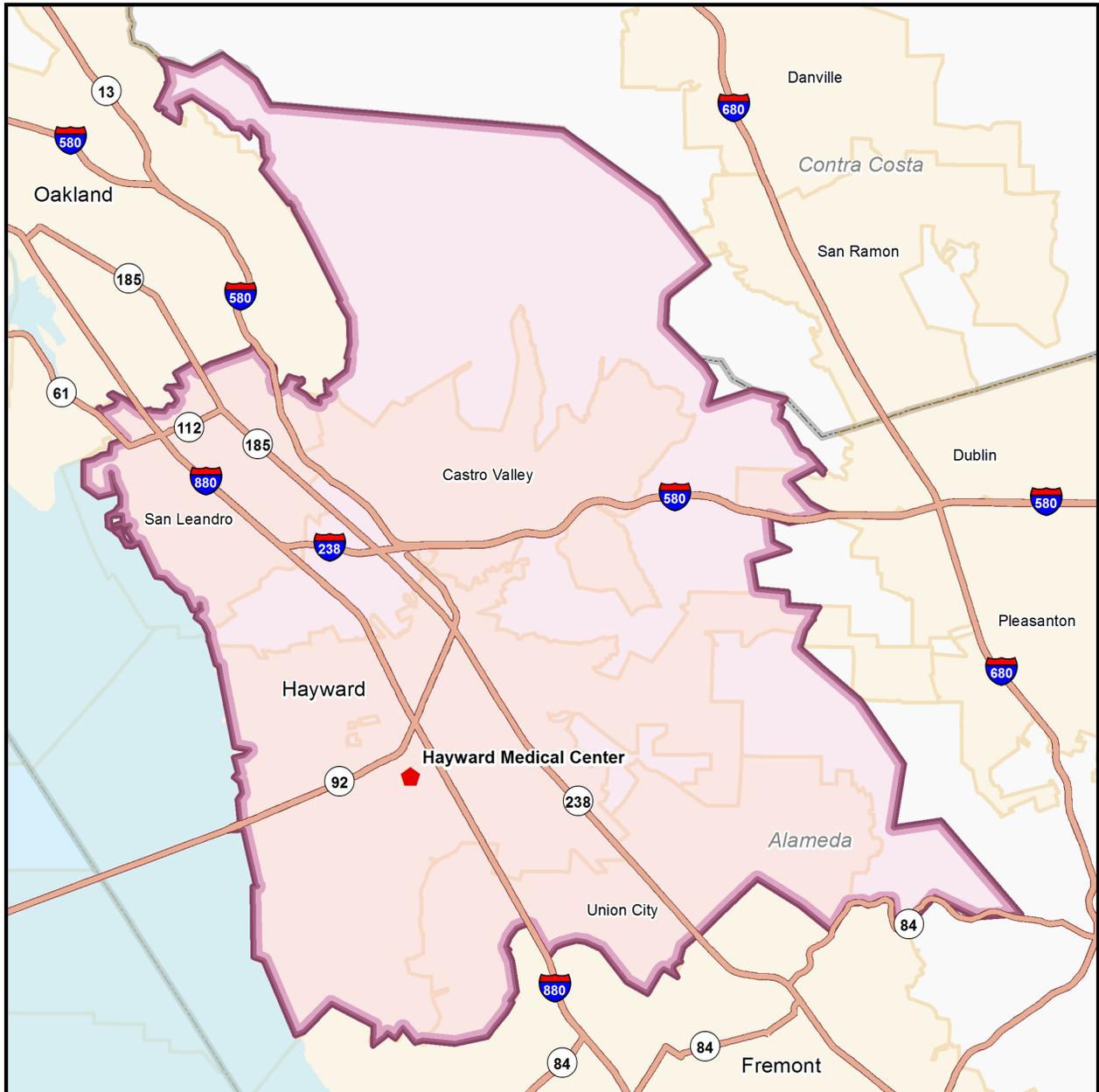
Year opened:	1966
KFH full-time equivalent personnel:	1,160.56
KFHP members in KFH service area:	179,756

Total licensed beds:	213
Inpatient days:	38,457
Emergency room visits:	51,224

KEY LEADERSHIP AT KFH-HAYWARD

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

KFH Hayward Medical Center Area



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

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



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

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

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

KEY FINDINGS FROM THE 2010 CHNA

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

Teen Pregnancy and Births to Teen Mothers:

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

Injury:

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

Access to Preventive Health Care:

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

Chronic Disease:

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

Overweight and Obesity:

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

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-HAYWARD SERVICE AREA

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

2013 YEAR-END RESULTS

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

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

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

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

TARGET POPULATION

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

COMMUNITY PARTNERS

Community partners included Lavender Seniors of the East Bay (a Bay Area Community Services [BACS] project), Friends of Alameda County Court Appointed Special Advocates (CASA), Abode Services, and National Alliance on Mental Illness (NAMI) in Southern Alameda County.

2013 YEAR-END RESULTS

- Lavender Seniors of the East Bay, a BACS project, received a \$30,000 strategic grant (\$15,000 each from KFH-Hayward and KFH-Fremont) to increase capacity of southern Alameda County senior centers and health and human service providers to implement strategies that improve access to prevention and primary care services for LGBT elders at high risk for disparities; increase capacity of health and human service providers to be more culturally responsive to LGBT elders needs; and reduce isolation and correlated health disparities among LGBT elders by increasing involvement in advocacy activities. An LGBT elder needs assessment survey was conducted with 68 staff and 31 consumers/clients at four elder care agencies (City of Fremont Aging and Family Services, Fremont Senior Center, Hayward Health and Wellness Center, and Home Aide Home Care). Results show that 84% of older residents/consumers agree that agencies should be more welcoming and 90% are comfortable sharing the facility with LGBT seniors. Though 86% of respondents agree that their workplace is safe for LGBT people, 52% heard anti-LGBT remarks at work and 14% saw disrespectful treatment of an LGBT worker. Policies do not recognize LGBT individuals or families, and most staff members did not have sufficient information about LGBT mental health, legal, or family issues, or know the correct terminology to refer to LGBT individuals or communities. Trainings were held at all four agencies and the 70 participants showed increased knowledge of elder standards of care (98%) and LGBT aging issues (93%), and increased awareness of elder issues (88%); are more likely to keep in mind that coworkers might be LGBT (93%); and recommend training for coworkers (99%). Each agency was certified as LGBT-friendly. Senior advocates also secured proclamations declaring June 2013 as LGBT Pride Month at the Hayward and Castro Valley senior centers.
- Friends of Alameda County CASA received a \$13,000 grant (\$6,500 each from KFH-Hayward and KFH-Fremont) to recruit and train additional volunteers, including peer coordinators, to provide wraparound support, including health care support and referrals, for an increased number of at-risk foster youth. To date, 152 new CASA volunteers have been recruited and trained, and there was an increase in the number of African American male volunteers, a population that has been difficult to recruit. A peer coordinator model program was launched. Seasoned CASA volunteers designated as peer coordinators support and monitor newer advocates under direct supervision of paid professional staff. By training existing CASAs to coordinate and mentor other CASAs, paid CASA supervisors can expand their work at minimal cost. To date, 11 new peer coordinators are managing 33 CASAs, which has reduced waitlist times by more than half during the past year. As a result of the peer coordinator program and the increased number of trained CASA volunteers, 312 children and youth were served in the past year. Of these, 278 were adolescents or transitional-age, a particularly vulnerable and at-risk population.
- Abode Services received \$30,000 for Reaching Out to Hayward's Homeless, a project to help unsheltered homeless people access critical health and housing resources. As part of the project, peer advocates (homeless and formerly homeless individuals) received training on general outreach and engagement; safety when conducting outreach; motivational interviewing; harm reduction; stages of change; professional boundaries and confidentiality; and information about veterans, housing, and other general resources. The project outreach team contacted 95 homeless persons. In addition, 183 people reached by the outreach team and the mobile clinic received services, including housing and job search support; primary and mental health care services (onsite and referrals); additional recovery support; benefits acquisition; referrals to dentists, optometrists, and veterinarians; and help with clothing, sleeping bags, hygiene supplies, etc. Seven people were connected to permanent housing; six were enrolled in a housing search and received rental assistance support; and 40 received services and other actions related to finding and securing housing, including help filling out rental applications, searching and determining eligibility for rental assistance programs, locating short-term or shared housing, and connections to motel vouchers and emergency shelter.
- NAMI in Southern Alameda County received a \$15,000 grant (\$7,500 each from KFH-Hayward and KFH-Fremont) for Mentors on Discharge. Peer mentors, who had been previously trained, were matched with participating patients, on request. The goal is to reduce the rate of rehospitalization. Peer mentors meet with participants prior to discharge, establish a mentor/patient relationship with the participant, and follow-up with participants when they are back in the community. At John George Psychiatric Hospital, where NAMI had previously implemented the program, 19 of 23 patients requesting peer mentors were connected through NAMI. None (0%) were rehospitalized. At Telecare Heritage Hospital, where the program was new, eight patients requested a peer mentor and were connected through NAMI. Two (25%) were rehospitalized. NAMI staff educated management and clinical staff at Telecare Heritage and showed them

the value of the program. Telecare Heritage clinical staff also established new procedures for program implementation, such as developing selection criteria for patient participants.

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

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

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, work sites).

2013 STRATEGIES

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

TARGET POPULATION

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

COMMUNITY PARTNERS

Community partners include Alameda County Food Bank, Community Child Care Council (4C's) of Alameda County, and LIFT for Teens.

2013 YEAR-END RESULTS

- Alameda County Food Bank received \$15,000 to provide high-quality, nutritious foods and nutrition education information to families in the Ashland and Cherryland neighborhoods. An average of 150 families (550 individuals) benefited from monthly food distributions and mini-demos that explained the health benefits of the food being provided that day, general knowledge about how to prepare and enjoy the food, recipe cards with food preparation tips and ideas (in Spanish at an accessible literacy level), and incentives such as stickers and bookmarks for children and adults. During the grant term, more than 44,000 pounds of food (equaling 36,000 meals) was distributed. Fresh fruits and vegetables (e.g., apples, potatoes, cabbage, carrots, pears, oranges, plums, bell pepper, kiwis, and sweet potatoes)

represented 75% of the food distributed. Multilingual CalFresh outreach staff also visited Cherryland Elementary School for seven monthly food distributions, distributed eligibility information to more than 545 families, and prescreened 50 families. A survey of families participating in Cherryland Elementary's Mobile Pantry Program revealed that:

- 98% of families run out of food less often now because of the mobile pantry;
 - 96% of families eat more fruits now than they did before accessing food from the mobile pantry;
 - 93% of families eat more vegetables now than they did before accessing food from the mobile pantry;
 - 86% of families use/eat the produce from the mobile pantry before it spoils;
 - 79% of families are using the recipe cards they received at the nutrition education mini-demos; and
 - 72% of families are skipping meals less often now as a result of getting food from the mobile pantry.
- 4C's of Alameda County received a \$30,000 grant (\$15,000 each from KFH-Hayward and KFH-Fremont) for Healthy Behaviors to Prevent Obesity, a project designed to promote policies that improve the health and nutrition of children in childcare and promote healthy behaviors among families to prevent obesity. Specific policies promote consumption of nutritious food (e.g., whole grains, milk, fruits, and vegetables); exclusive breastfeeding for six months; increased physical activity while limiting screen time and sedentary activities; responsive feeding that reinforces children's internal cues of hunger and fullness; and adequate periods of rest and sleep. Eighteen childcare programs, serving 270 children and 405 parents, created and implemented 197 new policies (105 address feeding practices, 46 address food served, and 46 address physical activity) that resulted in children engaging in healthy behaviors daily such as drinking more water and milk, eating more fruits and vegetables, consuming less processed foods, participating in more physical activity, watching less television, and getting more sleep. Eight of the childcare programs built and maintain gardens that produce vegetables that are consumed by the children in childcare. To create healthy behaviors at home, parents received tools and resources, including newsletters focused on choosing healthy beverages, reading food labels to identify high sugar content, why sleep is important, sleep tips for children, enjoying family meals, trying recipes, increasing physical activity, and reducing screen time. Ninety-three parents committed to one new healthy behavior.
 - LIFT for Teens received \$15,000 to hold a free, multicultural, multilingual summer camp for low-income San Leandro youth 5 to 13 who are most at risk or suffering from overweight, obesity, and type 2 diabetes. Thirty-six campers, primarily from Latino, African American, and Asian families, received accurate health information, engaged in hands-on activities, and were led by mentors and coaches who modeled healthy lifestyle behaviors. One component of the program helped youth overcome myths and perceived and/or actual cultural, social, and economic barriers to living a healthy lifestyle. After camp ended, the majority of participants reported that they had made changes in drinking healthier beverages (reducing consumption of sugar-sweetened beverages) and eating healthier snacks (reduced reliance on processed foods), and were more aware of the lifestyle risks for developing type 2 diabetes and the importance of exercising more. Participants' parents also reported supporting and making lifestyle changes as a result of the information shared about the camp curriculum. They agreed to consume less sugar-sweetened beverages (especially sodas), exercise more as a family, eat a healthier breakfast, consume more vegetables, drink more water, avoid saturated fats over 12%, and read food labels.

PRIORITIZED NEED III: REDUCE TEEN PREGNANCY RATES

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

2013 GOAL

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

2013 STRATEGIES

1. Provide grant funding to organizations such as Newark Memorial High School (NMHS) to increase the ability of families to communicate about teen health, teen pregnancy, and sexual and reproductive health, and to promote policies that

support families and communities in creating an encouraging, safe environment that promotes and facilitates knowledge and communication about teen pregnancy and overall sexual and reproductive health.

2. Provide grant support for programs that provide young men and women with culturally competent and linguistically appropriate tools and education to help them make informed and healthy decisions to avoid risky sexual behaviors that lead to teen pregnancy, STIs, and HIV/AIDS.
3. Provide grant support to community-based organizations and coalitions that focus on enhancing sexual health education that addresses healthy relationships, the pursuit of education, the role of young men and women in preventing teen pregnancy, and a more complete understanding of the implications that teen pregnancy and childbearing have for young men and women, their families, and their communities.
4. KFH-Hayward staff members participate in countywide Teen Pregnancy Prevention Coalition, which includes Alameda Health Care Services Agency, Alameda County Public Health Department, Asian Health Services, and Girls, Inc.
5. Strategic grant funding to Tri-City Health Center (TCHC) for the Teen Center at NMHS.

TARGET POPULATION

Male and female adolescents and their parents.

COMMUNITY PARTNERS

Community partners include Bay Area Communities for Health Education (BACHE), TVHC, and REACH Ashland Youth Center (REACH).

2013 YEAR-END RESULTS

- BACHE received \$15,000 to teach parents in Hayward Unified School District (Harder Elementary, and Tennyson and Hayward high schools) how to communicate with their children about sex, thereby improving health outcomes and reducing teen pregnancy. Four “How to Talk to Your Kids About Sex” workshops, covering California sex education policy; sex education being offered in their children’s schools; and specific steps they can take to improve sex education being offered to their children, were conducted in Spanish, reaching 125 parents. At Tennyson, a second workshop on sexual orientation and gender identity was conducted. Evaluations showed that 93% of respondents increased their knowledge of sex education and parent-child communication. Among those who did not increase their knowledge, they reported an increased comfort level and understanding of parent-child communication and sex education.
- TVHC received \$20,000 for its Teen Pregnancy Prevention Program, which consists of training and certifying students as peer navigators, holding teen parent panel assemblies, providing presentations for high school students, convening classes for parents, and creating a social media campaign. Twelve student peer navigators were trained by Cardea Services (2) or TVHC (10) on health topics, outreach strategies, community organizing, and youth development principles, and became certified as health educators. Peer navigators counsel their peers on family planning, birth control methods, and access to services. At the teen parent panel assemblies, held at James Logan and Tennyson high schools and reaching 500 students, 10 panelists shared their experiences of being teen parents and many also brought their children. They offered helpful advice about sexual and reproductive health, how to access birth control and prevent pregnancy, relationships, parenting, and finding a balance between parenthood and achieving personal goals. Peer navigators also gave presentations on teen pregnancy prevention to ninth grade classes at the two high schools, reaching 300 students. Parent engagement groups met weekly and attracted more than 90 parents who received information and strategies on communicating with their children about pregnancy prevention, reproductive/sexual health, and STI/HIV prevention. A social media campaign continued to build momentum as students created posters to raise awareness about teen dating violence, healthy relationships, and bullying. The artwork was posted around campus and on the school website, Facebook, and Instagram. Hashtags #healthispower and #loveis... were used to encourage students to share their own experiences with teen dating violence and to offer support to other students.
- REACH, a project of Alameda County Health Care Services Agency’s Center for Healthy Schools and Communities, received a \$30,000 grant for the Let’s CHAT sexual health program, with the goal of increasing positive sexual health outcomes, reducing teen pregnancy, and reducing STIs by having community peer health educators provide education,

information, and advocacy for youth in the Ashland, Cherryland, and San Lorenzo neighborhoods. In partnership with La Clínica de la Raza's Fuente Wellness Center at REACH and Alameda County Public Health Department's Maternal Paternal Child Adolescent Health Unit, 14 peer health educators received four trainings covering basic anatomy, healthy relationships, STI prevention, HIV prevention and education, and the correct use of various birth control methods. Fuente staff provided mentoring as well. Peer health educators conducted outreach to approximately 500 community members through educational presentations to young people 11 to 24 and their parents/families at REACH and the Run for Your Life Red Ribbon Week 5K event sponsored by Alameda County Deputy Sheriff's Activities League. Community members learned about health centers—the services they offer and how to access them—and received educational information about pregnancy and STI prevention. Let's CHAT peer health educators also created and maintained social media websites (Facebook and Instagram) to support the sexual health awareness campaign. Approximately 200 youth have accessed the campaign via social media. In addition, peer health educators created buttons and distributed safe sex "goody bags" to approximately 300 community members. The bags provide access to safe sex tools and a chance for an interactive Q&A exchange that includes information about the location of local neighborhood clinics, the differences between and different ways to catch STIs, and examples of healthy relationships.

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

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

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

2013 GOALS

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

2013 STRATEGIES

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

5. Leverage Kaiser Permanente clinical programs and best practices such as PHASE (Prevent Heart Attacks and Strokes Everyday) and ALL (Aspirin, Lisinopril, and Lovastatin).

TARGET POPULATION

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

COMMUNITY PARTNERS

Community partners include Ashland Free Medical Clinic (AFMC), Spectrum Community Services, and TVHC.

2013 YEAR-END RESULTS

- AFMC received \$15,000 for a diabetes home education program that aims to train AFMC promotores/home health educators to inform and empower monolingual and/or bilingual Spanish-speaking families in central Alameda County on diabetes prevention and management, and cardiovascular health; provide home visits on diabetes prevention and management to these families; and decrease diabetes complications in community members visiting AFMC. Kaiser Permanente health educators trained eight promotores on basic diabetes health education and home health education for diabetics. Promotores in training also accompanied experienced promotores on home visits to observe how home education was provided. As a result, 80 patients received 124 home visits (44 had two visits and 36 had one visit). A checklist was developed to collect data, to ensure that topics were covered during visits, and to confirm that patients were able to name one healthy food choice and planned to add exercise or make some new healthy lifestyle change to help them control their diabetes. Program results showed an average decrease of 0.7 in HgA1c levels among patients. An unanticipated result was that many families were so enthusiastic about what they learned about healthy food and exercise that they shared this information with extended family and others in their community.
- Spectrum Community Services received \$15,000 to work with seniors to increase practical knowledge about medication management, cardiovascular disease management (including reaching or maintaining a healthy weight), and reduction in fear of falling (including increased confidence to become more active and less sedentary). A curriculum was developed and seven workshops on medication management and fall prevention were conducted for 204 seniors in Castro Valley, San Leandro, Hayward, and Union City. Participants brought their medication list with them and received a blank medication list, a pill organizer, and a copy of the workshop presentation. Following each presentation, participants had the option to have a one-on-one session with a physician's assistant to address health or medication questions. Fall risk reduction exercise classes, including a cardiovascular health curriculum, were also provided to 449 elder participants. Instructors provided education about target heart rates and participants routinely checked their heart rates before and after class. Senior fitness tests, developed by California State University, Fullerton and conducted every six months to chart program impact, showed that a large percentage of participants (83%-98%) improved or maintained their flexibility, strength, muscular endurance, and mobility.
- Eden I&R received a \$50,000 grant (\$16,667 each from KFH-Fremont, KFH-Hayward, and KFH-Oakland) to fulfill its mission of "linking people and resources" by consistently and creatively responding to the community's changing needs. Eden I&R's services are the result of collaborations that depend on the work of hundreds of community-based organizations. Because no other centralized source for health, housing, and human services information exists anywhere else in Alameda County, Eden I&R has become a critical resource for thousands of at-risk individuals, including youth, non-English speakers, the economically disadvantaged, people living with HIV/AIDS, domestic violence survivors, the elderly, the disabled, the homeless, as well as human service agencies seeking services or housing for their clients. Kaiser Permanente has continually supported Eden I&R's 2-1-1, a Bay Area-wide, easy to remember three-digit number staffed by professionally trained staff and volunteers who assess callers' needs and provide comprehensive, customized referrals to affordable housing, available emergency shelter space, and vital social services in Alameda County. 2-1-1 can also serve as a resource for community members seeking referrals for disease management services. For example, in Fremont, the Fremont/Newark YMCA is listed as a 2-1-1 resource under cardiovascular disease management programs that provide activities for people who want to improve their strength, flexibility, endurance, muscle tone, reflexes, cardiovascular health, and/or other aspects of physical functioning. The Y provides recreational activities for Fremont and Newark residents, including childcare for school-age children, day

camp, and health/wellness weekly fitness classes. Eden I&R's skilled information management and referral specialists are a critical information bridge between individuals in need and human service agencies.

- TVHC received a \$20,000 grant to collaborate with American Heart Association (AHA) on Vida Saludable (Healthy Life), a diabetes and heart disease prevention program. AHA representatives trained 10 TVHC promotoras on AHA's evidenced-based curriculum and online tools. Promotoras gave seven community presentations on cardiovascular prevention with a focus on healthy eating, promoting behavioral changes, and stress reduction, reaching 116 community members; participated in 13 health fairs, reaching 557; and 24 tabling events, reaching 823. During the health fairs and tabling events, AHA educational materials about cardiovascular disease and diabetes prevention were distributed. Evaluations at four presentations showed that 100% of respondents could report two preventive measures such as daily exercise and healthy eating; 90% were able to state at least two health consequences of cardiovascular disease and diabetes; and 75% knew at least two signs/symptoms of diabetes and cardiovascular disease.

PRIORITIZED NEED V: INCREASE VIOLENCE PREVENTION AND EDUCATION

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

2013 GOALS

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

2013 STRATEGIES

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

COMMUNITY PARTNERS

Community partners include Congregations Organizing for Renewal (COR), Eden Youth and Family Center, CALICO Center, Passion Society and Girls Incorporated of Alameda (Girls, Inc.).

2013 YEAR-END RESULTS

- COR received a \$50,000 strategic grant (\$25,000 each from KFH-Fremont and KFH-Hayward) focusing on jobs, training, and education as key strategies to reduce violence by targeting the hardest to employ, including youth vulnerable to gang activity and the formerly incarcerated. COR's program includes leadership development and capacity building, and promotes effective, best practice violence prevention strategies, resources, and policies through school-, neighborhood-, and street outreach-based models. COR trained 250 new and veteran leaders, building capacity to work for policies and resources that reduce violence and increase safety in southern Alameda County. Leaders in Fremont, Union City, Hayward, and San Leandro held more than 1,600 one-to-one conversations with community members to surface community needs and concerns related to violence prevention, safety, and employment, and to build momentum around current work. Leaders held more than 20 research actions with key stakeholders and public officials and their staff (San Leandro City Council members, Alameda County Supervisor, Alameda County Sheriff, and school board members/administrators). Community forums were held, bringing together 450 COR leaders and public officials to discuss stories, research, and solutions to eliminate violence in southern Alameda County. Thirty COR leaders also worked with Logan High School administrators to develop restorative justice (RJ) practices as an alternative to suspensions and expulsions. RJ practices are impacting more than 300 students. COR leaders led a 300-person action in San Leandro and received public commitments from two council members and the developer of the San Leandro transit-oriented development (TOD), BRIDGE Housing, to designate 200 of the 2,000 jobs the project will bring for low-income residents. Also in San Leandro, a new group of 30 leaders (primarily Latino) are working to bring jobs to the city, building on COR's success in gaining an additional 100 affordable housing units with the San Leandro TOD project. In Fremont, 25 South Asian youth who are preparing for a larger community effort to identify funding for a youth center and 20 Muslim elders (in partnership with the Afghan Coalition) who are working towards the creation of a community benefits agreement, received trainings in the PICO (patient/problem/population [P], intervention [I], comparison [C], and outcome(s) [O]) model.
- Eden Youth and Family Center received a \$50,000 strategic grant (\$25,000 each from KFH-Fremont and KFH-Hayward) for the New Start Tattoo Removal Program, which provides access to laser tattoo removal treatments, conducts peer support groups, and places participants in community service commitments. One-hundred thirty-two current and new program participants had access to tattoo removal treatments and 94 were at varying stages (beginning, mid stage, or completed) of the removal process. Twelve peer support groups were held, reaching 129 program participants who shared personal experiences, learned from one another, and strategized on handling life circumstances and transitioning to a productive lifestyle. Placements for community service commitments were made for 129 program participants. Seventy-five participants completed a minimum of 25 hours of community service and maintain active status in the program, and attend bimonthly clinical sessions. Participants report many beneficial effects from removal of their tattoos. For example, tattoos no longer have a negative effect on their lives; tattoos no longer interfere with employment opportunities; tattoos no longer affect how participants are perceived; and tattoo removal provided safety to participants.
- CALICO Center received \$9,000 (\$4,500 each from KFH-Fremont and KFH-Hayward) to conduct workshops and train facilitators using a prevention curriculum focused on preventing sexual abuse and protecting children. A two-day train-the-trainer workshop was held for 50 participants (law enforcement officers, child welfare workers, victim advocates, prosecutors, and other professionals) and addressed how and why adults sexually abuse children; common seduction or grooming tactics used by offenders; problems associated with traditional prevention programs; practical child and family rules for safety; talking to children about abuse; responding to sex abuse disclosures; and reporting child abuse. CALICO staff also presented this curriculum at Cal State University East Bay's School Psychology and School Counseling training course, reaching 28 school counselors who provide services to elementary and middle schools in Alameda County, and at a Newark Unified School District Law Enforcement Partnership meeting, attended by the superintendent, school board members, and the Newark School resource commander, sergeant, and officers. In terms of disseminating the prevention curriculum in the future, CALICO learned that it is important to engage school resource officers, as their jobs involve considerable community interaction; to provide opportunities for trainers to come together for peer support; and to develop two project brochures, one geared toward community leaders, school administrators, and non-profit executives, and the other geared toward training attendees.

- Passion Society received \$15,000 (\$7,500 each from KFH-Fremont and KFH-Hayward) for Youth for Peace, a program that offers marginalized boys and men of color life-enhancing alternatives to violence, provides them with leadership and resiliency skills, teaches them professional skills, and creates a culture of respect and responsibility while promoting unity and community. More than 25 boys and men participated in the program, attending weekly sessions that allowed them to connect through cultural, musical, and personal experiences. Workshops and deep discussions lifted the issues of trauma and chronic adversity that had weighed on their everyday lives. One example is La Cultura Cura, training that uses the indigenous, culturally-based philosophy of transformational health and healing: participants gather in a círculo de amistad y compadrazgo (circle of friendship and extended kinship) to clarify their roles and responsibilities as men while rebalancing harmful experiences. Youth participants also gained skills through 16 sessions focused on music production and recording and taught by professional studio engineers and mentors who served as role models for the youth. In addition to gaining some professional skills, participating youth learned about trauma; addressed the culture of violence; worked toward healing; received antiviolence trainings on prevention, education, and advocacy; gained knowledge about promoting a healthy lifestyle; gained tools for critical thinking and resiliency; increased leadership skills; learned to use storytelling as a way to share experiences; and were introduced to the culture of respect, kindness, and humility. They shared their experiences at Family Nights. One youth participant was invited to address the Union City Council. In his testimonial, he shared what he had learned, stressing the importance of programs such as this and how they address issues of power and equity in young people's development.
- Girls, Inc. received \$20,000 for South County Abusive Relationship Prevention (SCARP), a program that aims to promote community education for youth and adults with information and resources to prevent sexual violence and promote safety. Through this program, 33 youth attended commercial sexual exploitation of children (CSEC) workshops that used the My Life, My Voice curriculum and focused on understanding prevention, recognizing signs of unhealthy relationships, and understanding exploiters' recruitment methods and tactics for keeping girls "in the life." In addition, CSEC workshops were held for 45 adult service providers from San Leandro Unified School District, Alameda County Behavioral Health Care Services, Tri-City Health Center, Centerforce, and other organizations that serve youth. The workshops included interactive activities and discussions about CSEC risk factors, coercion, the methods pimps use to recruit and keep girls, prevalence of CSEC in the Bay Area, and street terminology. In addition, 13 peer educators were trained in group facilitation, public speaking, and leadership skills. They led teen dating and harm reduction workshops for 191 students (120 elementary and middle school students and 71 high school students) at several sites including San Leandro High School, Fairview Elementary and Middle schools in Hayward, and the Girls Inc. HEART afterschool program in San Leandro. Workshops were age-appropriate for the various audiences.

Table 1

KAISER FOUNDATION HOSPITAL-HAYWARD

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	2,743
Medi-Cal Managed Care members	9,884
Healthy Families Program members	1
Operation Access – number of procedures (including gastroenterology, ophthalmology, general surgery, colorectal, and orthopedics) ¹	44
Operation Access – number of medical volunteers ¹	129
Operation Access – number of medical volunteer hours ¹	547
Health Research projects (new, continuing, completed, and/or published)	2
Nursing Research projects (new, continuing, completed, and/or published)	23
Kaiser Permanente Educational Theatre – number of performances and workshops	81
Kaiser Permanente Educational Theatre – number of attendees (students and adults)	18,859
Graduate Medical Education – number of affiliated and independent residents	16
Nurse practitioner and other nursing training and education beneficiaries	38
Deloras Jones nursing scholarship recipients	4
Other health professional training and education (non-MD) beneficiaries	31
Summer Youth and/or INROADS programs participants	10
Number of 2013 grants and donations made at the local and regional levels ²	177

¹Because KFH-Hayward and KFH-Fremont share a hospital license, Operation Access data for these facilities is combined and includes data for the KFH-Union City medical offices, located in Greater Southern Alameda Area.

²The vast majority of regional grants impact three or more local hospitals. As such, a single regional grant may be included in the “Number of 2013 grants and donations” count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-HAYWARD

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2013

	2013 Totals
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$9,492,169
Healthy Families ²	467,538
Charity care: Charitable Health Coverage programs ³	2,206,616
Charity care: Medical Financial Assistance Program ⁴	753,122
Grants and donations for medical services ⁵	2,634,763
Subtotal	\$15,554,208
Other Benefits for Vulnerable Populations	
Summer Youth and INROADS programs ⁶	\$103,040
Grants and donations for community-based programs ⁷	1,280,477
Community Benefit administration and operations ⁸	488,870
Subtotal	\$1,872,388
Benefits for the Broader Community⁹	
Community health education and promotion programs	\$7,002
Kaiser Permanente Educational Theatre	231,547
Facility, supplies, and equipment (in-kind donations) ¹⁰	15,531
Community Giving Campaign administrative expenses	33,821
Grants and donations for the broader community ¹¹	106,485
National board of directors fund	24,388
Subtotal	\$418,773
Health Research, Education, and Training	
Graduate Medical Education	\$170,975
Non-MD provider education and training programs ¹²	903,432
Grants and donations for the education of health care professionals ¹³	589,262
Health research	363,152
Subtotal	\$2,026,820
Total Community Benefits Provided	\$19,872,188

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-Hayward 2013 Community Health Needs Assessment (CHNA) is posted on the internet at www.kp.org/chna (the [Kaiser Permanente Share Site](http://www.kp.org/chna)). 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-HAYWARD SERVICE AREA

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

- Access to preventive health care services, including asthma care (language, geographic, cost)
- Access to mental health and substance use treatment services (aka access to behavioral health care services)*
- Access to a safe environment (aka a safe and healthy environment)**
- Access to education and training programs (includes parent education)
- Exercise/active living
- Access to affordable, healthy food
- Access to information and referral to appropriate programs

**CBAG changed terminology of this need because Behavioral Health Care Services is an umbrella term and refers to a continuum of services for individuals at risk of, or suffering from, mental, behavioral, or addictive disorders such as substance abuse.*

***CBAG changed terminology of this need to define the broader meaning of “safe” and to expand the scope to include an individual’s health and well-being.*

HEALTH NEEDS THAT KFH-HAYWARD PLANS TO ADDRESS

1. ACCESS TO BEHAVIORAL HEALTH CARE SERVICES

Behavioral health problems can interfere with healthy social functioning and create significant burdens on individuals, families, and communities. Early detection, assessment, and links to treatment and support can help prevent these problems from worsening. However, many individuals with behavioral health concerns do not have access to culturally and linguistically appropriate services related to effective prevention and treatment for behavioral health issues.

About 14.8% of people in the KFH-Hayward service area reports that their mental health status is poor, and 17.9% of the population state that they are heavy alcohol drinkers. Even with insurance, for some populations with cultural or language barriers, behavioral health access is not guaranteed. Even with access to primary care providers, patients do not experience an integrated approach with behavioral health.

2. ACCESS TO AFFORDABLE, HEALTHY FOOD

Access to affordable, healthy food is a selected health need because of its potentially positive impact on multiple health outcomes. Hayward experiences a 10.5/100,000 adult diabetes discharge rate, higher than the state rate of 9.86 per 100,000. Some of the outcomes that have been linked to poor eating habits and nutrition include stroke mortality as well as breast cancer, prostate cancer, and colorectal cancer incidence. In each case, Hayward’s rates are higher than the corresponding state or Healthy People 2020 benchmarks. Poor nutrition is a driver for the epidemic of overweight and obesity in children and adults; Hayward experiences rates that exceed acceptable targets.

The importance of addressing the environment that influences individual decision-making and promotes healthful behaviors is recognized as a significant obesity prevention strategy. Many related economic and social factors show

that affordable, healthy food is less available to vulnerable populations. About 73% of Hayward residents do not consume adequate fruits and vegetables; a rate that is slightly higher than the California average.

3. ACCESS TO A SAFE AND HEALTHY ENVIRONMENT

Intentional injuries include self-inflicted and interpersonal acts of physical or emotional violence intended to cause harm. Some risk factors for intentional injuries from interpersonal or self-inflicted violence include a history of interpersonal violence, alcohol abuse, mental illness, and poverty. Focus group participants shared stories about gangs and violence in the area, providing a real life narrative of homicide statistics seen in the CHNA report. In the KFH-Hayward service area, the homicide rate is 10.7 per 100,000 residents, close to twice the Healthy People 2020 target of less than 5.5 per 100,000.

The social and economic risk factors for youth violence correspond to the risk factors for domestic violence and child abuse. A growing body of clinical experience and research reveals that domestic violence and child abuse occur in the same families and are highly associated with similar social and economic risk factors. Data also shows that children growing up in violent families are more likely to engage in youth violence.

Focus group members also shared concerns about community crime and violence, noting that residents were fearful of using some public spaces such as parks and recreational areas. This also contributes to less outdoor physical activity for children and their families.

4. ACCESS TO PREVENTIVE HEALTH CARE SERVICES

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. The high un-insurance rate of 13.81% in the KFH-Hayward service area, including higher rates for those who are not legally documented, underlines the importance of this health need. Even with implementation of the Affordable Care Act in January 2014, those immigrants who lack documentation will continue to be uninsured. Although health coverage will be made available to the remainder of the population, the premiums may be too costly to afford. For these groups, access barriers will continue.

Emergency department visits for children under 5 years old who presented with uncontrolled asthma is more than twice as high as the state average (1,690 per 100,000 population versus 833/100,000), which again points to the need for accessible primary care and prevention services.

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-Hayward 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 BEHAVIORAL HEALTH CARE SERVICES

LONG-TERM GOAL

- Increase the number of residents, especially youth, who have access to appropriate behavioral health care services

INTERMEDIATE GOALS

- Reduce barriers to behavioral health prevention and treatment programs among high-risk populations, especially youth
- Decrease risks for mental, emotional, and behavioral disorders (including alcohol and other drug use) among high-risk populations, especially youth
- Improve integration of primary care and behavioral health for high-risk populations, especially youth

STRATEGIES

- Provide subsidized health care coverage that provides behavioral health benefits to children (birth through age 18) in families with incomes 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
- Participate in Medi-Cal Managed Care, the state’s Medicaid Program, to provide behavioral health inpatient and outpatient care to Medi-Cal Managed Care members in California
- Provide funding for preventive behavioral health services for low-income, at-risk youth, such as trauma-informed, peer-based and resiliency programs that teach youth to manage risk, problem solve, and decrease isolation
- Provide funding for evidence-based alcohol and drug prevention, education, and intervention programs
- Provide funding and/or technical assistance (TA) to improve information and referral to behavioral health services. This includes interventions to link primary care providers, patients and behavioral health specialists serving low-income, high-risk populations with limited English language skills
- Provide funding to improve identification of at-risk youth in need of behavioral health services

EXPECTED OUTCOMES

- Increased number of at-risk youth referred and enrolled in behavioral health coverage
- Increased number of at-risk youth participating in behavioral health prevention programs and decrease their risks for mental, emotional, and behavioral disorders

PRIORITY HEALTH NEED II: ACCESS TO AFFORDABLE, HEALTHY FOOD

LONG-TERM GOAL

- Improve health and reduce obesity through the consumption of healthy foods

INTERMEDIATE GOALS

- Increase healthy eating among low-income youth and adults
- Expand policies that support easier access to affordable and healthy foods

STRATEGIES

- Provide Kaiser Permanente Educational Theater's *The Best Me*, a live theatre program designed to inspire children, teens, and adults to make healthier choices and better decisions about their well-being, to schools in low-income areas
- Provide funding to support development of sustained healthy eating practices such as nutrition education and culturally appropriate meal planning and to increase access to affordable, healthy foods in schools, workplaces, community settings, and programs that serve low-income persons
- Provide funding to educate underserved communities about the importance of decreasing the consumption of sugar-sweetened beverages
- Provide funding to support development of sustained healthy eating practices in schools, workplaces, community settings, and programs that serve low-income persons
- Implement Thriving Schools, a national Kaiser Permanente initiative that targets resources to schools in low-income neighborhoods to improve the health and wellness of students and employees through improved nutrition, increased physical activity, and access to health care
- Participate in coalitions, such as Alameda County Building Blocks Collaborative, to support policies that promote healthy eating and encourage access to affordable, healthy foods
- Provide funding that supports and/or expands nutrition policies and practices adopted and implemented in school and community settings

EXPECTED OUTCOMES

- Increased awareness about healthy food choices
- Increased consumption of fruits and vegetables and access to affordable food, healthy food choices, and improved nutritional health
- Increased consumption of water and healthy beverages and decrease consumption of sugar-sweetened beverages
- Increased access to healthy foods
- Progress made towards new or improved policies that encourage healthy eating in schools and other community settings

PRIORITY HEALTH NEED III: ACCESS TO A SAFE AND HEALTHY ENVIRONMENT

LONG-TERM GOAL

- Improve safety and intentional injury prevention in high-risk, underserved communities

INTERMEDIATE GOALS

- Provide alternative opportunities for youth who are at high risk for violence
- Create safe environments where people live, work, play, and go to school

STRATEGIES

- Provide funding for prevention services for low-income, at-risk youth using evidence-based programs to reduce violence and/or to promote resiliency to manage risk, choose healthy risks, resolve conflicts, problem solve, and decrease bullying and isolation

- Provide funding to community agencies to educate students, parents, and families about signs of partner violence, bullying, child abuse, and other forms of abuse
- Provide funding to programs that serve at-risk youth involved in the criminal justice system (halfway house residents, juvenile detention center, parolees, etc.) that will incorporate evidence-based strategies such as modeling of pro-social behavior, extra-curricular activities, social engagement, or mentoring programs
- Provide funding and participate in coalitions to support evidence-based, community-driven advocacy efforts to influence infrastructure and policies that increase the use of safe public spaces

EXPECTED OUTCOMES

- Increased number of at-risk youth participating in prevention services addressing violence
- Increased number of high-risk individuals educated and able to identify early signs, problem-solve, and decrease partner violence, bullying, child abuse, and other forms of abuse
- Increased number of at-risk youth involved in the criminal justice system who participate in alternative programs to violence
- Increased community awareness of the importance of safe public spaces and progress towards new or improved policies that encourage use of public spaces

PRIORITY HEALTH NEED IV: ACCESS TO PREVENTIVE HEALTH CARE SERVICES

LONG-TERM GOAL

- Increase the number of individuals who have access to and receive appropriate health care services

INTERMEDIATE GOALS

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

STRATEGIES

- Provide charity care and coverage to uninsured and underinsured members of the community
- 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 subsidized health care coverage that provides comprehensive benefits to children (birth through age 18) in families with income up to 300% FPL who lack access to employer-subsidized coverage and do not qualify for public programs because of immigration status or family income
- Provide Medical Financial Assistance that assists patients in need by subsidizing all or a portion of their Kaiser Permanente medical expenses for a period of time. Eligibility is based on prescribed levels of income, expenses and assets
- Provide funding and/or TA to safety net providers to expand and improve primary care access and services
- Work with Operation Access, a non-profit organization dedicated to providing 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 funding to expand use of promotores to provide culturally sensitive assistance and care-coordination

EXPECTED OUTCOMES

- Increased or sustained number of eligible individuals enrolled in or maintaining Medi-Cal coverage
- Increased number of patients seen and/or the range of services offered at community health centers and clinics
- Increased access to health care services

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 diverse youth entering health care workforce educational and training programs and health careers
- Increased number of culturally and linguistically competent and skilled providers
- 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 VI: 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