Kaiser Foundation Hospital – Southern California Region

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

IRVINE

Submitted to the Office of Statewide Health Planning and Development in compliance with Senate Bill 697, California Health and Safety Code Section 127350.

KAISER PERMANENTE®
in the community

TABLE OF CONTENTS

INTRODUCTION

Development of a Consolidated Community Benefit Plan……1
Contents of the Community Benefit Plan……1

CHAPTER I: HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

History and Organizational Structure of Kaiser Permanente……3
National Structure……3
Regional Structure in California……3
Kaiser Foundation Hospitals in California……4

CHAPTER II: MISSION STATEMENT AND COMMITMENT TO THE COMMUNITY

Mission Statement……5
National Commitment to Community Benefit ……5
Kaiser Permanente's Commitment to Community Benefit in California……6

CHAPTER III: COMMUNITY BENEFIT PROVIDED IN 2013

Methodology……7
Summary of Kaiser Foundation Hospitals Community Benefit……7
Description of Community Benefit Programs and Services……8
Medical Care Services for Vulnerable Populations……8
Other Benefits for Vulnerable Populations……9
Benefits for the Broader Community……10
Health Research, Education, and Training Programs……12

FINANCIAL TABLES

Table A: Summary Table by SB 697 Category – Kaiser Foundation Hospitals in California Community Benefit Provided in 2013……17

Table B: Summary Table by Hospital – Kaiser Foundation Hospitals in California Community Benefit Provided in 2013……19

TABLE OF CONTENTS (CONT'D)

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

Introduction.....21

KFH-Anaheim.....25
KFH-Antioch.....25
KFH-Baldwin Park.....25
KFH-Downey.....25
KFH-Fontana.....25
KFH-Fremont.....25
KFH-Fresno.....25
KFH-Hayward.....25
KFH-Irvine.....25
KFH-Los Angeles.....25
KFH-Manteca.....25
KFH-Modesto.....25
KFH-Moreno Valley.....25
KFH-Oakland.....25
KFH-Ontario.....25
KFH-Panorama City.....25
KFH-Redwood City.....25
KFH-Richmond.....25
KFH-Riverside.....25
KFH-Roseville.....25
KFH-Sacramento.....25
KFH-San Diego.....25
KFH-San Francisco.....25
KFH-San Jose.....25
KFH-San Rafael.....25
KFH-Santa Clara.....25
KFH-Santa Rosa.....25
KFH-South Bay.....25
KFH-South Sacramento.....25
KFH-South San Francisco.....25
KFH-Vacaville.....25
KFH-Vallejo.....25
KFH-Walnut Creek.....25
KFH-West Los Angeles.....25
KFH-Woodland Hills.....25

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 Kvancz, Vice President, National Pharmacy Programs and Services; and James Crawford, Vice President, Business Information Officer.

TPMG and SCPMG are responsible for the care of KFHP members and for physician recruitment, selection, and staffing. Robert Pearl, MD, is medical director and executive director of the board for TPMG. Jeffrey Weisz, MD, is executive medical director and chairman of the board for SCPMG.

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

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

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

MEDICAL OFFICE BUILDINGS

In California, KFHP/H owns and leases 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). KFH 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, KFH spent a total of $520,264,474 on unreimbursed medical care for vulnerable populations.

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

MEDI-CAL

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

- ***Medi-Cal Managed Care:*** KFH provides comprehensive inpatient and outpatient care to Medi-Cal managed care members in California through various local and state government entities. 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:*** KFH 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 MPOWR (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. MPOWR 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 though 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 though 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 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)-IRVINE

6640 Alton Parkway
Irvine, CA 92618
(949) 932-5000

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

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

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

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

KEY FACILITY STATISTICS

Year opened:	2008
KFH full-time equivalent personnel:	889
KFHP members in KFH service area:	174,474

Total licensed beds:	174
Inpatient days:	46,141
Emergency room visits:	38,390

KEY LEADERSHIP AT KFH-IRVINE

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

KFH Orange County - Irvine Medical Center Area

N

0 4.5 9 18 Miles

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

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

THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

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

KEY FINDINGS FROM THE 2010 CHNA

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

Health Care Access and Coverage:

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

Obesity, Nutrition, and Exercise:

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

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

Major and Chronic Diseases:

- 27.9% (654,239) of adults indicated that they had an ongoing or a serious health problem, like heart disease, arthritis, or a mental health condition that requires frequent medical care, such as regular doctor visits and/or daily medications. [Source: OCHNA 2007]
- Heart disease was the leading cause of death in Orange County in 2008, followed by cancer. [Source: State of California, Department of Public Health, Vital Statistics Query System]
- Asthma is the leading type of chronic illness in children; 9.4% (75,514) of children 0 to 17 had asthma in 2007. [Source: OCHNA 2007]
- Among children and adolescents with asthma, 46.4% were Hispanic/Latino and 31.4% were white. [Source: OCHNA 2007]
- The California Cancer Registry and American Cancer Society's *2010 California Cancer Facts and Figures* report estimated 11,000 new cases of cancer in Orange County during 2010. [Source: State of California, Department of Public Health, California Cancer Registry]
- In the OCHNA 2004 survey, 7.3% (161,025) of adults 18 and older reported that they had diabetes. According to CHIS 2009, 7.7% of adults 18 and older reported that they had diabetes.
- Higher percentages of diabetes are related to lower household income. While 4.5% (28,332) of adults with annual household income of $75,000 or more have diabetes, 8.9% (23,477) of adults with less than $25,000 annual household income have diabetes. [Source: OCHNA 2004] According to CHIS 2009, 9.5% of adults with annual household incomes of $50,000 or below had diabetes, compared to 3.2% of adults with annual household incomes above $50,000.
- Of adults who had diabetes in 2004, 9.5% (14,151) were normal weight, 47.5% (70,911) were overweight, and 43.0% (64,223) were obese. According to CHIS 2009, 17.4% of adults with diabetes were of normal weight, 48.4% of adults with diabetes were overweight, and 34.2% of adults with diabetes were obese.
- The *2008 OCHCA Health Indicators Report* presented a countywide HIV/AIDs incidence rate of 17.95 per 100,000 population from 2005 to 2007 (1,649 cases).

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-IRVINE SERVICE AREA

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

2013 YEAR-END RESULTS

PRIORITIZED NEED I: ACCESS TO HEALTH CARE SERVICES

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

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

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) program and maximize efficiencies.
3. Increase participation in planned partnerships, including surgical intervention “Surgery Days.”
4. Provide grant funding to organizations that provide and/or support effective enrollment in public programs.
5. Provide grant funding for safety-net clinics to increase primary and specialty care services.

2013 YEAR-END RESULTS

- AccessOC Southern California received a $15,000 grant for the Outpatient Surgery Program. The target population is low-income, uninsured adults in Orange County with an unmet need for specialty care, who are referred by partner clinics. AccessOC's care coordination approach helps medically indigent patients before their conditions deteriorate, improving their health and well-being. The program identifies uninsured/underinsured patients in need through a strong partnership with local community clinics, informs patients about available health resources, and provides access to specialty care. Surgeries are delivered via three service models to meet the needs of the target population. After surgery, AccessOC serves as a liaison for patients regarding postoperative questions and supports patient compliance with follow-up care protocols to ensure success and prevent emergency room readmissions.
- Hurtt Family Health Clinic was awarded a $15,000 grant for the Prescription Assistance Program (PAP). The clinic and its mobile units address the issue of accessibility to health care for uninsured, low-income, and homeless populations and PAP addresses the needed for affordable medications. Geographic locations served by the clinic include Santa Ana, Anaheim, and Tustin; and the mobile unit operates predominately in Santa Ana and Irvine (the Great Park area). Patients meeting the criteria and in need of prescription assistance receive medications to improve or stabilize their health conditions as measured by the number of prescriptions provided. Patients accessing the clinic or the medical mobile unit will be referred to a local community health center, including Hurtt, to establish continuity of care.

- Laguna Beach Community Clinic (LBCC) received a $6,500 grant for its urgent care program for disadvantaged and uninsured individuals. Patients served are at risk of foregoing early medical care, which would negatively affect long-term morbidity rates and eventually burden the health care system. LBCC staff is culturally and linguistically competent to provide care for the 40% of patients who are Hispanic and the 6% who are Asian. Of the two community clinics in southern Orange County, LBCC is the only one offering urgent care without appointment and delivering the full scope of primary care services. After an initial urgent care diagnoses and treatment, new patients have the opportunity to establish a permanent medical home, pursue preventive care, and regain control of their health.
- Kaiser Permanente Southern California Region has funded care- and coverage-related grants to increase access to affordable, quality health care and health coverage for low-income, uninsured, and underinsured individuals and families in our communities. Insure the Uninsured Project received a $50,000 core support grant from the donor-advised fund[1] to continue to increase access to health care coverage for California's uninsured by building consensus on target issues among policy leaders and convening statewide and regional workgroups to facilitate collaboration among statewide health leaders and the safety net
- Kaiser Permanente Southern California Region funded quality improvement (QI) projects for safety-net organizations to build stronger programs and infrastructure that improves service for patient populations at risk of racial and ethnic health disparities, with a special focus on improved management of chronic conditions and patient outcomes and/or to prepare for health care reform. Coalition of Orange County Community Clinics was awarded a total of $150,000 from the donor-advised fund to continue to support Orange County's specialty care system.

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

Poor diet and physical inactivity are the leading cause of preventable death in the United States. In 2007, the percentage of overweight/obese adults in the service area grew to 53.5%, an increase of 3.3%. There were also notable gender differences in weight status in the service area, with males of all ages more likely to be overweight or obese compared to females, who were more likely to be at a healthy weight. Among adults 18 and older in the service area, 46.1% (990,093) reported that they did not eat five servings of fruits and vegetables in their daily diet. According to the OCHNA 2007 survey, 24.8% (128,981) of children 6 to 17 ate fast food at least three times in the previous week. In 2007, 16.7% (88,814) of children and adolescents in the service area were overweight, missing the Healthy People 2020 objective of 14.6% by 2.1 percentage points. Type 2 diabetes is linked to obesity and physical inactivity. According to CHIS 2009, an estimated 6.3% of adults 18 to 64 and 16.8% of seniors 65 and older were ever diagnosed with diabetes, failing to meet the Healthy People 2010 objective of no more than 2.5%. Based on an analysis of deaths from 2003 through 2005, the most recent data available, the age-adjusted death rate for diabetes-related deaths in the service area was 65.9 per 100,000, failing to meet the Healthy People 2020 objective of 65.8.

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. Provide grant funding to increase available fresh produce in low-income neighborhoods and provide education and support for increased consumption of fresh produce.

[1] This grant was distributed from the Kaiser Permanente Southern California Charitable Contribution Fund, a donor-advised fund administered by the California Community Foundation. Accordingly, the grant amount was not included in the community benefit totals for 2013 (Tables A, B and 2).

2. Leverage lessons learned from the Healthy Eating, Active Living (HEAL) work and encourage replication in other communities.
3. Provide grant funding to encourage physical activity and to promote safe places to walk, bike, and play in low-income neighborhoods.
4. Promote Educational Theatre's healthy eating programs in local schools.
5. Provide financial and other support to improve diet, eating habits, and physical activity among children, adults, and seniors, and reduce the complications associated with diabetes.

2013 YEAR-END RESULTS

- A $15,000 grant was awarded from KFH-Irvine to Orange County Department of Education for its Move More, Eat Healthy for Life program, which engages 175 teachers servicing approximately 10,000 students in 100 low-income schools. The program leverages new and existing funding from community partners and teacher, school, and district relationships to allow more low-income elementary schools, pre-K, and secondary schools to benefit from the program. Program schools represent 12 school districts located in Anaheim, Buena Park, Costa Mesa, Fullerton, Garden Grove, La Habra, Lake Forest, Mission Viejo, Orange, Placentia, Rancho Santa Margarita, San Juan Capistrano, and Santa Ana. Participating teachers attend a summer institute and participate in quarterly webinars and learn to use no-prep DVD and web-based physical activity and nutrition education tools and low-prep classroom physical activity equipment to deliver and reinforce simple, key nutrition education messages.

- KFH-Irvine awarded Pretend City Children's Museum a $30,000 grant for Strive to Thrive Scholarship Field Trip, a program that successfully implements a PLAY curriculum of healthy eating, balanced nutrition, physical activity, and teamwork based on the *Stone Soup* story. Each group participates in reading *Stone Soup*; creates a collective "stone soup" by choosing a range of pretend food; participates in a staff-guided parachute play, a physical activity involving color recognition and teamwork; creates a vegetable painting, helping them identify a variety of vegetables and their nutritional offerings; and receives body mass index (BMI) screenings. Individualized results are documented and sent home for parents and teachers. Staff facilitate health-related activities in the exhibits as they explore the city. The curriculum meets preschool, kindergarten, and first grade California State health educations standards.
- KFH-Irvine awarded Orange County Great Park Corporation a $50,194 grant for the Thrive Path at Orange County Great Park. The one-mile Thrive Path includes exercise stations and interactive elements and is a key component of the Great Park expansion. It is anticipated that more than 30,000 will utilize the Thrive Path every year. An additional 100,000 are expected to be active users of Great Park's new 30-acre South Lawn Sports & Fitness Complex, which will provide recreational opportunities and improve overall health conditions in the community.
- Kaiser Permanente Southern California Region helps public health departments engage in obesity prevention, including environmental and policy change approaches. Orange County Health Care Agency received a $250,000 grant from the donor-advised fund to support the Orange County FIT Cities initiative. This grant will help create a Fit Cities long-range plan, engage residents through regular meetings, and award up to three mini-grants.
- Healthy Options, Healthy Meals (HOHM) is a funding strategy that focuses on healthy food banking which is characterized by food banks increasing donations/purchases/distribution of more health-promoting foods and decreasing donations/purchases/distribution of less healthful foods, such as snacks, sweets, and sugar-sweetened beverages. HOHM's primary goal is to support sustainable policy and practice changes to assist food banks in gathering and distributing healthier foods. In the KFH-Irvine service area, Second Harvest Food Bank Orange County received $95,000 over two years ($47,500 from the donor-advised fund in 2013).

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

Chronic conditions and diseases are among the most prevalent, costly, and preventable of all health problems. To some degree, the major chronic disease killers are attributable to lifestyle and environment. In particular, health-damaging behaviors, such as lack of exercise, bad diet, or tobacco use, can lead to chronic conditions that in turn can decrease the

quality of life. The common chronic diseases in Orange County (from most to least prevalent) include high blood pressure, high cholesterol, arthritis, asthma, cancer, diabetes, heart disease, and stroke (CHIS, 2005/2009). The *2008 OCHCA Health Indicators Report* presented a countywide HIV/AIDs incidence rate of 17.95 per 100,000 from 2005 to 2007 (1,649 cases). Heart disease was the leading cause of death for Orange County in 2008, followed by cancer, according to the California Department of Public Health (CDPH). The age-adjusted death rate for chronic pulmonary diseases such as bronchitis and emphysema was 94.8 per 100,000 for 45 and older, compared to the Healthy People 2020 objective of 98.5/100,000. Suicide, an indicator of mental health, was 8.3 per 100,000; the Healthy People 2020 objective is 10.2/100,000. Cirrhosis, an indicator of alcohol abuse, was 10.7 per 100,000; the Healthy People 2020 objective is 8.2/100,000. In 2006, the rate of substantiated child abuse in Orange County was 11.7 per 1,000 children 0 to 17, not meeting the Healthy People 2020 objective of 8.5/1,000. In 2007, diabetes was the seventh leading cause of deaths in the United States, according to the Centers for Disease Control. Type 1 diabetes accounts for 5% to 10% of all diagnosed cases, and type 2 diabetes accounts for 90% to 95% of cases.

2013 GOALS

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

2013 STRATEGIES

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

2013 YEAR-END RESULTS

- Shanti OC received a $10,000 grant from KFH-Irvine for its HIV/AIDS education, outreach, and prevention program, which provides information, education, and support to empower low- to moderate-income individuals living with HIV so they can better adhere to medical treatment, achieve optimal wellness, and prevent further spread of the disease. Shanti OC serves 750 adults. Assessment tools, including depression inventories, are used to measure client progress.
- Mariposa Women and Family Center received a $10,000 grant for its Community Counseling Program (CCP), which helps to stabilize the lives of thousands of low-income women and families by offering clinical therapy supported by a variety of prevention education, life-skills workshops, and other support services for adults and teens. Specific CCP services include counseling, domestic violence support, group interventions, and life-skills workshops. CCP services are offered at Mariposa's headquarters in Orange and at the sites of collaborative partners throughout Orange County. Mariposa is exploring offering CCP services at its San Juan Capistrano site.
- Pediatric Adolescent Diabetes Research and Education (PADRE) Foundation received a $10,000 grant for its Type I Diabetes Self-Care and Support program, which delivers a range of classes and workshops that address clinical and

social/emotional issues around diabetes. The goal is to help newly diagnosed pediatric patients and youth who have lived with the disease benefit from intensive and ongoing diabetes self-care education and support. PADRE will deliver 100 diabetes-specific classes and workshops during the grant year.

- Alzheimer's Association Orange County (AAOC) was awarded a $15,000 grant for Hispanic Outreach Support Services, which aims to reach 4,200 individuals to increase awareness and understanding of Alzheimer's disease and to provide effective support for the growing number of Hispanic families affected by it in Orange County. Individuals, families, and caregivers in the Hispanic community who struggle with the devastating effects of Alzheimer's receive practical help and emotional support, tailored to meet their specific cultural needs, throughout the care continuum.
- Kaiser Permanente continues to support projects that increase the pipeline of health professionals by funding academic institutions and community-based organizations to educate and train individuals who are pursuing a career in health care and by collaborating with community clinics to offer clinical training opportunities and workforce recruitment opportunities in under-served areas. UCLA Center for Health Policy Research received $500,000 from the donor-advised fund to continue support for the 2013-2014 California Health Interview Survey (CHIS).
- Vietnamese American Cancer Foundation (VACF) was awarded a total of $20,000 from the donor-advised fund to support its cancer awareness, outreach and education program, which addresses two major public health concerns within the Vietnamese American community: women's health and hepatitis. Activities include raising awareness through radio shows and community-based educational seminars and workshops. VACF also identifies individuals at risk for cancer and hepatitis by facilitating community-wide screening events. Participants receive free diagnostic services, such as clinical breast exams and blood testing for hepatitis. VACF's goal is to screen a total of 80 people for the clinical breast exam event and 600 people for the hepatitis event. VACF follows up with its screening clients to provide navigation and linkage to care.
- Tides Center was awarded $75,000 from the donor-advised fund for Latino Coalition for a Healthy California's regional platicas series. The Coaliton convenes five platicas (workshops) statewide to engage policy groups and regional stakeholders in the coordination of prevention-based strategies that target reductions in health disparities affecting Latino communities across the state.

Table 1

KAISER FOUNDATION HOSPITAL-IRVINE

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: Medical Financial Assistance Program recipients	1,115
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Other Plan members	268
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	1,053
Medi-Cal managed care members	6,001
Healthy Families Program members	2,409
Community Surgery Day patients	30
Nursing Research projects (new, continuing, and completed)	5
Educational Theatre – number of performances and workshops	35
Educational Theatre – number of attendees (students and adults)	7,313
Graduate Medical Education – number of programs	2
Graduate Medical Education – number of affiliated and independent residents	16
Nurse practitioner and other nursing training and education beneficiaries	5
Deloras Jones nursing scholarship recipients	2
Other health professional training and education (non-MD) beneficiaries	4
Number of 2013 grants and donations made at the local and regional levels[1]	63

[1]The vast majority of regional grants impact three or more 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-IRVINE

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2013

	2013 Totals
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[1]	$5,271,290
Healthy Families[2]	275,772
Charity care: Charitable Health Coverage programs[3]	960,192
Charity care: Medical Financial Assistance Program[4]	1,200,310
Grants and donations for medical services[5]	142,743
Subtotal	***$7,850,307***
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center[6]	$0
Educational Outreach Program	0
Summer Youth and INROADS programs[7]	0
Grants and donations for community-based programs[8]	280,484
Community Benefit administration and operations[9]	337,315
Subtotal	***$617,799***
Benefits for the Broader Community[10]	
Community health education and promotion programs	$54,761
Educational Theatre	144,694
Facility, supplies, and equipment (in-kind donations)[11]	0
Community Giving Campaign administrative expenses	7,509
Grants and donations for the broader community[12]	**29,475**
National board of directors fund	14,454
Subtotal	***$250,893***
Health Research, Education, and Training	
Graduate Medical Education	$0
Non-MD provider education and training programs[13]	284,254
Grants and donations for the education of health care professionals[14]	29,254
Health research	385,342
Continuing Medical Education	0
Subtotal	***$698,850***
Total Community Benefits Provided	**$9,417,849**

ENDNOTES

1 Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.

2 Amount includes hospital-specific, unreimbursed expenditures for Healthy Families members on a cost basis. Healthy Families program represents partial year as program ended in 2013, and children transferred into Medi-Cal.

3 Amount includes hospital-specific, unreimbursed expenditures for Other Plan members and unreimbursed inpatient expenditures for Kaiser Permanente Child Health Plan subsidy on a cost basis.

4 Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance and Indigent Care programs on a cost basis.

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; and special Request for Proposals to support specific health issues such as childhood obesity, asthma, etc. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

6 Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Los Angeles, KFH-West Los Angeles, and KFH-Downey.

7 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Summer Youth students hired.

8 Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonmedical needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

9 The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.

10 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a number of related denominators such as the number of Educational Theatre performances or health education programs.

11 Amount represents the estimated value of donated surplus office and medical supplies, equipment and furniture, promotional items and giveaways, in-kind services such as printing, mailings, multimedia production, etc., and conference and meeting room usage, as recorded in the MicroEdge GIFTS database.

12 Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care–related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

13 Amount reflects the net expenditures after tuition reimbursement for health professional education and training programs.

14 Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, etc. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2013 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY

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

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

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

- Mental health
- Health care access
- Diabetes
- Community violence
- Prenatal care
- Domestic violence
- HIV/AIDS and other STIs
- Asthma
- Substance use
- Economic instability
- Oral health
- Cardiovascular disease
- Obesity/overweight
- Teen pregnancy
- Breast cancer

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-IRVINE SERVICE AREA

1. ACCESS TO CARE

Increasing access to appropriate and effective health care services addresses a wide range of specific health needs. Limited access to health care impacts people's ability to reach their full potential and negatively affects their overall health and quality of life. 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.

In the KFH-Irvine service area, 13.3% of the total civilian, non-institutionalized population lacks health insurance coverage. People who are uninsured are less likely to receive medical care, and more likely to experience poor health status and premature death. Lack of insurance in the KFH-Irvine service area is highest among young adults and immigrants (especially those who are undocumented).

Barriers to health care access in the KFH-Irvine service area include the financial cost of care, lack of culturally competent providers who speak languages other than English, and fragmented health care systems. Geography also serves as a challenge within the KFH-Irvine service area, as half of the population (50.1%) lives in a geographically designated health professional shortage area and many existing providers do not accept Medi-Cal. This issue will be compounded by the influx of newly insured population as a result of implementation of the Affordable Care Act.

Health care reform promises new options for coverage and access to health care; however, some low-income populations, due to their immigration status, are ineligible for coverage under the new plans and others may find the required premiums beyond their reach. It's estimated that 13% of Orange County residents, over half of which are projected to be Hispanic/Latino, will remain uninsured after health care reform. For these groups, access barriers will continue.

2. ECONOMIC INSTABILITY

Poverty is a primary social determinant of health and has been linked to increased risk of chronic diseases, mental health problems, deprived child development, and premature death. Economic instability creates barriers to resources for daily living such as healthy food, safe space for physical activity, and health services. Indicators of poverty include lack of education, unemployment, low income, housing instability, and public program utilization.

In Orange County between 2010 and 2011, there was an overall increase in rent burden and enrollment in CalWorks, CalFresh, Medi-Cal, and the free/reduced price lunch program. In the KFH-Irvine service area, 9.4% of children live in poverty and 8.24% of the population lives below 100% of the FPL. The rate of poverty is highest among Hispanic/ Latinos, Native American/Alaska Natives, and Native Hawaiian/Pacific Islanders.

Within the KFH-Irvine service area, 9.9% of the population age 25 and above lacks a high school diploma and 6.8% are unemployed. Barriers to affordable opportunities for education and professional training contribute to economic instability and associated health inequity.

3. MENTAL HEALTH

Good mental health plays a crucial role in the health and well-being of individuals and their communities. Mental health disorders can interfere with healthy social functioning and create significant burdens on individuals, families, and communities. The resulting burden of mental illness is among the highest of all diseases. In 2009, there was a suicide incidence of 11.9 per 100,000 people in the KFH-Irvine service area. Suicide incidence is a major indicator of mental illness. The KFH-Irvine service area's suicide incidence is higher than California's average rate and has steadily increased. In addition, approximately 13% of the adult population has been diagnosed with clinical depression, and there has been an observed rise in prescription drug abuse. Mental health is closely connected to physical health and substance abuse, as mental illnesses affects one's ability to participate in health-promoting and coping behaviors.

Early detection, assessment, and treatment can help prevent mental health problems from worsening, particularly among individuals who have been exposed to violence and trauma or social isolation and stigma. However, many individuals with mental health concerns do not have access to needed treatment because of their income and/or a lack of available services. The county's mental health program serves about 34% of Orange County residents who have a serious mental health illness, leaving about two-thirds with private care or no care. Insufficient private insurance coverage for behavioral health services and insufficient availability of publicly-funded treatment services are significant barriers for many who seek mental health services and supports.

Mental illness and substance abuse share many similar risk factors. Missed opportunities for early problem identification and prevention are of particular concern among older adults, as they are the fastest growing age group in Orange County. Dementia, Alzheimer's, and depression are common in this age group. Veterans and ex-offenders are two other growing populations who are significantly affected by mental illness.

4. OBESITY/OVERWEIGHT

More than half of adults and more than one-third of children in the KFH-Irvine service area are overweight or obese. While obesity is a problem across subgroups, rates of overweight/obesity are highest among Hispanic/Latino individuals, older adults, and lower-income families. Relative to individuals at a healthy weight, those who are overweight or obese are more likely to develop chronic disease risk factors and chronic disease (such as cardiovascular disease, diabetes and mental illness), experience complications during pregnancy, and die at an earlier age.

Lack of lifelong healthy eating, active living, and weight management skills result in elevated rates of obesity/overweight and diabetes, particularly among economically and socially vulnerable populations. Poverty is correlated with access to healthy food and safe parks for all ages.

5. BROADER HEALTH CARE DELIVERY 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 are going to be most effective in addressing each need. KFH-Irvine anticipates that successful implementation of the identified strategies will result in or contribute toward a set of expected outcomes that can help support overall improvement of the priority health need in the community. All KFH hospitals will annually assess progress towards their planned strategies and outcomes and adjust their plans and expected outcomes as needed. For more information on how goals, strategies, and outcomes were identified, see the section titled "Community Plan Development" in Chapter IV.

PRIORITY HEALTH NEED I: ACCESS TO CARE

LONG-TERM GOAL

- Increase the number of Orange County residents who have access to appropriate, high-quality health care services

INTERMEDIATE GOALS

- Increased access to and capacity of the overall system of safety-net care in Orange County
- Increased access to quality, culturally competent clinical care among underserved populations
- Increased number of underserved individuals who have access to a medical home

STRATEGIES

Programs and Services

- Provide Medical Financial Assistance (MFA) by supporting the region's charity care strategies
- Provide care to low-income children under 19 in families at or below 300% FPL who lack access to employer-subsidized coverage and do not qualify for public programs, pursuant to a program that provides these children with heavily subsidized health care coverage.
- Participate in government-sponsored programs for low-income individuals (i.e., Medi-Cal Managed Care and Medi-Cal Fee-For-Service)

Community Investments

- Provide grants to community-based organizations to fund new or existing programs to expand access to preventive services
- Support Kaiser Permanente Southern California's Safety Net Partnership by providing funds and in-kind donations to Coalition of Orange County Community Clinics and other community clinics
- Implement Building Clinic Capacity for Quality (BCCQ) efforts in planning, executing and/or augmenting quality-focused adoption of health information technology (HIT)

Leveraging Organizational Assets

- Partner with the community medicine fellow and Kaiser Permanente Family Medicine resident program to train new physicians and provide direct care and ongoing guidance to community members through Illumination Foundation, Lestonnac Free Clinic, and Latino Health Access's Diabetes Self-Management Program
- Improve internal volunteer infrastructure to expand opportunities for Kaiser Permanente physician volunteers at community clinics
- Fill gaps in community clinic capacity by maintaining provision of community access programs (e.g., Surgery Day and Pathology Reading Program)

- Participate in KFH's BCCQ efforts in planning, executing, and/or augmenting quality-focused adoption of HIT
- Expand symposium access to community clinic staff
- Support the long-term initiative focused on partnering with a federally qualified health center (FQHC)

EXPECTED OUTCOMES

- Increased access to and utilization of primary and preventive care by low-income individuals
- Increased capacity of community clinics to maintain core operating and programmatic services
- Increased use of HIT at community clinics to improve coordination and delivery of patient care
- Improved capacity of community clinic staff to implement best practices for better patient care
- Improved integration of mental and behavioral health services in the primary care setting
- Increased access to Kaiser Permanente services by low-income and previously uninsured populations

PRIORITY HEALTH NEED II: ECONOMIC INSTABILITY

LONG-TERM GOALS

- Reduce health inequity by ensuring more residents have an equal opportunity to reach their full potential
- Relieve burden of poverty by decreasing food insecurity and associated health risk factors among vulnerable populations
- Prevent homelessness and improve access to affordable housing among low-income individuals

INTERMEDIATE GOALS

- Increased educational attainment and training opportunities among underserved populations
- Increased awareness and utilization of existing food assistance resources among low-income individuals
- Maintain and expand availability of existing resources for individuals in crisis relying on short-term housing solutions

STRATEGIES

Programs and Services

- Maintain and expand existing Kaiser Permanente workforce development and youth pipeline programs (e.g., Summer Youth)

Community Investments

- Partner with an educational institution to provide scholarships to underserved students pursuing science, technology, engineering, and mathematics (STEM) degrees (e.g., Cal State Fullerton)
- Provide funds for early child education programs to increase capacity, affordability, and quality
- Provide funds for career pathway and bridge programs for low-skilled adults and veterans
- Provide funds to community-based food distribution programs to increase their access and capacity to serve home-bound individuals
- Provide funds to community-based shelters and service providers to provide/expand emergency housing services

Leveraging Organizational Assets

- Partner with a physician champion to educate community clinic staff about food assistance resources and their health benefits
- Kaiser Permanente employees donate time and organizational expertise to food assistance programs

- Community Benefit staff participate in and support implementation groups associated with Orange County Commission to End Homelessness

Collaboration and Partnerships

- Community Benefit staff participate in and support implementation groups associated with Orange County Commission to End Homelessness

EXPECTED OUTCOMES

- Increased number of individuals who enter STEM professions
- Increased number of students who have access to quality early-childhood education
- Increased access to post-secondary education and professional training opportunities among unemployed and underemployed adults
- Increased education and outreach regarding food assistance programs (e.g., CalFresh and Women, Infants and Children [WIC]) at community clinics
- Increased access to food resources for low-income individuals and people with transportation barriers
- Increased identification and provision of supportive services to families at risk of homelessness
- Increased access to affordable, permanent housing for underserved individuals

PRIORITY HEALTH NEED III: MENTAL HEALTH

LONG-TERM GOALS

- Prevent and treat mental illness and associated substance abuse among vulnerable populations in Orange County
- Minimize the risk of mental illness and initiation of controlled substance use
- Prevent and treat mental illness and associated substance abuse among those exposed to violence or trauma

INTERMEDIATE GOALS

- Improved detection and management of mental health symptoms among elderly adults
- Improved social supports and connection to community-based mental health services for members of the lesbian, gay, bisexual, transgender, and questioning (LGBTQ) population experiencing mental health disorders
- Strengthen the resilience of youth in the context of their family and learning environments
- Decreased risk for prescription drug addiction as an increased number of community clinic patients access appropriate pain treatment
- Reduce the harmful mental health impacts of violence and trauma among victims of domestic violence and child maltreatment as well as veterans and the formerly incarcerated population

STRATEGIES

Community Investments

- Provide funds and space to expand ongoing, free-of-charge parenting education (e.g., Child Abuse Prevention Center of Orange County)
- Provide funds to school-based clinics to build capacity and to increase number of schools served
- Provide funds to increase access to school-based substance-abuse prevention education (e.g., Drug Use is Life Abuse program)
- Provide funds to community-based groups to support families in trauma (e.g., Trauma Intervention Programs)
- Provide funds to community-based organizations to provide individual and group cognitive-behavioral therapy

- Provide funds to community-based organizations to build capacity of and outreach related to behavioral health services for members of the LGBTQ community

Leveraging Organizational Assets

- Partner with the Kaiser Permanente Depression Care Management team to provide support and expertise to community clinic staff
- Connect Kaiser Permanente physician champion to community clinic staff to advocate for evidence-based prescription protocols and medication alternatives
- Kaiser Permanente employees donate time and organizational expertise through board placements on community-based organizations focused on domestic violence services
- Connect physician champions to clinic staff to disseminate best practices
- Provide clinics with Kaiser Permanente health education materials focused on mental health

Collaboration and Partnerships

- Partner with community-based organizations to address physician outreach and education
- Partner with the Council on Aging to provide educational courses and support groups for elderly adults and their caregivers on Kaiser Permanente campuses
- Partner with the Orange County Department of Education to provide teachers with training that builds capacity for positive behavioral interventions

EXPECTED OUTCOMES

- Increased access to screening and early interventions for Alzheimer's and related dementias
- Increased social supports and connection to community-based services for elderly adults diagnosed with dementia and depression as well as their caregivers
- Increased screening and treatment for depressed elderly adults with concurrent alcohol and substance abuse issues
- Increased access to resources and support for LGBTQ residents suffering from poor mental or emotional health
- Enhanced parental capacity for nurturing and family management
- Increased number of supportive, pro-social classroom environments
- Increased access to mental health care at school-based clinics
- Decreased number of youth who initiate use of alcohol or controlled substances
- Increased number of community clinics adhere to national standards for pain medication prescriptions
- Increased access to intervention and support services for victims of domestic violence
- Increased capacity of community clinics for patient population management through accurate diagnosis and promotion of mental health behaviors
- Increased resilience and coping capacity of individuals with physiological symptoms associated with exposure to traumatic events

PRIORITY HEALTH NEED IV: OBESITY/OVERWEIGHT PREVENTION

LONG-TERM GOAL

- Reduce obesity/overweight among vulnerable Orange County residents

INTERMEDIATE GOALS

- Increase healthy eating among youth and economically vulnerable residents

- Increase active living among youth and economically vulnerable residents
- Improve weight management skills for overweight/obese and diabetic patients

STRATEGIES

Programs and Services

- Partner with Kaiser Permanente Educational Theatre to inspire healthier choices

Community Investments

- Implement Healthy Eating Active Living (HEAL) Zone schools and community organizations to address access to and availability of fresh fruits and vegetables
- Partner with Alliance for a Healthy Orange County to provide funds to community-based organizations for breastfeeding supportive services
- Provide grants to food banks, pantries, and soup kitchens to expand access to fresh produce among elderly and low-income residents
- Provide grants to community organizations to expand and promote Supplemental Nutrition Assistance Program (SNAP) access at farmers markets
- Provide grants to community organizations to expand and promote after-school activity opportunities
- Provide funds to Orange County Department of Education's Center for Healthy Kids & Schools to expand school-based opportunities for physical activity
- Through the Regional Fit Cities Initiative, provide funds to cities and community outreach efforts to strategically incorporate health into city planning processes

Leveraging Organizational Assets

- Connect HEAL Zone physician champions to school boards to advocate for school food policies with strong nutritional standards (e.g., minimize availability of sugar-sweetened drinks)
- Continue to offer our farmers' market program on the hospital campus to provide access to largely locally-produced fresh fruits and vegetables and to educate the public on the benefits of healthy eating and active living.
- Partner with , Pediatric Weight Management Team to provide presentations focused on childhood obesity prevention in schools and community settings
- Through Kaiser Permanente's Care Management Institute, provide community clinics with Breastfeeding Support Implementation toolkits
- Partner with Perinatal Education staff to provide Kaiser Permanente Breastfeeding with Success classes conducted by certified lactation educators for the community (e.g., Babies "R" Us)
- Partner with community medicine fellow to provide direct care and guidance for overweight/obese and diabetic patients at community clinics
- Partner with Kaiser Permanente Family Medicine residents to provide diabetes self-management skills to community clinic patients.

Collaboration and Partnerships

- Through Alliance for a Healthy Orange County, Community Benefit staff build support for active transportation and participation in HEAL or *Let's Move* campaigns
- Community Benefit staff provides time and organization expertise to Orange County Food Access Coalition

EXPECTED OUTCOMES

- Increased access to healthy food choices on school campuses and in community settings
- Decreased access to unhealthy food options in schools

- Increased food literacy and awareness regarding life-long nutrition and healthy eating among youth and their families
- Increased awareness of the long-term protective effects of exclusive breastfeeding on obesity and diabetes risk among new and expectant mothers
- Improved nutritional quality of food available through food assistance programs
- Increased availability of after-school physical activity opportunities
- Orange County's built environment is enhanced to encourage active transportation and physical activity in low-income areas
- Increased availability of weight management services for overweight/obese residents in community clinics

PRIORITY HEALTH NEED V: 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 equip 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: 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 disproportionally impacted by heath disparities
- Increased availability of research and publications to inform clinical practices and guidelines