



Kaiser Foundation Hospital – Southern California Region

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

LOS ANGELES



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
<i>National Structure</i>	3
<i>Regional Structure in California</i>	3
<i>Kaiser Foundation Hospitals in California</i>	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
<i>Medical Care Services for Vulnerable Populations</i>	8
<i>Other Benefits for Vulnerable Populations</i>	9
<i>Benefits for the Broader Community</i>	10
<i>Health Research, Education, and Training Programs</i>	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 Kvanetz, Vice President, National Pharmacy Programs and Services; and James Crawford, Vice President, Business Information Officer.

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

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

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

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

MEDICAL OFFICE BUILDINGS

In California, KFHP/H owns and leases 442 medical offices where members receive outpatient health care. Each Kaiser Permanente medical office building is affiliated with a KFH medical center.

CHAPTER II: MISSION STATEMENT AND COMMITMENT TO THE COMMUNITY

MISSION STATEMENT

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

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

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

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

NATIONAL COMMITMENT TO COMMUNITY BENEFIT

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

We focus our work on three broad areas:

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

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

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

For many years, we have worked collaboratively with other organizations to address serious public health issues such as obesity, access to care, and violence. We have conducted CHNAs to better understand each community's unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term,

sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health.

The KFHP/H Board of Directors has a standing Community Benefit Committee that oversees the program wide Community Benefit program. This includes the review and approval of certain community benefit plans and regulatory reports. Kaiser Permanente also has a national executive of KFHP and KFH to lead Kaiser Permanente's Community Benefit Program as a full-time assignment. Raymond J. Baxter, PhD, is the Senior Vice President for Community Benefit, Research, and Health Care Policy. He reports to the CEO and Chairman of the Board.

KAISER PERMANENTE'S COMMITMENT TO COMMUNITY BENEFIT IN CALIFORNIA

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

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

CHAPTER III: COMMUNITY BENEFIT PROVIDED IN 2013

This chapter includes descriptions of all Community Benefit programs and services provided by Kaiser Permanente in 2013. In addition, financial information is listed in two tables located at the end of this chapter. Table A itemizes total Community Benefit provided by KFH for California in accordance with the SB 697 framework. Table B shows total Community Benefit provided by each hospital.

METHODOLOGY

DEFINITION OF COMMUNITY

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

CATEGORIZATION OF SERVICES

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

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

DOCUMENTATION AND ALLOCATION OF EXPENDITURES

Total Community Benefit expenditures are reported for the 35 NCR and SCR hospitals as follows:

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

Resource allocations are reported, as follows:

- Financial expenditures are reported in exact amounts, if available, by hospital service area.
- If exact financial expenditure amounts were not available by hospital service area, then regional expenses were allocated proportionally on the basis of KFHP membership or other quantifiable data, such as the number of Kaiser Permanente Educational Theatre performances presented or Summer Youth students employed within each hospital area's community at large.

SUMMARY OF KAISER FOUNDATION HOSPITALS COMMUNITY BENEFIT

STATEWIDE BENEFITS

In 2013, KFH provided a total of \$776,303,922 in Community Benefit for Californians, supporting a wide range of community projects, medical care services, and research and training for health and medical professionals. As shown in Table A (page

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

BENEFITS BY HOSPITAL SERVICE AREA

Table B shows total Community Benefit contributions made in 2013 by the 35 hospitals. Totals reflect differences among hospitals, including geographic location, size, Health Plan membership, Community Benefit programs and services provided, and diversity of population. More detailed information, including individual hospital reports, is included in Chapter IV.

DESCRIPTION OF COMMUNITY BENEFIT PROGRAMS AND SERVICES

The Kaiser Permanente Community Benefit programs and related services described in this section are aligned with the SB 697 framework. Most correspond directly to the line items listed in Table A in Chapter III and Table 2 in the individual hospital sections, which include financial information for 2013.

MEDICAL CARE SERVICES FOR VULNERABLE POPULATIONS

Providing charitable care for the underinsured and uninsured, as well as services to beneficiaries of publicly financed health care programs, is an important element of the KFHP/H social mission. In 2013, KFHP spent a total of \$520,264,474 on unreimbursed medical care for vulnerable populations.

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

MEDI-CAL

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

- **Medi-Cal Managed Care:** KFHP provides comprehensive inpatient and outpatient care to Medi-Cal managed care members in California through various local and state government entities. In Northern California, the local initiatives and county-organized systems are Alameda Alliance, Contra Costa Health Plan, SF Health Plan, Santa Clara Family Health Plan, Partnership Health Plan of CA, Health Plan of San Mateo, Health Plan of San Joaquin, and CalViva Health. In Southern California, KFHP subcontracts with local initiatives in Los Angeles, Riverside, San Bernardino, Ventura, and Orange counties, and contracts directly with the state of California through the Geographic Managed Care Plan in San Diego County. In 2013, KFHP/H provided comprehensive inpatient and outpatient care to approximately 352,034 Medi-Cal managed care members.
- **Medi-Cal Fee-For-Service:** KFHP provides subsidized health care on a fee-for-service basis for Medi-Cal beneficiaries not enrolled as KFHP members. Reimbursement for some services usually is significantly below the cost of care and is considered subsidized care to non-member Medi-Cal fee-for-service patients.

HEALTHY FAMILIES PROGRAM

In 2013, KFHP successfully transitioned its Healthy Families Program members into Medi-Cal, as required by the state of California. Healthy Families, California's version of the State Children's Health Insurance Program (SCHIP), is a federally and state-funded insurance program that provides low- and moderate-income families with health insurance for their children

under age 19. The program provides comprehensive health benefits, including dental and vision care. To qualify, families must have a total income between 100% and 250% of the federal income guidelines, and the children must be ineligible for Medi-Cal coverage.

CHARITABLE HEALTH COVERAGE PROGRAMS

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

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

MEDICAL FINANCIAL ASSISTANCE

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

GRANTS AND DONATIONS FOR MEDICAL CARE SERVICES

KFH donated \$67,972,472 to nonprofit and community-based agencies in California to support the delivery of medical care by community providers. This effort is designed to provide support for community clinics and other safety net provider to build capacity for improving access and quality care infrastructure. It also extends partnerships to health departments and public hospitals. Funding areas include, but are not limited to, chronic disease management, access to specialty care, homeless services, quality improvement, access to primary care, HIV/AIDS, and general operating support.

OTHER BENEFITS FOR VULNERABLE POPULATIONS

In 2013, KFH donated \$59,300,998 to benefit vulnerable populations through a number of programs, including Educational Outreach Program, INROADS, Summer Youth, Watts Counseling and Learning Center, and grants and donations for community-based programs.

KAISER PERMANENTE EDUCATIONAL OUTREACH PROGRAM

Educational Outreach Program (EOP) provides education and support services, primarily for Latino families, in the San Gabriel Valley section of Los Angeles County. The focus of EOP is to provide programs and activities that improve school performance, promote family communication, teach skills that are needed to meet various life tasks and alleviate stress,

create opportunities for the development of leadership skills for both youth and their parents so they can address issues that impact their community, and increase awareness of professional opportunities in the health field for young people. Programs offered include homework assistance and study skills classes, reading improvement classes, mother-daughter workshops, assessment of mental health needs in the community, and summer enrichment sessions. EOP provided services to a total of 1,386 clients.

KAISER PERMANENTE WATTS COUNSELING AND LEARNING CENTER

Since 1967, Watts Counseling and Learning Center (WCLC) has been a valuable community resource for low-income, inner-city families in South Los Angeles. WCLC provides mental health and counseling services, educational assistance for children with learning disabilities, and a state-licensed and nationally accredited preschool program. In addition, WCLC operates several outreach programs, including Kids Can Cope support groups (for children whose siblings or parents have cancer), pre-employment training for high school youth, scholarships for high school students, and training for graduate social work interns from local universities. In 2013, WCLC provided services to a total of 1,717 individuals.

YOUTH EMPLOYMENT PROGRAMS

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

- **Kaiser Permanente L.A.U.N.C.H. SYEP:** Kaiser Permanente L.A.U.N.C.H. SYEP offers paid summer work to underrepresented youth at Kaiser Permanente facilities throughout California. Interns participate in a variety of administrative and operational support positions. In addition to their work assignments, SYEP Interns participate in educational sessions and motivational workshops to enhance job skills and work performance, and to learn about careers in health care.
- **Kaiser Permanente L.A.U.N.C.H. INROADS:** Since 1987, Kaiser Permanente has worked with the INROADS organization to offer L.A.U.N.C.H., a unique program designed to provide students with practical experience in the health care field and to offer successful participants exciting career opportunities following graduation. Together, we remain dedicated to helping underrepresented college students of color develop into a powerful, multicultural workforce that delivers quality, cost-effective, and culturally responsive care to the diverse communities we serve. Through Kaiser Permanente L.A.U.N.C.H. INROADS, we are making a solid investment in developing health care leaders capable of guiding us into the future. Kaiser Permanente L.A.U.N.C.H. INROADS interns discover a chance to develop their skills in a supportive environment. We offer a variety of health care internships that are designed to provide the practical background, support network, and knowledge that interns will need to succeed in their chosen field.

GRANTS AND DONATIONS FOR COMMUNITY-BASED PROGRAMS

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

BENEFITS FOR THE BROADER COMMUNITY

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

COMMUNITY HEALTH EDUCATION AND HEALTH PROMOTION PROGRAMS

This program provides health education programs, materials, and services and conducts training sessions for California's diverse communities. The goal is to improve health and prevent disease in families and individuals of all ages by conducting appropriate health education interventions and by sharing Kaiser Permanente's health education resources. These programs widely disseminate quality health education materials, resources, and services to the community, including online resources such as the health encyclopedia and Healthwise Self-Care Tip Sheets. Programs offered include asthma management in children, breastfeeding, HIV prevention, better nutrition and lifestyle, coping with chronic diseases, and seniors' movement programs. Continuing Education courses and skill training sessions are also provided to community health care providers. Many of the programs and resources are provided in partnership with community groups, community clinics, libraries, nonprofit organizations, cable television channels, and schools. In 2013, Regional Health Education provided more than 400 activities—responding to requests for materials, trainings, presentations, event staffing, technical assistance, and publication development—that reached more than 264,000 community members.

KAISER PERMANENTE EDUCATIONAL THEATRE (KPET)

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

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

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

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

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

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

- The Obesity Prevention Program (grades 4-5) includes the play, *Game On*, and two supporting student workshops. Key topics include eating a balanced meal, choosing water over sugary beverages, the importance of active play, and the power of media advertising.
- The Conflict Management Program (grades 3-5) the play, *Drummin' Up Peace*, and a student workshop. The program is designed to complement conflict resolution and violence prevention efforts in schools and community locations. Key topics include steps to managing conflict, empathy, cooperation, and communication.

GRANTS AND DONATIONS FOR THE BROADER COMMUNITY

KFH donated \$3,945,573 to nonprofit organizations to help educate health care consumers about managing their own health and making informed decisions when obtaining services; to develop, produce, and communicate health care-related public policy; and to support a variety of other programs and services aimed at the general well-being of the community.

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

Many community organizations use meeting rooms at KFH facilities free of charge. KFH also donates surplus hospital and office equipment, furniture, health education materials, linens, and other items and materials to nonprofit organizations throughout California.

HEALTH RESEARCH, EDUCATION, AND TRAINING PROGRAMS

KFH is committed to improving the health and well-being of community members by educating and training physicians and other health care professionals, conducting medical and health services research, and disseminating information. In 2013, KFH spent \$111,927,357 on education and training for nurses, physicians, other health care professionals, and health and nursing research.

PROVIDER EDUCATION AND TRAINING

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

GRADUATE MEDICAL EDUCATION (GME)

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

COMMUNITY MEDICINE FELLOWSHIP

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

OLIVER GOLDSMITH SCHOLARSHIP PROGRAM

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

NURSING EDUCATION AND TRAINING

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

KAISER PERMANENTE SCHOOL OF ANESTHESIA FOR NURSES

Founded in 1972, the school provides graduate-level education for nurse anesthetists. In partnership with California State University, Fullerton, the school offers a two-year sequential academic and clinical graduate program for nurses with a baccalaureate degree. Students earn a master of science in nursing with a clinical specialty in anesthesia. In 2013, there were 68 student participants. In SCR, the school has partnerships with a number of public and community hospitals to provide additional clinical rotation opportunities for students. Scholarships for students are available through National Black Nurses Association and American Association of Nurse Anesthetists Foundation. In addition, the school partnered with Pasadena City College to develop the first anesthesia technician associate degree program in the nation. The anesthesia technician program prepares students for eligibility to take and pass the American Society of Anesthesia Technologists and Technicians (ASATT) National Certification Examination to become certified as an anesthesia technologist. A certificate of achievement and an associate of science degree are awarded upon successful completion of the curriculum. Thirteen students participated in the program in 2013.

CALIFORNIA NURSING ANESTHESIA COLLABORATIVE PROGRAM – (CNACP)

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

KAISER PERMANENTE DELORAS JONES NURSING SCHOLARSHIP PROGRAM

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

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

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

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

TECHNICAL PROVIDER EDUCATION AND TRAINING

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

KAISER PERMANENTE SCHOOL OF ALLIED HEALTH SCIENCES – (KPSAHS)

KPSAHS is located in Richmond, California and was established in 1989 as a radiology program in response to the severe shortage of radiologic technologists. KPSAHS eventually expanded the school to include 18-month programs in sonography, nuclear medicine, and radiation therapy. In addition, the school provides courses in anatomy and physiology and

advanced/basic phlebotomy. KPSAHS offers educational programs and promotes learning to develop a skilled allied health workforce and to improve the quality of and access to health care services in the communities we serve.

KAISER PERMANENTE MENTAL HEALTH TRAINING PROGRAM

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

KAISER PERMANENTE PHARMACIST RESIDENCY PROGRAMS

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

KAISER PERMANENTE PHYSICAL THERAPY FELLOWSHIP IN ADVANCED ORTHOPEDIC MANUAL THERAPY PROGRAM

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

KAISER PERMANENTE PHYSICAL THERAPY NEUROLOGY RESIDENCY

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

KAISER PERMANENTE PHYSICAL THERAPY CLINICAL INTERNSHIPS

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

KAISER PERMANENTE PHYSICAL THERAPY ORTHOPEDIC FELLOWSHIP PROGRAM

This residency program provides education in the specialty area of orthopedic physical therapy. In 2013, the program offered 25 physical therapy residency slots at KFH hospitals in Southern California. Residents, fellows, and clinical faculty of our program continue to provide physical therapy services for patients at Graduates are eligible to sit for their board certification examination in orthopedic physical therapy, and apply to participate in a physical therapy fellowship program.

KAISER PERMANENTE MOVEMENT SCIENCE FELLOWSHIP

This fellowship program provides education in the specialty area of movement science, with a focus on advanced training in movement analysis, therapeutic exercise, and ergonomic instruction for patients with musculoskeletal conditions. Each year, there are six Movement Science fellowship slots at KFH hospitals in Southern California.

KAISER PERMANENTE ORTHOPEDIC FELLOWSHIP IN SPORTS REHABILITATION

This fellowship program provides education in the specialty area of sports physical therapy and rehabilitation, with a focus on advanced training in examination techniques and treatment procedures for extremity injuries in an active and post-surgical patient population with musculoskeletal conditions. There are four Orthopedic/Sports Rehabilitation Fellow slots at KFH hospitals in Southern California.

KAISER PERMANENTE SPINE REHABILITATION FELLOWSHIP PROGRAM

This fellowship program provides education in the specialty area of spine physical therapy and rehabilitation, with a focus on advanced training in examination and treatment techniques procedures and management of acute through chronic spine injuries in a patient population with musculoskeletal conditions. There are three Spine Rehabilitation fellow slots at KFH hospitals in Southern California.

KAISER PERMANENTE CLINICAL PSYCHOLOGY INTERNSHIP TRAINING PROGRAMS

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

KAISER PERMANENTE RADIOLOGY TRAINING PROGRAM

Students enrolled in local community college radiology technology programs can complete their one-year clinical rotation, a requirement for certification, at KFH facilities in Southern California. The program served 185 students in 2013.

ADVANCED PRACTICE AND ALLIED HEALTH CARE EDUCATIONAL PROGRAMS

The Southern California Department of Professional Education offers educational programs designed to meet many of the primary and continuing educational needs of certified nurse anesthetists, nurse practitioners, physician assistants, certified nurse-midwives, physical therapists, occupational therapists, clinical laboratory specialists, radiology technologists, registered nurses, speech pathologists, social workers, and marriage and family counselors. In 2013, approximately 551 community participants attended one of 11 Continuing Education programs and/or symposia.

HIPPOCRATES CIRCLE

This program was designed to increase the number of minority physicians in the medical field, especially in underserved communities, by building awareness in young men and women who are members of underrepresented minority groups that a career in medicine, especially as a physician, is possible. Through the collaborative efforts of school districts, medical schools, and Kaiser Permanente physicians and staff, Hippocrates Circle strengthens the self-esteem of young people and empowers them to pursue their goals through mentorship, education, and facilitated experience. In 2013, 732 students participated in the program at various KFH locations in Southern California.

GRANTS AND DONATIONS FOR THE EDUCATION OF HEALTH CARE PROFESSIONALS

KFH spent \$3,052,844 to support the training and education of health care professionals in California. Contributions were made to a variety of nonprofit agencies and academic institutions.

HEALTH RESEARCH

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

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

DIVISION OF RESEARCH (DOR)

DOR, Kaiser Permanente Northern California's highly regarded research center, conducts, publishes, and disseminates high-quality epidemiological and health services research to improve the health and medical care of Kaiser Permanente members and society at large. DOR conducts research among the three million plus Kaiser Permanente members of Northern California, using interviews, automated data, medical records, and clinical examinations. DOR researchers have contributed more than 3,000 papers to the medical and public health literature; 313 studies were published in 2013. Research projects include epidemiologic and health services studies as well as clinical trials and program evaluations. They cover a wide range of topics, including cardiovascular disease, cancer, diabetes, substance abuse, mental health, maternal and child health, women's health, health disparities, pharmacoepidemiology, and studies of the impact of changing health care policy and practice. DOR has more than 50 research scientists who work closely with local research institutions and organizations, including California State Department of Health Services; University of California at Berkeley, San Francisco, and Davis; and Stanford University. DOR also works with Kaiser Permanente Community Benefit to enhance communication and collaboration between DOR and Kaiser Permanente members, community residents, and other key stakeholders. Financial and other CB support enables DOR to attract additional private funding and ensures more community engagement and participation in DOR activities.

DEPARTMENT OF RESEARCH AND EVALUATION

The Department of Research and Evaluation supports Kaiser Permanente physicians and employees in conducting research through the provision of consultative, educational, and administrative services. Research and Evaluation conducts research projects initiated by team members working within the unit and in collaboration with scientists affiliated with other institutions. In 2013, there were 981 active projects and 315 published studies of regional and/or national significance.

KAISER FOUNDATION RESEARCH INSTITUTE (KFRI)

KFRI provides administrative services for medical research conducted in all Kaiser Permanente regions and is responsible for compliance with federal regulations that govern the administration and implementation of research.

NURSING RESEARCH PROGRAM

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

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

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

In Southern California, there were 103 new, continuing, and/or completed Nursing Research Program projects and two studies published in 2013. Current areas of research include nursing workforce and leadership, instrument development and validation, and quality of life issues.

Table A

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

COMMUNITY BENEFITS PROVIDED IN 2013

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

See endnotes on the following page.

ENDNOTES

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

Table B

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

HOSPITAL SERVICE AREA SUMMARY TABLE

COMMUNITY BENEFITS PROVIDED IN 2013

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

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

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

INTRODUCTION

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

COMMUNITY HEALTH NEEDS ASSESSMENT

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

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

Many KFH hospitals collaborate with community partners and/or engage a consultant to help design and implement the CHNA. Those that work collaboratively partner with a variety of entities, including community-based and faith-based organizations, hospitals, clinics, schools, churches, social service agencies, government agencies, elected officials, and other community stakeholders. KFH entities provide financial support, donate in-kind services, and/or deliver technical expertise to support the CHNA collaboration. Collaborative members participate in the overall planning and implementation of the CHNA, which includes developing quantitative and qualitative data collection strategies.

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

- *Focus groups:* This is a form of qualitative research in which a select group of people (providers, community members, community stakeholders, etc.) are asked about their perceptions, opinions, beliefs, and attitudes regarding a specific issue, service, concept, idea, etc. In the CHNA process, focus groups are typically designed to solicit information about health care issues, needs, concerns, and services in the community and are sometimes conducted in more than one language.
- *Telephone surveys or one-on-one interviews:* Whether conducted by telephone, electronically, or in person, these interviews—often with community health providers, county health officers, or other key stakeholders—are designed to gather input from those with the requisite experience and/or expertise about health care issues, needs, concerns, and services in the community. In some cases, participants receive a questionnaire in advance of the interview.
- *Site visits with grantees:* Community Benefit grantees can provide valuable input and insight about the vulnerable populations they serve, including high-risk teens, refugees and immigrants, seniors, and HIV-positive individuals. As

such, grant makers often schedule onsite visits with grantees to get a first-hand look at how grant funds are making an impact. They meet with the grantee's administrators, staff, volunteers, and/or clients/patients.

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

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

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

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

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

COMMUNITY BENEFIT PLAN DEVELOPMENT

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

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

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

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

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

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

OUTLINE OF HOSPITAL SECTION

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

- A community snapshot, a few facts about the facility, and a list of key local leaders.
- A map of the service area.
- A brief overview of the 2010 CHNA, including identification of any collaborative partners or consultants, a list of key findings from the CHNA, and the identified priority needs.
- Year-end results for Community Benefit activities and programs provided in 2013, including highlights of key local and regional grants, partnerships, and other efforts to address the prioritized needs outlined in the 2011-2013 Community Benefit Plan.
- 2013 metrics for select programs in the CB portfolio, presented at the hospital level (Table 1).
- Quantified Community Benefit provided in 2013, presented at the hospital level (Table 2).
- A link to the 2013 CHNA.
- The 2014-2016 Community Benefit Plan.

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

KAISER FOUNDATION HOSPITAL (KFH)-LOS ANGELES

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

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

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

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

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

KEY FACILITY STATISTICS

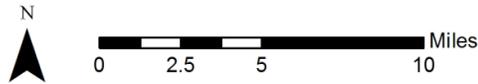
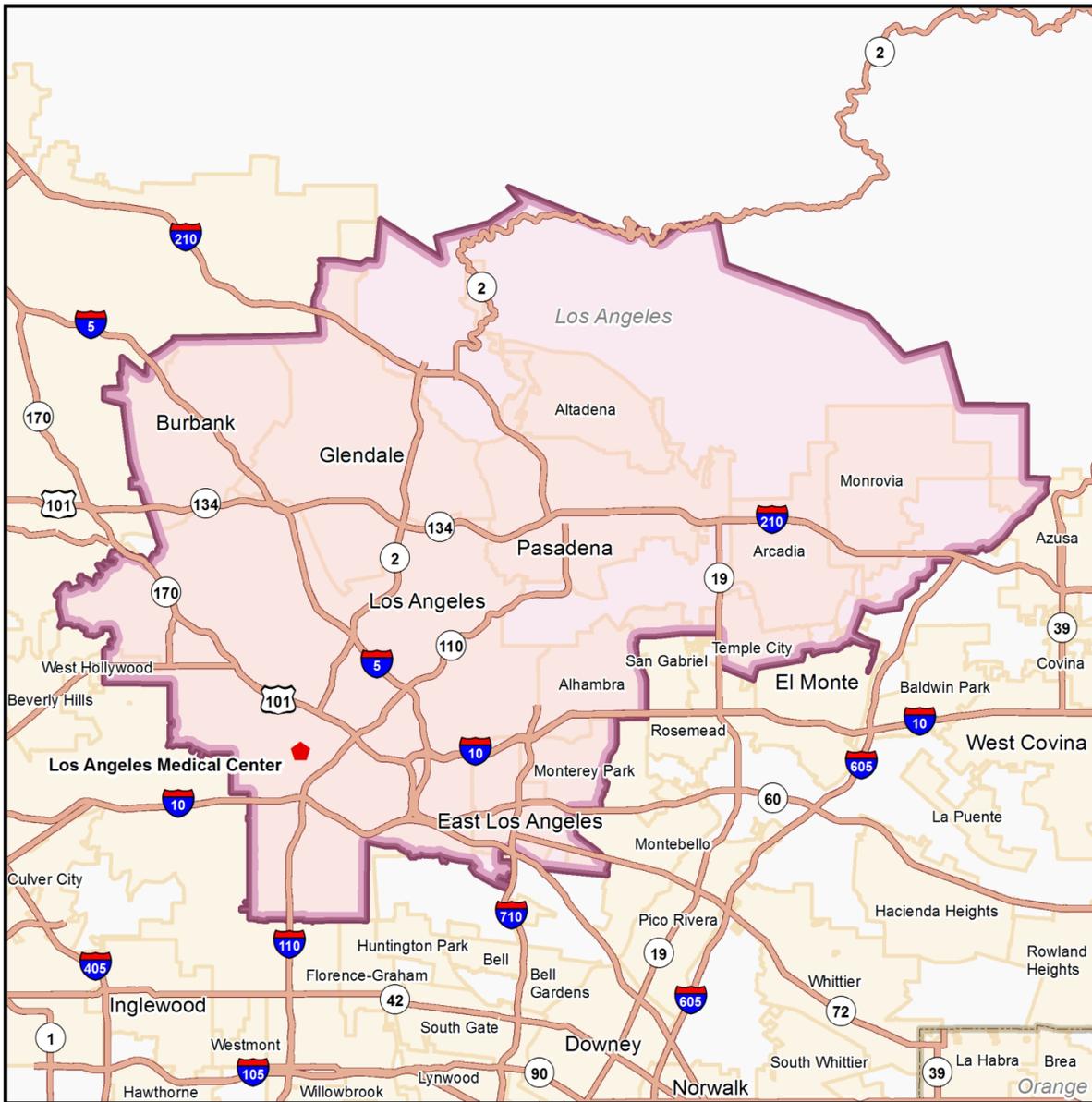
Year opened:	1953
KFH full-time equivalent personnel:	2,621
KFHP members in KFH service area:	280,176

Total licensed beds:	464
Inpatient days:	116,699
Emergency room visits:	71,534

KEY LEADERSHIP AT KFH-LOS ANGELES

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

KFH Los Angeles Medical Center Area



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

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



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

To complete the 2010 CHNA, KFH-Los Angeles, California Hospital Medical Center, Children’s Hospital Los Angeles, Good Samaritan Hospital, and St. Vincent Medical Center, known collectively as the Los Angeles Metropolitan Hospital Collaborative, pooled resources to collect information about the health and well-being of residents in their service community. The collaborating hospitals share a similar service area and have a long history of working together on community projects, including previous CHNAs. The collaborative contracted with Center for Nonprofit Management (CNM) to prepare the CHNA. CNM was selected for its past experience working with this collaborative and, most importantly, because of its expertise in conducting health and social indicators research and in preparing hospital community needs assessments.

In collaboration with Special Service for Groups (SSG), CNM created a variety of data collection instruments, including standardized interview protocols, survey forms, document analysis tools, and focus groups. Secondary or existing datasets were accessed to update the previous CHNA. Community members and service recipients participated in surveys, interviews, and focus groups. There were a total of 30 key informant interviews and 10 focus groups, in English and Spanish, with a total of 158 participants attending one of the 10 focus groups.

KEY FINDINGS FROM THE 2010 CHNA

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

Access to Health Care:

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

Obesity, Diabetes, and Chronic Diseases:

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

Mental Health:

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

Health Behavior and Preventive Care:

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

HIV/AIDS, Cancer, and Other Diseases:

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

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-LOS ANGELES SERVICE AREA

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

2013 YEAR-END RESULTS

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

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

2013 GOALS

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

2013 STRATEGIES

1. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and Kaiser Permanente Child Health Plan); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.
2. Provide charity care through the Medical Financial Assistance (MFA) program and maximize efficiencies.
3. Provide grant funding to increase the number of low-income people who enroll in or maintain health care coverage.
4. Provide grant funding to increase access to health care services, including specialty care, dental, and mental health services organizations, for low-income and uninsured individuals.
5. Collaborate with local community clinics to provide care to the uninsured and explore opportunities to increase integrated access to specialty care services, including surgeries and procedures for low-income, uninsured individuals.
6. Increase the frequency of and expand services provided through KFH-Los Angeles' partnerships with Asian Pacific Healthcare Venture, Inc.; Eisner Pediatric & Family Medical Center; JWCH Institute, Inc.; Korean Health, Education, Information & Research (KHEIR) Center; Hollywood Sunset Free Clinic (HSFC); and Saban Community Clinic.
7. Continue supporting the participation of Community Health fellows, physicians, and residents at the Marshall High School–based clinic operated by Asian Pacific Healthcare Venture, and Hollywood High School–based clinic operated by Saban Community Clinic.
8. Encourage and support the increased participation of KFH-Los Angeles physicians and staff in local community clinics and nonprofit organizations.

2013 YEAR-END RESULTS

- KFH-Los Angeles awarded Alexandria House a \$10,000 grant to provide free, onsite weekly counseling sessions to 55 women and children who are current and past residents of Alexandria House, a transitional residence and house of hospitality that provides safe, supportive housing for women and children in the process of moving from emergency shelter to permanent housing. The counseling sessions are facilitated by professional therapists and staff.

- Los Angeles Christian Health Center received a \$15,000 grant to serve 1,500 severely mentally ill homeless individuals with dental care services, including the provision of 460 dentures. The grant objectives include the development of individual treatment plans, and monitoring of oral and other health issues, such as diabetes.
- A \$10,000 grant to Korean American Family Service Center (KAFSC) increases access to mental health services for uninsured Koreans living in the KFH-Los Angeles service area. KAFSC aims to target more than 800 individuals with evidence-based and community-defined practices, accessible services, and culturally-responsive outreach to engage this vulnerable population in critically needed mental health care, especially at the early intervention level.
- Since 2004, in response to the limited access to specialty care services for Los Angeles County's underserved, more than 469 children and youth received treatment under the KFH-Los Angeles/Eisner Pediatrics Specialty Care Referral Program. Each year, the KFH-Los Angeles Pediatrics department coordinates with Eisner Pediatrics & Family Health Center to identify low-income children and youth in need of specialty care services such as cardiology, dermatology, nephrology, orthopedics, ophthalmology, surgery, and urology. Once qualified for the referral program, pediatric patients receive specialty care services and follow-up care from KFH-Los Angeles physicians. In 2013, 39 Eisner pediatric patients were referred to KFH-Los Angeles for specialty care referrals and services. In addition, KFH-Los Angeles Pediatrics community medicine fellow Gladys Felix, MD, and residents help staff a weekly clinic for pediatric patients.
- In August 2011, KFH-Los Angeles and KHEIR Center began a community clinic hub specialty care referral pilot program for patients of KHEIR Center and other participating community clinics. This program helps increase access to specialty care for uninsured and underinsured individuals in Los Angeles County and is supported by KFH-Los Angeles specialists who volunteer at KHEIR Center, providing specialty care consults in ophthalmology and rheumatology. In 2013, 243 patients received specialty care consult services in ophthalmology, obstetrics and gynecology, dermatology, and neurology. Since its inception in August 2011, more than 463 underserved patients have received specialty care consult services and care in a community clinic setting.
- Each year, a group of KFH-Los Angeles volunteer radiologists read hundreds of x-ray films of patients from JWCH Institute, Inc.'s Center for Community Health located in Los Angeles' Skid Row. JWCH Institute is a federally qualified health center (FQHC) serving the homeless and underserved in Los Angeles County. In 2013, volunteer physicians read more than 2,600 x-rays films. Since its inception in 2006, more than 17,600 x-rays have been read by KFH-Los Angeles radiologists. This effort is led by Keith Terasaki, MD, who also serves on the JWCH Institute Board of Directors.
- KFH-Los Angeles continued to support Asian Pacific Health Care Venture's (a local FQHC caring for low-income, un/under-insured patients) school-based clinics at Marshall and Belmont high schools. Both school-based health centers are staffed once a week by a Family Medicine community health fellow and medical residents who provide teen health, HIV/STD education and prevention, sexual health information, and annual and sports physicals, as well as acute care to students. Belmont Health Center provides students at Belmont High School and nearby Downtown/Echo Park schools with confidential, convenient, free or low-cost health and wellness services. The center also offers low-cost health care services to the surrounding community. Marshall High School is in the Silverlake/Los Feliz area.
- A team of KFH-Los Angeles Internal Medicine residents and their faculty mentors volunteer approximately 100 hours every month at Hollywood Sunset Free Clinic. In 2013, 35 Internal Medicine residents volunteered at Hollywood Sunset Free Clinic, delivering a wide range of services such as general medicine, chronic disease management, preventive health, and comprehensive women's health care that includes domestic violence, pap smears, HIV screening, STI treatment, and breast cancer detection. KFH-Los Angeles's Internal Medicine community medicine fellow, Janani Krishnaswami, MD, volunteered two half days per week during the first half of the year, for a total of 36 hours per month, providing services to adult and pediatric patients and helping to mentor rotating residents from our residency programs. Dr. Krishnaswami continued to volunteer one half day per week for a total of 20 hours per month. Five Internal Medicine residents, with supervision, also volunteered on a rotation elective for a total of 64 hours per month. In addition, KFH-Los Angeles' Pediatric community medicine fellow Gladys Felix, MD, Steven Woods, MD, and Cynthia Baker, MD, provided close to 80 hours of care for Hollywood Sunset Free Clinic's pediatric patients.
- Kaiser Permanente Southern California Region continues to support efforts to improve access to health care and systems of care for the uninsured, including the homeless through investments in community clinics, health centers, and

other supportive services. Skid Row Housing Trust was awarded \$90,000 from the donor-advised fund¹ to support the St. George Hub Supportive Housing Program and LA-Mental Health America Los Angeles was received \$60,000 from the donor-advised fund to provide onsite permanent supportive housing services to homeless individuals.

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

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

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

2013 GOALS

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

2013 STRATEGIES

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

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).

4. Support agencies and programs that provide linguistically and culturally appropriate obesity and chronic disease prevention education, self-care, and disease management for low-income, uninsured individuals.

2013 YEAR-END RESULTS

- A \$15,000 grant was provided to Boys and Girls Club of Hollywood to support the Family Wellness Program that engages culturally diverse, economically disadvantaged students 6 to 17 and their parents residing in the greater Hollywood area. The program helps 400 predominately Latino and African American youth and parents develop healthier lifestyles by increasing their knowledge of and participation in regular exercise and healthy eating habits.
- KFH-Los Angeles provided \$15,000 to Los Angeles Community Action Network (LA CAN) to fund trained peer educators to engage low-income and homeless residents as part of its LA Peer Education and Health Promotion Project, which aims to provide health education materials to 5,000 individuals and engage 500 in direct peer education and health promotion activities to promote healthy changes. LA CAN also aims to establish at least one new community garden in the Skid Row area to provide produce directly to low-income and homeless residents.
- Glendale Healthy Kids received \$10,000 to increase access to health education, prevention, and chronic disease management programs and services for 600 at-risk youth and their families. The goal is to decrease disease prevalence and complications, and to improve the quality of life for children who are physically and psychosocially impacted by chronic diseases such as asthma, obesity, and diabetes, by working with and through a variety of Glendale community-based and faith-based youth organizations to provide health education training to parents and childcare professionals.
- A \$15,000 grant was provided to Hope Street Family Center to improve the health and wellness of children and families in the Pico Union, downtown Los Angeles, and historic South Los Angeles neighborhoods. The Youth Fitness Program will target 200 children and family members who are at-risk of health issues. Hope Street Family Center's collaborative partners include USC School of Medicine medical residents and other local nonprofits and faith-based organizations that offer free, organized physical fitness activities (e.g., running, circus arts, and yoga) that are open to the whole community.
- Kaiser Permanente Southern California Region's School Wellness grants support projects that improve school physical activity and nutrition programs to provide healthier foods, to increase eligible participants' access to nutrition programs, to increase access to physical education programs for students to maintain healthy lifestyles, and to support healthy school partnerships. Los Angeles Free Clinic (dba Saban Free Clinic) received a \$75,000 grant to continue its partnership with Hollywood High School to plan and implement evidence-based strategies to improve access to healthy food, physical activity environments, and school-based health care services for obesity prevention and management.
- Healthy Food Access grants support projects that aim to improve access to affordable healthy foods and also includes Healthy Eating in Hard Times (HEHT) initiative grants. HEHT supports projects that ensure that eligible low-income families are participating in federal nutrition programs such as CalFresh and free school meals, and that food bank and pantry patrons can obtain fresh produce from emergency food sources. In 2013, Los Angeles Food Policy Council (through fiscal agent Community Partners) received a \$100,000 grant from the donor-advised fund to continue to support the Urban Agriculture Working Group, provide technical assistance (TA), plan a regional food hub system, and assist the Street Food Working Group.
- Sustainable Economic Enterprises of Los Angeles (SEE-LA) was awarded a \$50,000 grant to build healthier communities through farmers' markets and nutrition education programs that increase redemption of CalFresh/EBT (the state's new name for food stamps), WIC (Women, Infants & Children) farmers' market nutrition program (FMNP), and and senior FMNP coupons at four farmers' markets

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

In the KFH-Los Angeles service area, children 0 to 18 account for 23% of the population. Inner-city youth face many issues that can be detrimental to their health and general well-being, including but not limited to childhood obesity, gangs, violence, teen pregnancy, HIV/STDs, alcohol and drug abuse, poverty, homelessness, and low self-esteem, which can result when children face these issues without help. In addition, 29.4% of the service area population had less than a high school

education, compared to 31.0% of the overall Los Angeles County population. While violent crime and property crime rates in the county have decreased in recent years, gang-related crime, juvenile felony arrests, and homicide death rates have increased. When asked directly on the California Healthy Kids Survey from 2006–2008, “Do you consider yourself a member of a gang?” approximately 6% to 8% of girls and 11% of boys in grades 7, 9, and 11 reported that they consider themselves gang members. Students enrolled in Community Day Schools or continuation programs were more likely to report gang involvement (11.9% of girls and 21.1% of boys). Community members are concerned with gang activity and its relationship to crime proliferation, shootings, and drug-related activities. Teen pregnancy, domestic violence, and child abuse also remain as serious challenges throughout California and Los Angeles County.

2013 GOALS

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

2013 STRATEGIES

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

2013 YEAR-END RESULTS

- KFH-Los Angeles provided Court Appointed Special Advocates (CASA) of Los Angeles with a \$12,500 grant to support its Transition Age Youth (TAY) program that helps older foster youth gain access to a wide-range of social programs, interventions, and services, based on individual needs. Through TAY, CASA is able to provide intensive advocacy and support services to 460 at-risk youth 12 to 21, increasing their likelihood of achieving permanency before aging out and preparing them for independent living as adults. In addition, CASA recruits and trains 75 new volunteers to serve TAY participants.
- Gang Alternatives Program (GAP) received an \$8,000 grant to provide a 6 to 8 week gang prevention program for 150 fourth graders at schools in Los Angeles’ Boyle Heights. GAP’s gang prevention program, My Gangfree Life®, measures efficacy through pre- and post-tests that assess each youth’s knowledge and skills gains to prevent gang participation and increase healthy life style choices.
- A \$10,000 grant was provided to Hathaway-Sycamores Child and Family Services to support its Youth Development Program, targeting 300 at-risk, underserved youth in the Northeast area of Los Angeles. Under this program, youth receive free academic support (tutoring and homework support), computer skills development, mentoring, and other gang prevention services. Fifty of the 300 students also receive free SAT preparation course training to increase college opportunities and scholarship support for these underserved youth.
- Peer Health Exchange (PHE) received a \$7,000 grant to continue its PHE curriculum, which currently reaches more than 2,900 ninth grade students in Los Angeles County. The grant supports the training of 250 college student volunteers to teach a comprehensive health curriculum in public high schools that lack health education. PHE’s goal is to increase the health knowledge of at-risk students living in one of Los Angeles County’s poorest high-crime areas.
- Young and Healthy was awarded \$25,000 from the Kaiser Permanente Southern California Region donor-advised fund to continue to assist in the delivery of comprehensive, high-quality health services to Pasadena’s neediest children.

- Dignity Health, on behalf of Los Angeles Best Babies Network was awarded \$80,000 to support quality improvement in perinatal care to reduce disparities.
- Information and Referral Federation of Los Angeles County (dba 2-1-1 LA County) received a total of \$95,000 from the donor-advised fund to create a self-service information portal that is easy to use and effectively serves as an alternative to obtaining resource referral information over the phone.
- Charles Drew University of Medicine & Science was awarded \$250,000 to continue a scholarship fund to increase access to health professions education for low-income, underserved students. The fund provides scholarships to students enrolled in Charles Drew University's College of Medicine, College of Science and Health, or in the Mervyn M. Dymally School of Nursing.

Table 1

KAISER FOUNDATION HOSPITAL-LOS ANGELES

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	6,693
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Other Plan members	277
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	3,287
Medi-Cal managed care members	13,074
Healthy Families Program members	1,573
Health Research projects (new, continuing, and completed)	192
Nursing Research projects (new, continuing, and completed)	15
Educational Theatre – number of performances and workshops	158
Educational Theatre – number of attendees (students and adults)	28,253
Graduate Medical Education – number of programs	25
Graduate Medical Education – number of affiliated and independent residents	280
Nurse practitioner and other nursing training and education beneficiaries	9
Deloras Jones nursing scholarship recipients	10
Other health professional training and education (non-MD) beneficiaries	50
Summer Youth and INROADS programs participants	92
Community Learning Program – Educational Outreach Program beneficiaries	539
Number of 2013 grants and donations made at the local and regional levels ¹	223

¹The 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-LOS ANGELES

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2013

	2013 Totals
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$12,432,859
Healthy Families ²	572,032
Charity care: Charitable Health Coverage programs ³	1,419,268
Charity care: Medical Financial Assistance Program ⁴	10,064,445
Grants and donations for medical services ⁵	282,052
Subtotal	\$24,770,656
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁶	\$1,030,923
Educational Outreach Program	0
Summer Youth and INROADS programs ⁷	278,384
Grants and donations for community-based programs ⁸	520,579
Community Benefit administration and operations ⁹	766,657
Subtotal	\$2,596,543
Benefits for the Broader Community¹⁰	
Community health education and promotion programs	\$87,937
Educational Theatre	653,191
Facility, supplies, and equipment (in-kind donations) ¹¹	0
Community Giving Campaign administrative expenses	12,058
Grants and donations for the broader community ¹²	23,714
National board of directors fund	23,210
Subtotal	\$800,110
Health Research, Education, and Training	
Graduate Medical Education	\$21,020,515
Non-MD provider education and training programs ¹³	1,342,074
Grants and donations for the education of health care professionals ¹⁴	46,977
Health research	618,797
Continuing Medical Education	0
Subtotal	\$23,028,363
Total Community Benefits Provided	\$51,195,672

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-Antioch 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-LOS ANGELES SERVICE AREA

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

- Mental health
- Obesity/overweight
- Oral health
- Diabetes
- Disability
- Cardiovascular disease
- Hypertension
- Cholesterol
- Alcohol and substance abuse
- Intentional injury
- Cancer, in general
- Breast cancer
- Alzheimer's disease
- Asthma
- Cervical cancer
- Hepatitis
- HIV/AIDS
- Colorectal cancer
- Unintentional injury
- Arthritis
- Allergies
- Infant mortality

HEALTH NEEDS THAT KFH-LOS ANGELES PLANS TO ADDRESS

1. ACCESS TO HEALTH CARE PROGRAMS AND SERVICES FOR THE UN/UNDERINSURED AND AT-RISK POPULATIONS

Lack of insurance is a key barrier to health care access. With implementation of the Affordable Care Act in January 2014, a significant number of individuals who are currently uninsured will have new options for coverage and access to health care. However, access barriers will persist for some low-income populations, particularly those for whom the cost of premiums is beyond their reach or they are ineligible due to immigration or documentation status. Even with insurance, for some populations – those with Medicare, Medi-Cal, etc. and individuals with geographic or language barriers – access is not guaranteed. Access to health care impacts overall physical, social, and mental health status, the prevention of disease and disability, early detection and treatment of health conditions, quality of life, preventable death, and life expectancy.

In the KFH-Los Angeles service area, a larger percentage of the population (27.9%) did not have health insurance when compared to Los Angeles County (22.6%) and the discharge rate per 10,000 persons for preventable hospital events was much higher (108.6) when compared to California (83.2).

In the prioritization process, access to care was not identified as a priority need through the selection process described above. Access to care was identified as a driver of health and not a health need per se. However, KFH-Los Angeles recognizes that access to care is an area of need in its medical center service area and therefore decided to adopt it as a priority need.

2. ACCESS TO PROGRAMS AND SERVICES FOCUSING ON THE PREVENTION AND MANAGEMENT OF OBESITY/OVERWEIGHT AND DIABETES AMONG YOUTH (UNDER THE AGE OF 18)

The prevalence of obesity/overweight and diabetes was identified as a key need in the KFH-Los Angeles service area, specifically related to youth under age 18. Obesity reduces life expectancy and causes devastating and costly health problems, increasing the risk of coronary heart disease, stroke, high blood pressure, diabetes, and other chronic diseases. Diabetes lowers life expectancy by up to 15 years, increases the risk of heart disease by two to four times, and is the leading cause of kidney failure, lower-limb amputations, and adult-onset blindness. A diabetes diagnosis can also indicate an unhealthy lifestyle, a risk factor for further health issues. The diabetes prevalence rate in the service area is 18.5% compared to the Los Angeles County rate of 10.5%. Further, the uncontrolled diabetes hospitalization rate of 17.7 adults per 100,000 persons is nearly twice the county rate of 9.5 per 100,000 persons. Developing an unhealthy lifestyle as a young person leads to further complications later in life. In the KFH-Los Angeles service area a larger percentage of youth is physically inactive (41.9%) when compared to the statewide rate (37.5%). The portion of youth in the KFH-Los Angeles service area who are obese is higher (33.4%) when compared to the statewide (29.8%), as is the number of youth who are overweight (14.5% and 14.3% respectively).

3. ACCESS TO PROGRAMS AND SERVICES FOCUSING ON THE PREVENTION AND MANAGEMENT OF HYPERTENSION, CHOLESTEROL, AND CARDIOVASCULAR DISEASE AMONG ADULTS (AGE 18 AND OVER)

The prevalence of chronic conditions was identified as a key need in the KFH-Los Angeles service area, specifically related to hypertension, cholesterol, and cardiovascular disease among adults 18 and over. Cardiovascular disease encompasses and/or is closely linked to a number of health conditions, including arrhythmia, atrial fibrillation, cardiac arrest, cardiac rehab, cardiomyopathy, cholesterol, congenital heart effects, diabetes, heart attack, heart failure, high blood pressure, HIV, metabolic syndrome, pericarditis, peripheral artery disease (PAD), and stroke.

In the KFH-Los Angeles service area, the incidence rate for hypertension was higher (27.4%) when compared to the county rate (25.5%). Hospitalization rates resulting from heart disease per 100,000 persons were higher in the service area (379.7) when compared to the county rate (367.1). And the cardiovascular disease mortality rate per 10,000 adults was slightly higher in the service area (15.7) when compared to the county rate (15.6).

4. ACCESS TO PROGRAMS AND SERVICES FOCUSING ON THE EARLY DETECTION, PREVENTION, AND MANAGEMENT OF MENTAL HEALTH ILLNESS AMONG THE UN/UNDERINSURED AND AT-RISK POPULATIONS

Good mental health is essential to the overall health and wellbeing of individuals and their communities. Untreated disorders may leave individuals at risk for alcohol and substance abuse, self-destructive behavior, and suicide. In addition, mental health disorders can have a serious impact on physical health and are associated with the prevalence, progression, and outcome of chronic diseases.

In the KFH-Los Angeles service area, the percentage of adults who self-report poor mental health in the past year was consistent with the rate for Los Angeles County (14.0%). However, the mental health hospitalization rate per 100,000 adults was nearly double (1,021.5) the California rate (551.7). Likewise the mental health hospitalization rate per 100,000 youth was higher (328.9) than the California rate (256.4). Significant mental health disparities exist within the KFH-Los Angeles service area, particularly as it relates to suicide. While the service area suicide rate of 7.8 per 100,000 persons is modestly below the Los Angeles County rate (8.0) and within the Healthy People 2020 benchmark (≤ 10.2), the suicide rate for downtown Los Angeles (32.2) is more than four times the service area rate.

5. ADDRESS BROADER HEALTH CARE DELIVERY SYSTEM NEEDS

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 that 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 that persist in most of our communities. Individuals trained through these workforce training programs are able to seek employment with Kaiser Permanente entities or other health care providers in our communities.

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

2014-2016 COMMUNITY BENEFIT PLAN

The goals, strategies, and outcomes listed below address health needs identified during the 2013 CHNA. All KFH hospitals carefully considered the evidence-base when determining which goals and strategies would be most effective in addressing each need. KFH-Los Angeles 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 HEALTH CARE PROGRAMS AND SERVICES FOR THE UN/UNDERINSURED AND AT-RISK POPULATIONS

GOAL

KFH-Los Angeles aims to increase access to health care for the un/underinsured and at-risk populations (e.g., the homeless, immigrants, underserved youth, and elderly adults) in the KFH-Los Angeles service area by aligning our strategies with the following goals:

- Increase health care coverage to low-income individuals and the underserved.
- Provide case management and community linkages to nonmembers and homeless patients who frequent the emergency department (ED) for non-emergent conditions.
- Increase access to primary care services for the un/underinsured and at risk populations (e.g., the homeless, immigrants, underserved youth, and elderly adults).
- Increase access to diagnostic imaging and specialty care services for the underserved and vulnerable populations.
- Help improve capacity and sustainability of community clinics to more adequately serve medically uninsured or underinsured individuals.
- Leverage and collaborate with diverse entities to increase access to health care by the un/underinsured and vulnerable populations.

STRATEGIES

Programs and Services

- Participate in government-sponsored programs for low-income individuals (i.e., Medi-Cal Managed Care and Medi-Cal Fee-For-Service).
- Provide the Medical Financial Assistance (MFA) program to help individuals with limited and/or no resources to pay for care provided at Kaiser Permanente facilities.
- Provide heavily subsidized health care coverage (i.e., Kaiser Permanente individual and family plans)
- Enhance ED Social Medicine services to provide case management for medically underserved nonmembers and homeless patients who utilize the ED for non-emergent conditions.
- Continue with the KFH-Los Angeles/People Assisting the Homeless (PATH) homeless project to help direct frequent utilizers and chronically homeless individuals to PATH and other homeless service providers as well as permanent supportive housing.

Community Investments

- Continue to provide grants to community clinics and community-based organizations to support access to preventive and primary care services and assist in the establishment of a medical home for medically underserved individuals and families.

- Continue to provide grants to community organizations and clinics to support access to preventive and primary care through free or low-cost services, and removal of barriers to access to care.

Leveraging Organizational Assets

- Continue with the participation of the Internal Medicine community medicine fellows at identified community clinics and school sites in the community.
- Continue with participation of KFH-Los Angeles physician volunteers, community medicine fellow (Internal Medicine), and residents at Hollywood Sunset Free Clinic.
- Continue with participation of the Pediatrics community medicine fellows and residents at Eisner Pediatric & Family Medical Center.
- Continue with the participation of Family Medicine community medicine fellows and residents at Saban Community Clinic.
- Explore participation of the community medicine fellow (Pediatrics) at CHAP Care Community Clinic.
- Continue the launch and operation of the KFH-Los Angeles/Eisner Pediatric & Family Medical Center, a federally qualified health center (FQHC) shared delivery model.
- Expand and deepen the KFH-Los Angeles physician engagement to support provision of primary care at community clinics in KFH-Los Angeles Community Benefit projects.
- Continue with the participation of Family Medicine residents and community medicine fellow at Marshall High's school-based clinic and Belmont High Wellness Center (open to both students and community members).
- Continue with the participation of pediatric residents and community medicine fellows at Hollywood High Wellness Center.
- Continue to provide specialty care services to pediatric patients from Eisner Pediatric & Family Medical Center.
- Continue to support the operation of and promote increased participation by KFH-Los Angeles physician specialists and residents at the KHEIR Community Clinic Specialty Care Hub.
- Continue to support the efforts of KFH-Los Angeles volunteer radiologists reading x-rays for homeless and underserved patients of JWCH Wesley Health Center.
- Provide technical assistance (TA) when possible to local FQHC Look-Alikes and free community clinics to achieve FQHC status.
- Participate in and support the Specialty Care Initiative and related workgroups (guidelines, scope of practice, volunteer network) to improve access to and utilization of specialty care services at local community clinics and public hospitals.
- Inform community clinic partners of available training, speakers, symposium opportunities, resources (health education material, proactive office encounter tools, and adult preventive clinical practice guidelines) and TA on integration.

Collaboration and Partnerships

- Explore opportunities to leverage and collaborate with entities such as funders, governmental entities, and other organizations to leverage Kaiser Permanente and KFH-Los Angeles resources.
- Collaborate with entities such as funders, government entities, and other organizations to increase and leverage the impact of Kaiser Permanente and KFH-Los Angeles investments in communities of need.

EXPECTED OUTCOMES

It is anticipated that these strategies will have the following outcomes, which can contribute toward achieving our overall goal(s) for enhancing access to care:

- Improved access to episodic care and/or health coverage to un/underinsured, low-income individuals and at-risk populations (e.g., the homeless, immigrants, underserved youth, and elderly adults).
- Increased awareness of community resources among underserved nonmembers and homeless patients to assist in linking them to a community medical home and other appropriate community resources for preventive, primary, and non-emergent care.

- Increased access to community clinics (medical homes) by the underserved and vulnerable populations living within the service area.
- Increased community clinic capacity to offer preventive and primary care services to the un/underinsured.
- Increased access to care for at-risk youth and underserved individuals and families in school-based settings.
- Increased access to pediatric specialty care services for low-income, underserved children.
- Increased community clinic capacity to offer specialty care consultation at community clinic sites.
- Increased access to diagnostic imaging services for the homeless and underserved.
- Enhanced FQHC readiness for local FQHC Look-Alikes or free community clinics.
- Increased collaboration around access to specialty care services within the safety net community.
- Increased availability of quality improvement resources and TA.

PRIORITY HEALTH NEED II: ACCESS TO PROGRAMS AND SERVICES FOCUSING ON THE PREVENTION AND MANAGEMENT OF OBESITY/OVERWEIGHT AND DIABETES AMONG YOUTH (UNDER AGE 18)

GOALS

KFH-Los Angeles aims to increase access to programs and services focusing on the prevention and management of pediatric obesity/overweight and diabetes among un/underinsured, at-risk youth (under age 18) in the KFHLos Angeles service area by aligning our strategies with the following goals:

- Increase awareness and access to preventive obesity/overweight and diabetes services targeting un/underinsured, at-risk youth (under 18 years) living in communities of high need.
- Improve community clinic capacity to address and prevent pediatric obesity/overweight and diabetes.
- Leverage and collaborate with diverse entities to increase access to obesity/overweight, hypertension, cholesterol, and cardiovascular disease education.

STRATEGIES

Programs and Services

- Engage with Kaiser Permanente Educational Theatre (KPET) to promote healthy eating and active living behaviors in local schools.

Community Investments

- Provide grants to community organizations to address preventive care services for obesity/overweight and diabetes prevention for at-risk youth.

Leveraging Organizational Assets

- Promote healthy eating and active living programs and resources (e.g., Weight of the Nation, Thriving Schools, Fire Up Your Feet!) to community members, schools, and community-based organizations.
- Actively promote and extend Kaiser Permanente Health Education classes on obesity/overweight, diabetes management and prevention, and healthy eating and active living to community members at the KFHLos Angeles medical center campus, medical office buildings (Pasadena, East LA, and Glendale), and in community settings (as feasible).
- Continue to support the KFHLos Angeles farmers' market available to members/nonmembers, physicians, employees, and the community at-large.
- Continue to promote and provide regional community health educational materials, resources, and technical training (as appropriate) to community clinics and community-based organizations.

- Continue to engage the KFH-Los Angeles Pediatrics community health fellow in obesity/overweight and diabetes prevention at Hollywood High’s Wellness Center, local community clinics, and other community venues.
- Actively participate in LAUSD School-based Wellness Centers and Wellness Councils (Hollywood High and Belmont High) to promote healthy eating active, living practices and policies within a school environment and surrounding school community by the provision of health education resources and TA.
- Engage KFH-Los Angeles Pediatrics obesity physician champion to provide training, consultative support, and TA to community clinics to assess existing clinical practices and obesity/overweight management efforts and to identify areas to enhance and/or integrate use of various tools and resources (clinical practice guidelines, proactive office encounter, body mass index (BMI) as vital sign, physical activity questions, physical activity prescription pads, set clinical strategic goals, etc.).
- Engage licensed vocational nurses (LVNs) as needed to provide peer- to-peer TA to community clinic medical assistants, LVNs, or nurses.
- Provide Healthy Lifestyles training, curriculum, health education materials, and TA on how to integrate into community clinic setting and/or consulting on how to modify existing curriculum for clinics, schools, and community-based organizations that may want to offer the program to community members.
- Promote Healthier Living/Tomando Control de su Salud (general chronic disease management) to community clinics.

Collaboration and Partnerships

- Explore opportunities to leverage and collaborate with entities such as funders, government entities, and other organizations to leverage Kaiser Permanente and KFH-Los Angeles resources.

EXPECTED OUTCOMES

It is anticipated that these strategies will have the following outcomes, which can contribute toward achieving our overall goal(s) for increasing access to programs and services focusing on the prevention and management of pediatric obesity/overweight and diabetes among un/underinsured, at-risk youth (under age 18):

- Improved access to nutrition and active living programs and services targeting underserved, at-risk youth and their families.
- Increased healthy behaviors among at-risk youth in targeted communities of need.
- Increased community capacity to support healthy eating and healthy living behavioral changes.
- Increased quality weight management services for overweight/obese and/or diabetic patients.
- Enhanced collaborations with other entities such as funders, government entities, and other organizations to increase and leverage the impact of Kaiser Permanente and KFH-Los Angeles in communities of need.

PRIORITY HEALTH NEED III: ACCESS TO PROGRAMS AND SERVICES FOCUSING ON THE PREVENTION AND MANAGEMENT OF HYPERTENSION, CHOLESTEROL, AND CARDIOVASCULAR DISEASE AMONG ADULTS (18 AND OVER)

GOALS

KFH-Los Angeles aims to prevent and manage hypertension, cholesterol, and cardiovascular disease among un- and underinsured adults in the KFH-Los Angeles service area by aligning our strategies with the following goals:

- Increase awareness and access to preventive hypertension, cholesterol and cardiovascular services for un/underinsured adults (18 and over) living in communities of high need within the KFH-Los Angeles service area.
- Improve community clinic capacity to prevent and manage adult obesity/overweight, hypertension, cholesterol, and cardiovascular disease.
- Leverage and collaborate with diverse entities to increase access to obesity/overweight, hypertension, cholesterol, and cardiovascular disease prevention programs and services.

STRATEGIES

Community Investments

- Provide grants to community organizations to address preventive care and chronic disease management for hypertension, cholesterol and cardiovascular disease among un/underinsured adults.
- Provide grants for chronic disease management that involves an organized, proactive, multicomponent approach towards clinical care for prevention and chronic disease management of hypertension, cholesterol, and cardiovascular disease.

Leveraging Organizational Assets

- Coordinate training on the Southern California Kaiser Permanente ALL HEART grant initiative tools, resources (CVD manuals, health education material, clinical practice guidelines) and TA on integrating within community clinic system. Engage regional resources to provide TA.
- Promote healthy eating, active living programs and resources (e.g., *Weight of the Nation*, Thriving Schools, Fire Up Your Feet!) to community members, schools, and community-based organizations.
- Actively promote and extend health education classes on prevention and management of hypertension, cholesterol and cardiovascular disease as well as healthy eating and active living to adult community members at the KFH-Los Angeles medical center campus, medical office buildings (Pasadena, East LA, and Glendale), and in community settings (as feasible).
- Continue to support the KFH-Los Angeles farmers' market available to members/nonmembers, physicians, employees, and the community at-large.
- Continue to promote and provide regional community health educational materials, resources, and technical training (as appropriate) to community clinics and community-based organizations.
- Continue to engage the KFH-Los Angeles Family and Internal Medicine community health fellows in hypertension, cholesterol, and cardiovascular disease at local community clinics and other community settings.
- Engage KFH-Los Angeles adult obesity physician champion to provide training, consultative support, and TA to community clinics to assess existing clinical practices and obesity/overweight management efforts and to identify areas to enhance and/or integrate use of various tools and resources (clinical practice guidelines, proactive office encounter, body mass index (BMI) as vital sign, physical activity questions, physical activity prescription pads, set clinical strategic goals, etc.).
- Engage LVNs as needed to provide peer-to-peer TA to community clinic medical assistants, LVNs, or nurses.
- Provide Healthy Lifestyles training, curriculum, health education material, and TA on how to integrate into community clinic setting and/or consulting on how to modify existing curriculum for clinics, schools, and community based organizations that may want to offer the program to community members.
- Promote Healthier Living/Tomando Control de su Salud (general chronic disease management) to community clinics.

Collaboration and Partnerships

- Explore opportunities to leverage and collaborate with other entities such as funders, government entities, and other organizations to leverage Kaiser Permanente and KFH-Los Angeles resources.

EXPECTED OUTCOMES

It is anticipated that these strategies will have the following outcomes, which can contribute toward achieving our overall goal(s) to prevent and manage hypertension, cholesterol, and cardiovascular disease among un/underinsured adults in the KFH-Los Angeles service area:

- Improved access to healthy food and active living programs and services targeting underserved adults and their families.

- Increased engagement in healthy behaviors among adults at risk of hypertension, cholesterol, and cardiovascular disease with an emphasis on the most vulnerable populations (Latinos, African Americans) within the KFH-Los Angeles service area.
- Increased chronic disease management and prevention for adults with or at risk of obesity/overweight, hypertension, cholesterol, and cardiovascular disease.
- Enhanced collaborations with other entities such as funders, government entities, and other organizations to increase and leverage the impact of Kaiser Permanente and KFH-Los Angeles in communities of need.

PRIORITY HEALTH NEED IV: ACCESS TO PROGRAMS AND SERVICES FOCUSING ON THE EARLY DETECTION, PREVENTION, AND MANAGEMENT OF MENTAL HEALTH ILLNESS AMONG THE UN/UNDERINSURED AND AT-RISK POPULATIONS

GOALS

KFH-Los Angeles aims to increase access to programs and services focusing on the early detection, prevention, and management of mental health illness among un/underinsured and at-risk populations (e.g., the homeless, immigrants, underserved youth, and elderly adults) in the KFH-Los Angeles service area by aligning our strategies with the following goals:

- Increase community-based services to prevent, reduce, and manage mental health symptoms and illness among underserved and vulnerable populations, particularly those at risk of isolation, domestic violence, alcohol and substance abuse, suicide, poverty, and/or homelessness.
- Increase stress-management and emotional and behavioral stability among underserved and vulnerable populations, particularly those at risk of isolation, domestic violence, alcohol and substance abuse, suicide, poverty, and/or homelessness.
- Increase access to counseling services aimed at alcohol and substance abuse prevention and treatment for at-risk populations (e.g., low-income individuals and families, the homeless, immigrants, and underserved youth).
- Improve capacity and resources of community-based mental health providers and counseling service organizations.
- Leverage and collaborate with diverse entities to increase access to preventive mental health services.

STRATEGIES

Community Investments

- Provide grants that focus on one of the following:
 - Collaborative care for the early detection and management of mental health symptoms
 - Home-based depression care management
 - Clinic-based depression care management
 - Individual and group cognitive-behavioral therapy to detect, prevent and reduce psychological or physical harm
- Provide grants that focus on knowledge, attitudes, and skills related to one or more of the following approaches:
 - Home or family-based programs that provide parenting education, child development information, and social support to parents or care-takers
 - Interventions focused on skills to encourage parents or caretakers to use praise and rewards to reinforce desirable behavior
 - School-based interventions that involve social skills training to change behaviors to improve social relationships or promote non-response to provocative situations
 - Interventions focused on building skills and communication between individuals and within family units
 - Cognitive-behavioral prevention intervention programs focused on coping skills and stress management
- Provide grants to support counseling services and alcohol and substance abuse prevention and treatment programs for underserved and at-risk individuals and families.

Leveraging Organizational Assets

- Expand and deepen KFH-Los Angeles physician engagement to support provision of mental health services at community clinics linked to KFH-Los Angeles Community Benefit projects.
- Actively promote and extend health education classes and materials related to mind/body to community members at the KFH-Los Angeles medical center campus, medical office buildings (Pasadena, East LA, and Glendale), and in community settings (as feasible).
- Continue to promote and provide community health education materials, resources and technical training (as appropriate) to community clinics, mental health/counseling centers, and community-based organizations.

Collaboration and Partnerships

- When possible, participate in and support mental health collaboratives and provide health education materials to community-based organizations.
- Explore opportunities to leverage and collaborate with entities such as funders, government entities, and other organizations to leverage Kaiser Permanente and KFH-Los Angeles resources.

EXPECTED OUTCOMES

It is anticipated that these strategies will have the following outcomes, which can contribute toward achieving our overall goal(s) for increasing access to programs and services focusing on the early detection, prevention, and management of mental health illness among the un/underinsured and at-risk populations (e.g., the homeless, immigrants, underserved youth, and elderly adults) in the KFH-Los Angeles service area:

- Increased awareness of and access to support programs and services that detect, prevent, and manage mental health symptoms and illness among underserved individuals and families at risk of isolation, domestic violence, alcohol and substance abuse, suicide, poverty, and/or homelessness.
- Increased awareness and access to counseling services to prevent and reduce alcohol and substance abuse among at-risk individuals and families, particularly those impacted by social isolation, domestic violence, alcohol and substance abuse, suicide, poverty, and/or homelessness.
- Increased capacity, resources, and quality of preventive and mental health/counseling services for at-risk individuals and families, particularly those impacted by social isolation, domestic violence, alcohol and substance abuse, suicide, poverty, and/or homelessness.
- Enhanced collaborations with other Kaiser Permanente medical centers, funders, government entities, and other organizations to increase and leverage the impact of Kaiser Permanente and KFH-Los Angeles on communities of need.

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 train current and future health care providers with the skills, linguistic, and cultural competence to meet the health care needs of diverse communities

- Disseminate knowledge to educational and community partners to inform curricula, training, and health career ladder/pipeline programs
- Leverage CB-funded programs to develop strategies to increase access to allied health, clinical training and residency programs for linguistically and culturally diverse candidates
- Increase capacity in allied health, clinical training, and residency programs to address health care workforce shortages through the provision of clinical training and residency programs
- Leverage Kaiser Permanente resources to support organizations and research institutions to collect, standardize, and improve access to workforce data to enhance planning and coordination of workforce training and residency training programs

EXPECTED OUTCOMES

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

PRIORITY HEALTH NEED VI: RESEARCH

LONG-TERM GOAL

- Increase awareness of the changing health needs of diverse communities

INTERMEDIATE GOAL

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

STRATEGIES

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

EXPECTED OUTCOMES

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