



# Kaiser Foundation Hospital – Northern California Region

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

**RICHMOND**





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# INTRODUCTION

This is the eighteenth *Consolidated Community Benefit Plan* prepared by Kaiser Foundation Hospitals (KFH), a California nonprofit public benefit corporation, and submitted to the Office of Statewide Health Planning and Development (OSHPD) in compliance with Senate Bill (SB) 697, Chapter 812, Statutes of 1994, Health and Safety Code Section 127340 et seq. The *Consolidated Community Benefit Plan 2014* includes a hospital-specific Community Benefit Plan for each of the 35 hospitals owned and operated by KFH in California.

## DEVELOPMENT OF A CONSOLIDATED COMMUNITY BENEFIT PLAN

Throughout 2013, the 35 hospitals undertook activities and projects to address selected priority needs identified in 2010 in their respective communities. This report documents the results of these efforts. The process of producing the KFH *Consolidated Community Benefit Plan 2014* includes the following activities:

- Development and distribution of internal guidelines for preparation of KFH Community Benefit year-end reports and updates that incorporate SB 697 requirements and OSHPD guidelines
- Preparation of individual KFH Community Benefit plans and year-end reports by local staff responsible for planning, implementing, and evaluating Community Benefit activities, programs, and services
- Review of 2013 year-end results by Northern and Southern California Regional Community Benefit Departments, and National Community Benefit, which included verification of total benefits, such as cash contributions, and donated equipment and supplies
- Update of hospital facts, metrics, and service area maps based on data obtained from various Kaiser Permanente departments such as Planning and Analysis, Human Resources, Management Information and Analysis, and others
- Allocation and reporting of the economic value of Community Benefit provided by each hospital, based on the SB 697 reporting categories (Table 2 in each hospital chapter)
- Preparation of consolidated information and description of key Community Benefit programs, services, and activities for Kaiser Foundation Hospitals in California, based on the SB 697 reporting categories

The *Consolidated Community Benefit Plan 2014* was produced by Northern California Region Community Benefit and Southern California Region Community Benefit. However, preparation of this report would not have been possible without the valuable assistance of local Community Benefit and Public Affairs staff throughout California.

## CONTENTS OF THE COMMUNITY BENEFIT PLAN

### CHAPTER I: HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

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

### CHAPTER II: MISSION STATEMENT AND COMMITMENT TO THE COMMUNITY

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

### CHAPTER III: COMMUNITY BENEFIT PROVIDED IN 2013

- Statewide and individual hospital Community Benefit provided by KFH in 2013, including descriptions of related activities and programs, as well as financial information based on the SB 697 reporting categories (Tables A and B).

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

- The introduction includes a brief overview of what is contained in the year-end reports and plan updates.
- There is a section for each of the 35 hospitals, in alphabetical order.
- Each hospital section includes general hospital facts, a service area map, a list of cities and communities served, a summary of selected demographic and socioeconomic statistics about the area served, a list of the hospital's leadership, a brief overview of the 2010 Community Health Needs Assessment (CHNA) process and 2011–2013 Community Benefit Plan, and 2013 year-end results.
- Each hospital section contains two tables. One provides metrics for some programs in the Community Benefit portfolio (Table 1) and the other enumerates the total Community Benefit provided in 2013 (Table 2).
- Each hospital section concludes with a link to the 2013 CHNA report on the Kaiser Permanente Share website ([www.kp.org/chna](http://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

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

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**

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

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



## 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](http://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)-RICHMOND

901 Nevin Avenue  
 Richmond, CA 94801  
 (510) 307-1000

The KFH-Richmond service area includes Crockett, El Cerrito, El Sobrante, Hercules, Pinole, Richmond, Rodeo, and San Pablo.

### COMMUNITY SNAPSHOT (\*COUNTY-LEVEL DATA)

Total population:	248,115
Median age:*	38.0
Average household income:*	\$78,469
Percentage living in poverty:	12.82%
Percentage unemployed:	9.14%
Percentage uninsured:	16.35%

Latino:	31.51%
White:	23.45%
African American:	20.26%
Asian and Pacific Islander:	20.06%
Other:	4.37%
Native American:	0.36%

### KEY STATISTICS

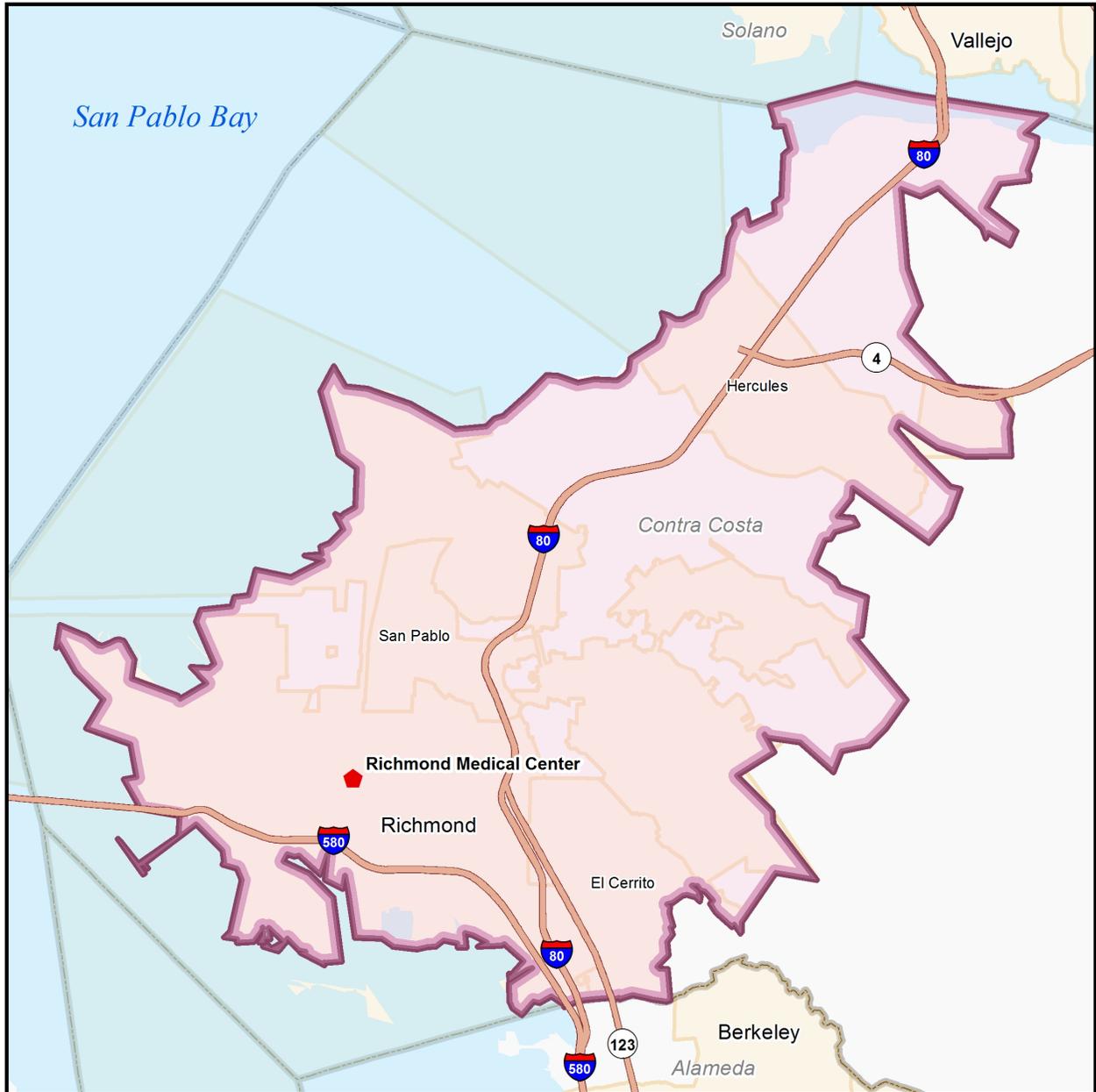
Year opened:	1942
KFH full-time equivalent personnel:	433.1
KFHP members in KFH service area:	102,026

Total licensed beds:	50
Inpatient days:	11,030
Emergency room visits:	40,065

### KEY LEADERSHIP AT KFH-RICHMOND

Odette C. Bolano	Senior Vice President and Area Manager
Kevin Worth	Chief Operating Officer
Dennis J. Morris	Area Finance Officer
Tim Batchelder, MD	Physician in Chief
Shirley Steinback	Medical Group Administrator
Jennifer Scanlon	Interim Public Affairs Director
Erica Browne	Community Benefit/Community Health Manager

# KFH Richmond Medical Center Area



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



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

# THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

## 2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

The 2010 CHNA for KFH-Richmond is based on secondary data analyzed and reported by the Contra Costa Department of Public Health (DPH) and primary data collected through a series of community focus groups. The East Bay Area contracted with the County DPH as part of a collaborative that included John Muir Health and Sutter Health and was managed through the East Bay Section of the Hospital Council of Northern and Central California. The focus groups were designed and conducted by Coleman-Smith, an Oakland-based consulting company. The East Bay Area engaged Areté Consulting to support the overall CHNA process on its behalf.

### KEY FINDINGS FROM THE 2010 CHNA

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

*Obesity and Overweight and the Associated Chronic Conditions Are Significant Health Problems in West Contra Costa County:*

- More than 36% of West Contra Costa Unified School District (WCCUSD) 5th graders are overweight; 56% of adults in Contra Costa County are overweight or obese.
- Diabetes mortality in the west county city of San Pablo is more than 2.5 times the overall county rate. In Richmond, the diabetes mortality rate is nearly double the overall county rate.
- Heart disease mortality in San Pablo and Richmond is significantly higher than the overall county rate; San Pablo's rate is more than double the county rate.
- Focus groups participants indicated that resources on health and nutrition are not always culturally appropriate and that exercise is difficult in neighborhoods where residents do not feel safe.

*Violence Continues to Affect the Population in West Contra Costa County. Homicide Is the Second Leading Cause of Death among County Residents 15 to 34 and the Fourth Leading Cause of Death among African Americans in the County:*

- Half of all homicides in Contra Costa County occurred among African Americans.
- 41.5% of county homicides occurred in Richmond, a rate of 38.6 homicides per 100,000 residents, which is more than four times the overall county rate of 9.3.
- African Americans made up 32.6% of nonfatal assault hospitalizations. Similarly, African American men had the highest assault hospitalization rate, 235.2 per 100,000, higher than the overall rate for men in the county, 63.2 per 100,000.
- Richmond has a nonfatal assault hospitalization rate that is four times the overall county rate.
- Rates of domestic violence calls for both Richmond and San Pablo are significantly higher than for the county overall.
- Focus group participants highlighted the relationship of violence to economic and financial stress and the tendency for violence to extend through generations.
- Several focus group participants indicated that mental health issues and interracial tensions are interwoven with violence.

*Chronic Conditions Have a Disproportionate Impact on West Contra Costa County Residents and on African Americans in Particular:*

- African Americans and Latinos are overweight or obese at higher rates than other races and ethnicities.
- Mortality rates for diabetes, heart disease, stroke, and several cancers are highest among African American residents.
- HIV/AIDS diagnosis rates in Richmond are twice the rate for the county, and the diagnosis rate for African Americans is more than four times the overall county rate.

- Childhood asthma hospitalization rates are about twice the county rate in Pinole and Richmond and are 3.5 times the county rate in Hercules. Among African Americans, the childhood asthma hospitalization rate is more than 2.5 times the county rate.

*Prenatal Care and Perinatal Outcomes Have Emerged as Issues of Concern in West Contra Costa County:*

- Less than 85% of pregnant women in Richmond and San Pablo received early prenatal care.
- The low-birth-weight rate in Richmond is 8.0 per 100 live births, well above the Healthy People 2010 objective of 5.0 per 100 live births. For African Americans, the rate is 12.4.
- Rates of fetal death, infant death, and neonatal death are approximately two times higher for African Americans than for the county overall.

**PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-RICHMOND SERVICE AREA**

1. Access to health insurance coverage and health care services
2. Obesity and overweight
3. Community violence
4. Childhood asthma
5. Perinatal health

## 2013 YEAR-END RESULTS

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

The most recent data indicate that more than 17% of county residents are uninsured. Based on data related to rates of unemployment and housing foreclosures in West Contra Costa County, the uninsured rate is almost certainly higher among west county residents.

#### 2013 GOALS

1. Increase the number of low-income people who enroll in or maintain health care coverage.
2. Increase access to health care services for low-income and uninsured individuals.
3. Reduce disparities in HIV infection rates and AIDS prevalence among youth and African Americans 18 to 35.

#### 2013 STRATEGIES

1. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and Kaiser Permanente Child Health Plan); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.
2. Provide charity care through the Medical Financial Assistance (MFA) policy and maximize efficiencies.
3. Provide grant funding to support increased access for teens through school-based clinics.
4. Coordinate with Kaiser Permanente Northern California Region to assure access to services for people with HIV/AIDS.

#### TARGET POPULATION

Uninsured and underinsured individuals in West Contra Costa County.

#### COMMUNITY PARTNERS

Community partners include California School Health Alliance, YMCA of the East Bay-West Contra Costa Branch, Bay Area Community Resources, Contra Costa County Health Services, Planned Parenthood Shasta Pacific (PPSP), West Contra Costa Unified School District (WCCUSD), LifeLong Medical Care, Richmond Faith Collaborative, Brighter Beginnings, and RotaCare Richmond Free Medical Clinic.

#### 2013 YEAR-END RESULTS

- KFH-Richmond provided \$50,000 to California School Health Alliance to provide technical assistance (TA) and support to the six high school-based health centers (SBHCs) in WCCUSD. Through these efforts, service delivery in the SBHCs is strong and growing: 6,750 individual counseling sessions were provided to 575 students during the 2012-2013 school year, a significant increase over the 4,779 sessions during the previous school year. An additional 374 group counseling sessions were held, up from 303 the previous year. In addition, 4,173 medical visits were provided to 1,503 students, and roughly 1,000 psychosocial assessments were conducted. These assessments are an important measure of the impact of the SBHCs, which serve as an entry point to a variety of services. Prior to accessing mental health or youth development services, many students receive a psychosocial, non-clinical assessment performed by the clinic coordinator, and subsequently receive referrals to other SBHC services, external services, or other school-based services (e.g., tutoring, mentoring, etc.). Participants in SBHCs' youth development programs rated the impact of the programs very highly, and SBHC coordinators found the youth programs to be essential to the success of the clinics. All of the SBHCs improved operations and coordination with WCCUSD, including challenging topics such as parental notification and serving sexually exploited minors. In addition, to increase access to health services at school-based health centers, Kaiser Permanente physician Cheryl Brunetti, MD and nurse practitioner Ann Mackenzie provided free medical care to students at John F. Kennedy High School in Richmond. During the 2012-2013 school year, 97 medical visits were conducted to compliment the services provided by Contra Costa Health Services and PPSP.

- KFH-Richmond provided \$2,500 to Richmond Faith Collaborative for its community health fair, a collaboration that previously produced five successful community health fairs and includes seven churches: Bethlehem Missionary Baptist, Parchester First Baptist, St. Luke Missionary Baptist, Tabernacle of Praise Apostolic, Easter Hill United Methodist, Sojourner Truth Presbyterian, and All Nations Church of God in Christ. KFH-Richmond, the City of Richmond Office of Health & Wellness Outreach, and A Network for a Healthy California-Champions for Change Bay Area Region African American Campaign provided free blood pressure, glucose, cholesterol, body mass index, and dental screenings for more than 100 attendees. Health and community resource information was provided, along with healthy snacks, fitness activities, live entertainment, games, and prizes. More than 225 community residents attended the event, which featured 35 local vendors. Kaiser Permanente participation included a health education booth and a health and wellness mascot ambassador from Kaiser Permanente Educational Theatre (KPET).
- KFH-Richmond provided \$2,400 to Brighter Beginnings to support the Let's Get Covered Richmond! Community Health Enrollment and Wellness Fair, designed to promote and celebrate the benefits of health insurance, health services, and wellness. More than 240 Richmond residents attended and increased their awareness of Medi-Cal, Medicare, and Covered California eligibility. Participants received an array of benefits: 86 received information at the Health Coverage 101 Station staffed by Contra Costa County Employment and Health Services Department, Contra Costa Health Services, California School Health Alliance, and the YMCA; 26 received personal enrollment assistance from certified enrollment educators or counselors; and more than 65 received information about Kaiser Permanente Child Health Program, a community benefit program for low-income children. Kaiser Permanente provided health education literature and sponsored Food Bank of Contra Costa and Solano's distribution of produce bags, which totaled \$1,005.
- KFH-Richmond provided an in-kind donation of health education materials and promotional items worth nearly \$300 to Totally Led Ministries to support a stage production and a community resource fair in El Cerrito. The mental-health themed play was followed by an interactive resource fair that provided information on community health agencies, resources, and referrals designed to dispel the myths and stigma surrounding mental health issues. The resource fair included mental health agencies and professionals from Alameda and Contra Costa counties. Staff from KFH-Oakland's Mental Health Department hosted a table that provided mental health information and promotional materials.
- KFH-Richmond provided a number of contributions to community-based organizations, including the following, to support the mission and commitment these organizations have to increasing health service access and serving vulnerable populations:
  - A \$3,000 contribution to Brighter Beginnings and RotaCare Richmond Free Medical Clinic to support the clinic's grand opening and dedication to providing free medical services to approximately 500 West County residents.
  - A \$1,000 contribution to Iron Triangle Neighborhood Council to support its provision of health screenings and social services resources to more than 200 residents in Richmond's Iron Triangle neighborhood.
  - A \$3,000 contribution to Rubicon Programs to support its provision of behavioral services to vulnerable West Contra Costa County adults in transition

## **PRIORITIZED NEED II: OBESITY AND OVERWEIGHT**

Obesity and overweight are health problems in themselves and contribute to several other debilitating health conditions. In West Contra Costa County, the rates of obesity and overweight are high for both adults and children. More than 56% of adults in Contra Costa County are obese or overweight, and more than 36% of WCCUSD 5th graders are overweight. Rates of obesity and overweight are highest for African Americans, Latinos, males, and students in low-income school districts in Contra Costa County.

### **2013 GOAL**

Promote healthy eating and active living in community and institutional settings through systemic changes.

### **2013 STRATEGIES**

1. Fund programs that support retail food outlets to offer healthier food and beverage choices in underserved areas.

2. Fund programs and policies that increase access to and/or the consumption of water and healthier beverage choices.
3. Fund programs and policies that increase support for breastfeeding among African American women.

#### **TARGET POPULATION**

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

#### **COMMUNITY PARTNERS**

Community partners Contra Costa Interfaith Supporting Community Organization (CCISCO), Playworks, Richmond Faith Collaborative, Richmond Main Street Initiative (RMSI), Urban Tilth, West Contra Costa Public Education Fund (Ed Fund), Contra Costa Health Services (CCHS), Youth Enrichment Strategies (YES), Weigh of Life, Pogo Park, Building Blocks for Kids Collaborative, Food Bank of Contra Costa and Solano Counties, East Bay Bicycle Coalition, Rich City Rides, Healthy and Active Before 5 (HAB45), Lifelong Brookside Medical, LIFT-Levántate (LIFT), YMCA of the East Bay, and The California Endowment.

#### **2013 YEAR-END RESULTS**

- KFH-Richmond and KFH-Oakland provided \$25,000 to Playworks to support its efforts to place well-trained adult “coaches,” who effectively stop recess chaos, shift kids’ behavior into a positive direction, and accelerate classroom learning at 31 East Bay elementary schools. Students are taught conflict resolution, teamwork, and empathy; skills that serve them on the playground, in the classroom, before and after school, and in sports. Playworks currently reaches more than 16,000 East Bay students through 30 to 45 minutes of daily physical activity (recess and physical activity classes). An additional program component is a junior coaching leadership program that has trained 436 students to date.
- KFH-Richmond provided \$10,000 to Ed Fund for its Out-Of-School Time (OST) initiative, which provides quality OST activities to create a community of healthy, safe, educated children and youth who pursue their dreams with vigor. Ed Fund, a collaborative with more than 25 members, promoted a summer registration program, Get Your Summer On, through three registration fairs that attracted more than 1,000 people who explored and registered for active learning and play summer programs. In addition, a summer resource guide was created and distributed through schools and at community events to more than 10,000 West Contra Costa residents. The collaborative also developed a set of quality standards and metrics to inform future OST programming, and facilitated professional development workshops to orient program providers to the new standards. KFH-Richmond Community Benefit/Community Health Specialist Glenda Monterroza, an active member of the collaborative, attends meetings and provides TA.
- KFH-Richmond provided \$20,000 to fiscal agent CCISCO to support Richmond Faith Initiative's community health project, which gives participants the necessary tools, skills, and support to make healthier life choices that promote long-term benefits. The four-week program, offered at the centrally located Downer (Coronado) YMCA and participating Richmond churches, provides approximately 150 Richmond residents, including those residing in senior and low-income housing complexes, with nutrition education basics, healthy cooking skills, and low to moderate impact aerobic exercise. An additional \$10,000 will be provided to the organization in 2014 as part of the total \$30,000 awarded to the program.
- KFH-Richmond provided a number of contributions to community-based organizations, including the following, to support the mission and commitment these organizations have to promoting healthy eating and living:
  - A \$5,000 contribution to Building Blocks for Kids Collaborative to supports its annual Bike Fiesta and provision of safe, family-oriented physical activities for more than 400 Richmond residents.
  - A \$5,000 contribution to West County Reads to support the fourth annual Richmond Tales Family Festival which provided literacy, and healthy and active living resources to more than 1,000 Richmond residents.
- As part of Thriving Schools, a national initiative that seeks to create a culture of health and wellness for K-12 school students, staff, and teachers, Kaiser Permanente Northern California region provided a \$23,000 grant to YMCA of the East Bay for its Healthy Lifestyles program. The Healthy Lifestyles program was implemented at five WCCUSD: Pinole Valley High School, LaVonja DeJean and Juan Crespi middle schools, and Tara Hills and Coronado elementary schools. Through the program, approximately 350 students, parents, and staff have been engaged in family-centered physical

activity, nutrition education, and healthy cooking activities, including a staff-centered Zumba class at Pinole Valley High School, during and after school.

- Kaiser Permanente Northern California Region provided a three-year grant (a final payment of \$5,952<sup>1</sup> was made in 2013) to support the 2011 HEAL Initiative, which has an overarching goal of getting people to eat better and move more as part of daily life. Kaiser Permanente's vision is that by the end of the three-year initiative, targeted communities will be visibly transformed and opportunities for engaging in healthy behaviors (e.g., bike lanes, farmers markets, clean and safe parks, and active after-school programs) will be an intrinsic part of community life. That residents will gain the knowledge and skills to make healthy choices, and that changes in community social norms will support and encourage those choices are equally important. Over the three years, all HEAL initiatives implemented community-specific strategies that addressed the four common behavior change goals: decrease calorie consumption, increase fruit and vegetable consumption, increase physical activity in community settings, and increase physical activity in institutional settings. East Bay Community Benefit/Community Health Manager Erica Browne served as a liaison to the Richmond HEAL Initiative and provided TA and support to this group of more than 15 Richmond HEAL community partners.
- In 2013, Kaiser Permanente Northern California Region funded the following 12 Richmond HEAL partners to expand the scope of work through programs focused on healthy food and beverage policy and organizational changes; Safe Routes to Schools (SRTS) assessments and planning activities; training community residents to serve as peer health advocates; safe biking promotion and advocacy; and healthy food distribution at schools, churches, and community centers.
  - CCHS received \$43,483<sup>1</sup> from Kaiser Permanente Northern California Region to support its work to advance SRTS by working with local high school youth to gather and analyze data and expand SRTS in Richmond. The program enabled CCHS to establish strong relationships with the City of Richmond and WCCUSD and to play an integral role in Richmond's effort to create pedestrian and bicycle plans for the city, as part of its Health Element implementation, and its Yellow Brick Road project, which will create a safer walking environment in the Iron Triangle. Ten high school students were recruited and trained to conduct baseline walking and biking to school counts and to create customized plans for seven schools. As a result of this work, CCHS diversified program funding to include multiple Caltrans grants and will present at the 2014 PedsCount! Conference in Sacramento.
  - YES received a \$39,223<sup>1</sup> contribution from Kaiser Permanente Northern California Region to support Navigating a Path Towards Wellness, a program that seeks to reduce obesity among Richmond residents by promoting active living and outdoor activities in nature. YES encourages individual, family, and community-wide approaches to active living through three core program components: family camp, day outings, and a wellness navigator program. For the 2013-2014 program, family camp reached more than 60 families; walk to nature outings reached 131 participants; and 128 youth and adult volunteers, and 17 wellness navigators were trained as health promoters. KFH-Richmond provided YES with an additional \$10,000 to complement the regional investment and to support the organization's summer family camps. YES also received an in-kind donation (valued at more than \$200) of water bottles and jump ropes from KFH-Richmond to support a parents' coffee club activity.
  - Weigh of Life received \$58,200<sup>1</sup> from Kaiser Permanente Northern California Region to support its Richmond Exercise and Nutrition program, which provides regular physical exercise, nutrition education, and social support opportunities to Richmond residents at the Nevin and Shields-Reid community centers. Exercise classes include Zumba, cardio-kickboxing, and body sculpting led by certified specialists, and six nutrition classes per week, taught by a registered dietitian, that emphasize portion control, fresh fruit and vegetable consumption, and tips for reducing sugar-sweetened beverage consumption. Staff and peers provide social support; active play childcare is provided for all classes; and healthy snacks consisting of water, fresh fruit, and vegetables are available to all participants and their children. To date, 191 participants have lost a total of 618 pounds at Nevin, and 110 participants have lost a total of 278 pounds at Shields-Reid Community Center and Helms Middle School.
  - RMSI received a \$25,000<sup>1</sup> contribution from Kaiser Permanente Northern California Region to support multiple HEAL events and activities, including a partnership with Pacific Coast Farmers' Market that brings a market to downtown Richmond and provides fresh produce and local artisanal foods to a monthly average of 300 community members. In addition to the farmers' market, located one block from KFH-Richmond and frequented by KFH-Richmond staff and

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<sup>1</sup> This grant was distributed from the Kaiser Permanente Fund for Community Benefit, a donor-advised fund established in late 2004 and administered by East Bay Community Foundation. Accordingly, the grant amount was not included in the Community Benefit totals for 2013 (Tables A, B, and 2).

members, RMSI sponsors weekly Zumba and belly dance classes that draw a monthly average of 225 people (mostly women). Adonna O'Sullivan, KFH-Richmond senior public affairs representative, is a RMSI board member.

- East Bay Bicycle Coalition received a \$20,000<sup>1</sup> contribution from Kaiser Permanente Northern California Region to support its Richmond bicycle safety program, which aims to increase physical activity in the city by providing bicycle safety education classes and free safety equipment to families while encouraging residents to make bicycling a regular part of a healthy, active lifestyle. Class participants are connected to local resources that allow them to make more trips by bicycle and to advocate for better bike facilities in their community. In partnership with Rich City Rides, East Bay Bicycle Coalition has also sponsored a number of social and historical bike rides throughout Richmond and the larger region. To date, midway through the grant period, the program has reached 56 individuals.
- HAB45 received a \$39,498<sup>1</sup> contribution from Kaiser Permanente Northern California Region to strengthen its local collaboration with West Contra Costa County agencies serving young children, and to increase those agencies' ability to lower obesity rates among children 0 to 5 through policy implementation and program innovation. To date, HAB45 has provided TA to 15 West County community-based organizations, resulting in the promotion of healthy food and beverage practices to more than 350 residents. In addition, HAB45 is beginning to engage faith-based institutions in healthy food and beverage policy adoption and breastfeeding promotion. The goal is to support 10 such institutions in the adoption of healthy practices and policies.
- Food Bank of Contra Costa and Solano Counties received a \$20,000<sup>1</sup> grant from Kaiser Permanente Northern California Region to support its Richmond-based Community Produce and Farm 2 Kids programs, which allow the food bank to distribute approximately 119,826 pounds of fresh produce to 3,967 people every three months. In addition, during the same time period, onsite nutrition education lessons have reached 245 individuals and 410 community residents have received nutrition education materials.
- Lifelong Brookside received a \$42,794<sup>1</sup> grant from Kaiser Permanente Northern California Region to train and certify 30 health promoters to lead community building efforts, to provide health promotion messages to individuals and community groups, and to connect residents to health insurance options and health services. The program's primary training includes a focus on health insurance, available community health services, effective communication and presentation skills, chronic disease prevention, and healthy cooking. To date, 13 previously trained health promoters received continuing education training and community health promotion assignments, and 23 new health promoters were trained.
- Pogo Park received a \$40,000<sup>1</sup> grant from Kaiser Permanente Northern California Region to implement community-designed healthy parks at three Richmond sites: Harbour-8, Belding-Garcia, and Elm Playlot. As part of the project, Iron Triangle residents helped to conceptualize, coordinate, and implement park renovation activities, including coordinating residents' renovation specifications with contractors and city staff. Once the park renovations are completed, neighborhood residents will also help to develop and implement recreational programming. To date, more than 40 residents have been engaged in the renovation project, which is expected to increase the availability of safe physical activity areas, which more than 3,000 children, youth, and adults will enjoy.
- Building Blocks for Kids Collaborative received an \$85,000<sup>1</sup> grant from Kaiser Permanente Northern California Region to support its Gateway to Good Health Practices, a program designed to increase regular physical activity among youth and adults served by Peres and Chavez elementary schools by providing free activity and movement opportunities. As a result, approximately 60 Peres students get an additional 1,800 minutes of play each week through supervised sports and non-traditional activities and 94 Chavez students receive approximately 47,000 minutes of vigorous physical activity through non-traditional after-school activities. Other program pieces include a new, free martial arts class co-sponsored by RMSI that recruited 57 children, and development and implementation of a physical activity "toolbox" model to support parents participating in active play with their children.
- LIFT received a \$20,000<sup>1</sup> grant from Kaiser Permanente Northern California Region to improve nutrition and to provide food education and preventive health screenings to area residents through its Richmond Health Hub, a comprehensive model for providing various medical services, social support, and basic needs to the underserved.

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<sup>1</sup> This grant was distributed from the Kaiser Permanente Fund for Community Benefit, a donor-advised fund established in late 2004 and administered by East Bay Community Foundation. Accordingly, the grant amount was not included in the Community Benefit totals for 2013 (Tables A, B, and 2).

The first Richmond Health Hub, created at Nevin Community Center, serves approximately 200 residents weekly. To date, Richmond Health Hub has reached 665 households, providing them with free food and produce, diabetes screening and education, Zumba classes, and referrals to multiple service providers.

- Urban Tilth received a \$50,000 grant from Kaiser Permanente Northern California Region to support the development and implementation of its Richmond food systems mapping project. As part the project, Urban Tilth will engage owners of Richmond retail food outlets, Richmond Food Policy Council members, community stakeholders, and volunteers in a process of creating a data map of current retail food outlet conditions and whole food retail opportunities. Approximately 20 community volunteers, including high school youth leaders, will be recruited and trained to collect data, administer surveys, and engage community stakeholders. Once data collection and analysis is done, a series of events will be coordinated to share the information broadly within the Richmond community. The completed project is expected to reach a total of 600 Richmond residents.

### **PRIORITIZED NEED III: COMMUNITY VIOLENCE**

Richmond has the highest rates of homicide and nonfatal assault hospitalizations in the county. The city accounts for more than 41% of homicides in the county, with a homicide rate that is more than four times the county rate. Homicides and nonfatal assaults tend to involve firearms (79% of homicides and 37% of nonfatal assault hospitalizations) and have a disproportionate impact on teens, young adults, and African Americans. Living in communities where violence is prevalent can result in an increased need for mental health services, both to mitigate the impact of the current violence and to prevent the continuation of violence as a strategy for resolving conflict or addressing social injustice.

#### **2013 GOALS**

1. Reduce family and community violence among youth, especially young men of color.
2. Decrease the psychological and emotional impact of violence on children and families.

#### **2013 STRATEGIES**

3. Fund mental health and case management programs for youth experiencing family and/or community violence.
4. Fund restorative justice programs designed to reduce violence and conflict and to promote community healing.

#### **TARGET POPULATION**

African American families, youth, and children who are at risk for, participate in, or have been exposed to community violence.

#### **COMMUNITY PARTNERS**

Community partners include Bay Area Community Resources (BACR), Dovetail Learning, West Contra Costa Unified School District (WCCUSD), James Morehouse Project (JMP), STAND! For Families Free of Violence, City of Richmond Office of Neighborhood Safety, Rubicon Programs, The Wright Institute School-Based Collaboration (SBC), The California Endowment, RYSE Center, Making Waves Education Program, Rosie the Riveter Trust, East Bay Center for Performing Arts, and Youth Alive!

#### **2013 YEAR-END RESULTS**

- KFH-Richmond provided \$15,000 to support BACR and its Project Restore, which aims to reduce youth violence and suspensions at San Pablo's Helms Middle and Dover Elementary schools through restorative justice (RJ) activities that build strong communities by making all school community members responsible for creating honest, respectful relationships. In the last two quarters of 2013, 31 staff were trained in RJ practices, including 17 staff who participated in a two-day intensive training. In addition, teachers received 78 RJ coaching sessions and 91 consultations. Sixteen discipline policy development sessions, which included conversations, meetings, and document development, were conducted. These sessions also contributed to overall improvements by promoting a positive school climate. With

respect to student engagement, RJ staff and teachers led 143 prevention circles in classrooms, 18 intervention circles in classrooms where problems were occurring, and hosted 84 intervention circles with small groups of students. By adopting RJ policies and practices, the schools are creating systemic change. To date, the program has reached more than 500 students, 36 teachers and staff, and 84 parents and other stakeholders.

- KFH-Richmond provided \$20,000 to support Dovetail Learning's Toolbox Project, a human development program dedicated to transforming education, families, and communities into a collaborative global culture, by giving children, teachers, parents and their communities a "common language" and the tools necessary to form a cohesive, non-violent, healthy, and caring community. The project is currently offered in six WCCUSD elementary schools, reaching 2,873 students and their parents. In addition, 10 teacher and classified staff trainings were completed. Additional trainings may be offered, depending on staff availability and the number of requests.
- KFH-Richmond provided \$20,000 to Rubicon Programs for its Re-entry and Violence Prevention Initiative, which focuses on adults in transition and re-entry participants. Through the initiative, 50 staff members, including financial and career coaches, along with administrative, front desk, and other program staff, were trained to provide trauma-informed care to support program participants in developing positive relationships and communication skills. The four-hour, four-session interactive trainings include a strong psychoeducational component and draw upon participants' experiences, histories, and cultural traditions. Formerly incarcerated men and women have specific needs that staff working with re-entry populations must consider and this training helps staff cultivate awareness and insight into the developmental impacts of trauma. To date, the initiative has served more than 1,600 individuals.
- KFH-Richmond provided \$15,000 to support STAND! Against Domestic Violence and its Youth Education Support Services (YESS) program, which serves preteens and teens in Richmond and in neighboring public schools. YESS comprises an interconnected series of school-based violence prevention and leadership development programs, including Promoting Gender Respect (PGR), which works with middle school males to examine the construction of masculine identity and to prevent teen dating violence and bullying behavior through education, key adult mentoring, and bystander intervention; Expect Respect, which offers violence-prevention education for high school youth of all genders and includes a new portion of the curriculum specifically focused on young men; and Youth Against Violence (YAV), a year-long program that includes an intensive summer training opportunity preparing youth to work as paid facilitators for PGR and Expect Respect. Economic and vocational training opportunities are incorporated into the youth development program, and school personnel and community stakeholders are trained in the dynamics of teen dating violence. To date, YESS has reached more than 375 youth and 45 adult school personnel and community stakeholders.
- KFH-Richmond provided \$15,000 to support Wright Institute's SBC at Gompers Continuation High School in Richmond and its partnership with Bay Area Peacekeepers to mitigate the psychological and emotional impact of violence on children and families, and to reduce violence among men of color. SBC mental health clinicians provide school-based trauma-informed psychological services that are integrated with Bay Area Peacekeeper's proven gang-violence prevention program and other community partner services. Students and families receive counseling first to support the process of recovering from the traumatic impact of the violence they witnessed, experienced, and/or committed. Subsequently, students receive information, support, mentoring, and community resources to choose alternatives to violence that allow them to live full, productive lives. To date, SBC has received 144 referrals for service, screened 102 students, and served 42 students with individual services and 13 in group services.
- KFH-Richmond awarded JMP \$15,000 to support the Healing and Strengthening El Cerrito High School community program, which serves students on probation, at risk for school failure, identified for mental health concerns, and those with chronic discipline issues. JMP's integrated, multidisciplinary program provides clinical mental health individual counseling and therapeutic support groups, along with support for student participation across a range of youth development projects during and after school. In fall 2013, JMP staff and school administrators led a school-wide implementation of RJ practices, which strengthen the connection between students and the school community and are a positive alternative to punitive measures that distance young people from the school community. This work includes training and supporting young people and staff to participate in RJ harm repair and academic support circles. JMP peer conflict mediators are integrating RJ into their mediation work, and JMP staff are training teachers to use a trauma-informed lens to identify and respond to challenging classroom behavior. Through these mental health and youth development programs, 225 youth were served during the last six months of 2013.

- KFH-Richmond provided \$15,000 to East Bay Center for the Performing Arts to support its Young Artist Diploma Program, which provides mentoring, physical activity, and academic enhancement opportunities to more than 70 youth through ongoing multicultural, multidisciplinary performing arts training. The structured core curriculum of approximately 400 hours of training, practice, performance, mentoring, and community service per year unites the two philosophical strands of the Center's mission: high-quality arts training at no cost, coupled with meaningful civic education and engagement through the arts. As part of the cohesive and comprehensive arts and leadership certification program, academic and leadership skills-building is emphasized through college preparatory and SAT preparatory workshops. The Diploma Program curriculum meets federal and state visual and performing arts (VAPA) standards, and provides critical artistic, academic, civic, and behavioral skills and experiences to help determined young people achieve both technical depth and performance breadth in music, dance, or theatre/media arts.
- KFH-Richmond provided a \$20,000 contribution to RYSE Center to support its community health programs and the provision of behavioral health services to participants in RYSE Restorative Pathways Program (R2P2), a hospital-based violence reduction intervention that addresses the acute and ongoing needs of violently injured youth through mentoring, intensive case management, resource navigation, and holistic supports through RYSE Center community health programming. Drop-in, recreational, and structured activities are provided in health and wellness; media, art, and culture; education and career; technology; and youth leadership. Given the breadth of services provided, and the depth of the relationships developed by RYSE intervention specialists, the number of participants was kept to a minimum for the first five months of the program.
- KFH-Richmond provided a \$15,000 contribution to Making Waves Education Program to support its provision of mental health services to low-income high school and college students in Richmond and surrounding areas. As part of the program, nearly 1,000 students receive free mental health services, including individualized treatment plans, and individual and group counseling. The program also includes monthly student, parent, and family forums that emphasize group-based self-empowerment, and focuses on emotional self-awareness, interpersonal skills, stress management, and health and wellness. Parents, caregivers, and guardians also receive access to free individual and family mental health services to improve their emotional and psychological wellness and to increase their ability to effectively parent and support their children.
- KFH-Richmond provided a \$5,000 contribution to Making Waves Academy to support its RAW Talent arts program and its production of "Te's Harmony," a play that pushes both the boundaries of artistic genres and the audience to question the culture of violence in Richmond. More than 1,100 people attended the performance, including several Kaiser Permanente physicians and staff.

## **PRIORITIZED NEED IV: CHILDHOOD ASTHMA**

Richmond, Hercules, and Pinole have rates of childhood asthma hospitalization that are significantly higher than the overall county rate. Childhood asthma can be managed, and acute attacks requiring hospitalization can largely be avoided, but the data indicate that this is not happening in these cities. Data also show disproportionately high rates of childhood asthma hospitalization among African Americans.

### **2013 GOALS**

1. Reduce the disparity in asthma-related emergency room visits for African American and Latino children and youth.
2. Reduce the disparity in asthma hospitalizations for African American and Latino children and youth.

### **2013 STRATEGIES**

1. Funds programs that provide asthma assessments and self-management education.
2. Fund programs that provide assessment and mitigation of household asthma triggers.

### **TARGET POPULATION**

African American families in which children have been diagnosed with or are at risk for asthma.

## COMMUNITY PARTNERS

Community partners include Prescott-Joseph Center for Community Enhancement, Brighter Beginnings, American Lung Association (ALA), and Alameda County Asthma Coalition.

## 2013 YEAR-END RESULTS

- KFH-Richmond and KFH-Oakland provided \$40,000 to Prescott-Joseph Center for Community Empowerment to support the Northern California Breathmobile®, which provides asthma evaluation, treatment, and education for uninsured or Medi-Cal-eligible children and youth 0 to 18 who have respiratory and asthmatic conditions. The Breathmobile®, a 33-foot Winnebago RV outfitted with the latest equipment, functions as a mobile asthma clinic, and travels to early child development and Headstart centers, elementary and middle schools, and community centers. On an annual basis, the Breathmobile® currently serves more than 336 students in six school districts throughout Alameda, San Francisco, and Contra Costa counties. This grant supports a Richmond expansion to serve Verde Elementary School and Head Start Program, Las Deltas Preschool, while continuing to support the work at Grant and Lake elementary schools. Each participating school district has a signed contract with the Breathmobile® that allows use of school grounds and access to patients during school hours.
- KFH-Richmond provided \$15,000 to Brighter Beginnings for its RotaCare Richmond Free Medical Clinic and the provision of medical care and medication to asthmatic patients in West Contra Costa County. Opened on March 19, 2013, Richmond RotaCare Free Medical Clinic is a volunteer effort that served 419 patients as of December 18, 2013; 283 were seen during the first six months of the grant period. Operating weekly on Tuesday evenings, the clinic serves approximately 15 patients per session and is scheduled to serve approximately 750 patients per year. The most common medical conditions patients present with are diabetes, hypertension, asthma, musculoskeletal disease, and associated symptoms. To respond to the needs of pediatric and adult asthmatic patients, the clinic has worked to secure additional resources, recruit volunteers, and provide treatment. Kaiser Permanente has also provided various health education materials, tip sheets, and handouts (valued at more than \$273) to support health education at the clinic.

## PRIORITIZED NEED V: PERINATAL HEALTH

Rates of fetal death among African Americans are almost two times the overall county rate. Rates of infant death are almost three times those for the county overall. African Americans and Richmond residents also have the highest rates of low-birth-weight babies in the county. Only 81% of African Americans, 85% of Richmond residents, and 84% of San Pablo residents received early prenatal care.

## 2013 GOALS

1. Increase the number of pregnant women receiving early prenatal care.
2. Promote healthy birth outcomes using the life course framework.

## 2013 STRATEGIES

1. Fund programs that provide case management.
2. Fund efforts to work with pregnant women to maintain abstinence from drugs, smoking, and alcohol.
3. Fund programs that promote and support male/partner involvement in the prenatal care experience.

## TARGET POPULATION

Pregnant and likely-to-get pregnant African Americans.

## COMMUNITY PARTNERS

Community partners include Ujima Family & Recovery Services, Brighter Beginnings, and Contra Costa Health Services.

## 2013 YEAR-END RESULTS

- KFH-Richmond provided \$25,000 to Ujima Family & Recovery Services to support its West County perinatal program, which provide pregnant women and mothers who abuse drugs and/or alcohol with individual and group therapy, parent education groups, trauma groups, 12-step, and recovery celebrations. To date, this program has served 70 women, who received case management services to connect them to housing, domestic violence prevention, family reunification support, vocational, educational, and employment services as needed to maintain their health, safety, and self-sufficiency. Monthly multi-family activities help parents and children learn how to reconnect, strengthen family cohesion, and provide families with the opportunity to meet other recovering families.
- KFH-Richmond provided \$5,000 to Building Blocks for Kids Collaborative to support its 2013 African American Baby Shower, a community baby shower that takes place over Mother's Day weekend to celebrate African American mothers, fathers, and caregivers that are expecting, or have a child three years of age or younger. The collaborative reserves this special day to celebrate as a community the wonderful gift of becoming a parent, and partners with organizations to provide families the experience of enjoying fun activities while becoming aware of the many services available to pregnant mothers and those parenting children under age five. Participants received parenting tips, and had the opportunity to establish relationships with other parents and community members. A total of 137 adults and children participated in the baby shower, exceeding the target of 100. To build on the baby shower's momentum, participants were invited to attend a follow-up parent education class, The Nurtured Heart Approach.

**Table 1**

**KAISER FOUNDATION HOSPITAL-RICHMOND**

**2013 Key Community Benefit Program Metrics**

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

Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	1,340
Medi-Cal Managed Care members	6,317
Healthy Families Program members	1
Operation Access – number of procedures (including general surgery, colorectal, dermatology, and plastic surgery)	22
Operation Access – number of medical volunteers	44
Operation Access – number of medical volunteer hours	187
Nursing Research projects (new, continuing, completed, and/or published)	55
Kaiser Permanente Educational Theatre – number of performances and workshops	92
Kaiser Permanente Educational Theatre – number of attendees (students and adults)	13,915
Nurse practitioner and other nursing training and education beneficiaries	1
Deloras Jones nursing scholarship recipients	2
Other health professional training and education (non-MD) beneficiaries	16
Number of 2013 grants and donations made at the local and regional levels <sup>1</sup>	159

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

**Table 2**

**KAISER FOUNDATION HOSPITAL-RICHMOND**

**COMMUNITY BENEFIT RESOURCES PROVIDED IN 2013**

	<b>2013 Totals</b>
<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$9,573,635
Healthy Families <sup>2</sup>	291,928
Charity care: Charitable Health Coverage programs <sup>3</sup>	1,018,033
Charity care: Medical Financial Assistance Program <sup>4</sup>	1,692,571
Grants and donations for medical services <sup>5</sup>	2,648,107
<b>Subtotal</b>	<b>\$15,224,273</b>
<b>Other Benefits for Vulnerable Populations</b>	
Summer Youth and INROADS programs <sup>6</sup>	\$0
Grants and donations for community-based programs <sup>7</sup>	1,900,666
Community Benefit administration and operations <sup>8</sup>	292,883
<b>Subtotal</b>	<b>\$2,193,550</b>
<b>Benefits for the Broader Community<sup>9</sup></b>	
Community health education and promotion programs	\$3,974
Kaiser Permanente Educational Theatre	262,991
Facility, supplies, and equipment (in-kind donations) <sup>10</sup>	26,773
Community Giving Campaign administrative expenses	19,196
Grants and donations for the broader community <sup>11</sup>	62,525
National board of directors fund	13,842
<b>Subtotal</b>	<b>\$389,301</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education	\$0
Non-MD provider education and training programs <sup>12</sup>	351,720
Grants and donations for the education of health care professionals <sup>13</sup>	58,685
Health research	206,117
<b>Subtotal</b>	<b>\$616,522</b>
<b>Total Community Benefits Provided</b>	<b>\$18,423,646</b>

## ENDNOTES

- 1 Amount includes unreimbursed inpatient expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries.
- 2 Amount includes unreimbursed inpatient expenditures for Healthy Families members.
- 3 Amount includes unreimbursed inpatient expenditures for the Kaiser Permanente Child Health Plan subsidy.
- 4 Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance and Indigent Care programs.
- 5 Figures reported in this section for grants and donations for medical services consist of charitable contributions to community clinics and other safety-net providers; community health partnerships and collaboratives; community health care coverage enrollment efforts; and special Request for Proposals to support specific health issues such as HIV/AIDS, childhood obesity, asthma, etc. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 6 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Summer Youth students hired.
- 7 Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonhealth needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 8 The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- 9 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a number of related denominators such as the number of Kaiser Permanente Educational Theatre performances or health education programs.
- 10 Amount represents the estimated value of donated surplus office and medical supplies, equipment and furniture, promotional items and giveaways, in-kind services such as printing, mailings, multimedia production, etc., and conference and meeting room usage, as recorded in the MicroEdge GIFTS database.
- 11 Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care–related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 12 Amount reflects the net expenditures after tuition reimbursement for health professional education and training programs.
- 13 Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, etc. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

# THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

## 2013 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY

The KFH-Richmond 2013 Community Health Needs Assessment (CHNA) is posted on the internet at [www.kp.org/chna](http://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-RICHMOND SERVICE AREA

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

- Violence prevention
- Economic security
- Healthy eating
- Safe outdoor spaces
- Exercise and activity
- Local, comprehensive, and coordinated primary care, including perinatal care
- Asthma prevention and management
- Affordable, community-based mental health services
- Local specialty care for low-income populations
- Affordable, community-based substance abuse services

## HEALTH NEEDS THAT KFH-RICHMOND PLANS TO ADDRESS

### 1. ACCESS TO CARE

Local, comprehensive, and coordinated primary care has been framed more broadly as Access to Care to more accurately reflect the full range of strategies planned to address the health care access issues facing vulnerable populations in the KFH-Richmond service area. Increasing access to appropriate and effective health care services addresses a wide range of specific health needs. Achieving the goal of increased access to care requires reducing barriers to preventive screening, primary care, and specialty care by deploying a wide range of strategies encompassing programs, outreach, training, and policies. Access to care supports the provision of comprehensive, quality health care services to promote prevention, chronic disease management and health equity in the KFH-Richmond service area.

In West Contra Costa County, limited access to care has a severe and disproportionate impact on low-income communities, with lack of insurance being the primary barrier to care. While the Affordable Care provides increased access to care, it will not necessarily address the specialized needs of low-income populations. Some low-income populations, because of their immigration status, are ineligible for coverage under the new plans, and others may find the required premiums beyond their reach. For these groups, access barriers will certainly continue to exist.

### 2. HEALTHY EATING ACTIVE LIVING

Healthy eating and exercise and activity, shortened to Healthy Eating Active Living, seeks to support healthy weight management, and the prevention and management of related chronic conditions, to reduce overweight and obesity in the KFH-Richmond service area. Healthy eating has significant health benefits. There is evidence showing that people living in poor or vulnerable communities tend not to have easy access to healthy food and feel that healthy food they do have access is unaffordable relative to less healthy choices. In the KFH-Richmond service area, 6.5% of residents live in areas designated as food deserts, and there are only 12.4 WIC-authorized food stores per 100,000, while statewide that number is 15.8 per 100,000. Poor health outcomes in the KFH-Richmond service area that are likely to be related to poor eating habits include overweight and obesity, some cancers, diabetes, and heart disease. Like healthy eating, many barriers to exercise and activity exist in poor or vulnerable communities. These communities tend to have poor access to parks and recreation facilities, higher rates of crime and violence, and fewer commercial areas that promote walking. Poor health outcomes in the KFH-Richmond service area that are likely to be related to inadequate exercise and physical activity include overweight and obesity, heart disease, and stroke.

### **3. VIOLENCE PREVENTION**

Violence prevention is a public health issue that continues to plague communities in the KFH-Richmond service area, and is influenced by economic insecurity and a lack of adequate mental health services. Violence in the KFH-Richmond service area is particularly present in neighborhoods in the City of Richmond itself. Community members, public health experts, and Richmond and Contra Costa County government officials and agencies have all placed a high priority on decreasing violence in Richmond, particularly among young people. According to CityRating.com and based on FBI crime statistics, “the city violent crime rate for Richmond in 2010 was higher than the national violent crime rate average by 181.65%.... In 2010, the city violent crime rate in Richmond was higher than the violent crime rate in California by 158.04%.”

### **4. ASTHMA PREVENTION AND MANAGEMENT**

Asthma prevention and management seeks to improve school attendance, workforce productivity and absenteeism, and overall quality of life in the KFH-Richmond service area. Asthma is a serious health issue for both children and adults in the KFH-Richmond service area. Asthma can affect the development of young children in multiple ways, both physically and cognitively. In Richmond, the school district reports that asthma is one of the top health conditions keeping children out of the classroom. For adults, asthma has a negative impact on their ability to perform certain jobs, work attendance, and productivity. Asthma cannot be cured, so improved prevention and management are needed in the communities served by KFH-Richmond. Asthma prevalence in the KFH-Richmond service area is 15.84%, which is 2.62% higher than the statewide prevalence rate. Those with asthma are going to the hospital at very high rates—the age-adjusted rate of asthma discharges per 10,000 is 17.78, which is twice the state rate of 8.9 per 10,000.

### **5. BROADER HEALTH CARE SYSTEM NEEDS IN OUR COMMUNITIES**

Kaiser Foundation Hospitals, which includes 37 licensed hospital facilities as of 2013, has identified a number of significant needs in addition to those identified above through the CHNA process 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 which persist in most of our communities. Individuals trained through these workforce training programs are able to seek employment with Kaiser Permanente entities or other health care providers in our communities.

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

## 2014-2016 COMMUNITY BENEFIT PLAN

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

### PRIORITY HEALTH NEED I: ACCESS TO CARE

#### LONG-TERM GOAL

- Increase the number of low-income people who have access to appropriate health care services in West Contra Costa County

#### INTERMEDIATE GOALS

- Increase access to, enrollment in, and maintenance of health care coverage
- Increase access to specialized, culturally appropriate care

#### STRATEGIES

- Participate in Medi-Cal Managed Care, the state’s Medicaid Program, to provide comprehensive inpatient and outpatient care to Medi-Cal Managed Care members in California.
- Participate in Medi-Cal Fee for Service, which provides subsidized health care on a fee-for-service basis for Medi-Cal beneficiaries not enrolled as KFHP members
- Provide subsidized health care coverage that provides comprehensive benefits to children (birth through age 18) in families with income up to 300% FPL who lack access to employer-subsidized coverage and do not qualify for public programs because of immigration status or family income
- Provide Medical Financial Assistance (MFA), which assists patients in need by subsidizing all or a portion of their Kaiser Permanente medical expenses for a period of time. Eligibility is based on prescribed levels of income, expenses, and assets
- Collaborate with Operation Access, a nonprofit organization dedicated to providing access to free surgery and specialty care, to enable Kaiser Permanente medical volunteers to provide free outpatient consultations, specialty care, and same day surgery appointments to uninsured patients
- Grant making to support federally qualified health centers (FQHCs), community health centers, and free clinics to provide culturally responsive health care to vulnerable populations
- Grant making to train and support patient navigators in the provision of culturally sensitive assistance, care coordination, and guiding patients through available medical, insurance, and social support systems

#### EXPECTED OUTCOMES

- Increased access to care
- Increased number of patient navigators
- Increased access to culturally responsive care

## **PRIORITY HEALTH NEED II: HEALTHY EATING ACTIVE LIVING**

### **LONG-TERM GOAL**

- Reduce the number of overweight and obese children, adolescents, and adults in low-income West Contra Costa County communities

### **INTERMEDIATE GOALS**

- Increase healthy eating among children and families
- Increase physical activity in schools, and community and institutional settings

### **STRATEGIES**

- Grant making to ensure strong nutritional foods and beverages standards and policy implementation, food literacy skills development, and nutrition education in schools, preschools, and childcare settings
- Grant making to support urban agriculture programs, farmers' markets and onsite nutrition education targeting low-income residents
- Grant making to promote adoption of health-promoting food and beverage retailing and distribution policies and programs
- Provide Kaiser Permanente Educational Theatre (KPET), a free theater program, designed with the advice of teachers, students, medical professionals, parents and actors, to disseminate health education and inspire children, teens, and adults to make healthier choices and better decisions about their well-being
- Leverage internal health education resources, and clinical and organizational practices that promote breastfeeding-friendly environments, and health care providers who encourage breastfeeding and healthy weight gain during pregnancy
- Leverage internal health education resources, organizational practices, and Kaiser Permanente volunteerism resources to promote the adoption of policies and implementation of practices to reduce overconsumption of sugar-sweetened beverages and to encourage water consumption
- Grant making to promote and support community-based physical activity programs for children, adolescents, and adults, including social support interventions that strengthen social networks
- Grant making to support programs that create and enhance physical activity spaces in combination with educational outreach activities
- Grant making and leveraging internal resources to promote adoption and implementation of quality physical education and physical activity programs in schools, in partnership with the West County Community Schools initiative

### **EXPECTED OUTCOMES**

- Increased access to affordable, healthy foods and beverages
- Increased awareness and consumption of healthy food and beverage options (including water)
- Increased engagement of community business partners
- Increased participation in nutrition education
- Increased promotion of breastfeeding
- Decreased consumption of sugar-sweetened beverages
- Increased access to and adoption of physical activity and physical activity programs (including physical education)
- Increased social cohesion
- Increased awareness of the importance of physical activity and reducing screen time

## **PRIORITY HEALTH NEED III: VIOLENCE PREVENTION**

### **LONG-TERM GOAL**

- Reduce the number of adolescents, young adults, and people of color exposed to violence, including witnesses, survivors, and perpetrators

### **INTERMEDIATE GOALS**

- Create and maintain safe environments in schools, residential neighborhoods, and workplace settings
- Increase skills building and employment opportunities for high-risk youth
- Increase access to services that identify, address, and prevent domestic violence
- Increase access to trauma-informed mental health services and training

### **STRATEGIES**

- Grant making to expand and sustain the provision of school-based conflict resolution, bullying prevention, and restorative justice (RJ) programs and training
- Grant making to support universal school-based violence reduction programs, including comprehensive cognitive and social development programs for pre-kindergarten, low-income children
- Provide KPET to promote conflict resolution and responsibility among students
- Provide sponsorships to promote family and community-focused extracurricular activities in neighborhood settings, including family justice programs
- Leverage internal intellectual assets, communication resources, and technical expertise resources and influence to increase awareness and accountability for corporate involvement in community safety
- Grant making to support youth leadership development, entrepreneurship, and skills-building programs
- Grant making to support family-focused domestic violence prevention and support services
- Leverage internal intellectual assets and clinical practices developed by the Kaiser Permanente Family Violence Prevention Program to promote collaboration with community agencies
- Grant making to support school-based mental health services, including cognitive-behavioral therapy to reduce psychological harm resulting from trauma exposure
- Grant making to support community-based mental health and case management services, including cognitive-behavioral therapy for young adult/adult offenders
- Leverage internal intellectual assets, clinical expertise, and training resources to support collaborations with community (non-Kaiser Permanente) providers emphasizing trauma-informed care capacity building
- Leverage internal clinical practices and training resources to support implementation of trauma informed, hospital-based violence prevention programs

### **EXPECTED OUTCOMES**

- Increased participation in RJ, conflict resolution, and bullying prevention programs
- Reduced number of campus conflicts and intentional injuries on campus
- Increased participation in violence prevention education and conflict resolution training
- Increased access to mental health screening and services, and early cognitive and social development programs
- Increased number of youth trained in entrepreneurship and vocational skills
- Increased awareness of alternatives to violence
- Increased access to safe outdoor activities
- Increased engagement of Kaiser Permanente leaders, physicians, and staff

- Increased awareness among community businesses about their role in safety promotion
- Increased access to domestic violence support services
- Increased availability of trauma-informed care training resources

## **PRIORITY HEALTH NEED IV: ASTHMA PREVENTION**

### **LONG-TERM GOAL**

- Reduce asthma episodes among high-risk children and adolescents residing in West Contra Costa County

### **INTERMEDIATE GOALS**

- Improve asthma management among high-risk asthma sufferers, emphasizing environmental impacts and policies
- Improve asthma management among high-risk children and adolescents through behavioral and clinical strategies

### **STRATEGIES**

- Grant making to reduce exposures to home-based environmental triggers (i.e., allergens, irritants) by implementing multicomponent interventions with an environmental focus
- Grant making to support establishing policies and procedures to support children with asthma in schools (including pre-school)
- Grant making to educate children and families about creating asthma action plans
- Grant making to support connecting asthmatic patients to medical homes that provide access to continuous, comprehensive asthma management care
- Sponsorships to train school staff to recognize the signs of an asthma attack and to support the appropriate use of medications
- Leverage internal clinical practices, health education materials, and technical assistance (TA) resources to integrate asthma self-management education into all aspects of asthma care

### **EXPECTED OUTCOMES**

- Increased home-based and school-based asthma management practice
- Decreased number of asthma episode incidents
- Decreased number of school-based asthma emergencies
- Increased access to asthma care and decreased asthma hospitalizations and ER visits
- Increased school-based capacity to support children with asthma
- Increased asthma management awareness, collaboration, and engagement of Kaiser Permanente providers

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

### **LONG-TERM GOAL**

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

### **INTERMEDIATE GOAL**

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

## **STRATEGIES**

- Implement health care workforce pipeline programs to introduce diverse, under-represented, 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 and residency training programs

## **EXPECTED OUTCOMES**

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

## **PRIORITY HEALTH NEED VI: BROADER HEALTH CARE SYSTEM NEEDS IN OUR COMMUNITIES–RESEARCH**

### **LONG-TERM GOAL**

- Increase awareness of the changing health needs of diverse communities

### **INTERMEDIATE GOAL**

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

## **STRATEGIES**

- Disseminate knowledge and expertise to providers to increase awareness of the changing health needs of diverse communities to improve health outcomes and care delivery models
- Translate clinical data and practices to disseminate findings to safety net providers to increase quality in care delivery and to improve health outcomes
- Conduct, publish, and disseminate high-quality health services research to the broader community to address health disparities, and to improve effective health care delivery and health outcomes
- Leverage KP 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