



Kaiser Foundation Hospital – Southern California Region

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

SAN DIEGO



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INTRODUCTION

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

DEVELOPMENT OF A CONSOLIDATED COMMUNITY BENEFIT PLAN

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

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

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

CONTENTS OF THE COMMUNITY BENEFIT PLAN

CHAPTER I: HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

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

CHAPTER II: MISSION STATEMENT AND COMMITMENT TO THE COMMUNITY

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

CHAPTER III: COMMUNITY BENEFIT PROVIDED IN 2013

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

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

- The introduction includes a brief overview of what is contained in the year-end reports and plan updates.
- There is a section for each of the 35 hospitals, in alphabetical order.
- Each hospital section includes general hospital facts, a service area map, a list of cities and communities served, a summary of selected demographic and socioeconomic statistics about the area served, a list of the hospital's leadership, a brief overview of the 2010 Community Health Needs Assessment (CHNA) process and 2011–2013 Community Benefit Plan, and 2013 year-end results.
- Each hospital section contains two tables. One provides metrics for some programs in the Community Benefit portfolio (Table 1) and the other enumerates the total Community Benefit provided in 2013 (Table 2).
- Each hospital section concludes with a link to the 2013 CHNA report on the Kaiser Permanente Share website (www.kp.org/chna) and a description of the 2014–2016 Community Benefit Plan.

CHAPTER I: HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

Kaiser Permanente is an integrated health care delivery system. For nearly 70 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. Today we serve approximately 9.1 million members in eight states and the District of Columbia. Kaiser Permanente is dedicated to improving the health of our communities through broad coverage, high-quality care and continuous quality improvement and innovation in the care we deliver, clinical research, workforce development, health education, and the support of community health interventions.

Kaiser Permanente started in 1933 as a prepaid program to finance and provide health care services to workers on a remote construction project in the Southern California desert. It later expanded to include coverage for workers and their families during construction of the Grand Coulee Dam in Washington State. During World War II, Kaiser Permanente provided health care services to employees at Kaiser shipyards and steelmaking facilities, who were union members primarily, and to their families.

An innovative Labor Management Partnership (LMP) among Kaiser Permanente workers, managers, and physicians honors the early cooperative spirit between the company and its union employees. The LMP is the largest and most comprehensive partnership of its kind, covering nearly 100,000 union-represented employees and their managers and yielding superior health care results in a high-performance workplace.

Kaiser Permanente has been actively involved in the community for decades. Since its beginning, Kaiser Permanente's philosophy has reflected the belief that effective preventive health care does not begin and end with an individual's well-being, but includes promoting and supporting healthy, stable communities.

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

NATIONAL STRUCTURE

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

KFH accepts responsibility to provide or arrange necessary hospital services and facilities for members. Staff privileges are available on a nondiscriminatory basis to physicians in the communities served. KFH also contracts with other community hospitals to provide hospital services to members for specialized care and other services.

REGIONAL STRUCTURE IN CALIFORNIA

In California, KFHP and KFH divide their operations into two separate regions, Northern California Region (NCR), headquartered in Oakland and Southern California Region (SCR) in Pasadena, each with its own president.

Four separate legal entities are responsible for managing the integrated health care system in California: KFHP; KFH; The Permanente Medical Group, Inc. (TPMG), which contracts with KFHP in Northern California; and Southern California Permanente Medical Group (SCPMG), which contracts with KFHP in Southern California. Kaiser Permanente also provides

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

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

The 2014 KFHP/H leadership team in Southern California includes Benjamin Chu, MD, President; William Caswell, Senior Vice President, Operations; Jerry McCall, Senior Vice President, Operations; George Di Salvo, Senior Vice President and Chief Financial Officer; Patti Harvey, Senior Vice President, Quality and Risk Management, Patient Care Services, and Clinical Operations Support; John Yamamoto, Vice President and Assistant General Counsel, National Legal Counsel; Dennis Scott, Vice President, Compliance and Privacy; Jodie Lesh, Senior Vice President, Strategic Planning and New Ventures; Arlene Peasnall, Senior Vice President, Human Resources; Diana Halper, Vice President Integrated Brand Communications; Wade Overgaard, Senior Vice President, California Health Plan Operations; Jerry Spicer, Vice President, Patient Care Services; David Kvanetz, Vice President, National Pharmacy Programs and Services; and James Crawford, Vice President, Business Information Officer.

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

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

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

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

MEDICAL OFFICE BUILDINGS

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

CHAPTER II: MISSION STATEMENT AND COMMITMENT TO THE COMMUNITY

MISSION STATEMENT

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

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

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

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

NATIONAL COMMITMENT TO COMMUNITY BENEFIT

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

We focus our work on three broad areas:

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

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

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

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

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

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

KAISER PERMANENTE'S COMMITMENT TO COMMUNITY BENEFIT IN CALIFORNIA

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

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

CHAPTER III: COMMUNITY BENEFIT PROVIDED IN 2013

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

METHODOLOGY

DEFINITION OF COMMUNITY

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

CATEGORIZATION OF SERVICES

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

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

DOCUMENTATION AND ALLOCATION OF EXPENDITURES

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

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

Resource allocations are reported, as follows:

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

SUMMARY OF KAISER FOUNDATION HOSPITALS COMMUNITY BENEFIT

STATEWIDE BENEFITS

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

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

BENEFITS BY HOSPITAL SERVICE AREA

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

DESCRIPTION OF COMMUNITY BENEFIT PROGRAMS AND SERVICES

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

MEDICAL CARE SERVICES FOR VULNERABLE POPULATIONS

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

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

MEDI-CAL

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

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

HEALTHY FAMILIES PROGRAM

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

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

CHARITABLE HEALTH COVERAGE PROGRAMS

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

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

MEDICAL FINANCIAL ASSISTANCE

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

GRANTS AND DONATIONS FOR MEDICAL CARE SERVICES

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

OTHER BENEFITS FOR VULNERABLE POPULATIONS

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

KAISER PERMANENTE EDUCATIONAL OUTREACH PROGRAM

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

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

KAISER PERMANENTE WATTS COUNSELING AND LEARNING CENTER

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

YOUTH EMPLOYMENT PROGRAMS

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

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

GRANTS AND DONATIONS FOR COMMUNITY-BASED PROGRAMS

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

BENEFITS FOR THE BROADER COMMUNITY

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

COMMUNITY HEALTH EDUCATION AND HEALTH PROMOTION PROGRAMS

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

KAISER PERMANENTE EDUCATIONAL THEATRE (KPET)

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

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

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

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

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

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

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

GRANTS AND DONATIONS FOR THE BROADER COMMUNITY

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

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

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

HEALTH RESEARCH, EDUCATION, AND TRAINING PROGRAMS

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

PROVIDER EDUCATION AND TRAINING

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

GRADUATE MEDICAL EDUCATION (GME)

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

COMMUNITY MEDICINE FELLOWSHIP

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

OLIVER GOLDSMITH SCHOLARSHIP PROGRAM

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

NURSING EDUCATION AND TRAINING

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

KAISER PERMANENTE SCHOOL OF ANESTHESIA FOR NURSES

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

CALIFORNIA NURSING ANESTHESIA COLLABORATIVE PROGRAM – (CNACP)

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

KAISER PERMANENTE DELORAS JONES NURSING SCHOLARSHIP PROGRAM

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

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

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

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

TECHNICAL PROVIDER EDUCATION AND TRAINING

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

KAISER PERMANENTE SCHOOL OF ALLIED HEALTH SCIENCES – (KPSAHS)

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

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

KAISER PERMANENTE MENTAL HEALTH TRAINING PROGRAM

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

KAISER PERMANENTE PHARMACIST RESIDENCY PROGRAMS

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

KAISER PERMANENTE PHYSICAL THERAPY FELLOWSHIP IN ADVANCED ORTHOPEDIC MANUAL THERAPY PROGRAM

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

KAISER PERMANENTE PHYSICAL THERAPY NEUROLOGY RESIDENCY

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

KAISER PERMANENTE PHYSICAL THERAPY CLINICAL INTERNSHIPS

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

KAISER PERMANENTE PHYSICAL THERAPY ORTHOPEDIC FELLOWSHIP PROGRAM

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

KAISER PERMANENTE MOVEMENT SCIENCE FELLOWSHIP

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

KAISER PERMANENTE ORTHOPEDIC FELLOWSHIP IN SPORTS REHABILITATION

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

KAISER PERMANENTE SPINE REHABILITATION FELLOWSHIP PROGRAM

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

KAISER PERMANENTE CLINICAL PSYCHOLOGY INTERNSHIP TRAINING PROGRAMS

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

KAISER PERMANENTE RADIOLOGY TRAINING PROGRAM

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

ADVANCED PRACTICE AND ALLIED HEALTH CARE EDUCATIONAL PROGRAMS

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

HIPPOCRATES CIRCLE

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

GRANTS AND DONATIONS FOR THE EDUCATION OF HEALTH CARE PROFESSIONALS

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

HEALTH RESEARCH

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

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

DIVISION OF RESEARCH (DOR)

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

DEPARTMENT OF RESEARCH AND EVALUATION

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

KAISER FOUNDATION RESEARCH INSTITUTE (KFRI)

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

NURSING RESEARCH PROGRAM

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

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

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

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

Table A

KAISER FOUNDATION HOSPITALS IN CALIFORNIA
COMMUNITY BENEFITS PROVIDED IN 2013

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

See endnotes on the following page.

ENDNOTES

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

Table B

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

HOSPITAL SERVICE AREA SUMMARY TABLE

COMMUNITY BENEFITS PROVIDED IN 2013

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

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

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

INTRODUCTION

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

COMMUNITY HEALTH NEEDS ASSESSMENT

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

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

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

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

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

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

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

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

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

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

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

COMMUNITY BENEFIT PLAN DEVELOPMENT

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

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

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

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

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

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

OUTLINE OF HOSPITAL SECTION

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

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

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

KAISER FOUNDATION HOSPITAL (KFH)-SAN DIEGO

4647 Zion Avenue
 San Diego, CA 92120
 (619) 528-5000

The KFH-San Diego service area comprises a large part of San Diego County, including the following cities and communities: Bonita Chula Vista, Coronado, Del Mar, Descanso, Dulzura, El Cajon, Encinitas, Leucadia, Olivenhain, Escondido, Fallbrook, Rainbow, Guatay, Imperial Beach, Jamul, La Jolla, La Mesa, Lakeside, Lemon Grove, Lincoln Acres, Mount Laguna, National City, Oceanside, Pala, Palomar Mountain, Pauma Valley, Pine Valley, Potrero, Poway, Ramona, Rancho Santa Fe, San Diego, San Luis Rey, San Marcos, San Ysidro, Santee, Solana Beach, Spring Valley, Tecate, Valley Center, Vista, and Warner Springs.

COMMUNITY SNAPSHOT (2010 COMMUNITY HEALTH NEEDS ASSESSMENT FOR KFH-SAN DIEGO)

Total population:	3,224,432	White:	49%
Median age:	35.3	Latino:	31%
Median household income:	\$72,963	Asian and Pacific Islander:	10%
Percentage living in poverty:	12.6%	African American:	5%
Percentage unemployed:	10.1%	Other:	3%
Percentage uninsured:	22.9%	Native American:	<1%

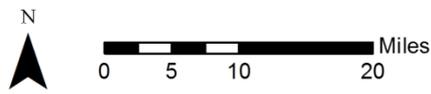
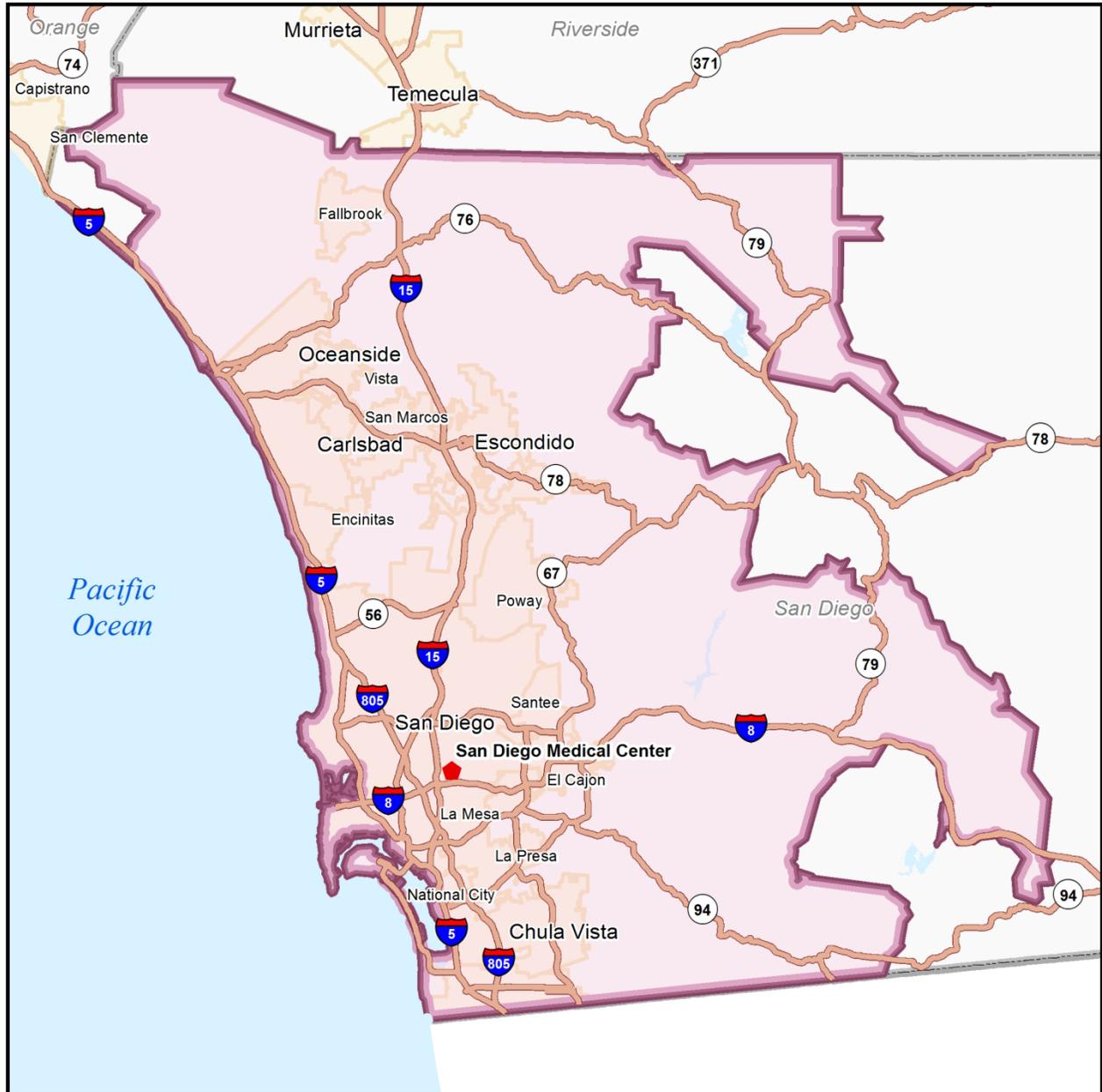
KEY FACILITY STATISTICS

Year opened:	1975	Total licensed beds:	392
KFH full-time equivalent personnel:	2,003	Inpatient days:	99,043
KFHP members in KFH service area:	519,241	Emergency room visits:	99,402

KEY LEADERSHIP AT KFH-SAN DIEGO

Jane Finley	Senior Vice President and Executive Director
Sammy Totah	Chief Operating Officer
Lynette Seid	Area Chief Financial Officer
Paul E. Bernstein, MD	Area Medical Director
James Malone	Chief Administrative Officer
Rodger Dougherty	Senior Director, Public Affairs and Brand Communications
Shreya Sasaki	Senior Community Benefit Health Manager
Tana Lorah	Community Benefit Health Manager

KFH San Diego 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

Community Health Improvement Partners (CHIP), a voluntary, nonprofit collaboration of San Diego hospitals, health plans, community clinics, physicians, universities, schools, community-based organizations, and the County of San Diego Health and Human Services Agency, conducted the CHNA for San Diego. CHIP's mission is to assess and address priority health needs through collaboration. *Charting the Course VI*, the sixth edition of the triennial CHNA, provides a comprehensive view of the health status and health-related needs of San Diego County residents. In 2010, KFH-San Diego's Senior Community Benefit Manager actively participated on CHIP's needs assessment committee, which under the direction of CHIP's steering committee and board of directors, decided on the approach and methodology for *Charting the Course VI* and obtained the necessary project funding. The needs assessment committee contracted with consultant Michael Moder (Moder Research & Communications, Inc.) to develop and write the full report and executive summary and to conduct and report on the community input process. *Charting the Course VI* is available at <http://www.sdchip.org/initiatives/charting-the-course-vi.aspx>.

KEY FINDINGS FROM THE 2010 CHNA

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

Access to Health Services:

- An estimated 22.9% of San Diego residents under 64 are uninsured. Disparities related to being uninsured impact almost all aspects of health care.
- Community clinics in San Diego County are experiencing a rise in primary care clinic utilization rates, and hospital emergency departments have experienced a sharp rise in Medi-Cal utilization.

Weight Status, Nutrition, and Physical Activity:

- During 2009, the prevalence of San Diego County adults with an unhealthy weight status, either overweight or obese, was almost 60%. Adults most likely to be obese included African Americans and Latinos.
- Among children living in San Diego County, the prevalence of overweight or obesity was nearly 28% during 2007, the most recent period for which data are available. Children most likely to be overweight or obese include African Americans and Latinos.
- The California Health Interview Survey (CHIS) found the prevalence of obesity among San Diego County children and adolescents to be 12.1% and the prevalence of overweight to be 10.8%. The California State Board of Education's Physical Fitness Test (PFT) provides a weight status measure using BMI (body mass index). In 2009, the PFT revealed that 29.3% of San Diego County 5th graders, 28.5% of 7th graders, and 30.7% of 9th graders were overweight.

Injury and Violence:

- Unintentional injuries are one of the leading causes of death for San Diego County residents in all age categories regardless of gender, race, or region. Between 2000 and 2008, the rate of death related to unintentional injury increased by nearly 10%. During 2008, 932 deaths and 20,850 hospitalizations resulted from unintentional injury, and 149,900 hospital emergency department discharges followed treatment for unintentional injuries. Unintentional injuries highlighted in the 2010 CHNA report include poisoning/overdose, motor vehicle injury, fall-related injury, and pedestrian injury.
- Between 2005 and 2009, the number of reported violent crimes in San Diego County decreased by 8%: the greatest reduction was in the number of homicides. It is important to note that violence includes a wide array of activities, most of which are reportable crimes. Yet, according to the Crime Victimization Survey, less than half, 49%, of all violent crimes were reported to the police in 2009.

Falls:

- Falls, which are unintentional, are one of the leading causes of death, hospitalizations, and visits to a hospital ED, especially among those 65 and older. Those most impacted by fall-related deaths during 2007, as measured by the age-adjusted (age-specific for age categories) rates per 100,000, include males, whites, and persons 65 and older.

Motor Vehicle Injuries:

- Motor vehicle injuries refer to accidents (collision or non-collision) occurring on public roads. In addition to collisions between vehicles, these accidents include collisions between vehicles and animals, vehicles and pedestrians, or vehicles and fixed obstacles. Those most impacted by motor vehicle accident deaths during 2007, as measured by the age-adjusted rates per 100,000, include males, Latinos, African Americans, whites, and persons 15 to 24 and 65 and older.

Overdose/Poisoning:

- Persons included in the overdose and poisoning statistics have incurred the damaging physiological effects of ingestion, inhalation, or other exposure to a broad range of chemicals, including pesticides, heavy metals, gases/vapors, drugs, and a variety of common household substances, such as bleach and ammonia. Those most impacted by overdose and poisoning deaths during 2007, as measured by the age-adjusted rates per 100,000, include males, whites, African Americans, and persons 25 to 64.

Pedestrian Injury:

- Those most impacted by pedestrian deaths due to motor vehicles during 2007, as measured by the age-adjusted rates per 100,000, include males, African Americans, Latinos, and persons 15 to 24 and 65 and older.

Mental Health:

- The estimated prevalence of serious mental illness in San Diego County is 5% of the population, impacting more than 141,400 persons.
- During 2008, suicide, one of the major complications of depression, was the eighth leading cause of death in San Diego County.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFHSAN DIEGO SERVICE AREA

1. Access to health insurance coverage and health care services
2. Obesity prevention
3. Injury prevention and treatment

2013 YEAR-END RESULTS

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

The economic recession that began in December 2007 has been more severe than any economic downturn since the Great Depression. San Diego County's unemployment rate has varied from 3.9% in 2000 to 8.6% in November 2012. The health consequences of losing a job include changes in health coverage and health care utilization, higher emergency room and primary care clinic utilization, and competing demands for the family budget. Given the impact the economic downturn has had on health care access, KFH-San Diego selected this prioritized need so that it can use its resources to help increase access to health services for vulnerable populations. With a history of participating in charitable health coverage programs, many long-standing partnerships with community clinics in the county that serve vulnerable populations, and a recent track record of providing needed surgeries to this population via its Surgery Day Program, KFH-San Diego is well suited to address this need.

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. Increase availability of supportive services to facilitate access to health care services.

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 enroll individuals eligible for these products.
2. Provide charity care through the Medical Financial Assistance (MFA) program and maximize efficiencies.
3. Provide grant funding to community clinics to support operations and programs that increase access to direct health services.
4. Provide grant funding to nonprofit organizations to increase access to supportive services, including but not limited to transportation, nutrition assistance, language services, and case management.

2013 YEAR-END RESULTS

- In addition to charity care provided at the hospital, KFH-San Diego held Saturday Surgery Days on April 6, 2013 (for 36 patients) and October 19, 2013 (for 34 patients). Services included general surgeries (gallbladder removals and hernia repairs), cataract removals, orthopedic procedures, vascular procedures, and gastrointestinal procedures. Twenty-six physicians and 224 employees supported this project. Approximately, \$283,000 worth of care was provided.
- KFH-San Diego provided grants to community clinics to support operations and programs that increase access to direct health services. In 2013, KFH-San Diego supported 17 community health centers through 18 grants, totaling \$361,550. Funds were used to provide prevention services, primary care and treatment of chronic conditions, activities related to achieving patient-centered medical home status, medical care to the homeless, and other health care. Representative support includes the following:
 - Planned Parenthood of the Pacific Southwest (PPPSW) received a \$30,000 grant to expand its breast health management services, ensuring that patients receive the necessary services to complete the full continuum of breast health care. In the first six months of the grant, PPPSW reported that 750 San Diego patients were referred to the case management program for follow-up and referrals for breast health issues. This is double the total number of patients PPPSW was able to assist with breast health issues in 2012. Funding supports the salary of the breast health case manager and her duties beyond day-to-day patient navigation. For example, she organized biannual trainings for PPPSW's lead clinicians and hosted an annual breast health continuing education and training day for practitioners from all 19 of PPPSW's health centers.

- North County Health Services (NCHS) was awarded a \$25,000 grant to provide primary and preventive health care services that help uninsured, low-income patients with diabetes or hypertension gain control over their condition. In the grant's first six months, NCHS reported using funding to subsidize 255 visits (129 for diabetes and 126 for hypertension) for 176 unduplicated patients (86 with diabetes and 90 with hypertension). This is significant, given the high prevalence of diabetes and hypertension in the community and the multiple medical visits needed to successfully manage these conditions.
- Kaiser Permanente Southern California Region funded quality improvement (QI) projects for safety-net organizations to build stronger programs and infrastructure that improves service for patient populations at risk of racial and ethnic health disparities, with special focus on improved management of chronic conditions and patient outcomes and/or to prepare for health care reform.
 - Community Clinics Health Network received a total of \$300,000 from the donor-advised fund¹ to continue to disseminate the ALL HEART clinical protocol to community clinics, providers, and patients throughout Southern California.
 - NCHS was awarded \$125,000 from the donor-advised fund for capital support to construct a new community health center in Carlsbad.
 - Family Health Centers of San Diego received \$290,000 from the donor-advised fund to expand access to high-quality oral health care by furnishing a dental clinic for San Diego's diverse Diamond Neighborhood community.
 - Children's Dental Health Association of San Diego was awarded \$50,000 to support a school-based dental health program that provides dental screenings for kindergarteners and dental sealants for older students.

PRIORITIZED NEED II: OBESITY PREVENTION

Many factors play a role in overweight and obesity, making it a complex issue to address. Some major contributors to the obesity epidemic include genetic predisposition, environmental influences, behavior (dietary patterns and physical activity), cultural influences, and socioeconomic status. The selected strategies aim to address environmental influences, dietary patterns, and physical activity because, unlike other factors such as genetic predisposition or socioeconomic status, these issues can be impacted by KFH-San Diego resources. Also, population-oriented approaches focused on environmental and policy changes that will have the broadest reach were chosen because they usually have the lowest intensity and cost and are critical for reaching segments of the population with the fewest resources (e.g., low socioeconomic status, limited education). KFH-San Diego is well-suited to address this need due to its longstanding history of promoting prevention and its more recent experience supporting obesity and overweight prevention efforts that aim to increase access to physical activity, nutrition education, healthful foods, and initiatives focused on environmental and policy changes.

2013 GOALS

1. Increase consumption of fresh fruits and vegetables.
2. Decrease calorie consumption (e.g., soda/sugar-sweetened beverages, portion size, snacking).
3. Increase physical activity in community settings (e.g., safe walking and biking routes, schools, after-school, parks and hiking trails, joint use agreements, work sites).

2013 STRATEGIES

1. Support efforts focused on environmental changes that encourage healthy eating and active living, including organizational practices, systems change, and the built (physical) environment.
2. Saturate the City of Lemon Grove with multiple, evidence-based strategies to impact physical and social environments through participation in the Lemon Grove Healthy Eating Active Living (HEAL) Zone steering committee

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

3. Provide grant funding to increase available fresh produce in low-income neighborhoods and to provide education and support for increased consumption of the fresh produce.
4. Partner with IRC (International Rescue Committee) to implement a community garden on KFHP-owned property in El Cajon to increase access to fresh produce and awareness of healthy eating and physical activity.
5. Provide grant funding to organizations that increase access to safe physical activity.

2013 YEAR-END RESULTS

- People's Produce Project received a \$12,000 grant to host a weekly farmers' market featuring local farmers, entrepreneurs, and a socially vibrant venue to encourage better eating behaviors and participation in physical fitness activities. The project takes place in Southeastern San Diego, which has higher rates of hospitalization for coronary heart disease, stroke, diabetes, and asthma compared to other areas in the central region of San Diego County. The project aims to hold at least 45 farmers' market days in one year; host a minimum of 15 physical activities and 15 healthy cooking demonstrations at the markets; and distribute 200 healthy cookbooks and recipes to low-income residents.
- In 2012, KFH-San Diego began a strong partnership with IRC to establish a community garden on vacant KFHP-owned land in El Cajon to increase access to and consumption of produce and to increase physical activity among a vulnerable refugee population. After the El Cajon City Council passed an ordinance allowing for community gardens in January 2013, KFH-San Diego and IRC launched garden implementation. A license agreement was signed by KFH-San Diego and IRC, allowing IRC full access to and use of the property. Governance structure and co-branding of the garden was agreed upon, and the garden was named the "New Roots Fresh Farm Community Garden." The five-acre community garden has 41 plots measuring 20 feet by 30 feet each and provides organic, sustainable produce to more than 300 refugee families from Iraq, Liberia, Myanmar, and residents of the City of El Cajon. In addition to the land, KFH-San Diego donated more than \$250,000, including grants, materials, supplies, signage, and staff time to start the project.
- Kaiser Permanente Southern California Region's Operation Splash grants support recreation and parks departments and districts to provide children and adults with free swim lessons and junior lifeguard preparation and to launch healthy beverage campaigns. In 2013, Friends of Chula Vista received \$55,000 from the donor-advised fund. Beyond the grant, KFH-San Diego staff partnered with Friends of Chula Vista Parks and Recreation Department to host an Operation Splash kickoff event that highlighted the importance of physical activity and pool safety. The event was covered on local news stations and helped to raise awareness of physical activity and water safety.
- Kaiser Permanente Southern California Region HEAL statewide strategic partnership grants support projects focused on policy and environmental changes designed to bring significant and sustained community-level change within communities. Community Health Improvement Partners received a \$200,000 grant over two years (\$100,000 in 2013) to support the San Diego County Childhood Obesity Initiative (COI), which works on multi-sector obesity prevention strategies to create healthy environments for all children and families in San Diego County. KFH-San Diego's Senior Community Benefit Manager is a member of COI's Leadership Team Council.
- Kaiser Permanente Southern California Region's HEAL Zone initiative supports site-specific collaboratives, composed of multi-sector representatives from cities, school districts, community clinics, and nonprofit organizations, to develop and implement evidence-based and prevention-oriented environmental strategies focused on reducing obesity rates in their communities. The strategies aim to transform communities so that residents are exposed to multiple opportunities for engaging in healthy behaviors (e.g., availability of bike lanes, farmers markets, parks, etc.). In 2013, Community Health Improvement Partners received \$150,000 from the donor-advised fund. KFH-San Diego leveraged Kaiser Permanente Educational Theatre, which performed *The Amazing Food Detective*, a production focused on healthy eating, at all Lemon Grove Elementary Schools, as part of the Lemon Grove HEAL Zone project.
- Kaiser Permanente Southern California Region provided seven responsive grants, which fund projects outside the scope of strategic initiatives, totaling \$358,750 in the KFH service areas of Anaheim, Downey, Fontana, Los Angeles, San Diego, and West Los Angeles. These grants address community organizing/advocacy, health education, and increased access to healthy food and physical activity. In 2013, Environmental Health Coalition was granted \$75,000 over two years for Healthy Barrios: Improving Health in San Diego Environmental Justice Communities. Community leaders are engaging in building healthy communities through the SALTA (Salud Ambiental Líderes Tomando Acción

[Environmental Health Leaders Taking Action]) leadership training program. Technical assistance (TA) is provided for the approval and implementation of the community plan in Barrio Logan to increase access to healthy food options, community gardens, and walkable streets and to establish a joint use agreement.

PRIORITIZED NEED III: INJURY PREVENTION AND TREATMENT

In California, the number one killer and disabler of persons 1 to 44 is injury—unintentional and intentional. Unintentional injuries can occur at home, at work, at school, on the streets, and while participating in sports and recreation. The 2010 CHNA focused on those unintentional injuries that are severe enough to lead to an emergency room visit, hospitalization, or death. Unintentional injuries are one of the leading causes of death for San Diego County residents of all ages, regardless of gender, race, or region. Intentional injuries result from purposeful human action directed at oneself or others. In terms of intentional injuries, the 2010 CHNA examined violence and self-inflicted injury. Violence includes a wide array of crimes involving the use of physical force with the intent to inflict harm or death upon another person. Self-inflicted injury, which includes suicide, is the deliberate harm of one's own body to cause injury (cutting, scratching, hitting, biting, and burning). In 2008, suicide was the eighth leading cause of death in San Diego County, accounting for 359 deaths, with an overall age-adjusted rate of 11.3 suicide deaths per 100,000 people.

The economic costs of injury and violence are massive and include not only medical expenses, but wage and productivity losses, administrative expenses, and motor vehicle damage as well. The rationale for selecting this priority need is based on the high numbers of deaths, high rates of hospitalization and ED discharges, and the economic and social costs (mental health issues, relationship issues, etc.) that unintentional and intentional injuries cause. In the past few years, KFHSan Diego has begun to support community-based organizations that aim to prevent or treat unintentional and intentional injuries. KFHSan Diego will continue building on this support in 2013.

2013 GOALS

1. Increase access to community-based prevention efforts for unintentional and intentional injuries.
2. Increase access to treatment and support services for intentional injuries.

2013 STRATEGIES

1. Promote Regional Health Education's fall prevention curriculum to community-based nonprofit agencies in San Diego County.
2. Provide grant funding to support community-based efforts aimed at preventing unintentional and intentional injury.
3. Provide grant funding for programs that aim to treat victims of intentional injury and provide support services that address trauma and mental issues and provide support services such as case management.

2013 YEAR-END RESULTS

KFHSan Diego provided a number of grants to organizations that support community-based efforts aimed at preventing and treating unintentional and intentional injury. Grant-supported programs had objectives related to preventing youth violence and promoting youth empowerment, prevention education on domestic violence, support teams that respond to domestic violence, and a program focused on preventing falls and domestic violence in families with a member who has dementia or Alzheimer's disease. The following highlights some of these activities:

- KFHSan Diego granted \$5,000 to STAR/PAL to promote youth safety through crime and violence prevention education; to cultivate youth empowerment through civic engagement and enrichment activities, and to offer free programs in underserved communities. Collaboration with law enforcement and public safety agencies gives STAR/PAL participants one-on-one interaction with officers and the opportunity to gain a perspective and a better understanding of the profound long-term impacts of juvenile delinquent behavior and the importance of staying in school and participating in healthy activities.

- KFH-San Diego granted Center for Community Solutions (CCS) \$12,500 for a project aimed at preventing domestic violence. CCS successfully continues to provide the Healthy Relationship Education program to reduce teen relationship violence in San Diego County. During the grant period, 250 youth will receive age-appropriate healthy relationship education and bystander intervention education. Under a previous grant, CCS provided 14 educational sessions to 590 teens and young adults in 2013 through a variety of venues, including school settings, youth conferences, and other social service settings. Staff also presented an overview of healthy relationships to a group of 300 Camp Pendleton marines and presented on Consent and Bystander Intervention to approximately 200 participants at California State University, San Marcos' Take Back the Night event during Sexual Assault Awareness Month. In addition to grant support, KFH-San Diego connected CCS staff with service area staff and physicians who are members of the Family Violence Prevention Committee to facilitate networking on the prevention and treatment of domestic violence.
- KFH-San Diego granted South Bay Community Services (SBCS) \$12,500 to support the provision of emergency crisis response, shelter, and trauma-informed supportive services for victims of domestic violence and their children in San Diego's South Bay region. Most of the work will be accomplished in 2014. The grant supports crisis intervention services for 400 victims of domestic violence; shelter and services for 175 victims, and; community resources and referrals for 400 victims of domestic violence. In 2013, thanks to an earlier grant, 648 individuals received domestic violence response team (DVRT) crisis intervention services. All participants received community resources, community referrals to services such as temporary restraining order assistance, shelter locations (if SBCS did not have available space), emergency food and clothing distribution sites, emergency hotel/motel vouchers, social services advocacy, crisis intervention, and case management services. In 2013; 140 domestic violence victims were housed at SBCS shelters. All received emergency food and clothing upon entry, counseling services, transportation services as needed, case management, advocacy, and opportunities to attend support groups.

Table 1

KAISER FOUNDATION HOSPITAL-SAN DIEGO

2013 Key Community Benefit Program Metrics

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

Charity Care: Medical Financial Assistance Program recipients	4,669
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Other Plan members	488
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	4,099
Medi-Cal managed care members	26,653
Healthy Families Program members	371
Community Surgery Day patients	69
Health Research projects (new, continuing, and completed)	211
Nursing Research projects (new, continuing, and completed)	5
Educational Theatre – number of performances and workshops	75
Educational Theatre – number of attendees (students and adults)	14,805
Graduate Medical Education – number of programs	16
Graduate Medical Education – number of affiliated and independent residents	146
Nurse practitioner and other nursing training and education beneficiaries	15
Deloras Jones nursing scholarship recipients	29
Other health professional training and education (non-MD) beneficiaries	39
Hippocrates Circle students	94
Summer Youth and INROADS programs participants	23
Number of 2013 grants and donations made at the local and regional levels ¹	94

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

Table 2

KAISER FOUNDATION HOSPITAL-SAN DIEGO

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2013

	2013 Totals
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$12,091,832
Healthy Families ²	78,704
Charity care: Charitable Health Coverage programs ³	1,981,932
Charity care: Medical Financial Assistance Program ⁴	6,404,081
Grants and donations for medical services ⁵	652,975
Subtotal	\$21,209,524
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁶	\$0
Educational Outreach Program	0
Summer Youth and INROADS programs ⁷	51,225
Grants and donations for community-based programs ⁸	716,099
Community Benefit administration and operations ⁹	1,148,493
Subtotal	\$1,915,817
Benefits for the Broader Community¹⁰	
Community health education and promotion programs	\$162,971
Educational Theatre	310,059
Facility, supplies, and equipment (in-kind donations) ¹¹	0
Community Giving Campaign administrative expenses	22,346
Grants and donations for the broader community ¹²	28,195
National board of directors fund	43,015
Subtotal	\$566,586
Health Research, Education, and Training	
Graduate Medical Education	\$2,096,223
Non-MD provider education and training programs ¹³	1,086,963
Grants and donations for the education of health care professionals ¹⁴	87,061
Health research	1,146,795
Continuing Medical Education	0
Subtotal	\$4,417,042
Total Community Benefits Provided	\$28,108,969

ENDNOTES

- 1 Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- 2 Amount includes hospital-specific, unreimbursed expenditures for Healthy Families members on a cost basis. Healthy Families program represents partial year as program ended in 2013, and children transferred into Medi-Cal.
- 3 Amount includes hospital-specific, unreimbursed expenditures for Other Plan members and unreimbursed inpatient expenditures for Kaiser Permanente Child Health Plan subsidy on a cost basis.
- 4 Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance and Indigent Care programs on a cost basis.
- 5 Figures reported in this section for grants and donations for medical services consist of charitable contributions to community clinics and other safety-net providers; community health partnerships and collaboratives; and special Request for Proposals to support specific health issues such as childhood obesity, asthma, etc. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 6 Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Los Angeles, KFH-West Los Angeles, and KFH-Downey.
- 7 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Summer Youth students hired.
- 8 Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonmedical needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 9 The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- 10 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a number of related denominators such as the number of Educational Theatre performances or health education programs.
- 11 Amount represents the estimated value of donated surplus office and medical supplies, equipment and furniture, promotional items and giveaways, in-kind services such as printing, mailings, multimedia production, etc., and conference and meeting room usage, as recorded in the MicroEdge GIFTS database.
- 12 Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 13 Amount reflects the net expenditures after tuition reimbursement for health professional education and training programs.
- 14 Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, etc. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2013 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY

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

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

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

- Diabetes (type 2)
- Cardiovascular disease
- Unintentional injury
- Asthma
- Breast cancer
- Back pain
- Lung cancer
- Skin cancer
- Obesity
- Mental/behavioral health
- High risk pregnancy
- Dementia and Alzheimer's disease
- Acute respiratory infections/pneumonia
- Colorectal cancer
- Prostate cancer

HEALTH NEEDS THAT KFH-SAN DIEGO PLANS TO ADDRESS

1. ACCESS TO HEALTH CARE

Increase access to clinical care as this drives poor health outcomes in many health needs. 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.

In the CHNA, access to care or insurance was described as access to primary care physicians and referral, and/or increased availability of insurance coverage. This need was selected because even with implementation of the Affordable Care Act, 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 continue. Even with insurance, for some populations—those with Medicare, Medi-Cal, etc. and individuals with geographic or language barriers—access is not guaranteed.

During the prioritization process, access to care was not identified a health need per se, but it was recognized as a driver of health and. Because KFH-San Diego recognizes that access to care is an area of need in its medical center service area, the decision was made to adopt it as a priority need.

2. CARDIOVASCULAR DISEASE

Preventing and managing this chronic condition that particularly impacts vulnerable populations residing in San Diego County's high needs areas (as measured by the community needs index [CNI]). The CDC's Behavioral Risk Factor Surveillance System (BRFSS) found 3.42% (78,780) of adults in San Diego County reported having ever been told by a doctor that they have coronary heart disease or angina. The age-adjusted death rate for coronary heart disease in San

Diego County is 117 per 100,000, which is lower than the state rate of 135 per 100,000. Males in the county have a higher rate than females (152.43 and 89.53, respectively), and African Americans have the highest rate (164.38 per 100,000) among the different ethnic groups. This need was selected through the process described in the CHNA and was identified as one of the top four priority health needs during the community priority setting process.

3. MENTAL HEALTH

Preventing and managing symptoms of this illness that particularly impacts vulnerable populations residing in San Diego County's high needs areas (as measured by the CNI). Suicide, an indicator of poor mental health, is one of the major complications of depression. The CDC's National Center for Health Statistics reports the age-adjusted suicide death rate in San Diego County as 11.35 per 100,000, which is higher than the state suicide rate of 10.05 per 100,000. When adjusting for age, males are more likely than females to commit suicide (18% and 5%, respectively). Both male and female rates of suicide in San Diego County are above those of the state. This need was selected through the process described in the CHNA and was identified as one of the top four priority health needs during the community priority setting process.

4. OBESITY

Preventing and managing this condition that particularly impacts vulnerable populations residing in San Diego County's high needs areas (as measured by the CNI). The CDC's BRFSS found that the percentage of San Diego adults who self-report that they were obese is 22.8%, which is lower than state (23.3%) and national (27.4%) percentages. However, the percentage of San Diego adults who self-report that they were overweight is 36.4%, which is higher than state (36.2%) and national (36.3%) percentages. In San Diego County adult males are more likely to report being obese than females (24% versus 21%, respectively). This need was selected through the process described in the CHNA and was identified as one of the top four priority health needs during the community priority setting process.

5. DIABETES

Preventing and managing this chronic condition that particularly impacts vulnerable populations residing in San Diego County's high needs areas (as measured by the CNI). Diabetes is a problem within San Diego as well as the nation and may indicate an unhealthy lifestyle that puts individuals at risk for further health issues. The CDC's Diabetes Data & Trends found that in San Diego County 7.3% (163,205) of adults age 20 and older reported having diabetes. Males in San Diego County are more likely to report diabetes than females (8% versus 6.7%, respectively). This need was selected through the process described in the CHNA and was identified as one of the top four priority health needs during the community priority setting process.

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

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

2014-2016 COMMUNITY BENEFIT PLAN

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

PRIORITY HEALTH NEED I: ACCESS TO HEALTH CARE – INCREASING ACCESS TO CLINICAL CARE AS THIS DRIVES POOR HEALTH OUTCOMES ACROSS MANY HEALTH NEEDS

GOAL

- Improve access to clinical care services.

STRATEGIES

Programs and Services

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

Leveraging Organizational Assets

- KFH-San Diego will partner with Project Access San Diego to host two free surgical/diagnostic days at KFH-San Diego outpatient surgery centers.

EXPECTED OUTCOMES

- Increased enrollment and retention in health care coverage programs.
- Increased access to urgent or emergency clinical services.
- Increased access to routine clinical services including pharmaceuticals, primary and specialty care, appointments, and other services.
- Increased access to outpatient procedures and diagnostic services.

PRIORITY HEALTH NEED II: CARDIOVASCULAR DISEASE – PREVENTING AND MANAGING THIS CHRONIC CONDITION THAT PARTICULARLY IMPACTS VULNERABLE POPULATIONS RESIDING IN HIGH NEEDS AREAS (AS MEASURED BY THE COMMUNITY NEEDS INDEX) OF SAN DIEGO COUNTY

GOALS

- Increase healthy eating among vulnerable populations residing in high need areas of San Diego County.
- Increase access to active living among vulnerable populations residing in high need areas of San Diego County.

- Improve access to cardiovascular disease care management among vulnerable populations residing in high need areas of San Diego County.

STRATEGIES

Programs and Services

- Partner with Kaiser Permanente Educational Theatre's (KPET) *Amazing Food Detective* to educate students about healthy eating.

Community Investments

- Provide grants to organizations that work on environmental and policy change efforts related to healthy eating and physical activity
- Continue to provide Operation Splash grant in Chula Vista to increase access to swim lessons.
- Provide grants to community clinics that support programs or operational costs related to the provision of cardiovascular disease care management, patient education, and services for vulnerable populations.

Leveraging Organizational Assets

- Support continued implementation of the Kaiser Permanente-International Rescue Committee (IRC) El Cajon Community Garden.
- Promote use of Thriving Schools and *Weight of the Nation Kids* resources related to healthy eating and physical activity.
- Collaborate with Kaiser Permanente Southern California Region Health Education to disseminate materials related to healthy eating.
- Increase access to sports physical exams through provision of free physical exams by KFH-San Diego's Primary Care Department.
- Increase access to Kaiser Permanente-led Women Heart support group.
- Participate in the Healthier Hospitals Initiative through the Nutrition in Healthcare Leadership Team and provide healthier food offerings to members, visitors, staff, and physicians.

Collaboration and Partnerships

- Participate in San Diego Childhood Obesity Initiative's Leadership Council and Lemon Grove HEAL Zone Committee to promote environmental and policy change related to healthy eating and active living

EXPECTED OUTCOMES

- Increased awareness about the importance of healthy eating and physical activity
- Improved policy and environmental changes targeted towards healthy eating and physical activity (i.e., access to affordable, fresh produce in the community and establishment of safe walking/hiking trails and bike routes)
- Increased availability of community-based educational efforts.
- Increased access to clinic-based care management and education services for vulnerable populations.

PRIORITY HEALTH NEED III: MENTAL/BEHAVIORAL HEALTH – PREVENTING AND MANAGING SYMPTOMS OF THIS ILLNESS THAT PARTICULARLY IMPACTS VULNERABLE POPULATIONS RESIDING IN HIGH NEED AREAS OF SAN DIEGO COUNTY

GOALS

- Improve screening of mental health symptoms.
- Reduce suicide risk by strengthening protective factors.

- Prevent the onset of suicidal behaviors among specific high-risk subpopulations.

STRATEGIES

Community Investments

- Provide grants to clinic organizations for projects that aim to increase access to case managers.
- Provide grants to non-profit organizations that aim to reduce the stigma of mental illness through direct interpersonal contact education, advocacy, and/or coalition building.
- Provide grants to community-based non-profit organizations for projects that aim to prevent the onset of suicidal behaviors among specific high-risk subpopulations.

Leveraging Organizational Assets

- KFH-San Diego's Psychiatry and Addiction Medicine Department will conduct depression and alcohol screening in partnership with a community clinic.
- Identify a representative from KFH-San Diego's Psychiatry and Addiction Medicine Department to participate in Community Health Improvement Partners' Suicide Prevention Action Plan Committee.

EXPECTED OUTCOMES

- Increased access to case managers to improve collaborative care management among primary care providers, patients, and mental health specialists in community clinic settings.
- Increased access to active screening for depression and alcohol misuse/abuse among high risk populations such as the elderly, young adults 18 to 24, and pregnant or post-partum women.
- Reduced stigmatization of mental illness to increase support for individuals to obtain treatment for their mental health symptoms.
- Increased community support, barriers to mental health care removed, and enhanced community knowledge of what to do to help suicidal individuals.
- Increased access to screening programs, gatekeeper training for "frontline" adult caregivers and peer "natural helpers," support and skill-building groups for at-risk groups in the population, and enhanced, accessible crisis services and referral sources.

PRIORITY HEALTH NEED IV: OBESITY – PREVENTING THIS CONDITION THAT PARTICULARLY IMPACTS VULNERABLE POPULATIONS RESIDING IN HIGH NEED AREAS OF SAN DIEGO COUNTY

GOAL

- Improve healthy eating and active living among vulnerable populations residing in high need areas of San Diego County.

STRATEGIES

Programs and Services

- Partner with KPET's *Amazing Food Detective* to educate students about healthy eating and active living.

Community Investments

- Provide grants to organizations that work on environmental and policy change efforts related to healthy eating and physical activity.
- Continue to provide Operation Splash grant in Chula Vista to increase access to swim lessons.

Leveraging Organizational Assets

- Promote use of Thriving Schools and *Weight of the Nation Kids* resources related to healthy eating and active living.
- Support (i.e., growing produce, educational outreach, operations, etc.) continued implementation of the Kaiser Permanente-IRC El Cajon Community Garden.
- Collaborate with Kaiser Permanente Southern California Region Health Education to disseminate materials related to healthy eating and activity living.
- Participate in the Healthier Hospitals Initiative through the Nutrition in Healthcare Leadership Team and provide healthier food offerings to members, visitors, staff and physicians.
- Increase access to sports physical exams by providing free physical exams by KFH-San Diego's Primary Care Department.

Collaboration and Partnerships

- Participate in the San Diego Childhood Obesity Initiative's Leadership Council and the Lemon Grove HEAL Zone Committee to promote environmental and policy change related to healthy eating.

EXPECTED OUTCOMES

- Increased awareness about healthy eating and active living.
- Increased access to affordable, fresh produce in the community.
- Policy and environmental changes targeted towards healthy eating (i.e., access to fresh produce and establishment of safe walking/hiking trails and bike routes) are improved or created.

PRIORITY HEALTH NEED V: DIABETES – PREVENTING AND MANAGING THIS CHRONIC CONDITION THAT PARTICULARLY IMPACTS VULNERABLE POPULATIONS RESIDING IN HIGH NEED AREAS OF SAN DIEGO COUNTY

GOALS

- Improve healthy eating and active living among vulnerable populations residing in high need areas of San Diego County.
- Improve access to diabetes care management among vulnerable populations residing in high need areas of San Diego County.

STRATEGIES

Programs and Services

- Partner with KPET's *Amazing Food Detective* to educate students about healthy eating and physical activity.

Community Investments

- Provide grants to organizations that work on environmental and policy change efforts related to healthy eating and active living.
- Continue to provide Operation Splash grant in Chula Vista to increase access to swim lessons.
- Provide grants to organizations that aim to educate patients and family members about diabetes care management.
- Provide grants to community clinics that support programs or operational costs related to the provision of diabetes care management services for vulnerable populations.
- Provide continued grant support to Council of Community Clinics to support education and care management of the San Diego safety net.

Leveraging Organizational Assets

- Collaborate with Kaiser Permanente Southern California Health Education to disseminate materials related to healthy eating and physical activity.
- Participate in the Healthier Hospitals Initiative through the Nutrition in Healthcare Leadership Team and provide healthier food offerings to members, visitors, staff, and physicians.
- Increase access to sports physical exams by providing free physical exams by KFH-San Diego's Primary Care Department.
- Kaiser Permanente physician champion Dr. Wu will conduct diabetes self-management education in community gathering places for adults with type 2 diabetes.
- Promote use of Thriving Schools and *Weight of the Nation Kids* resources related to healthy eating and physical activity.
- Support continued implementation of the Kaiser Permanente/IRC El Cajon Community Garden.

Collaboration and Partnerships

- Participate in the San Diego Childhood Obesity Initiative's Leadership Council and the Lemon Grove HEAL Zone Committee to promote environmental and policy change related to healthy eating and active living.
- KFH-San Diego Senior CB Manager continues to participate in quarterly project steering committee.

EXPECTED OUTCOMES

- Increased awareness about healthy eating and active living.
- Increased access to affordable, fresh produce in the community.
- Improved policy and environmental changes targeted towards healthy eating and active living (i.e. access to affordable fresh produce and establishment of safe walking/hiking trails and bike routes).
- Increased access to community-based educational efforts.
- Increased access to health care services in the community clinic setting for vulnerable populations.
- Increased access to Kaiser Permanente's Project ALL clinic protocol to improve care management among patients with diabetes, hypertension, and high cholesterol in the community clinic setting.

PRIORITY HEALTH NEED VI: WORKFORCE

LONG-TERM GOAL

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

INTERMEDIATE GOAL

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

STRATEGIES

- Implement health care workforce pipeline programs to introduce diverse, underrepresented, school-age youth and college students to health careers
- Provide workforce training programs to train current and future health care providers with the skills, linguistic, and cultural competence to meet the health care needs of diverse communities
- Disseminate knowledge to educational and community partners to inform curricula, training, and health career ladder/pipeline programs

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

EXPECTED OUTCOMES

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

PRIORITY HEALTH NEED VII: RESEARCH

LONG-TERM GOAL

- Increase awareness of the changing health needs of diverse communities

INTERMEDIATE GOAL

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

STRATEGIES

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

EXPECTED OUTCOMES

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