



# Kaiser Foundation Hospital – Northern California Region

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

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# INTRODUCTION

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

## DEVELOPMENT OF A CONSOLIDATED COMMUNITY BENEFIT PLAN

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

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

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

## CONTENTS OF THE COMMUNITY BENEFIT PLAN

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

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

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

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

### CHAPTER III: COMMUNITY BENEFIT PROVIDED IN 2013

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

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

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

# CHAPTER I: HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

## HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

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

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

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

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

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

### NATIONAL STRUCTURE

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

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

### REGIONAL STRUCTURE IN CALIFORNIA

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

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

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

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

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

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

## **KAISER FOUNDATION HOSPITALS IN CALIFORNIA**

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

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

## ***MEDICAL OFFICE BUILDINGS***

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

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

### MISSION STATEMENT

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

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

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

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

### NATIONAL COMMITMENT TO COMMUNITY BENEFIT

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

We focus our work on three broad areas:

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

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

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

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

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

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

## **KAISER PERMANENTE'S COMMITMENT TO COMMUNITY BENEFIT IN CALIFORNIA**

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

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

## CHAPTER III: COMMUNITY BENEFIT PROVIDED IN 2013

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

### METHODOLOGY

#### DEFINITION OF COMMUNITY

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

#### CATEGORIZATION OF SERVICES

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

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

#### DOCUMENTATION AND ALLOCATION OF EXPENDITURES

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

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

Resource allocations are reported, as follows:

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

### SUMMARY OF KAISER FOUNDATION HOSPITALS COMMUNITY BENEFIT

#### STATEWIDE BENEFITS

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

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

## **BENEFITS BY HOSPITAL SERVICE AREA**

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

## **DESCRIPTION OF COMMUNITY BENEFIT PROGRAMS AND SERVICES**

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

### **MEDICAL CARE SERVICES FOR VULNERABLE POPULATIONS**

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

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

#### **MEDI-CAL**

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

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

#### **HEALTHY FAMILIES PROGRAM**

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

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

### **CHARITABLE HEALTH COVERAGE PROGRAMS**

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

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

### **MEDICAL FINANCIAL ASSISTANCE**

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

### **GRANTS AND DONATIONS FOR MEDICAL CARE SERVICES**

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

### **OTHER BENEFITS FOR VULNERABLE POPULATIONS**

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

### **KAISER PERMANENTE EDUCATIONAL OUTREACH PROGRAM**

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

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

### **KAISER PERMANENTE WATTS COUNSELING AND LEARNING CENTER**

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

### **YOUTH EMPLOYMENT PROGRAMS**

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

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

### **GRANTS AND DONATIONS FOR COMMUNITY-BASED PROGRAMS**

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

### **BENEFITS FOR THE BROADER COMMUNITY**

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

## COMMUNITY HEALTH EDUCATION AND HEALTH PROMOTION PROGRAMS

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

### KAISER PERMANENTE EDUCATIONAL THEATRE (KPET)

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

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

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

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

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

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

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

#### **GRANTS AND DONATIONS FOR THE BROADER COMMUNITY**

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

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

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

#### **HEALTH RESEARCH, EDUCATION, AND TRAINING PROGRAMS**

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

#### **PROVIDER EDUCATION AND TRAINING**

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

#### **GRADUATE MEDICAL EDUCATION (GME)**

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

#### **COMMUNITY MEDICINE FELLOWSHIP**

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

#### **OLIVER GOLDSMITH SCHOLARSHIP PROGRAM**

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

## **NURSING EDUCATION AND TRAINING**

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

### **KAISER PERMANENTE SCHOOL OF ANESTHESIA FOR NURSES**

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

### **CALIFORNIA NURSING ANESTHESIA COLLABORATIVE PROGRAM – (CNACP)**

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

### **KAISER PERMANENTE DELORAS JONES NURSING SCHOLARSHIP PROGRAM**

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

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

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

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

## **TECHNICAL PROVIDER EDUCATION AND TRAINING**

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

### **KAISER PERMANENTE SCHOOL OF ALLIED HEALTH SCIENCES – (KPSAHS)**

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

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

#### **KAISER PERMANENTE MENTAL HEALTH TRAINING PROGRAM**

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

#### **KAISER PERMANENTE PHARMACIST RESIDENCY PROGRAMS**

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

#### **KAISER PERMANENTE PHYSICAL THERAPY FELLOWSHIP IN ADVANCED ORTHOPEDIC MANUAL THERAPY PROGRAM**

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

#### **KAISER PERMANENTE PHYSICAL THERAPY NEUROLOGY RESIDENCY**

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

#### **KAISER PERMANENTE PHYSICAL THERAPY CLINICAL INTERNSHIPS**

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

#### **KAISER PERMANENTE PHYSICAL THERAPY ORTHOPEDIC FELLOWSHIP PROGRAM**

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

#### **KAISER PERMANENTE MOVEMENT SCIENCE FELLOWSHIP**

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

### **KAISER PERMANENTE ORTHOPEDIC FELLOWSHIP IN SPORTS REHABILITATION**

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

### **KAISER PERMANENTE SPINE REHABILITATION FELLOWSHIP PROGRAM**

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

### **KAISER PERMANENTE CLINICAL PSYCHOLOGY INTERNSHIP TRAINING PROGRAMS**

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

### **KAISER PERMANENTE RADIOLOGY TRAINING PROGRAM**

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

### **ADVANCED PRACTICE AND ALLIED HEALTH CARE EDUCATIONAL PROGRAMS**

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

### **HIPPOCRATES CIRCLE**

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

### **GRANTS AND DONATIONS FOR THE EDUCATION OF HEALTH CARE PROFESSIONALS**

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

### **HEALTH RESEARCH**

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

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

### **DIVISION OF RESEARCH (DOR)**

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

### **DEPARTMENT OF RESEARCH AND EVALUATION**

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

### **KAISER FOUNDATION RESEARCH INSTITUTE (KFRI)**

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

### **NURSING RESEARCH PROGRAM**

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

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

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

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

Table A

## KAISER FOUNDATION HOSPITALS IN CALIFORNIA

### COMMUNITY BENEFITS PROVIDED IN 2013

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

See endnotes on the following page.

## ENDNOTES

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

**Table B**

**KAISER FOUNDATION HOSPITALS IN CALIFORNIA**

**HOSPITAL SERVICE AREA SUMMARY TABLE**

**COMMUNITY BENEFITS PROVIDED IN 2013**

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

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



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

### INTRODUCTION

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

### COMMUNITY HEALTH NEEDS ASSESSMENT

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

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

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

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

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

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

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

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

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

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

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

## **COMMUNITY BENEFIT PLAN DEVELOPMENT**

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

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

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

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

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

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

## **OUTLINE OF HOSPITAL SECTION**

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

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

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



## KAISER FOUNDATION HOSPITAL (KFH)-SAN RAFAEL

99 Montecillo Road  
 San Rafael, CA 94903  
 (415) 444-2000

The KFH-San Rafael service area comprises Marin County and the southern portion of Sonoma County, including the cities of Petaluma and Sonoma. Cities in Marin County include Belvedere, Corte Madera, Fairfax, Larkspur, Mill Valley, Novato, Ross, San Anselmo, San Rafael, Sausalito, and Tiburon and the coastal towns of Stinson Beach, Bolinas, Point Reyes, Inverness, Marshall, and Tomales.

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

Total population:	355,366
Median age:*	43.7
Average household income:*	\$89,909
Percentage living in poverty:	7.36%
Percentage unemployed:	7.03%
Percentage uninsured:	10.04%

White:	72.67%
Latino:	16.66%
Asian and Pacific Islander:	4.95%
Other:	3.19%
African American:	2.25%
Native American:	0.29%

### KEY STATISTICS

Year opened:	1966
KFH full-time equivalent personnel:	614.07
KFHP members in KFH service area:	121,448

Total licensed beds:	116
Inpatient days:	18,577
Emergency room visits:	25,931

### KEY LEADERSHIP AT KFH-SAN RAFAEL

Judy Coffey, RN	Senior Vice President and Area Manager
Tony Fiorello	Chief Operating Officer/Chief Nursing Officer
Diane Hernandez	Area Finance Officer
Gary Mizono, MD	Physician in Chief
Patricia Kendall	Medical Group Administrator
Carl Campbell	Public Affairs Director
Jeannie Dulberg	Community Benefit/Community Health Manager

## KFH San Rafael Medical Center Area



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



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

# THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

## 2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

The 2010 CHNA for KFH-San Rafael was based primarily on data collected and reported by Healthy Marin Partnership (HMP). It is supplemented by data from CHIS (California Health Interview Survey) 2007, the Marin County Maternal Child and Adolescent Health Program (MCAH) needs assessment completed in 2009, research on older adults completed by Harder+Company and funded by Marin Community Foundation and UCLA Center for Health Policy Research. HMP is sponsored by Marin County Department of Health and Human Services, Marin Community Foundation, KFH-San Rafael, and Sutter Health, Novato. Areté Consulting was engaged to review and synthesize available data and to facilitate the CHNA and planning process for KFH-San Rafael.

## 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 were as follows:

*Although Marin County has a relatively affluent population overall, a significant proportion of county residents are uninsured:*

- An estimated 16.3% of Marin County residents were uninsured for all or part of the year in 2009.
- 8.6% of county residents were insured through Medi-Cal or Healthy Families.

*Overweight and obesity are important factors in the health of Marin County residents:*

- Almost 44% of adults over 18 are overweight or obese.
- 23% of 9th graders and 20% of 11th graders are overweight or at risk of being overweight.
- Only 57% of youth report eating five or more servings of fruits and vegetables per day.
- Physical activity among youth declines with age; 81% of 7th graders, 79% of 9th graders, and 76% of 11th graders report more than 20 minutes of physical activity on at least three of the last seven days.

*Alcohol and tobacco use is widespread and creates significant risks for Marin County residents:*

- 52% of 11th graders and 27% of 9th graders report using alcohol in 2007.
- 38% of 11th graders and 14% of 9th graders report binge-drinking in 2007.
- 8% of 9th graders, 18% of 11th graders, and 12% of adults reported smoking tobacco in 2007.
- Tobacco use is most prevalent in the northeastern area of the county.

*Marin County has disproportionately high rates of breast cancer:*

- Breast cancer rates in Marin are 15% to 20% higher than for the greater Bay Area.

*Low-income residents rely on a safety net that lacks stability at a time when demand for safety-net services is increasing.*

## PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-SAN RAFAEL SERVICE AREA

1. Access to health insurance coverage and health care services
2. Overweight and obesity
3. Alcohol, tobacco, and drug use
4. Sustainable safety net
5. Disproportionately high rates of breast cancer

## 2013 YEAR-END RESULTS

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

The most recent available estimates show that more than 16% of all county residents lack health coverage. Without health coverage, those lacking financial resources face significant barriers to care. KFH-San Rafael has been engaged in numerous efforts to increase access to care and coverage for Marin County residents and will continue to have this as a priority.

#### 2013 GOALS

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

#### 2013 STRATEGIES

1. Participate in the county-convened Children's Health Insurance planning group.
2. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and Kaiser Permanente Child Health Plan); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.
3. Continue to provide care to uninsured community clinic patients through the established medical service agreements with Marin Community Clinic; collaborate with other providers in the community to offer free health care services (e.g., breast cancer screening and treatment); and continue nonmember access to open appointments.
4. Provide charity care through the Medical Financial Assistance (MFA) program and maximize efficiencies.

#### TARGET POPULATION

Low-income individuals who lack health insurance.

#### COMMUNITY PARTNERS

Community partners include Marin Community Clinic, Operation Access (OA), Marin Community Foundation, and Marin County Department of Health and Human Services.

#### 2013 YEAR-END RESULTS

- Ritter Center, a federally qualified health center (FQHC) since 2011, received a \$10,000 grant to support its medical clinic. The aim is to increase the number of patients enrolled in public health insurance and benefit programs, increase health services access for homeless women, and increase homeless/low-income patients' access to behavioral health and primary care services. The goal is to serve 1,500 low-income and homeless Marin residents in 12 months; 746 were served from July through December 2013. From July through October, 31 people were enrolled in Medi-Cal, General Assistance, County Medical Services Program (these patients are now being enrolled in Medi-Cal), Social Security Disability Income (SSDI), and Supplemental Security Income (SSI); 746 unduplicated patients received primary care at the Ritter clinic; and an average of 16 women participated in Ritter's Women's Health Day. Among patients who had a PHQ-9 (patient health questionnaire) follow-up assessment, 83% experienced a positive change.
- Petaluma Health Center received a \$50,000 grant in 2011, with no-cost extensions in 2012 and 2013, to construct a modular school-based clinic at San Antonio High School in Petaluma. The clinic, completed in September 2013 and opened to students on October 7, is open for business 18 hours a week. Per agreement with school administrators, only San Antonio students can access the clinic during school hours; students from other area schools are welcome after school hours. In early 2014, the clinic will schedule appointments for adult community residents during after school hours. In addition to medical visits, the clinic offers mental health providers who specialize in treating teens.

- Sonoma Valley Community Health Center (SVCHC) received a \$50,000 grant from KFH-San Rafael and KFH-Santa Rosa to support its purchase of a property to construct its new site in Sonoma Valley. The new health center for Sonoma Valley is part of SVCHC's strategic plan to improve access to and expand primary care, dental, mental health, and substance abuse services. SVCHC's goal is to reduce health disparities for medically underserved populations in its service area while ensuring its financial stability and sustainability. Due to capacity constraints of its noncontiguous buildings, SVCHC applied and was awarded federal capital development funding to construct a new site in Sonoma Valley. Escrow closed on the \$11.5 million project in late fall 2013 and the clinic opened in July 2014. SVCHC expects to serve 10,500 unique patients annually and generate 48,000 visits per year by 2017. The new clinical and non-clinical spaces include 15 exam rooms and one waiting room for family practice, five exam rooms and one waiting room for OB and specialty services, three consulting rooms and one group room for behavioral health, six dental operatories and one waiting room, lab with blood draw, community education center with two classrooms, and administrative spaces.

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

Almost 44% of adults and more than 20% of youth in Marin County are overweight or obese, which increases their risk for developing heart disease, stroke, diabetes, and cancer. Data on known lifestyle factors contributing to rates of overweight and obesity show that there is significant opportunity to improve healthy eating and increase physical activity among county residents, both children and adults.

### **2013 GOALS**

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

### **2013 STRATEGIES**

1. Grant making to support development of sustained healthy eating practices, including increasing/enhancing access points in low-income neighborhoods and working with organizations to increase use of EBT (food stamps) at farmers' markets.
2. Participate in HMP's efforts to increase access to and affordability of healthy food choices through policy and organizational practices.
3. Grant making to encourage physical activity and to promote safe places to walk, bike, and play.
4. Participate in HMP's efforts to increase physical activity in community settings through public policy and work with school districts.
5. Grant making for development and implementation of institutional policies and programs promoting physical activities.
6. Participate in HMP and other efforts, such as Marin Wellness Collaborative, to increase physical activity in institutional settings through policy, organizational practices, and work with school districts.

### **TARGET POPULATION**

Low-income residents who are overweight or obese or at risk for becoming overweight or obese.

### **COMMUNITY PARTNERS**

Community partners include HMP, farmers/ markets and sponsoring agencies, Marin Wellness Collaborative, and local schools and school districts.

## 2013 YEAR-END RESULTS

- Canal Alliance received a \$20,000 grant to support Canal Community Garden, located in a low-income San Rafael neighborhood and designed to address food insecurity, diabetes, and nutrition by providing garden plots and nutrition and gardening education classes. The goal was to increase the amount of fresh, organic fruits and vegetables consumed by low-income community gardeners. From July through December 2013, 88 individuals and five agencies and organizations serving multiple families had access to the garden. A seven-person Canal Community Garden Committee conducts monthly meetings. They hosted seven community workdays that allowed volunteer gardeners to perform garden maintenance and upkeep, and raised \$1,133 in in-kind donations from garden centers, local businesses, and individuals. The committee also organized and coordinated 12 gardening workshops and consultations conducted by Marin Master Gardeners or the committee on a variety of topics, drawing a total of 102 participants. In addition, there were six nutrition and wellness workshops and cooking demonstrations held at LIFT-Levitate, Canal Community Garden, and the Canal Alliance food pantry, reaching a total of 167 participants. Canal Alliance organized two community garden potlucks/food-tasting events emphasizing healthy eating that drew 46 participants. It also conducted a bilingual baseline telephone and email survey of 52 garden participants on their eating habits, income level, health factors, and the quality of garden activities and management.
- SF-Marin Food Bank received a \$5,000 grant to increase awareness of and applications for CalFresh among eligible Marin County populations to help alleviate poor nutrition, hunger, and food insecurity. From July through December 2013, the food bank hired a new bilingual CalFresh outreach coordinator; provided 761 people with CalFresh information, referrals, and pre-screening for CalFresh eligibility; met with 15 community-based organizations to present on CalFresh; distributed 1,795 CalFresh materials at outreach events; tabled at 28 community events; and attended three CalFresh workgroup meetings in partnership with Marin County Health and Human Services. A total of 38 households received assistance in submitting CalFresh applications, and the food bank is working to identify common barriers to CalFresh enrollment and to develop strategies to address them.
- Nuestra Voz, Líderes del Valle de Sonoma received a \$5000 grant to increase fitness and leadership activities for Sonoma Valley's lowest income Latino families to decrease obesity in the community. From July through December 2013, 35 members attended Karate-do class four days per week at Nuestra Voz in Springs Village, a low-income Latino neighborhood in Sonoma; 90 enrolled in Zumba and aerobics classes with 65% participating five days per week; 90 enrolled in Zumba and aerobics classes with 78% participating five days per week. More than 150 children benefit from Nuestra Voz's Valley Of The Moon Soccer Club, which has three 15-member competitive teams (11 and under, 13 and under, and 14 and under) that play year-round. The recreational soccer program positively affected 100 players in the summer of 2013. The program also completed garden boxes at Larson Community Garden, with 14 families involved in planting for the first time in the month of July. Participants reported changes in behavior such as walking to the garden and the parks, consuming more fresh and organic food in their diet, and reducing their meat consumption.

## PRIORITIZED NEED III: ALCOHOL, TOBACCO, AND DRUG USE

Marin County residents have rates of alcohol and tobacco use that present significant health risks and costs. More than 75% of adults in Marin County report drinking alcohol, and more than 50% of 11th graders report the same. The rate of alcohol use among youth almost doubles between 9th and 10th grades, which coincides with when youth begin driving. Even more troubling, 38% of 11th graders reported binge-drinking in the past month. The rate of tobacco use is highest among 11th graders in Marin (18% in 2005 and 2007), but has dropped since 2001.

### 2013 GOALS

1. Decrease high-risk drug and alcohol use.
2. Decrease tobacco use.

### 2013 STRATEGIES

1. Implement grant making to address social factors contributing to alcohol and drug use.

2. Participate in community advocacy efforts (through community partners) for public policies focused on decreasing teen drinking and enforcing underage drinking laws.
3. Implement grant making to prevent and decrease tobacco use and its impact on nonsmokers.
4. Participate in community advocacy efforts for public policies focused on creating a tobacco-free Marin.

#### TARGET POPULATION

Individuals engaging in or at risk of engaging in high-risk alcohol use or tobacco use.

#### COMMUNITY PARTNERS

Community partners include HMP, Marin County Health and Human Services, Marin Community Foundation, and Bay Area Community Resources (BACR).

- BACR received a \$10,000 grant to implement Smoke Free Cities. The project's first objective was to develop a fire prevention video promoting smoke-free multi-unit housing (MUH) to be shown to 50 to 75 decision makers in the housing industry, MUH property owners and managers, and local government officials. Kaiser Permanente Northern California Region's MultiMedia Communications donated three days of filming as in-kind assistance. Dominican University's Media Department donated additional filming services, and the department head and a production assistant planned to shoot and produce the video in spring 2014. Survivors of local smoking-related fires were recruited to share their stories and a script that addresses condos and fires was developed. BACR also met with a San Rafael Planning Commission member who is also an attorney representing condo homeowners' associations who agreed to speak on behalf of smoke-free condo associations for the new video. The project's second objective is to provide training and technical assistance (TA) to key decision-makers from one or two local governments in Marin. Efforts focused on campaigns in Fairfax and San Rafael, where existing smoking ordinance components came under attack. The project contractor educated the new Fairfax city manager, town clerk, and compliance officers on enforcement strategies for their smoke-free housing ordinance. This resulted in active enforcement by the Town of Fairfax where a condo owner was recently fined \$500 for chronic violations. The project contractor also educated the San Rafael city manager's staff on how to improve the city's implementation program resulting in new training for MUH complex owners and managers. When San Rafael's smoke-free MUH ordinance went into full effect in November, it came under attack. City Council and Planning staff received hundreds of emails opposing the MUH ordinance. The project helped Smoke-Free Marin Coalition mobilize a letter writing campaign to support the San Rafael City Council and to send letters to the editor at the *Marin Independent Journal*. The Fairfax and San Rafael efforts helped build credibility for the smoke-free ordinances among residents and legislators and will hopefully inspire other communities to confidently move forward. If these cities pass the MUH ordinance and/or close the "smoker's grandfathering" loophole, thousands of MUH residents will be positively impacted: 3,200 in Mill Valley, 2,183 in Corte Madera, 2,117 in San Anselmo, and 11, 430 in Novato.
- Being Adept received a \$10,000 grant to implement the Youth Substance Abuse Prevention Program, providing evidence-based curriculum of six lessons for groups of 20 students grades 5 thru 8 at Venetia Valley Elementary School in a low-income San Rafael neighborhood. To compliment student learning and provide added support, the program includes evening events for parents. Binge drinking was identified as prevalent among Marin County teens. One tragic aftermath of teens driving under the influence of alcohol and marijuana is death. According to County of Marin statistics, 53% of Marin 11th graders reported drinking in the past 30 days, compared to 37% in California and 47% nationally. Delivered in collaboration with partners in the local community, Being Adept's curriculum is uniquely positioned to help reverse this trend. Being Adept's instructors and speakers include experts in the medical, behavioral health, and law enforcement fields, as well older peers from the community. The eight-session curriculum validates the student experience while providing honest information about drugs and alcohol, and teaching stress reduction techniques and evidence-based tools for how to turn down drugs and alcohol. From September through December 2013, the program reached 400 students. All students completed pre-tests; post-tests will measure specific areas of learning and skill development.
- Novato Youth Center received a \$10,000 grant to implement Healthy Novato Promotores, a program that recruits, trains, and empowers promotores to work with community members and policy makers to reduce alcohol and other drug

(AOD) use and health disparities through environmental prevention and neighborhood-based initiatives. From July through December 2013, four promotores and two staff regularly attended Novato AOD Prevention Coalition and Social Access Committee meetings. Staff and promotores worked with Coalition partners to assess Novato’s Social Host Ordinance and decided that changes to the ordinance were not needed at the time. They also met with Coalition members to discuss alcohol licensing density in downtown Novato. Promotores will help spread the word about the law and the importance of reporting underage drinking. Promotores and staff provided development input on the Coalition’s social host campaign, including a holiday card in English and Spanish with tips on how to keep holiday celebrations safe; specifically, keeping alcohol away from minors. Promotores distributed 100 Spanish-language cards to local Latino businesses such as hair salons, restaurants, check cashing outlets, grocery stores, and a travel agency, and the business owners distributed the cards to their customers. Promotores participated in the making of a five-minute video describing the Coalition’s work, including recommendations on how to reduce underage drinking. The video is being distributed as part of the toolkit developed for rental facilities to provide information on alcohol-free or alcohol-controlled events. Promotores and staff coordinated presentations at community fairs and other venues and outreach schedules with the Coalition and Healthy Novato. Promotores and staff also participated in a Nuestros Niños radio show, providing information, education, and guidance in Spanish on AOD and mental health to listeners and callers.

## **PRIORITIZED NEED IV: SUSTAINABLE SAFETY NET**

Safety-net providers in Marin County are critical contributors to the health of the community and are struggling to maintain services. Participants in the HMP focus groups indicated that there is a need for sustainable health services in smaller communities and rural areas.

### **2013 GOAL**

Improve the financial health and sustainability of safety-net providers in Marin County and southern Sonoma County.

### **2013 STRATEGIES**

1. Provide financial or clinical TA to at least one safety-net clinic or other provider of care.
2. Work with community partners to convene and/or fund safety-net agencies to build collaboration, develop, and adopt effective clinical practices for addressing ATOD (alcohol, tobacco, and other drugs) use and obesity/overweight and to increase efficiency in the safety net.

### **TARGET POPULATION**

Safety-net providers.

### **COMMUNITY PARTNERS**

Community partners include HMP, Redwood Community Health Coalition, and Marin Community Foundation.

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

- Center for Domestic Peace (C4DP) received a \$10,000 grant to support the Domestic Violence Safety Net Services program. From July through November 2013, the English and Spanish hotlines provided support to 1,482 callers. As a result, C4DP provided 28 women (and a total of 36 children) with emergency shelter (a total of 2,157 bed-nights) and other supportive services, including food, clothing, transportation, etc. During this period, 32% of adult residents leaving the shelter exited to permanent housing within three months of program entry. Another 16% exited to transitional housing and received further assistance stabilizing their lives and securing permanent housing. Among adult residents who exited, 60% increased their income from entry to exit. An additional 32% maintained their income from entry to exit.
- Petaluma People Services Center received a \$10,000 grant from KFH-San Rafael and KFH-Santa Rosa to support case management for seniors, providing comprehensive needs assessments, screenings, and education addressing depression and suicide prevention, nutritional risk, and AOD use. From July through December 2013, 157 unduplicated

clients (63% of year-end goals) received 628 hours of comprehensive case management services (38% of year-end goals) and 1,745 contacts for senior information and referral (58% of year-end goals) were provided. In addition, of 157 clients served, 38 exited from services: one needed to be institutionalized (to nursing home care), most left because they no longer needed services, others moved from the area, a few died, and others have been able to age in place.

- West Marin Senior Services received a \$10,000 grant for the Rural Seniors Aging in Place program. From July through December 2013, 99 assessments and care plans were conducted for new and existing clients; 51 caregivers were screened and referred to provide homecare assistance; medication management was updated for 99 clients; and 47 pieces of homecare equipment were loaned out or delivered to clients. Equipment referrals are made through physical therapy and medical offices in West Marin. Three days a week, approximately 60 home-bound seniors receive fresh and nutritious home-delivered meals. Volunteers and a small paid staff delivered 4,496 meals to remote areas in West Marin. The weekly congregate meal at Dance Palace drew an average of 59 participants, up from 37 per week last year.

## **PRIORITIZED NEED V: DISPROPORTIONATELY HIGH RATES OF BREAST CANCER**

Marin County women have breast cancer rates that are 15% to 20% higher than the rates for women in the Greater Bay Area.

### **2013 GOALS**

1. Decrease breast cancer rates to be more in line with overall Bay Area rates.
2. Increase access to and use of regular breast cancer screening and treatment.

### **2013 STRATEGIES**

1. Participate in clinical research studies regarding breast cancer prevalence, risk factors, and prevention.
2. Grant making to reduce structural barriers (i.e., transportation, cultural competence, hours of service, and administrative procedures) to breast cancer screening and treatment.

### **TARGET POPULATION**

Women facing barriers to cancer screening and treatment.

### **COMMUNITY PARTNERS**

Community partners include Zero Breast Cancer (ZBC, formerly Marin Breast Cancer Watch), Marin County Department of Health and Human Services Breast Cancer Program, and To Celebrate Life Breast Cancer Foundation (To Celebrate Life).

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

- Marin Center for Independent Living received a \$5,000 grant to support the Breast-Cancer Benefits Planning and Advocacy Project. From July through December 2013, 21 individuals were enrolled into insurance programs, enabling them to successfully undergo cancer treatment. Staff receive training about how the Affordable Care Act will affect the breast cancer benefits available to their clients.
- ZBC received a \$2,500 sponsorship to support Honor Thy Healer, an annual community event that allows it to highlight discoveries in breast cancer research and prevention and to recognize Marin and San Francisco Bay Area individuals, businesses, and organizations that have played pivotal roles in advancing our understanding of breast cancer and the healing process. The annual event draws more than 200 community members, clinicians, scientists, and business representatives who come together to honor the nominees and to support ZBC's vital work. For 17 years, ZBC's primary purpose has been to prevent breast cancer by participating in research designed to discover who develops breast cancer, who dies from the disease, and why.

- To Celebrate Life received a \$3,000 sponsorship to support its annual fashion show, Stepping Out To Celebrate Life, which raises funds to support people living with breast cancer. Support is focused on emergency financial assistance, diagnostic testing, and navigational and direct services. The 2013 event raised \$238,125. Those funds were awarded to 14 deserving San Francisco Bay Area grantees that have programs to serve and support underserved breast cancer patients (male and female). In turn, these grantees served 1,967 patients who have breast health issues.

**Table 1**

**KAISER FOUNDATION HOSPITAL-SAN RAFAEL**

**2013 Key Community Benefit Program Metrics**

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

Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	1,808
Medi-Cal Managed Care members	3,764
Healthy Families Program members	16
Operation Access – number of procedures (including general surgery, ophthalmology, otolaryngology, urology, orthopedics, colorectal, dermatology, and plastic surgery)	182
Operation Access – number of medical volunteers	62
Operation Access – number of medical volunteer hours	393
Health Research projects (new, continuing, completed, and/or published)	3
Nursing Research projects (new, continuing, completed, and/or published)	23
Kaiser Permanente Educational Theatre – number of performances and workshops	54
Kaiser Permanente Educational Theatre – number of attendees (students and adults)	10,874
Graduate Medical Education – number of affiliated and independent residents	7
Nurse practitioner and other nursing training and education beneficiaries	20
Deloras Jones nursing scholarship recipients	2
Other health professional training and education (non-MD) beneficiaries	34
Summer Youth and/or INROADS programs participants	10
Number of 2013 grants and donations made at the local and regional levels <sup>1</sup>	133

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

**Table 2**

**KAISER FOUNDATION HOSPITAL-SAN RAFAEL**

**COMMUNITY BENEFIT RESOURCES PROVIDED IN 2013**

	<b>2013 Totals</b>
<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$3,564,575
Healthy Families <sup>2</sup>	115,434
Charity care: Charitable Health Coverage programs*	1,365,104
Charity care: Medical Financial Assistance Program <sup>4</sup>	1,255,421
Grants and donations for medical services <sup>5</sup>	2,583,012
<b>Subtotal</b>	<b>\$8,883,546</b>
<b>Other Benefits for Vulnerable Populations</b>	
Summer Youth and INROADS programs <sup>6</sup>	\$48,585
Grants and donations for community-based programs <sup>7</sup>	1,199,276
Community Benefit administration and operations <sup>8</sup>	375,041
<b>Subtotal</b>	<b>\$1,622,901</b>
<b>Benefits for the Broader Community<sup>9</sup></b>	
Community health education and promotion programs	\$4,731
Kaiser Permanente Educational Theatre	323,022
Facility, supplies, and equipment (in-kind donations) <sup>10</sup>	377
Community Giving Campaign administrative expenses	22,852
Grants and donations for the broader community <sup>11</sup>	27,147
National board of directors fund	16,478
<b>Subtotal</b>	<b>\$394,607</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education	\$39,773
Non-MD provider education and training programs <sup>12</sup>	620,383
Grants and donations for the education of health care professionals <sup>13</sup>	104,332
Health research	245,370
<b>Subtotal</b>	<b>\$1,009,857</b>
<b>Total Community Benefits Provided</b>	<b>\$11,910,912</b>

## ENDNOTES

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

# THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

## 2013 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY

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

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

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

- Mental health
- Substance abuse
- Access to health care/medical homes/health care coverage
- Socioeconomic status
- Healthy eating and active living
- Social supports
- Cancer
- Heart disease

## HEALTH NEEDS THAT KFH-SAN RAFAEL PLANS TO ADDRESS

### 1. ACCESS TO CARE

Access to health care/medical homes/health care coverage (shortened to access to care) is a health need because 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. Selection criteria ranked highly include: magnitude, severity, ability to make a meaningful contribution, disparities in health outcomes, ability to leverage existing relationships and programs, availability of effective strategies, high community priority, and prevention opportunity.

### 2. HEALTHY EATING/ACTIVE LIVING

Healthy eating and active living is a health need because of its potential positive impact on health outcomes such as obesity, cancer, heart disease, mental health and diabetes. Selection criteria ranked highly include magnitude, severity, ability to make a meaningful contribution, disparities in health outcomes, ability to leverage existing relationships and programs, availability of effective strategies, high community priority and prevention opportunity.

### 3. MENTAL HEALTH

Mental health is a health need with a greater percentage of adults reporting poor mental health and higher suicide rates than California and Healthy People 2020, and alarming rates of teen suicide. Possible causes, among others, include the high cost of living, disparities in income, lack of access to health insurance coverage, health care, and mental health services. Selection criteria ranked highly include: magnitude, severity, disparities in health outcomes, high community priority and prevention opportunity.

#### **4. SUBSTANCE ABUSE**

Substance abuse (alcohol and other drugs) is a health need possibly due to easy access to alcohol and other drugs; prevailing social norms, prevalence of youth who drink alcohol, use drugs, and smoke; adults with poor mental health; income disparities; high cost of living; and lack of access to health care and coverage. Selection criteria ranked highly include: magnitude, severity, disparities in health outcomes, ability to leverage existing relationships and programs, availability of effective strategies, high community priority, and prevention opportunity.

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

Kaiser Foundation Hospitals, which includes 37 licensed hospital facilities as of 2013, has identified a number of significant needs in addition to those identified above through the CHNA process that we are committed to addressing as part of an integrated health care delivery system. These needs, which are manifest in each of the communities we serve, include 1) health care workforce shortages and the need to increase linguistic and cultural diversity in the health care workforce and 2) access to and availability of robust public health and clinical care data and research.

Supporting a well-trained, culturally competent, and diverse health care workforce helps ensure access to high-quality care. This activity is also essential to making progress in the reduction of health care disparities 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 Rafael anticipates that successful implementation of the identified strategies will result in or contribute toward a set of expected outcomes that can help support overall improvement of the priority health need in the community. All KFH hospitals will annually assess progress towards their planned strategies and outcomes and adjust their plans and expected outcomes as needed. For more information on how goals, strategies, and outcomes were identified, see the section titled “Community Plan Development” in Chapter IV.

### PRIORITY HEALTH NEED I: ACCESS TO CARE

#### LONG-TERM GOAL

- Increase the number of individuals who have access to and receive appropriate health care services in the KFH San Rafael service area.

#### INTERMEDIATE GOALS

- Increase the number of low-income people who enroll in or maintain health care coverage.
- Increase access (insurance coverage, a medical home, and regular preventive appointments) to culturally competent, high-quality health care services for low-income, uninsured individuals.

#### STRATEGIES

- Provide Medical Financial Assistance (MFA), which assists patients in need by subsidizing all of or a portion of their Kaiser Permanente medical expenses for a period of time. Eligibility is based on prescribed levels of income, expenses, and assets.
- Participate in Medi-Cal Managed Care, the state’s Medicaid Program, to provide comprehensive inpatient and outpatient care to Medi-Cal Managed Care members in California.
- Participate in Medi-Cal Fee-For-Service, which provides subsidized health care on a fee-for-service basis for Medi-Cal beneficiaries not enrolled as KFHP members.
- Provide subsidized health care coverage (i.e., Kaiser Permanente Child Health Program).
- Provide grants to expand use of patient navigators, promotores, or community application assisters to provide culturally sensitive assistance and care coordination in guiding patients through available medical, insurance, and social support systems.
- Provide grants and/or in-kind services to support community health centers or free clinics to strengthen coordinated care for low-income individuals.

#### EXPECTED OUTCOMES

- Increased number of low-income individuals who are enrolled in or maintain health insurance coverage.
- Increased number of patients seen and/or the range of services offered at community health clinics.
- Increased access to care.
- Increased coordination with the county and city services.

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

### **LONG-TERM GOAL**

- Increase healthy eating and physical activity among youth in the Canal area of San Rafael, Marin City, southern Novato, and low-income communities of Petaluma and Sonoma Valley.

### **INTERMEDIATE GOALS**

- Increase healthy eating among youth in the Canal area of San Rafael, Marin City, southern Novato, and low-income communities of Petaluma and Sonoma Valley.
- Increase youth physical activity in community and institutional settings (e.g., safe walking and biking routes, parks and hiking trails, joint use of school recreational facilities).

### **STRATEGIES**

- Grant making to support development and implementation of healthy eating policies and practices in schools and community settings serving low-income youth (e.g., strengthening wellness policies related to food in schools and community settings).
- Decrease youth access to unhealthy foods such as soda/sugar-sweetened beverages, excessive portion sizes, etc. by providing grants and collaborating with policy makers and community partners.
- Grant making and collaborative efforts to replicate lessons learned from HEAL (e.g., youth advocacy programs, built environment policy change efforts, healthy school food, Harvest of the Month, farm to institution, etc.) in low-income neighborhoods to increase youth knowledge about and consumption of healthy food.
- Support peer-based programs (e.g., promotores, youth peer-to-peer education) to increase knowledge and awareness of access to healthy foods and food choices in low-income neighborhoods through grants to organizations that provide education and/or offer built environment advocacy programs.
- Grant making to replicate lessons learned from HEAL work (e.g., youth advocacy programs, Safe Routes To Schools programs, classroom-based physical activity, organized recess etc.) in low-income neighborhoods to increase physical activity.
- Bring Kaiser Permanente Educational Theatre's (KPET) *The Best Me*, a live theatre program designed to inspire children, teens, and adults to make healthier choices and better decisions about their well-being, to schools in low-income areas.
- Collaborate with policy makers and community partners and provide grants to increase the number and use of safe places to walk, bike, and play in low-income neighborhoods with a focus on youth.
- Collaborate with and provide grants to programs to promote environmental changes that increase physical activity in schools (before, during, and after school programs) and childcare settings to improve the health of low-income youth.
- Leverage internal Kaiser Permanente resources and provide grants to support youth-driven advocacy efforts to influence policies related to healthy eating and physical activity.
- Collaborate with agencies and/or coalitions such as Healthy Marin Partnership (HMP) and Marin HEAL Zone to support policies that promote healthy eating and physical activity, including policies to reduce overconsumption of sugar-sweetened beverages, increase availability of lower-calorie and healthier food and beverage options for children in restaurants, and improve nutritional standards for all foods and beverages sold or provided through schools, and land use policies to promote safe places to walk and bike or policies to improve or expand parks and recreation areas.

### **EXPECTED OUTCOMES**

- Increased access to and consumption of healthy foods and decreased access to and consumption of less healthy foods.
- Changes in policies, practices, or the built environment to promote the healthy choice being the easy choice.
- Increased awareness and knowledge of healthy eating and access to healthy food among low-income youth.

- Increased youth physical activity.
- Progress towards new or enhanced policies that encourage physical activity in schools, workplaces, parks, and other community settings.

### **PRIORITY HEALTH NEED III: MENTAL HEALTH**

#### **LONG-TERM GOAL**

- Improve mental health outcomes among high-risk populations in the KFH-San Rafael service area.

#### **INTERMEDIATE GOALS**

- Improve management of mental health symptoms among high-risk populations.
- Decrease risks for mental, emotional, and behavioral disorders among high-risk populations
- Improve integration of primary care and behavioral health for high-risk populations.

#### **STRATEGIES**

- Increase access to culturally competent case management and ongoing mental health treatment services for low income, at-risk individuals through grant making and in-kind support.
- Grant making and/or in kind support to organizations to provide training and support for mental health service providers to address conditions such as compassion fatigue, secondary PTSD, and other identified training needs.
- Grant making for prevention and upstream mental health services, such as peer-based and resiliency programs (e.g., bullying prevention) for low-income, high-risk individuals.
- Grant making and leveraging of internal Kaiser Permanente resources to promote multicomponent health care system level interventions to link primary care providers, patients, and mental health specialists serving low-income, high-risk populations.

#### **EXPECTED OUTCOMES**

- Increased access to/participation in preventive mental health services among high-risk populations.
- Increased support to mental health providers, including ED staff.
- Increased ability of participating clients to achieve some of the following: manage risk, choose healthy risks, resolve conflicts, and problem solve.
- Increased self-esteem among high-risk participants
- Decreased bullying incidents among youth.
- Increased awareness of conflict resolution, anti-bullying, and healthy relationships among low-income students.
- Increased care coordination for low-income, high-risk individuals.

### **PRIORITY HEALTH NEED IV: SUBSTANCE ABUSE**

#### **LONG-TERM GOAL**

- Decrease number of youth who use tobacco or abuse alcohol and drugs.

#### **INTERMEDIATE GOALS**

- Increase access to culturally competent substance abuse prevention and treatment services for low-income, at-risk youth.
- Increase access to resiliency programs for low-income youth at-risk for alcohol and substance abuse or DUIs.

- Increase policies, and their enforcement, to decrease use of tobacco, alcohol, and other drugs (ATOD) among youth.

#### **STRATEGIES**

- Grant making to reduce initiation (e.g., education and interventions grants) and restrict access (e.g., retail education and product placement guidelines) to tobacco by at-risk youth.
- Grant making to improve access to culturally competent substance abuse prevention and treatment services for low-income, at-risk youth.
- Grant making for resiliency programs focused on substance abuse prevention that serve low-income, at-risk youth.
- Collaborate with local coalitions and community advocacy groups to advocate for:
  - New public policies focused on efforts to decrease ATOD use among teens
  - Effective enforcement of existing laws, regulations, and policies.

#### **EXPECTED OUTCOMES**

- Decreased ATOD use among youth.
- Increased access to culturally competent substance abuse treatment and prevention services.
- Decreased youth alcohol-impaired driving.
- Increased policy enforcement.
- Progress made toward new or enhanced policies to decrease ATOD use among teens.

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

#### **LONG-TERM GOAL**

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

#### **INTERMEDIATE GOAL**

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

#### **STRATEGIES**

- Implement health care workforce pipeline programs to introduce diverse, underrepresented, school-age youth and college students to health careers
- Provide workforce training programs to train current and future health care providers with the skills, linguistic, and cultural competence to meet the health care needs of diverse communities
- Disseminate knowledge to educational and community partners to inform curricula, training, and health career ladder/pipeline programs
- Leverage CB-funded programs to develop strategies to increase access to allied health, clinical training, and residency programs for linguistic and culturally diverse candidates
- Increase capacity in allied health, clinical training, and residency programs to address health care workforce shortages through the provision of clinical training and residency programs
- Leverage Kaiser Permanente resources to support organizations and research institutions to collect, standardize, and improve access to workforce data to enhance planning and coordination of workforce training and residency training programs

## **EXPECTED OUTCOMES**

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

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

### **LONG-TERM GOAL**

- Increase awareness of the changing health needs of diverse communities

### **INTERMEDIATE GOAL**

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

### **STRATEGIES**

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

### **EXPECTED OUTCOMES**

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