



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) and a description of the 2014–2016 Community Benefit Plan.

CHAPTER I: HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

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

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

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

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

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

NATIONAL STRUCTURE

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

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

REGIONAL STRUCTURE IN CALIFORNIA

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

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

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

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

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

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

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

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

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

MEDICAL OFFICE BUILDINGS

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

CHAPTER II: MISSION STATEMENT AND COMMITMENT TO THE COMMUNITY

MISSION STATEMENT

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

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

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

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

NATIONAL COMMITMENT TO COMMUNITY BENEFIT

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

We focus our work on three broad areas:

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

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

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

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

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

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

KAISER PERMANENTE'S COMMITMENT TO COMMUNITY BENEFIT IN CALIFORNIA

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

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

CHAPTER III: COMMUNITY BENEFIT PROVIDED IN 2013

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

METHODOLOGY

DEFINITION OF COMMUNITY

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

CATEGORIZATION OF SERVICES

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

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

DOCUMENTATION AND ALLOCATION OF EXPENDITURES

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

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

Resource allocations are reported, as follows:

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

SUMMARY OF KAISER FOUNDATION HOSPITALS COMMUNITY BENEFIT

STATEWIDE BENEFITS

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

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

BENEFITS BY HOSPITAL SERVICE AREA

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

DESCRIPTION OF COMMUNITY BENEFIT PROGRAMS AND SERVICES

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

MEDICAL CARE SERVICES FOR VULNERABLE POPULATIONS

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

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

MEDI-CAL

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

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

HEALTHY FAMILIES PROGRAM

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

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

CHARITABLE HEALTH COVERAGE PROGRAMS

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

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

MEDICAL FINANCIAL ASSISTANCE

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

GRANTS AND DONATIONS FOR MEDICAL CARE SERVICES

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

OTHER BENEFITS FOR VULNERABLE POPULATIONS

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

KAISER PERMANENTE EDUCATIONAL OUTREACH PROGRAM

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

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

KAISER PERMANENTE WATTS COUNSELING AND LEARNING CENTER

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

YOUTH EMPLOYMENT PROGRAMS

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

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

GRANTS AND DONATIONS FOR COMMUNITY-BASED PROGRAMS

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

BENEFITS FOR THE BROADER COMMUNITY

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

COMMUNITY HEALTH EDUCATION AND HEALTH PROMOTION PROGRAMS

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

KAISER PERMANENTE EDUCATIONAL THEATRE (KPET)

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

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

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

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

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

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

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

GRANTS AND DONATIONS FOR THE BROADER COMMUNITY

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

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

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

HEALTH RESEARCH, EDUCATION, AND TRAINING PROGRAMS

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

PROVIDER EDUCATION AND TRAINING

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

GRADUATE MEDICAL EDUCATION (GME)

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

COMMUNITY MEDICINE FELLOWSHIP

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

OLIVER GOLDSMITH SCHOLARSHIP PROGRAM

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

NURSING EDUCATION AND TRAINING

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

KAISER PERMANENTE SCHOOL OF ANESTHESIA FOR NURSES

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

CALIFORNIA NURSING ANESTHESIA COLLABORATIVE PROGRAM – (CNACP)

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

KAISER PERMANENTE DELORAS JONES NURSING SCHOLARSHIP PROGRAM

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

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

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

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

TECHNICAL PROVIDER EDUCATION AND TRAINING

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

KAISER PERMANENTE SCHOOL OF ALLIED HEALTH SCIENCES – (KPSAHS)

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

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

KAISER PERMANENTE MENTAL HEALTH TRAINING PROGRAM

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

KAISER PERMANENTE PHARMACIST RESIDENCY PROGRAMS

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

KAISER PERMANENTE PHYSICAL THERAPY FELLOWSHIP IN ADVANCED ORTHOPEDIC MANUAL THERAPY PROGRAM

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

KAISER PERMANENTE PHYSICAL THERAPY NEUROLOGY RESIDENCY

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

KAISER PERMANENTE PHYSICAL THERAPY CLINICAL INTERNSHIPS

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

KAISER PERMANENTE PHYSICAL THERAPY ORTHOPEDIC FELLOWSHIP PROGRAM

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

KAISER PERMANENTE MOVEMENT SCIENCE FELLOWSHIP

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

KAISER PERMANENTE ORTHOPEDIC FELLOWSHIP IN SPORTS REHABILITATION

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

KAISER PERMANENTE SPINE REHABILITATION FELLOWSHIP PROGRAM

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

KAISER PERMANENTE CLINICAL PSYCHOLOGY INTERNSHIP TRAINING PROGRAMS

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

KAISER PERMANENTE RADIOLOGY TRAINING PROGRAM

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

ADVANCED PRACTICE AND ALLIED HEALTH CARE EDUCATIONAL PROGRAMS

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

HIPPOCRATES CIRCLE

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

GRANTS AND DONATIONS FOR THE EDUCATION OF HEALTH CARE PROFESSIONALS

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

HEALTH RESEARCH

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

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

DIVISION OF RESEARCH (DOR)

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

DEPARTMENT OF RESEARCH AND EVALUATION

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

KAISER FOUNDATION RESEARCH INSTITUTE (KFRI)

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

NURSING RESEARCH PROGRAM

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

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

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

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

Table A

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

COMMUNITY BENEFITS PROVIDED IN 2013

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

See endnotes on the following page.

ENDNOTES

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

Table B

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

HOSPITAL SERVICE AREA SUMMARY TABLE

COMMUNITY BENEFITS PROVIDED IN 2013

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

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

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

INTRODUCTION

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

COMMUNITY HEALTH NEEDS ASSESSMENT

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

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

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

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

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

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

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

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

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

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

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

COMMUNITY BENEFIT PLAN DEVELOPMENT

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

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

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

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

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

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

OUTLINE OF HOSPITAL SECTION

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

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

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

KAISER FOUNDATION HOSPITAL (KFH)-SANTA CLARA

710 Lawrence Expressway
 Santa Clara, CA 95051
 (408) 851-1000

The KFH-Santa Clara service area comprises roughly the northwest half of Santa Clara County. Cities in this area include Campbell, Cupertino, Los Altos, Los Gatos, Milpitas, Mountain View, San Jose, Santa Clara, Saratoga, and Sunnyvale.

COMMUNITY SNAPSHOT (*COUNTY-LEVEL DATA)

Total population:	1,133,657
Median age:*	35.5
Average household income:*	\$88,525
Percentage living in poverty:	8.33%
Percentage unemployed:	8.21%
Percentage uninsured:	10.88%

White:	38.49%
Asian and Pacific Islander:	33.71%
Latino:	21.85%
Other:	3.46%
African American:	2.27%
Native American:	0.22%

KEY STATISTICS

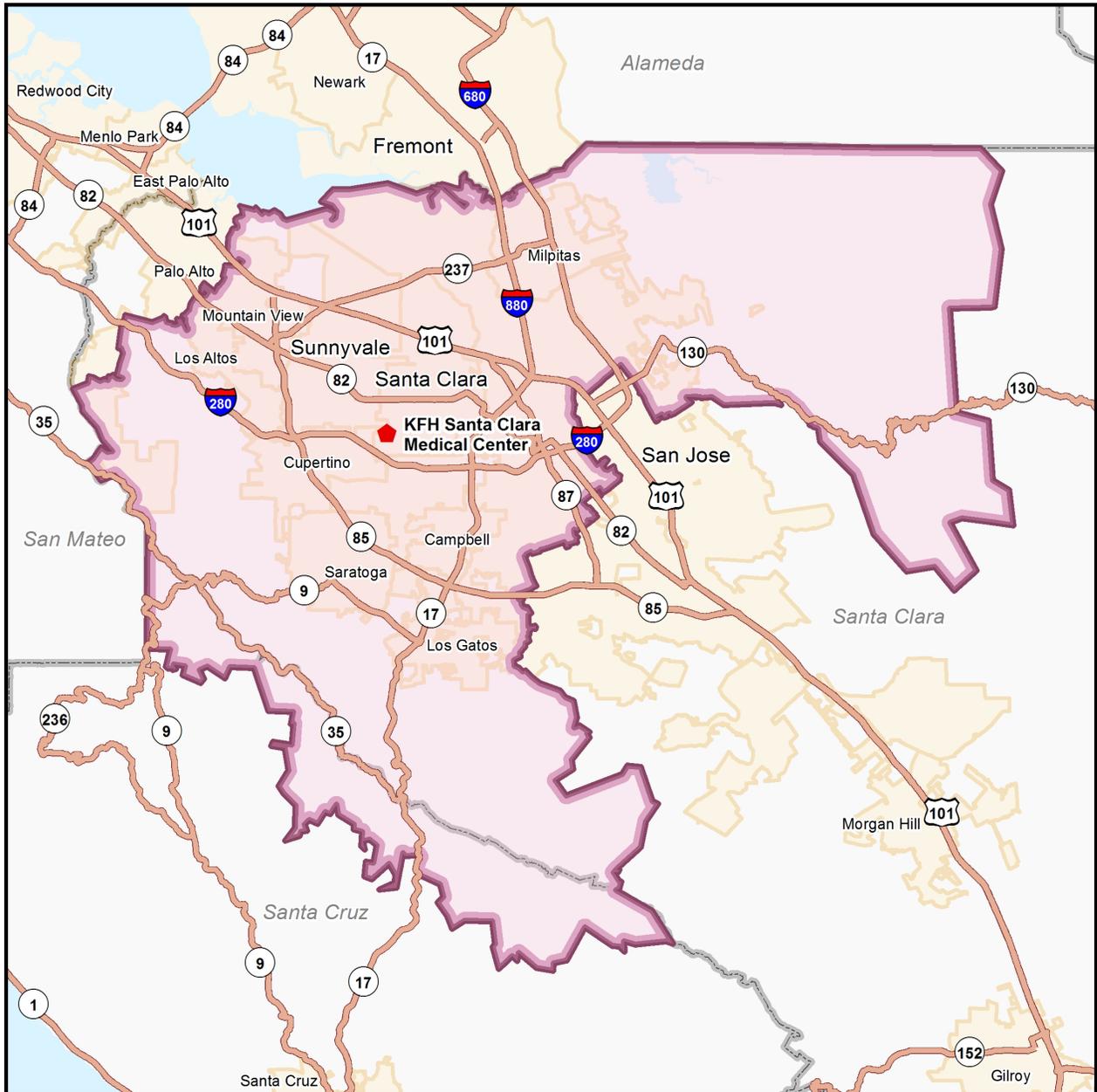
Year opened:	1964
KFH full-time equivalent personnel:	2,156.54
KFHP members in KFH service area:	309,830

Total licensed beds:	327
Inpatient days:	94,564
Emergency room visits:	65,092

KEY LEADERSHIP AT KFH-SAN JOSE

Chris L. Boyd	Senior Vice President and Area Manager
Pamela Lindemoen	Chief Operating Officer
Sean M. Fitzpatrick	Area Finance Officer
Susan C. Smarr, MD	Physician in Chief
Lawrence Hamilton	Medical Group Administrator
Dawn Bussey	Public Affairs Director
Jo Seavey-Hultquist	Community Benefit/Community Health Manager

KFH Santa Clara Medical Center Area



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

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



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

Working within Kaiser Permanente Northern California Region's needs assessment and planning framework, KFH-Santa Clara identified its priority needs, goals and supporting strategies for each need, and indicators or metrics to measure success. To arrive at these priorities, KFH-Santa Clara engaged in a carefully sequenced, multifaceted participatory process in which input was gathered and triangulated across a variety of key sources: 2010 CHNA data, internal Kaiser Permanente stakeholders, and key community partners.

KFH-Santa Clara and KFH-San Jose are members of the Santa Clara County Community Benefits Coalition (SCCCBC), along with Daughters of Charity's O'Connor and St. Louise Regional Hospitals, El Camino Hospital, Stanford Hospital & Clinics, Hospital Council of Northern and Central California, Lucile Packard Children's Hospital, Community Health Partnership of Santa Clara County, Council on Aging Silicon Valley, FIRST 5 Santa Clara County, Kids In Common, Project Cornerstone, Public Health Department and Social Service Agency of Santa Clara County, Santa Clara County Office of Education, Santa Clara Family Health Plan, The Health Trust, and United Way of Santa Clara County. KFH-Santa Clara served on the SCCBC Executive Committee and contributed funding to support the overall report and development of a city-level profile for Gilroy.

Santa Clara County Public Health Department and SCCBC released the *Santa Clara County 2010 Health Profile Report* in July 2010. A public-private collaborative, SCCBC oversees primary quantitative data collection and analysis to ensure that the necessary facts and figures are collected. By drawing upon Behavioral Risk Factor Survey (BRFS) data and secondary epidemiological data, the report provides a comprehensive profile of the health of Santa Clara County residents and looks at health data in 10 key areas: social determinants of health; mortality rates; health care access; maternal, infant, and child health; oral health; lifestyle and behavioral risk factors; chronic diseases; communicable diseases; injury and violence; and healthy environments. Each area includes a number of health indicators, which are examined by gender, age, race/ethnicity, income, and education where possible.

The resulting *Santa Clara County 2010 Health Profile Report* contains detailed information that serves as a foundation for further inquiry into the CHNA by each hospital. A rigorous, systematic planning process was critical to having a community benefit strategy that builds on community assets, promotes collaboration, and improves community health. KFH-Santa Clara retained the services of CHNA consultant Nancy Shemick to convene three external meetings and a series of internal meetings to identify prioritized needs and any subgroups or populations particularly in need, and to compile suggested strategies and metrics of success from the selected communities. These stakeholders, partners, and community experts shared their perceptions and experiences, identified the priority areas they considered to be the most pressing for KFH-Santa Clara to address in the triennial CHNA process, and provided the groundwork for setting priorities and allocating resources.

To better serve Santa Clara County, KFH-Santa Clara and KFH-San Jose reviewed the findings for both service areas and, in April 2011, developed a countywide strategy to inform the Community Benefit Plan for the South Bay Area.

KEY FINDINGS FROM THE 2010 CHNA

To summarize, the county overall is generally healthy, yet the report's data revealed an increase in obesity rates for both children and adults, and a continued decrease in health coverage. In addition, some health factors that increase the risk for chronic diseases like heart disease, cancer, stroke, and diabetes are on the rise. According to the report, these chronic diseases are a major cause of death and disability in Santa Clara County, with heart disease and cancer accounting for more than half of all deaths. However, specific findings for Santa Clara County revealed some disparities that show certain populations are more at risk for poor health and disease than overall results would indicate:

Access to Health Care:

- The percentage of adults who could not see a doctor due to the cost or lack of insurance more than doubled from 5% in 2000 to 13% in 2009.
- The percentage of uninsured adults in Santa Clara County increased from 8% in 2000 to 18% in 2009.
- More Latinos and African Americans are uninsured compared to overall county rates. While approximately 2 in 10 adults under 65 did not have health insurance in 2009, more than 4 in 10 Latinos and 3 in 10 African Americans were uninsured. In addition, one-third of all adults and approximately half of Latinos did not have dental insurance.

Obesity Prevention:

- The percentage of adults in Santa Clara County who are overweight or obese increased from 2000 (52%) to 2009 (56%).
- Overweight and obesity rates are higher among adults with low incomes; 68% of adults with annual household incomes less than \$20,000 are overweight or obese compared to 49% of those with annual household incomes of \$70,000 or higher.
- Latino adults have the highest rate of overweight and obesity; 68% were overweight or obese compared to 55% of county residents overall in 2009. Among middle and high school students, 37% of African Americans and 36% of Latinos were overweight or obese in 2007–2008, compared to 25% of middle and high school students overall.
- The percentage of adults with high blood pressure increased from 20% in 1997 to 26% in 2009.
- The percentage of adults who were told by a health professional that they have diabetes increased from 5% in 2000 to 8% in 2009.
- A higher proportion of Latino adults have been diagnosed with diabetes. In 2009, 11% of Latinos were diagnosed with diabetes compared to 7% of whites and 5% of Asians. The overall county rate was 8%.

Tobacco Use:

- Smoking rates are still high among some adults (10.7%) and teens (10.5%).
- Smoking prevalence is higher among adults with low incomes; 19% of adults with annual household incomes less than \$20,000 are current smokers compared to 9% of adults with annual household incomes of \$75,000 or higher. Low-income adults smoke at twice the rate of adults with above-median incomes.
- 32% of Vietnamese American men and 53% of recent Latino immigrants smoke.
- For teens, smoking rates are higher among Latinos and African Americans (12% of middle and high school students) and Cambodians/Laotians (17% of high school students).
- The average age of youth who start smoking is 13. Nearly two-thirds of high school students report that it is easy to get cigarettes.

Substance Abuse:

- About one in eight (12%) Santa Clara County middle and high school students reported binge-drinking in the past 30 days.
- In 2007–2008, 12% of middle and high school students reported using marijuana at least once in the past 30 days.

Intentional Self-Inflicted Injury and Suicide:

- In 2007–2008, 16% of middle and high school students had seriously considered attempting suicide in the past 12 months.
- In 2006, Santa Clara County had 567 nonfatal hospitalized self-inflicted injuries; those 15 to 24 had the highest rate.

Violence:

- In 2005–2006, 7% of adults reported that an intimate partner had ever physically abused them. A higher percentage of women (11%) reported physical abuse than men (2%).
- In 2006, Santa Clara County had 389 nonfatal hospitalized injuries due to assaults; those 15 to 24 had the highest rate (69 per 100,000 people), followed by adults 25 to 34.
- In 2007–2008, 20% of middle and high school students had been in a physical fight at school at least once in the past 12 months.
- From 2000 to 2007, the age-adjusted homicide rate in Santa Clara County increased from 2 per 100,000 people to 3/100,000. Among Latinos, the rate increased from 5/100,000 to 8/100,000.

Chronic Disease:

- In Santa Clara County, 26% of adults had high blood pressure; the Healthy People 2010 target is 16%.
- 29% of adults had high cholesterol levels; the Healthy People 2010 target is 17%.
- Diabetes is among the five leading causes of death for all major racial/ethnic groups except whites.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-SANTA CLARA SERVICE AREA

1. Access to health insurance coverage and health care services
2. Obesity rates
3. Violence and substance abuse

2013 YEAR-END RESULTS

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

The Santa Clara County Public Health Department reports that the percentage of adults in the county who were without health insurance reached 18% in 2009, a rate that has risen steadily since 2000 (8%). The percentage of adults who could not see a doctor due to the cost or lack of insurance more than doubled from 2000 (5%) to 2009 (13%). And Latinos (60.3%) and African Americans (68.2%) experienced lower rates of health insurance, compared to the county average of 79.2% in 2009.

2013 GOALS

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

2013 STRATEGIES

1. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and Kaiser Permanente Child Health Plan); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.
2. Raise awareness about KFHP/H Charitable Health Coverage Programs by highlighting the Child Health Plan through materials provided at Community Benefit–sponsored events.
3. Provide charity care through the Medical Financial Assistance (MFA) program and maximize efficiencies.
4. Provide grants, sponsorships, or technical assistance (TA) as appropriate to enhance access to health care services by addressing barriers to care that disproportionately impact underserved populations.
5. Provide grants and TA as appropriate to implement systems improvements rooted in evidence-based practice to increase the efficiency and impact of safety-net clinics.
6. Provide grants as appropriate to establish systems that support enrollment and reenrollment opportunities for hard-to-reach families and families in crisis.

TARGET POPULATION

Those at risk for experiencing disparities specific to rates of uninsurance and chronic conditions.

COMMUNITY PARTNERS

Community partners include Asian Americans for Community Involvement (AACI); Community Health Partnership of Santa Clara County, Inc. (CHP); Gardner Family Health Network; Indian Health Center of Santa Clara Valley; Mayview Community Health Center; Santa Clara County Public Health Department; Second Harvest Food Bank of Santa Clara and San Mateo Counties (Second Harvest); and School Health Clinics of Santa Clara County.

2013 YEAR-END RESULTS

- KFH-Santa Clara and KFH-San Jose awarded \$50,000 to AACI to support the engagement of practice coaches to map workflows, define team roles, and customize training tasks and timelines in AACI's primary care clinic. Practice transformation implementation will occur via integration of patient navigation into clinic workflows. More than 30 clinic staff, 30 graduates of the patient navigation certificate program, and 3,000 clinic patients will benefit from the program.
- KFH-Santa Clara and KFH-San Jose awarded \$10,000 to California Dental Association Foundation for CDA Cares, dental clinics staffed by volunteers from dentistry, medicine, and the community who provide cleanings, fillings, extractions, complete/partial dentures, oral health education, and help finding a dental home to about 2,000 patients at each clinic.

- KFH-Santa Clara and KFH-San Jose awarded \$50,000 to CHP for patient outreach to provide transition assistance from the Low-Income Health Program to Expanded Medi-Cal. CHP will also improve the capacity of community health centers and clinics to screen and enroll patients into appropriate health coverage programs, by providing TA and training for outreach and enrollment staff. Approximately 600 patients will receive transition assistance and 50 outreach and enrollment staff will participate in health coverage trainings.
- KFH-Santa Clara and KFH-San Jose awarded \$50,000 to Gardner Family Health Network to identify and train high-risk diabetes patients to take ownership of their health, with a focus on fundamentals such as medication adherence, the importance of diet and exercise, and understanding and managing their disease. Trained health coaches will ensure that patients have consistent access to comprehensive health services. The program is expected to reach 500 patients.
- KFH-Santa Clara awarded MayView Community Health Center \$35,000 to effectively augment reminder strategies to increase colon cancer screening rates among clients aged 50 to 75. The program aims to effectively track and increase the number of patients who complete annual tests, utilize system tools and alerts as screening reminders, and provide direct outreach to patients. This program is expected to reach 1,163 patients.
- KFH-Santa Clara and KFH-San Jose awarded \$10,000 to Santa Clara County Public Health Department to support Binational Health Week and the violence prevention social marketing campaign. Binational Health Week comprises more than 20 different activities that promote awareness in the Latino community of health care access, chronic and communicable diseases, and women's health. It includes free health fairs, screenings, flu shots, and workshops. The violence prevention campaign will identify methods and implement effective strategies related to bullying, teen dating violence, and gang activity to increase healthy adolescent relationships.
- KFH-Santa Clara and KFH-San Jose awarded School Health Clinics of Santa Clara County \$20,000 to fund a bilingual/bicultural patient navigator to help low-income patients eliminate barriers that keep them from accessing timely medical and specialty care. In addition, the patient navigator directs patients to community resources for emotional, financial, administrative, or cultural support. The patient navigator will assist 700 families.
- KFH-Santa Clara and KFH-San Jose awarded \$50,000 to Second Harvest to identify CalFresh-eligible low-income individuals and families who are not currently receiving CalFresh benefits and to implement strategies to increase CalFresh enrollment among eligible populations in Santa Clara County. The program aims to provide outreach, education, and application assistance to increase enrollment countywide. Outreach and prescreening trainings for partner agencies will increase the number of CalFresh applications submitted for approval. Approximately 10,000 households will be screened for CalFresh eligibility.

PRIORITIZED NEED II: OBESITY RATES

Despite recent county-wide efforts in Santa Clara to reduce obesity, the proportion of middle and high school students who are obese is 10% while the Healthy People 2010 goal is 5%. Those at highest risk are children in lower-income groups, African Americans, and Latinos. Overweight and obesity have been recognized in recent years as a national epidemic with severe health consequences for adults and children. Overweight or obese adults are more likely to be depressed and have chronic diseases such as arthritis, breathing problems, diabetes, certain types of cancer, heart disease, and stroke. It is estimated that one-half of overweight schoolchildren will remain overweight as adults. Being overweight in childhood has been linked to several health problems that can last into adulthood, including poor heart health, type 2 diabetes, and impaired mental health. Focus group participants are concerned about the growing number of children and adults who will require additional health care services if appropriate early-stage interventions are not instituted.

2013 GOALS

1. Decrease calorie consumption (e.g., soda/sugar-sweetened beverages, portion sizes).
2. Increase access to and consumption of fresh fruits and vegetables.
3. Increase physical activity in community and institutional settings (e.g., safe walking and biking routes, parks and hiking trails, joint use agreements).

2013 STRATEGIES

1. Provide TA to community coalitions, community-based organizations, schools, and other institutions by sharing expertise on organizational wellness or environmental improvements (such as signage promoting healthy choices in eating areas and healthy food procurement in institutional settings).
2. Ensure that Kaiser Permanente Educational Theatre (KPET) makes presentations to target populations.
3. Provide funding to support access to healthy foods and physical activity opportunities.
4. Increase public awareness of the importance of healthy eating and active living by supporting public education campaigns. Encourage grantees to adopt policies that promote healthy organizational practices.
5. Identify KFH-Santa Clara providers and staff who have the interest and the expertise, and engage them in the work of community partners as guest speakers.
6. Support implementation of Kaiser Permanente Northern California Region's HEAL (Healthy Eating, Active Living) grant.
7. Continue to participate in or support local collaboratives that align with these efforts.

TARGET POPULATION

Underserved populations in Campbell, Cupertino, Los Altos, Los Gatos, Milpitas, Mountain View, San Jose, Santa Clara, Saratoga, and Sunnyvale, and San Jose with a particular focus on children, youth, and families.

COMMUNITY PARTNERS

Community partners include Bay Area Women's Sports Initiative (BAWSI), Bay Area Nutrition and Physical Activity Collaborative (BANPAC), Breathe California (Breathe CA), Campbell Union High School District, City of Sunnyvale, Community Alliance with Family Farmers Foundation (CAFF), FIRST 5 Santa Clara County, Happy Hollow Corporation, Indian Health Center of Santa Clara Valley, County of Santa Clara Parks and Recreation Department, Rotary Club of San Jose Foundation, Santa Clara County Public Health Department, Santa Clara City Library Foundation and Friends, Sunnyvale Community Services (SCS), and The Tech Museum of Innovation.

2013 YEAR-END RESULTS

- Kaiser Permanente Northern California Region awarded \$23,000 to Rosemary Elementary School to implement a Rethink Your Drink campaign, install a hydration station, support a structured physical activity challenge for students, and develop and implement a staff wellness policy, impacting more than 400 staff and students.
- KFH-Santa Clara and KFH-San Jose awarded \$40,000 to BAWSI in support its physical activity program for elementary school girls in underserved communities. BAWSI aims to establish and sustain positive behaviors and attitudes toward exercise and fitness by utilizing female athletes as role models and volunteer coaches. More than 550 children will be impacted by these young women who decided to make a difference in their communities.
- Kaiser Permanente Northern California Region awarded \$100,000¹ (\$50,000 grant in 2013) to BANPAC, through VMC Foundation, for Pledge the Practice, Pass the Policy. BANPAC will encourage Bay Area residents to reduce or eliminate sweetened beverage consumption, choose healthier options, and participate in changing systems, organizations, and policies to support healthier choices. The project will support environmental and social norms change by developing and implementing at least 20 healthy beverage or healthy food and beverage policies in Bay Area organizations serving low-income populations, youth, and/or communities of color. Policy implementation will impact more than 100,000 residents. BANPAC will also reach Bay Area residents with ReThink Your Drink educational and social marketing messages.
- KFH-Santa Clara and KFH-San Jose awarded \$25,000 to Breathe CA for its Let's Get Moving to School, a project that aims to increase physical activity in San Jose schools by increasing the number of students who walk and bicycle to school and helping schools create policies that will sustain this into the future. Long-range goals include improved

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

fitness levels, reduced levels of overweight and obesity, improved lung function, and fewer asthma episodes. From 3,000 to 4,800 people, including students, parents, and school staff, are expected to be impacted.

- KFH-Santa Clara awarded \$11,335 to Campbell Union High School District to develop a salad bar pilot program at one high school to increase fresh vegetable consumption among more than 1,000 students, teachers, and staff.
- KFH-Santa Clara awarded \$19,875 to the City of Sunnyvale's Columbia Neighborhood Center (CNC) to increase residents' access to and utilization of the CNC Fitness Room. A community input activity will allow CNC to survey a minimum of 300 residents to solicit information and feedback about their programming interests. The project will also help fund new fitness programs or enhance existing programs, depending on the survey results. Additional programming will serve up to 100 unduplicated individuals.
- KFH-Santa Clara and KFH-San Jose awarded CAFF \$50,000 to create the Santa Clara Valley Farm to School Consortium and to scale-up Farm to School's impact in the region. Overall project goals are to increase availability of source-identified, local produce for at least five Santa Clara Valley school districts' food service programs; to increase awareness of and education about healthy local, seasonal food in schools; and to enhance the economic viability of local family farmers. More than 30,000 students and staff will have access to fresh, local produce in school cafeterias.
- KFH-Santa Clara and KFH-San Jose awarded \$25,000 to Santa Clara County Parks and Recreation Department to provide expanded health and fitness classes, resources, opportunities, and outreach efforts that promote healthy living, fight obesity, and facilitate sustainable physical activity. This includes outreach efforts with existing and new community partners for Healthy Trails, a student internship program coordinated with local colleges that develops and conducts free fitness classes in parks and communities; and implementation of Healthy Parks Healthy People (HPHP), a program in partnership with various health providers. These programs will impact an estimated 20,000 to 30,000 people.
- KFH-Santa Clara and KFH-San Jose awarded \$50,000 to Happy Hollow Foundation to utilize and maximize Happy Hollow Park and Zoo's unique resources to be a health leader in nutrition and movement. This includes creating sustainable changes to the environment and food and beverage offerings at the Picnic Basket restaurant, maintaining activity stations and wellness programs in the park, and creating a Senior Safari morning walking group. The program will impact an estimated 450,000 visitors.
- KFH-Santa Clara and KFH-San Jose awarded \$50,000 to IHC to decrease obesity and obesity rates in Santa Clara County by increasing the intake of fruits and vegetables through participation in an onsite farmers' market at the medical and dental facility on Meridian Avenue in San Jose. The program aims to decrease BMI (body mass index) and to increase fruit and vegetable intake of among 420 IHC patients and staff who utilize the farmers' market. IHC expects to reach more than 3,000 patients and staff with the Farm to Family Fun Program.
- KFH-Santa Clara and KFH-San Jose awarded \$25,000 to Rotary Club of San José Foundation for construction of a Rotary PlayGarden at Guadalupe River Park and Gardens. This unique and stimulating environment for play, a critical ingredient of every child's physical and social development and cognitive growth, will be an inclusive playground destination where children of all abilities can engage in physical activity, discover, explore, and play together side by side.
- KFH-Santa Clara awarded \$10,000 to Santa Clara Library Foundation and Friends to develop four public health campaigns consisting of custom displays, relevant materials from the collection, health education materials, and electronic communications that provide health resources. Several times during the year, programming will be offered to support each campaign. The campaigns will reach more than 10,000 individuals annually.
- Building on past successes and lessons learned, KFH-San Jose and KFH-Santa Clara partnered with Santa Clara County Public Health Department and FIRST 5 Santa Clara County on the 2013 ReThink Your Drink campaign, which started as a summer campaign initiated by Alameda County Department of Public Health and funded by Kaiser Permanente Northern California Region. Two of the newest additions to the campaign are Dexter and Martina, animated characters who educate children about why water is the healthiest drink option. Health education materials, including booklets and a video PSA, co-developed by campaign partners, are updated or developed annually and distributed to more than 20,000 community members through partnerships with schools, child care agencies, and nonprofits.
- KFH-Santa Clara awarded \$35,000 to SCS for Fresh from the Farm, a collaboration with Full Circle Farm (FCF) that gives low-income families fresh produce, nutrition education, farm and gardening experiences, and community-building

activities, all geared towards healthy nutrition and lifestyles. Together, SCS and FCF will supply 600 families (1,500 individuals) with high priority nutrition and food security needs through key strategies designed to encourage low-income food consumers to become actively engaged in the local food system and committed to helping their families eat more fruits and vegetables and be more physically active.

- KFH-Santa Clara and KFH-San Jose awarded \$50,000 to The Tech Museum of Innovation to help create a new exhibit featuring interactive components that encourage healthier living. The new exhibit will leverage physiological and behavioral data—some of which will be collected through wearable sensors—and allow individuals to visualize activity patterns and identify possible opportunities for change. More than 400,000 museum visitors will be exposed to this exhibit, including 60,000 students from low-income schools.

PRIORITIZED NEED III: VIOLENCE AND SUBSTANCE ABUSE

In recognition of the comorbidity between violence and substance abuse, these priority needs were combined to maximize the impact of the KFH-Santa Clara and KFH-San Jose strategies. From 2000 to 2007, the age-adjusted homicide rate in Santa Clara County increased from 2 per 100,000 people to 3/100,000. Among Latinos, the rate increased from 5/100,000 to 8/100,000. Assault is intentionally inflicted injury to another person that may or may not involve intent to kill. In 2005–2006, 7% of adults in Santa Clara County reported that an intimate partner had ever physically abused them. In 2007–2008, 20% of middle and high school students had been in a physical fight at school at least once in the past 12 months. About 1 in 8 Santa Clara County middle and high school students (12%) reported binge-drinking in the past 30 days.

In 2007–2008, 12% of middle and high school students in Santa Clara County reported using marijuana at least once in the past 30 days. In Santa Clara County, smoking rates are still high among some adults (10.7%) and teens (10.5%). The average age of youth who start smoking is 13. Teen smoking rates are higher among Latinos and African Americans (12% of middle and high school students) and Cambodians/Laotians (17% of high school students). Among adults, 32% of Vietnamese American men and 53% of recent Latino immigrants smoke. Low-income adults smoke at twice the rate of adults with above-median incomes. By bringing together the KFH-San Jose and KFH-Santa Clara priorities, the tobacco cessation priority is addressed within the broader topic of violence and substance abuse.

2013 GOAL

Provide tools and support for children, youth, and families to decrease aggressive behavior, inappropriate coping behaviors, poor social relationships, and violence.

2013 STRATEGIES

1. Provide grants as appropriate to implement interventions that increase safety by supporting highest-risk youth with tools to make positive choices.
2. Provide grants or sponsorships as appropriate to support children, youth, and families in strengthening their social, emotional, and coping skills.
3. Provide grants as appropriate to create a caring climate in institutional and organizational settings that fosters positive adult role models and creates opportunities for youth to feel connected and engaged.

TARGET POPULATION

Underserved populations in Campbell, Cupertino, Los Altos, Los Gatos, Milpitas, Mountain View, San Jose, Santa Clara, Saratoga, Sunnyvale, and San Jose, with a particular focus on children, youth, and families.

COMMUNITY PARTNERS

Community partners include Alum Rock Counseling Center, the Domestic Violence Intervention Collaborative (DVIC), Foothill DeAnza College Foundation, Fresh Lifelines for Youth (FLY), Girl Scouts of Northern California, Santa Clara County Office of Education, Sunday Friends, and YMCA Silicon Valley–Project Cornerstone.

2013 YEAR-END RESULTS

- KFH-Santa Clara and KFH-San Jose awarded \$25,000 to Alum Rock Counseling Center for Ocala Middle School's mentoring and support program, which serves more than 90 participants (grades 6 thru 8) using an evidence-based substance abuse prevention program (Botvin Life Skills Training), mentoring, case management, counseling, and parent collateral services. Goals include reducing aggressive, violent, or delinquent behavior; strengthening participants' ability to use positive coping mechanisms to handle stress and emotions; improving interpersonal relationships between youth and their peers, teachers, family members, and other adults; and improving participants' health awareness and healthy living habits.
- KFH-Santa Clara and KFH-San Jose awarded \$3,000 to DVIC for the 20th annual Santa Clara County Domestic Violence Council conference, which provided the most current information available to a diverse audience comprising systems, agencies, and individuals working to combat domestic violence issues. More than 300 advocates, attorneys, law enforcement, educators, mental health professionals, and survivors enjoyed key note speakers and workshops on best-practice programming that addressed the conference theme of Innovative Models for Early Intervention and Prevention.
- KFH-Santa Clara and KFH-San Jose awarded \$40,000 to Foothill DeAnza College Foundation's Family Engagement Institute (FEI) to promote positive family relationships as a mechanism to reduce violence between children and their parents/caregivers and between families and schools. Through continued educational opportunities for families, FEI will provide tools to teach effective parenting, identify educational and community resources, and provide education about child/youth development and developmental assets. FEI will impact 575 families and 175 educators.
- KFH-Santa Clara and KFH-San Jose awarded \$30,000 to FLY for its Legal Eagle program, a powerful combination of legal education, mentoring, and leadership training that helps high-risk youth in Santa Clara County make positive choices and avoid violence and substance abuse. Legal Eagle's goal is to help participants gain the knowledge, life skills, and emotional assets needed to exit or avoid the criminal justice system and transform their lives. Legal Eagle will serve 860 youth in Santa Clara County, including youth on probation and middle school youth at risk of system involvement.
- KFH-Santa Clara and KFH-San Jose awarded \$30,000 to Girl Scouts of Northern California for Got Choices, a gender-specific prevention and intervention program designed to increase protective factors, reduce risk factors, and support positive decision making in teen girls involved or at risk for becoming involved in the juvenile justice system. Got Choices provides a safe environment and extensive support through violence prevention efforts, relationship building, health education, creative expression, service to the community, life skills, and tools to make positive choices, and will impact up to 600 girls in Santa Clara County.
- KFH-Santa Clara awarded \$50,000 to Santa Clara County Office of Education for Building a Safe School Climate (BASSC), a multi-system initiative designed to assist schools in creating a safe school climate and decreasing the incidence of violence. BASSC includes professional development for teachers and staff, TA, parent education, policy development and implementation, PBIS (positive behavioral interventions and support) and OBPP (Olweus bullying prevention program) implementation. BASSC will serve more than 3,000 children.
- KFH-Santa Clara and KFH-San Jose awarded \$30,000 to Sunday Friends to help children and parents from very low-income families build the developmental assets that lead to productive, violence-free futures. The program utilizes writing, storytelling, and other classroom education techniques to discuss violence prevention. More than 2,500 children, teens, and parents will participate in the program.
- KFH-Santa Clara and KFH-San Jose awarded \$50,000 to YMCA/Project Cornerstone to create school and community coalitions to reduce violence in communities. Project Cornerstone will empower students to reduce bullying; train adult volunteers on asset-building strategies and prepare them to deliver monthly literature-based programs to students focused on tolerance, respect, personal responsibility, and positive cultural identity; provide support to families by strengthening their understanding of developmental assets through parent workshops; and bring together a coalition of community and school partners to strengthen collaboration. More than 4,250 youth and 1,475 adults will be impacted.

Table 1

KAISER FOUNDATION HOSPITAL-SANTA CLARA

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	2,035
Medi-Cal Managed Care members	9,810
Health Research projects (new, continuing, completed, and/or published)	7
Nursing Research projects (new, continuing, completed, and/or published)	98
Kaiser Permanente Educational Theatre – number of performances and workshops	111
Kaiser Permanente Educational Theatre – number of attendees (students and adults)	23,266
Graduate Medical Education – number of affiliated and independent residents	252
Nurse practitioner and other nursing training and education beneficiaries	46
Deloras Jones nursing scholarship recipients	2
Other health professional training and education (non-MD) beneficiaries	24
Number of 2013 grants and donations made at the local and regional levels ¹	118

¹The 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-SANTA CLARA

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2013

	2013 Totals
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$8,105,638
Healthy Families ²	631,594
Charity care: Charitable Health Coverage programs*	1,699,463
Charity care: Medical Financial Assistance Program ⁴	4,263,415
Grants and donations for medical services ⁵	2,704,131
Subtotal	\$17,404,241
Other Benefits for Vulnerable Populations	
Summer Youth and INROADS programs ⁶	\$13,911
Grants and donations for community-based programs ⁷	1,430,363
Community Benefit administration and operations ⁸	816,254
Subtotal	\$2,260,527
Benefits for the Broader Community⁹	
Community health education and promotion programs	\$12,065
Kaiser Permanente Educational Theatre	154,365
Facility, supplies, and equipment (in-kind donations) ¹⁰	377
Community Giving Campaign administrative expenses	58,278
Grants and donations for the broader community ¹¹	51,905
National board of directors fund	42,023
Subtotal	\$319,012
Health Research, Education, and Training	
Graduate Medical Education	\$8,081,999
Non-MD provider education and training programs ¹²	786,484
Grants and donations for the education of health care professionals ¹³	33,828
Health research	625,757
Subtotal	\$9,528,068
Total Community Benefits Provided	\$29,511,848

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

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

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

- Diabetes
- Violence
- Oral/dental health
- Substance abuse (alcohol, tobacco, and other drugs)
- Respiratory conditions
- Birth outcomes
- Access to Health Care Services
- Obesity
- Mental health
- Cardiovascular disease, heart attack, stroke
- Cancer
- STIs/HIV-AIDS
- Alzheimer's disease

HEALTH NEEDS THAT KFH-SANTA CLARA PLANS TO ADDRESS

1. HEALTHY EATING/ACTIVE LIVING

Obesity (renamed healthy eating/active living to better capture the types of strategies planned to prevent this health outcome) is a health need among residents in the South Bay Area as evidenced by high rates of obesity among adults and children. Poor diet and lack of exercise are related to lack of knowledge about nutrition and exercise and poor attitudes about healthy eating and exercise. This health need was also selected because the magnitude of the problem is high, severely impacts our community, and disparities exist among low-income populations as well as in the Latino community. Furthermore, there are many evidence-based practices that can be employed to address the problem and KFH has assets that can help combat this need.

2. BEHAVIORAL HEALTH

Poor mental health and substance abuse (renamed behavioral health as a broad term for both issues) is a health need among residents in the South Bay because of economic stress and environmental conditions, negative coping skills, lack of awareness of or poor attitudes about symptoms/treatment, and low access to treatment. This health need was also selected because community input indicated it was a problem that is not being addressed well with resources currently available in the community. Low-income populations were also noted to have behavioral health issues that were going untreated.

3. VIOLENCE

Violence is a health need among residents in the South Bay because of economic stress and environmental conditions, lack of coping skills, and low access to treatment for mental health issues. This health need was also selected because of a significant rise in homicides in the city of San Jose as well as the prevalence of bullying in local schools. Low-income youth of color are being disproportionately affected by violence in the South Bay.

4. ACCESS TO HEALTH CARE SERVICES

Access to health care services is a need among residents in the South Bay because of a lack of health insurance, a lack of transportation, and a lack of health care providers, especially for those who do not speak English. 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. This health need was also selected because low-income residents in the South Bay have difficulty accessing specialty care because of limitations within the public system and lack of affordability of services. KFH assets can also be leveraged to address this problem.

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 Jose 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: HEALTHY EATING/ACTIVE LIVING

LONG-TERM GOAL

- Increase healthy eating and active living among children, youth, and adults.

INTERMEDIATE GOALS

- Increase knowledge and skills about healthy eating among children, youth, and adults
- Increase access to healthy foods
- Increase motivation and access to physical activity among children, youth, and adults
- Increase healthy eating and physical activity among children, youth, and adults

STRATEGIES

- Provide grants or sponsorships for efforts such as:
 - Nutrition education and skill-building programs that support healthy eating
 - Providing breastfeeding education for worksites and supporting training in hospitals/clinics
 - Adoption of policies and practices to restrict the availability of unhealthy foods, increase the availability of healthier foods, and reduce overconsumption of sugary beverages
 - Increasing the accessibility to farmers’ markets and the use of EBT for fresh fruits and vegetables
 - Creating/enhancing places for physical activity and programs that increase physical activity
- Allocate Kaiser Permanente resources to support healthy eating and active living such as:
 - Implementing Thriving Schools, a national initiative of Kaiser Permanente that targets resources to schools in low-income neighborhoods to improve the health and wellness of students and employees through improved nutrition, increased physical activity, and access to health care
 - Promoting farmers’ markets and health education materials, and conducting clinician presentations
 - Promoting physical activity or healthy eating initiatives such as Healthy Trails, ReThink Your Drink, Everybody Walk, and Weight of the Nation
 - Provide KPET, a free theater program designed with the advice of teachers, students, medical professionals, parents, and actors to disseminate health education and to inspire children, teens, and adults to make healthier choices and better decisions about their well-being
- Participate in collaborations and partnerships to promote healthy eating and/or active living such as:
 - Bay Area Nutrition and Physical Activity Collaborative (BANPAC) Leadership Team and policy or program initiatives focused on nutrition and physical activity
 - Let’s Move Salad Bars to Schools in partnership with local organizations
 - Collaborative Addressing Childhood Obesity in Sunnyvale

EXPECTED OUTCOMES

- Creation of policies practices that support increased physical activity and improved access to healthy foods
- Increased physical activity and consumption of fresh fruits and vegetables
- Decreased access to less healthy foods and beverages
- Improved attitudes about and awareness of good nutrition, physical activity, and breastfeeding
- Increased resource sharing and best practices around nutrition and physical activity among community partners

PRIORITY HEALTH NEED II: BEHAVIORAL HEALTH

LONG-TERM GOALS

- Reduce stress and depression among South Bay residents
- Reduce substance abuse among South Bay residents
- Increase access to trauma-informed mental health care

INTERMEDIATE GOALS

- Improve self-care and coping skills among youth and adults
- Increase family functioning, especially the practice of positive parenting
- Reduce alcohol and drug use among South Bay youth
- Service providers practice trauma-informed care

STRATEGIES

- Provide grants or sponsorships for programs such as:
 - Cognitive-behavioral group prevention/intervention programs or trainings for adolescents or adults focused on coping with stress, anxiety, or depression to improve general mental health
 - Group cognitive behavioral therapy for children and adolescents who have experienced trauma and training for service providers about adverse childhood experiences (ACE)/trauma and trauma-focused care
 - Group cognitive-behavioral therapy for offenders to reduce recidivism and violent crime
 - Addiction education or programs for youth to prevent alcohol, tobacco, and marijuana use
 - Parent and youth substance use and aggression-reducing programs focused on skill-building
 - Programs providing early childhood screening for developmental delays and behavioral problems
 - Programs, home visiting or support groups for parents to help increase family functioning
- Participate in collaborations and allocate Kaiser Permanente resources to support positive mental health:
 - Participating in the Santa Clara County Mental Health Department's School-Linked Services Collaborative, which coordinates social services at schools to provide youth with the knowledge and skills necessary to ensure a healthy transition to successful adult roles and responsibilities
 - Distributing Kaiser Permanente health education resources on coping with stress, anxiety, and depression

EXPECTED OUTCOMES

- Increased positive communication skills and personal and social skills that build resilience
- Increased knowledge of coping with peer pressure, depression, and stress-reducing practices
- Increased early screening and prevention
- Increased value/practice of positive parenting
- Increased access to culturally competent and trauma-informed mental health services

PRIORITY HEALTH NEED III: VIOLENCE

LONG-TERM GOALS

- Reduce youth and family violence among South Bay residents
- Improve the safety of public environments where residents go to school, live, and work
- Provide trauma-informed and mental health care to youth (at-risk, as well as offenders)

INTERMEDIATE GOALS

- Improve self-care and coping with stress among youth, without the use of violence
- Improve healthy relationships between family members in terms of engagement and connection
- Create safe environments where children go to school and people live and work
- Mental health service providers practice trauma-informed care

STRATEGIES

- Provide grants or sponsorships for programs such as:
 - Mentoring for high-risk youth
 - Life skills education to develop healthy relationships, and coping and healthy response skills
 - Cognitive-behavioral group prevention/intervention programs or trainings for adolescents or adults focused on coping with stress, anxiety, or depression to improve general mental health
 - Programs for parents that teach effective parenting and communication skills, positive discipline, and focus on developmental stages of children and positive parent-child interactions
 - Programs to prevent intimate partner violence or family violence
 - Routine screening by clinical and mental health professionals for intimate partner violence
 - Programs that create caring school climates that discourage bullying and reduce violence
- Participate in collaboration and partnerships such as:
 - Santa Clara County Public Health Department Injury and Violence Prevention Collaborative
 - Violence prevention campaigns
- Allocate Kaiser Permanente resources to support violence prevention programs such as:
 - Providing KPET programs
 - Distributing health education materials on stress reduction and healthy coping skills
 - Providing clinician speakers at violence prevention forums or community events

EXPECTED OUTCOMES

- Adoption of policies or practices that promote positive climates in schools, workplaces, or neighborhoods
- Improvement in school norms among staff, students, and parents and youth feeling safe at school
- Improvement in attitudes about peer violence and non-violence
- Increased knowledge of coping with peer pressure and depression, and developing healthy relationships and stress-reducing practices
- Increased family engagement in the lives of youth, positive communication skills, and effective coping skills
- Increased screening for intimate partner violence

PRIORITY HEALTH NEED IV: ACCESS TO HEALTH CARE SERVICES

LONG-TERM GOAL

- Increase number of people who have access to appropriate health care services

INTERMEDIATE GOALS

- Reduce barriers to enrollment and increase health care coverage
- Improve access to culturally competent care
- Reduce workforce shortages

STRATEGIES

- Provide grants, sponsorships, or in-kind support to community health centers, clinics, or federally qualified health centers (FQHCs) for efforts such as:
 - Expanding use of community health workers or utilizing patient navigators to provide culturally sensitive assistance and care coordination
 - Interventions to improve health literacy
 - Establishing a medical homes with an emphasis on preventive care and screening
 - Oral health services
- Participate in collaborations or partnerships and/or provide sponsorships for workforce development:
 - Participate in the Community Benefit Hospital Coalition, which shares information on funding strategies and collaborates on projects that benefit the health of the community
 - Sponsor or partner on programs focused on exposing youth and young adults to health care opportunities or building capacity of health care workers to provide culturally competent care to patients
- Allocate Kaiser Permanente resources to support:
 - 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 Services which provides subsidized health care on a fee-for-service basis for Medi-Cal beneficiaries not enrolled as KFHP members
 - Provide Medical Financial Assistance (MFA), which assists patients in need by subsidizing all or a portion of their KP medical expenses for a period of time. Eligibility is based on prescribed levels of income, expenses, and assets
 - Provide subsidized health care coverage that provides comprehensive benefits to children (birth through 18) in families with income up to 300% FPL who lack access to employer-subsidized coverage and do not qualify for public programs because of immigration status or family income
 - Implement the Summer Youth Employment Program, which provides underserved high school students paid summer internships at Kaiser Permanente medical centers and administrative offices throughout NCAL
 - Participate in and implement activities that support three college-level internship programs offering paid employment opportunities to underrepresented college students at Kaiser Permanente medical centers and administrative offices throughout NCAL

EXPECTED OUTCOMES

- Increased access to health care coverage and health care services
- Increased utilization of health care services
- Increased leveraging of hospital resources
- Increased knowledge about health care careers
- Increased knowledge about care delivery

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 linguistically and culturally diverse candidates
- Increased 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