



Kaiser Foundation Hospital – Northern California Region

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

SOUTH SAN FRANCISCO



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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)-SOUTH SAN FRANCISCO

1200 El Camino Real
 South San Francisco, CA 94080
 (650) 742-2000

The KFH-South San Francisco service area covers portions of northern San Mateo County. This includes, but is not limited to, the cities of Brisbane, Daly City, Pacifica, Montara, Moss Beach, San Bruno, and South San Francisco.

COMMUNITY SNAPSHOT (*COUNTY-LEVEL DATA)

Total population:	320,390
Median age:*	38.8
Average household income:*	\$84,879
Percentage living in poverty:	6.48%
Percentage unemployed :	6.75%
Percentage uninsured:	11.55%

Asian and Pacific Islander:	37.81%
White:	33.49%
Latino:	21.09%
Other:	5.28%
African American:	2.13%
Native American:	0.21%

KEY STATISTICS

Year opened:	1954
KFH full-time equivalent personnel:	633.75
KFHP members in KFH service area:	103,313

Total licensed beds:	120
Inpatient days:	19,457
Emergency room visits:	34,436

KEY LEADERSHIP AT KFH-SOUTH SAN FRANCISCO

Frank T. Beirne, FACHE	Senior Vice President and Area Manager
Sheila Gilson, RN, MSM	Chief Operating Officer/Chief Nursing Officer
Tim O'Connor	Area Finance Officer
John Skerry, MD	Physician in Chief
Martha Gilmore	Medical Group Administrator
Stacey K. Wagner	Public Affairs Director
Stephan H. Wahl	Community Benefit/Community Health Manager

KFH South San Francisco Medical Center Area



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

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



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

To support the 2011–2013 Community Benefit Plan, KFH-Redwood City and KFH-San Mateo collected information about current community needs. Part of this CHNA process included collection of primary data through telephone interviews with community health providers and focus groups with teens and seniors. Senior focus groups (12 participants per group) were conducted in Daly City and North Fair Oaks, which were specifically chosen for their geographic and ethnic diversity. Teen focus groups were conducted in Pacifica and Redwood City, also selected for their geographic uniqueness and ethnic composition. Twelve students participated from two different high schools in Pacifica and 11 students participated from one Redwood City high school. Shemick Healthcare Consulting was contracted to facilitate the focus groups and to conduct provider interviews with the following organizations, which are current community partners of KFH-Redwood City and KFH-South San Francisco, have long track records in the community, and are trusted by the patients they serve:

- Coastside Adult Day Health Center (Half Moon Bay)
- County of San Mateo, Behavioral Health & Recovery Services
- Daly City Senior Services
- Daly City Youth Health Center
- Doelger Senior Center (Daly City)
- El Centro de Libertad (Redwood City and Half Moon Bay)
- Fair Oaks Intergenerational Center (North Fair Oaks)
- Legal Aid Society of San Mateo County
- Oceana and Terra Nova high schools (Pacifica)
- Peninsula Family Service Agency (North Fair Oaks)
- Peninsula Jewish Community Center (Foster City)
- Pyramid Alternatives (Pacifica, Daly City, South San Francisco, San Bruno)
- San Mateo County Senior Adult Services
- Sequoia High School (Redwood City)
- StarVista [formerly Youth and Family Enrichment Services] (San Mateo County)

To support the CHNA and the selection of priority needs, Shemick Healthcare Consulting also collected secondary data from a variety of federal, state, and local San Mateo County sources that track the most current health trends:

- *Healthy San Mateo 2010*, Disease Control and Prevention Epidemiology Program, San Mateo County Health Services Agency
- *Healthy People 2010*, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000
- *County Health Status Profiles, 2006*. Department of Health Services and California Conference of Local Health Officers
- *2010 California County Scorecard of Children's Well-Being*. Children Now
- California Department of Health Services, Center for Health Statistics, Birth Records 1990–2004
- Census 2000, U.S. Census Bureau
- UCLA Center for Health Policy Research, 2009 Insurance Rates
- *San Mateo County Adolescent Report 2001*. San Mateo County Board of Supervisors, May 2001
- *San Mateo County Adolescent Report 2007*

- California Department of Education, Safe & Healthy Kids Program Office.
<http://hk.duerrevaluation.com/ar07repcounty.htm>
- San Mateo County Human Services Agency, 2007
- *Morbidity and Mortality Weekly Report (MMWR)*. Surveillance Summaries. Centers for Disease Control and Prevention (CDC)
- *Children in Our Community: A Report on Their Health and Well-Being*. San Mateo County Children’s Report 2007. Lucile Packard Foundation for Children’s Health
- *No Time for Complacency: Teen Births in California*. Public Health Institute, Center for Research on Adolescent Health and Development, March 2003
- *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report*. National Institutes of Health, National Heart, Lung, and Blood Institute, in cooperation with National Institute of Diabetes and Digestive and Kidney Diseases, September 1998
- *Fact Sheet—Cancer; Healthy San Mateo 2010: Health Status Indicators for San Mateo County, California*
- 2006–2009 Master Birth Files. San Mateo County Health Department
- Half Moon Bay, Health Needs Assessment Report, November 2009

KEY FINDINGS FROM THE 2010 CHNA

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

- San Mateo County is among the most culturally and ethnically diverse counties. Asian and Hispanic residents, along with seniors, are expected to continue to become increasingly greater proportions of the population. The area is not adequately prepared for this enormous demographic shift.
- There are two San Mateo counties—one for the economic “haves” and one for the economic “have-nots”—and the gap between them is widening.
- The actual causes of premature death are rooted in behavior, and it is estimated that as many as 50% of premature deaths are due to risky behaviors such as tobacco use, poor diet, a lack of exercise, alcohol use, etc.
- Individual health behaviors are deeply influenced by public policy and place (i.e., neighborhood conditions) to a far greater degree than is generally acknowledged.
- Access and affordability to health care services is a significant problem. The lack of a comprehensive health care system is a failing, unsustainable model.
- More than one out of four San Mateo County adults believe access to mental health, substance abuse, and dental services in the county is “fair” to “poor.”
- In the near future, the Internet is likely to replace physicians as the place where most people get much of their health care information.
- The rise in C-section rates is a disturbing trend.
- Children are not doing much better than adults in exhibiting healthy behaviors.
- Adolescents engage in a variety of risky behaviors such as alcohol, tobacco, and other drug (ATOD) use; violence; and sexual activity that will impact their future health.
- The proportion of adults 60 and older is expected to roughly double over the next four decades. This growing population requires increased attention to their health and social needs.
- Among seniors, falls are the key issue leading to hospitalization, loss of independence, and death.

- Incidences of cancers (lung, breast, prostate, and colon) are decreasing.
- Gonorrhea and chlamydia rates are increasing.
- Homicide rates are increasing.
- Binge drinking among young adults has increased significantly over the last several years.
- Substance abuse (ATOD) is one of the most serious threats to community health. Substance abuse contributes to homelessness, violence, poverty, and disease. Youth substance abuse is a particular concern.
- Depression, isolation, and loneliness are prevalent in San Mateo County.
- Obesity, along with high blood pressure, type 2 diabetes, and high cholesterol, continues to be a major health concern.
- 90% of the county's population over age 19 has risk factors associated with cardiovascular disease.
- Access to health care is a persistent issue for the underserved and underinsured.
- Obesity rates continue to be an issue for children and adults alike. Poor food choices and lack of physical activity are main drivers of this epidemic.
- At-risk youth behavior is leading to substance abuse, depression, teen pregnancy, and mental health issues.
- By 2030, nearly one out of four San Mateo County residents will be over age 65. Nationally, 60% of baby boomers will have more than one chronic disease, nearly one-third will be obese, and 25% will have diabetes.
- Domestic and family violence is increasing at alarming levels.

The Community Benefit Advisory Board approves the selection of priority needs for KFH-South San Francisco and consists of the following San Mateo Area physicians and staff:

Frank T. Beirne, Senior Vice President and Area Manager – KFH
Debbie Cotton, Director, Star Leadership Programs – KFH
Betty Gonzalez, Member Outreach & Interpreter Services Manager – TPMG
Sheila Fusaro, Assistant Medical Group Administrator – TPMG
Matthew L. Jacobs, Community and Government Relations Manager
Janice Parker, Director, Health Education – TPMG
Barbara Rigdon, Public Affairs Representative – KFHP
Charito Sico, MD, Pediatrics – TPMG
Lynne Siracusa, Social Services Manager – KFH
Irene Takahashi, MD, Pediatrics – TPMG
Scott Tsunehara, MD, Assistant Physician-in-Chief, Internal Medicine – TPMG
Jocelyne Vistan, Patient Care Experience Leader – KFH
Stacey K. Wagner, Public Affairs Director – KFHP
Stephan H. Wahl, Community Benefit/Community Health Manager – KFH

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-SOUTH SAN FRANCISCO SERVICE AREA

1. Access to health insurance coverage and health care services
2. Obesity rates
3. At-risk youth behavior
4. Poor health in the aging population
5. Domestic/family violence

2013 YEAR-END RESULTS

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

San Mateo County Health System and Health Plan for San Mateo County analyzed the most recent census data (2010 American Community Survey [ACS]) and estimated that 81,258 San Mateo County residents are uninsured and 28,806 adults are currently enrolled in ACE (Access to Care for Everyone), the county's indigent care program. Job loss and the accompanying loss of employer-sponsored health insurance have led to an increasing number of adults seeking health coverage. San Mateo County anticipates that 47,000 will qualify for coverage under federal health care reform. In 2012, 61,030 residents were enrolled in full-scope Medi-Cal (California's federal/state Medicaid program), 10,800 in Healthy Families (California's federal/state S-CHIP program), 4,740 in Healthy Kids (a local program for children who do not qualify for Medi-Cal or Healthy Families), and 1,515 children in Kaiser Permanente Child Health Plan (KPCHP). In addition, accessing primary care and specialty care appointments in a timely manner continues to be a challenge for Health Plan of San Mateo County. Demand remains high while provider resources are limited.

2013 GOALS

1. Increase the number of low-income people who enroll in or maintain health care coverage.
2. Increase access to health care services for low-income and uninsured individuals.
3. Increase access to health care services for low-income/uninsured patients at risk for chronic conditions or complications related to chronic conditions such as diabetes.
4. Increase access to health care by providing transportation for high-need seniors and disabled adults to medical appointments and other health-related needs.

2013 STRATEGIES

1. Provide charity care through the Medical Financial Assistance (MFA) program and maximize efficiencies.
2. Support certified application assisters (CAAs) in clinics and core agencies for insurance enrollment and retention.
3. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and KPCHP); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.
4. Provide grants to community organizations and safety-net providers to increase access to health care services for low-income, vulnerable, and uninsured individuals to better manage and prevent chronic conditions, with a focus on diabetes.

TARGET POPULATION

Low-income households, minority populations, immigrants, farm laborers, families living below the poverty level, and those lacking transportation to medical care in the KFHP-South San Francisco service area.

COMMUNITY PARTNERS

Community partners include Health Plan of San Mateo County, San Mateo County Medical Center, Daly City Youth Health Center, Peninsula Jewish Community Center, Operation Access (OA), Pyramid Alternatives, RotaCare Clinics of the Bay Area, San Mateo County Behavioral Health and Recovery Services, Samaritan House, San Mateo County Children's Health Initiative, San Mateo County Health Service Agency, SamTrans (San Mateo County Transit), Daly City Access, and other agencies serving northern San Mateo County.

2013 YEAR-END RESULTS

- RotaCare of the Bay Area received an \$8,000 grant from KFHP-South San Francisco to provide free medical services to the underserved community in northern San Mateo County. Services are provided every Monday evening and more

than 600 patients visit the clinic annually. Two KFH-South San Francisco physicians, one Kaiser Permanente nurse practitioner, two Kaiser Permanente nurses, and one Kaiser Permanente social worker volunteer at the clinic.

PRIORITIZED NEED II: OBESITY RATES

Obesity prevalence in the United States has more than doubled over the past 30 years. According to an August 2010 UCLA Center for Health Policy Research policy brief, *Obesity and Diabetes: Two Growing Epidemics in California*, San Mateo County's obesity prevalence remains consistent with the rest of the nation; approximately 194,000 residents (34.8 %) are considered overweight and 17.9% (roughly 100,000) of those are considered obese. Obesity is a significant risk factor for diabetes, and both conditions are serious risk factors for heart disease and other serious medical conditions. American Indians, African Americans, and Latinos have the highest prevalence of obesity and diabetes in California, and those statistics are directly relevant to San Mateo County's population. Eighty-three percent of Pacific Islanders, 74% of Latinos, 69% of African Americans, 62% of Filipinos, 54% of American Indians, 52% of Whites, and 45% of Asians did not pass California State fitness standards in 5th, 7th, and 9th grades (2008–2009). Obesity and diabetes prevalence is highest among populations with lower incomes and the least education. Although a number of factors are associated with obesity—ranging from genetics to individual behaviors—the composition and structure of neighborhoods and social environments have also been increasingly implicated as impediments to maintaining a healthy lifestyle. Both physical activity and healthy eating are important for reducing and preventing obesity and diabetes.

2013 GOALS

1. Increase consumption of fresh fruits and vegetables.
2. Increase physical activity in institutional settings (e.g., schools, after-school programs, work sites).

2013 STRATEGIES

1. Provide grants to support programs that promote active living and physical activity in after-school programs, child care facilities, and recreation centers, increasing access to physical fitness classes, supervised play, and youth athletics.
2. Provide grants that support community-based efforts to increase the availability of healthier, more nutritious and affordable food items through community gardens, school gardens, community-supported agriculture, mobile produce markets, and in early child care settings and schools.
3. In addition to grant funding, identify and employ Kaiser Permanente assets and resources on behalf of strategic community organization partners to support mutual goals. Resources may include health education materials; health care providers and staff engagement; clinical and best-practice lessons and guidelines; communication and multimedia support; and Kaiser Permanente Educational Theatre Programs (KPET) presentations.
4. Participate in countywide obesity efforts through the Get Healthy San Mateo County task force on childhood obesity and act as an advisor and expert for countywide strategies.

TARGET POPULATION

Obese and overweight children and their families, including underserved southern San Mateo County community members.

COMMUNITY PARTNERS

Community partners include Boys & Girl Clubs of North San Mateo County, Mid-Peninsula Boys & Girls Club, Child Care Coordinating Council (4Cs), Coastside Health Committee, Healthy Community Collaborative of San Mateo County, Daly City Peninsula Partnership Collaborative, Peninsula Family Service Agency, Pacifica Collaborative, Pacifica Parks and Recreation Department, Daly City Parks and Recreation Department, South San Francisco Library, Project Read, South San Francisco Parks and Recreation Department, Jefferson Union High School, San Mateo County Health Department, Get Healthy San Mateo County, StarVista, and other agencies serving northern San Mateo County.

2013 YEAR-END RESULTS

- Second Harvest Food Bank received a \$20,000 grant from KFH-Redwood City and KFH-South San Francisco to increase access to healthy foods in low-income communities through fresh produce distribution and to reduce hunger through food referral and nutrition education services. Second Harvest reached more than 85,000 San Mateo County residents and screened more than 2,700 families for Cal-Fresh eligibility. More than 3,200 families and seniors received nutritional education, healthy food information, and/or attended cooking demonstrations, resulting in (anecdotally) recipients choosing healthy food items after learning how to prepare them.
- Special Olympics Northern California received a \$20,000 grant from KFH-Redwood City and KFH-South San Francisco to support San Mateo County school partnerships. Students with disabilities participate in Special Olympics sports training and physical fitness programs that are integrated into the classroom curriculum at participating K-12 schools. All 24 county school districts and more than 700 students with special needs participate and benefit from the program. In addition, more than 1,100 general education students participated as volunteers or in supporting roles.
- Boys and Girls Clubs of North San Mateo County received a \$35,000 grant from KFH-South San Francisco to support its Triple Play Program, which teaches children and youth to practice healthy behaviors, make better food choices, increase their knowledge of nutrition, and increase their physical fitness. Triple Play expanded to all five sites and reaches approximately 1,800 children.
- Mid-Peninsula Boys and Girls Club received a \$20,000 grant from KFH-South San Francisco to support its nutrition and physical fitness program at DeLue Clubhouse in Daly City. The Club initiated utilization of Vision Membership Tracking Software and MAAPS (Members Achieving Academic and Personal Success), a tool for youth to track their own personal goals. The program has achieved great success as youth reach their academic, physical fitness, and nutritional milestones. More than 186 youth participate in MAAPS; 79% demonstrated an increase in cardio-respiratory endurance, flexibility, and 84% increased their knowledge of “healthy habits.”
- Project Read received a \$20,000 grant from KFH-South San Francisco to use educational programs to promote health literacy in underserved northern San Mateo County communities. Healthy Choice was presented at five Learning Wheel sites, including preschools, elementary schools, and a continuation high school in South San Francisco. More than 450 families and youth have participated in the program; 77% increased their consumption of fresh fruits and vegetables.

PRIORITIZED NEED III: AT-RISK YOUTH BEHAVIOR

Teen focus groups and provider interviews conducted in August and September of 2010 noted that the current economic crisis is having an adverse effect on teens. An increase in family tension due to foreclosures, joblessness, alcoholism, family tension, and family violence was noted. This dynamic may affect some teens' mental state, leading to depression and other issues. In addition, too much schoolwork may lead to eating disorders, stress, and lack of sleep. Accessing mental health and reproductive health services is another challenge that teens face. On the street and on school campuses, there is easy access to alcohol and illegal substances. Many teens do not practice safe sex, and the problem is exacerbated by the use of drugs and/or alcohol. At the January 2012 San Mateo County, City and School Partnership (CCS) countywide symposium, San Mateo County probation and police officers confirmed an increase in local gang activity throughout the county. In many communities, a significant lack of activities available outside the school setting further compounds the challenge.

2013 GOALS

1. Decrease rates of teen alcohol and substance abuse.
2. Reduce depression in teens.

2013 STRATEGIES

1. Increase/support access to mental health services for teens.
2. Provide grants for education and interventions around substance abuse at schools, health fairs, teen clinics, and other social venues.

3. Provide education and teen pregnancy awareness, birth control, self-esteem, culturally sensitive sex education in classroom settings, and other community settings.

TARGET POPULATION

Teens at risk for issues related to substance abuse (including alcohol, tobacco, illicit drugs, over-the-counter drugs, narcotics), depression, self-abuse, and/or violence.

COMMUNITY PARTNERS

Community partners include Pyramid Alternatives, South San Francisco and Jefferson union high schools, San Mateo Human Service Agency, San Mateo County Health Department, Peninsula Conflict Resolution Center, Rape Trauma Services (RTS), San Mateo County Behavioral Health and Recovery Services, Daly City Youth Health Center (DCYHC), Partnership for a Safe and Healthy Pacifica, Pacifica Collaborative, StarVista, and other agencies serving northern San Mateo County.

2013 YEAR-END RESULTS

- Asian American Recovery Services received a \$25,000 grant from KFH-South San Francisco to provide substance abuse education and workshops for parents and students at Policita Middle School in South San Francisco. Two hundred and six students participated in a variety of activities, including classroom presentations, in-school events, small groups, and school assemblies.
- South San Francisco High School received a \$25,000 grant from KFH-South San Francisco to support its Emerging Leaders program, which builds and empowers positive student engagement by providing resources, workshops, substance abuse counseling, and student support groups. Key collaborative partners include Peninsula Conflict Resolution Center and South San Francisco Police Department. More than 150 youth participate in the program.
- Jefferson Union High School District received an \$11,164 grant from KFH-South San Francisco to support its Youth to Youth Mentoring/Prevention program at Oceana and Terra Nova high schools in Pacifica. Eight mentors (juniors, seniors) are matched with eight at-risk freshmen in the year-long program. The students receive the skills to help them develop relationships, behaviors, and attitudes for a healthy lifestyle and to eliminate at-risk behaviors such as substance abuse and other negative lifestyle choices.
- A \$30,000 grant from KFH-South San Francisco allowed DCYHC therapists to provide counseling at DCYHC and at Jefferson, Westmoor, and Terra Nova high schools. In 491 visits, they counseled 85 clients on depression and substance abuse, and other common themes such as partner conflict, trauma, and abuse.

PRIORITIZED NEED IV: POOR HEALTH IN THE AGING POPULATION

The senior focus groups and provider interviews conducted in August and September 2010 identified isolation, transportation, medication compliance and misuse, availability and affordability of medications, nutrition, malnutrition, and unintentional injuries as current issues facing the senior population. By 2030, the number of adults over 65 in San Mateo County will increase by 72%, and the number of people over 85 will be two and a half times the current number. This mirrors a pattern across the United States as baby boomers (those born between 1946 and 1964) age.

Locally, San Mateo County will have a greater proportion of older adults than the state average. Unless significant changes are made, the demand for health care and community-based services will far exceed what public and private systems can provide. According to the San Mateo County Projection Model, if we do nothing, by 2030, the county will experience a 50% increase in demand for physicians, a potential 108% increase in demand for treatment in various subspecialty areas, a 34% increase in acute hospital days among older adults, and a 59% increase in demand for hospital beds. These projections are driven not only by an increased number of older adults, but by high rates of chronic disease and cognitive impairment among that population. Combined, these factors will result in a dramatic increase in demand for services.

Nationally, by 2030, 60% of baby boomers will have more than one chronic disease, nearly one-third will be obese, and 25% will have diabetes. Approximately 23,000 older adults in San Mateo County will have developed Alzheimer's disease, a 70%

increase over current numbers. One out of five people over 65 in San Mateo County will have a physical or mental disability, and some communities will face an even greater prevalence of these conditions. As such, it is imperative to support community capacity to assist older adults in maintaining good health by helping to provide services and programs that go beyond health education. This requires working across nontraditional sectors to promote healthy living for older adults, including expanded transportation options, opportunities for social engagement, and access to affordable housing.

2013 GOALS

1. Increase access to social services for seniors, including but not limited to social integration and elder abuse prevention.
2. Seniors must remain physically and mentally active and eat nutritious food.

2013 STRATEGIES

1. Provide grants that link seniors to essential services and programs.
2. Provide grants that support community capacity to help older adults maintain physical/mental health and remain socially connected to friends and family, and support ongoing activities to reduce barriers for the isolated, disabled, and frail.
3. Provide grants that inform and educate seniors about the resources available to address elder abuse situations.
4. Facilitate conversations between senior care providers and medical center social workers to identify area resources for seniors and senior care.
5. Provide grants that support community capacity to assist older adults in maintaining physical and mental health.
6. Provide grants that provide healthy meal and snack choices and provide nutrition education.

TARGET POPULATION

Seniors and disabled adults who are underserved by community resources, are in need of basic essential services, and may be victims of physical or financial abuse.

COMMUNITY PARTNERS

Community partners include San Mateo County Health Policy and Planning, California Health Care Foundation, American Hospital Association, Alzheimer's Association, SamTrans, San Mateo County Commission on Aging, San Mateo County Health Department, San Mateo County Aging and Adult Services, and other agencies serving the needs for seniors in northern San Mateo County.

2013 YEAR-END RESULTS

- Ombudsman Services of San Mateo County received a \$5,000 grant from KFH-Redwood City and KFH-South San Francisco to provide advocacy services to frail seniors, which is federally mandated by the Older Americans Act. San Mateo County has 34 state-certified ombudsmen registered with the program and they monitor/oversee 485 senior care facilities, giving more than 9,000 long-term care residents access to their services. More than 500 complaints were investigated with 91% resolution or partial resolution of complaints.
- Hospital Consortium of San Mateo County received a \$5,000 grant from KFH-Redwood City and KFH-South San Francisco to support Fall Prevention Task Force efforts for outreach and education. A health educator was hired to assist with outreach efforts and to coordinate activities, which increased by 25% over last year. More than 5,600 seniors were reached.
- Daly City Peninsula Partnership received a \$35,000 grant to support HART (Healthy Aging Response Team), which encourages and supports independence and helps to reduce isolation among seniors and adults with disabilities, who are isolated, frail, or in need. Clients are competently connected to necessary services and systematically linked to existing resources. By annually connecting more than 700 seniors to services in the community, HART strengthens the safety net of community-based care in northern San Mateo County and contributes to crisis and disease prevention through a nexus of coordinated services.

PRIORITIZED NEED V: DOMESTIC/FAMILY VIOLENCE

Among children who live in households where domestic violence occurs, 87% witness the abuse, making them more likely to have behavioral and physical health problems (e.g., depression, anxiety, and violence toward peers); attempt suicide; abuse drugs and alcohol; run away from home; engage in teen prostitution; and commit sexual crimes. Seniors can be victims of financial, physical, and/or emotional abuse by relatives and caregivers and are often hesitant to address the abuse or even discuss it unless they have a close relative or friend. This can cause anxiety, stress, sleeplessness, and physical injuries.

Access to legal services is an important factor in ending domestic violence. As a result of the current socioeconomic situation, domestic violence victims may have more need for shelter and help. CORA (Community Overcoming Relationship Abuse), San Mateo County's only comprehensive domestic violence service agency, experienced a 7% year-to-year increase in law enforcement referrals (more than 50% since 2009), a 28% increase in the number of victims receiving interventional counseling and support, and a 38% increase in the number of clients provided with protective/transitional housing.

2013 GOAL

Protect victims and their families from domestic/gang violence and bullying. Because only a few agencies exclusively address domestic violence, KFH-Redwood City decided it was prudent to expand the original goal, allowing us to address other community violence issues, which are gaining greater visibility countywide, and to fund this priority most effectively.

2013 STRATEGIES

1. Provide grants to resources that keep families and children who are in abusive situations safe and free from harm.
2. Provide grants to agencies that provide education and intervention around bullying, violence, and gang-related violence.
3. Support other physician and staff involvement in domestic violence awareness and education.

TARGET POPULATION

Parents, families, elders, children, and youth are risk for endangerment as a result of violence, abuse, or domestic violence.

COMMUNITY PARTNERS

Community partners include CORA, Legal Aid Society of San Mateo County (Legal Aid), Bay Area Legal Aid (BayLegal), Shelter Network, San Mateo County Sheriff's Department, Peninsula Conflict Resolution Center, and Rape Trauma Services (RTS).

2013 YEAR-END RESULTS

- CORA received a \$35,000 grant from KFH-Redwood City and KFH-South San Francisco to support victims of domestic violence through its crisis intervention program, which includes a 24-hour hot-line and an emergency response program that links clients to emergency shelter or transitional housing; individual, family and group counseling; and legal services. CORA's services reached more than 3,600 people, 82% of whom were directly linked to a safety plan.
- BayLegal received a \$20,000 grant from KFH-Redwood City and KFH-South San Francisco to support the domestic violence safety net. BayLegal has operated in San Mateo County since 2002 and has developed comprehensive, efficient, and effective assistance for low-income domestic violence survivors seeking help with protective orders for themselves and their children. BayLegal collaborates with many local agencies to coordinate and streamline services.
- Legal Aid provides educational outreach and legal services for seniors and family law services (establishing legal independence, linkages to adjunct services) to help victims ensure their or their children's safety. It received a \$25,000 grant from KFH-Redwood City and KFH-South San Francisco to support prevention of domestic violence and abuse.
- RTS received a \$15,000 grant from KFH-Redwood City and KFH-South San Francisco for its rape and relationship abuse program. RTS facilitates healing and violence prevention through counseling, advocacy, and education. Workshops were provided to more than 1,500 students at Garfield Community School, Redwood Continuation High School, and El Camino High School.

Table 1

KAISER FOUNDATION HOSPITAL-SOUTH SAN FRANCISCO

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	618
Medi-Cal Managed Care members	1,663
Healthy Families Program members	5
Operation Access – number of procedures (including orthopedics, general surgery, urology, vascular, gynecology, and colorectal)	42
Operation Access – number of medical volunteers	54
Operation Access – number of medical volunteer hours	290
Health Research projects (new, continuing, completed, and/or published)	2
Nursing Research projects (new, continuing, completed, and/or published)	41
Kaiser Permanente Educational Theatre – number of performances and workshops	37
Kaiser Permanente Educational Theatre – number of attendees (students and adults)	9,563
Graduate Medical Education – number of affiliated and independent residents	13
Nurse practitioner and other nursing training and education beneficiaries	16
Other health professional training and education (non-MD) beneficiaries	22
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-SOUTH SAN FRANCISCO

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2013

	2013 Totals
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$953,363
Healthy Families ²	549,734
Charity care: Charitable Health Coverage programs*	521,657
Charity care: Medical Financial Assistance Program ⁴	999,796
Grants and donations for medical services ⁵	2,491,598
Subtotal	\$5,516,148
Other Benefits for Vulnerable Populations	
Summer Youth and INROADS programs ⁶	\$0
Grants and donations for community-based programs ⁷	1,123,094
Community Benefit administration and operations ⁸	278,659
Subtotal	\$1,401,754
Benefits for the Broader Community⁹	
Community health education and promotion programs	\$4,023
Kaiser Permanente Educational Theatre	105,768
Facility, supplies, and equipment (in-kind donations) ¹⁰	4,005
Community Giving Campaign administrative expenses	19,435
Grants and donations for the broader community ¹¹	344,474
National board of directors fund	14,014
Subtotal	\$491,720
Health Research, Education, and Training	
Graduate Medical Education	\$62,572
Non-MD provider education and training programs ¹²	373,039
Grants and donations for the education of health care professionals ¹³	29,579
Health research	208,683
Subtotal	\$673,873
Total Community Benefits Provided	\$8,083,495

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-South San Francisco 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-SOUTH SAN FRANCISCO SERVICE AREA

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

- Alcohol, Tobacco, and Other Drugs (ATOD) Abuse
- Obesity
- Poor Mental Health
- STDs/HIV-AIDS
- Infant Mortality
- Cancer
- Access to Health Care Services
- Diabetes
- Poor Oral/Dental Health
- Cardiovascular Disease, Heart Disease, Stroke
- Violence
- Infectious disease (TB, hepatitis, pertussis, influenza)
- Respiratory Conditions

HEALTH NEEDS THAT KFH-SOUTH SAN FRANCISCO PLANS TO ADDRESS

1. BEHAVIORAL HEALTH

Among residents in the San Mateo service area, ATOD abuse and poor mental health, combined as one health need under the broader term behavioral health, is a health need 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.

2. HEALTHY EATING/ACTIVE LIVING

Obesity, diabetes, cardiovascular disease, heart disease, and stroke (renamed as a single health need, Healthy Eating/Active Living, to better capture the types of strategies that are effective in addressing them) are health needs among residents in the San Mateo Area as evidenced by high rates of obesity among adults and children, type 2 diabetes, cardiovascular disease, heart disease, and stroke. Poor diet and lack of exercise are related to lack of knowledge and poor attitudes about healthy eating and exercise.

3. ACCESS TO HEALTH CARE SERVICES

This is a need among San Mateo Area residents due to a lack of health insurance, transportation, and 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.

4. A BROADER HEALTH CARE SYSTEM NEEDS IN OUR COMMUNITIES

Kaiser Foundation Hospitals, which includes 37 licensed hospital facilities as of 2013, has identified a number of significant needs in addition to those identified above through the CHNA process that we are committed to addressing

as part of an integrated health care delivery system. These needs, which are manifest in each of the communities we serve, include 1) health care workforce shortages and the need to increase linguistic and cultural diversity in the health care workforce and 2) access to and availability of robust public health and clinical care data and research.

Supporting a well-trained, culturally competent, and diverse health care workforce helps ensure access to high-quality care. This activity is also essential to making progress in the reduction of health care disparities, which persist in most of our communities. Individuals trained through these workforce training programs are able to seek employment with Kaiser Permanente entities or other health care providers in our communities.

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

2014-2016 COMMUNITY BENEFIT PLAN

The goals, strategies, and outcomes listed below address health needs identified during the 2013 CHNA. All KFH hospitals carefully considered the evidence-base when determining which goals and strategies would be most effective in addressing each need. KFH-Redwood City 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

- Decrease rates of overweight and obesity among children, youth, and adults

INTERMEDIATE GOALS

- Increase healthy eating among children, youth, and adults
- Increase physical activity among children, youth, and adults

STRATEGIES

- Provide grants for nutrition education programs that are focused on specific behaviors (e.g., eating fruits and vegetables) and recognize motivations of students/participants
- Provide grants that support physical activity or physical fitness programs
- Provide Kaiser Permanente programs (Kaiser Permanente Educational Theatre [KPET] and Thriving Schools) to isolated/underserved areas where schools have not participated in the past to educate students and staff on the benefits of eating healthy and being physically active and to provide opportunities for healthy eating and physical activity
- Participate in collaborations and partnerships to promote public health policy aimed at increasing access to and availability of healthy foods and decreasing access to and advertising of unhealthy foods and beverages
- Participate in collaborations and partnerships focused on improving community design, land use policies, and public spaces to encourage physical activity
- Participate with community-based organizations to increase accessibility of farmers’ markets by partnering with stakeholders to implement new farmers’ markets and/or promote existing farmers’ markets and the use of EBT (electronic benefits transfer) for SNAP (Supplemental Nutrition Assistance Program) for fresh fruits and vegetables

EXPECTED OUTCOMES

- Increased healthy eating and physical activity among children, youth, and adults
- Improved knowledge and attitudes about good nutrition and physical activity
- Increased access to healthy foods and beverages
- Increased access to physical activity at schools
- Improved safety of parks for active recreation

PRIORITY HEALTH NEED II: BEHAVIORAL HEALTH

LONG-TERM GOAL

- Improve mental health and reduce substance abuse among San Mateo Area residents

INTERMEDIATE GOALS

- Improve self-care and coping with stress among youth and adults
- Reduce drug use and problem drinking among adults
- Increase delay of initiation of alcohol and drug use and decrease overall alcohol and drug use among youth
- Improve access to behavioral health services for youth and adults

STRATEGIES

- Provide grants for school-based education/training on coping skills that focus on nonresponse to provocative situations and improved communication
- Provide grants to support therapeutic interventions for adolescents (e.g., cognitive behavioral therapy and mindfulness-based stress reduction)
- Provide grants to local community-based organizations, community agencies, community stakeholder groups, and/or teen health centers that focus on providing mental health screening and treatment programs
- Provide grants to implement substance abuse enforcement strategies such as merchant education, police alcohol compliance checks with merchants, sobriety/traffic-safety checkpoints, and social-host liability laws
- Provide grants to support substance abuse prevention and treatment programs for youth and families
- Provide grants that support collaborative care, a multicomponent, health care system-level intervention using case managers to link primary care providers, patients, and mental health specialists, to manage depressive disorders
- Provide KPET programs focused on conflict resolution, coping skills, and self-esteem to isolated/underserved areas where schools have not participated in the past

EXPECTED OUTCOMES

Mental Health

- Increased screening and treatment of stress and depression
- Increased knowledge of coping strategies for stress, depression, and suicide
- Increased knowledge of community resources and activities to help with self-care and coping
- Improved youth self-esteem and communication with peers, parents, and other adults
- Improved access to behavioral health service providers

Substance Abuse

- Increased youth awareness of effects of drinking and drug use and increased skills to successfully deal with negative peer pressure
- Increased number of youth who believe that youth drinking and drug use is harmful
- Reduced access to alcohol for underage youth
- Increased knowledge of community resources and activities to prevent youth drinking/drug use

PRIORITY HEALTH NEED III: 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

STRATEGIES

- Provide technical assistance (TA) or clinical expertise to community-based organizations and local non-profit organizations to decrease barriers to care
- Provide grants and or participate in collaboratives that support community health workers and insurance enrollment experts to increase, maintain, and access insurance coverage
- Provide grants and/or informational resources for patient navigators to offer culturally sensitive assistance and care coordination, guiding patients through available medical, insurance, and social support systems
- Provide culturally appropriate information and educational resources to support health literacy
- Participate in Medi-Cal Managed Care, the state's Medicaid Program, to provide comprehensive inpatient and outpatient care to Medi-Cal Managed Care members in California.
- Participate in Medi-Cal Fee for Service, which provides subsidized health care on a fee-for-service basis for Medi-Cal beneficiaries not enrolled as KFHP members.
- Provide subsidized health care coverage that provides comprehensive benefits to children (birth thru 18) in families with income up to 300% FPL who lack access to employer-subsidized coverage and do not qualify for public programs because of immigration status or family income.
- Provide Medical Financial Assistance (MFA), which assists eligible patients, based on prescribed levels of income, expenses, and assets, by subsidizing all or a portion of their Kaiser Permanente medical expenses for a period of time.
- Implement Operation Access

EXPECTED OUTCOMES

- Increase access to health care services
- Increase number of eligible individuals enrolled in government-sponsored or subsidized health care coverage programs
- Increase number of underserved populations that receive needed primary and/or specialty care medical services

PRIORITY HEALTH NEED IV: 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
- Increase capacity in allied health, clinical training, and residency programs to address health care workforce shortages through the provision of clinical training and residency programs
- Leverage Kaiser Permanente resources to support organizations and research institutions to collect, standardize, and improve access to workforce data to enhance planning and coordination of workforce and residency training programs

EXPECTED OUTCOMES

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

PRIORITY HEALTH NEED V: 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