



Kaiser Foundation Hospital – Northern California Region

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

VACAVILLE



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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 Peasnell, 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)-VACAVILLE

1 Quality Drive
 Vacaville, CA 95688
 (707) 624-4000

The KFH-Vacaville service area includes the Solano County communities of Dixon, Elmira, Fairfield, Rio Vista, Suisun City, Vacaville, and Winters. The KFH-Vacaville hospital is centrally located along the Interstate 80 corridor in Solano County and intersects with Interstate 505.

COMMUNITY SNAPSHOT (*COUNTY-LEVEL DATA)

Total population:	279,747
Median age:*	35.9
Average household income:*	\$70,173
Percentage living in poverty:*	10.40%
Percentage unemployed:*	11.10%
Percentage uninsured:	8.07%

White:	48.18%
Latino:	24.90%
African American:	11.80%
Asian and Pacific Islander:	9.39%
Other:	5.10%
Native American:	0.62%

KEY STATISTICS

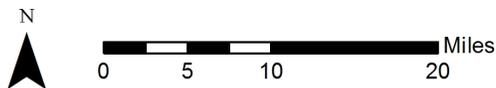
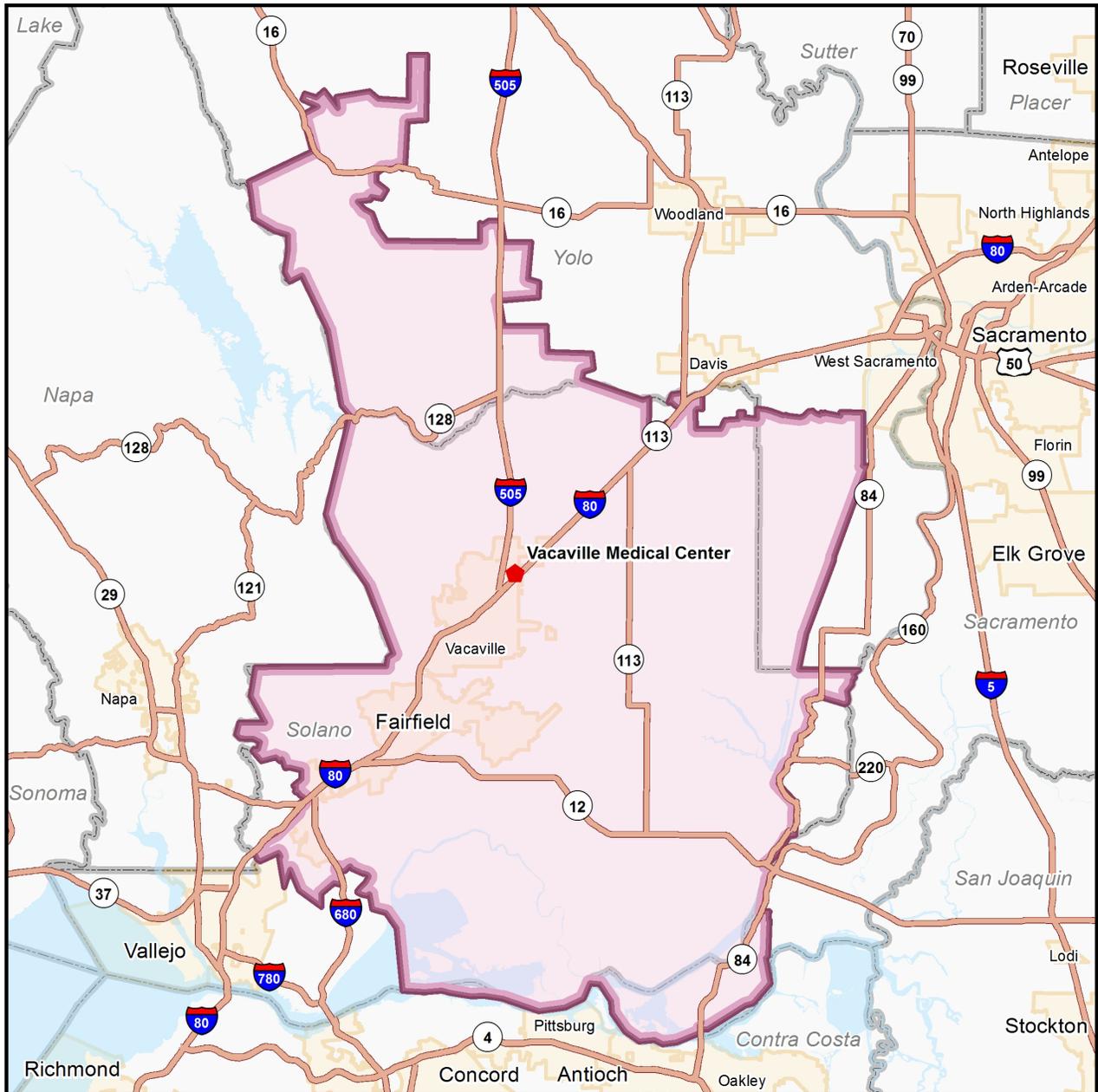
Year opened:	2009
KFH full-time equivalent personnel:	448.65
KFHP members in KFH service area:	116,830

Total licensed beds:	64
Inpatient days:	17,822
Emergency room visits:	34,692

KEY LEADERSHIP AT KFH-VACAVILLE

Corwin N. Harper	Senior Vice President and Area Manager
Kim Trumbull	Chief Operating Officer
Kyle Wichelmann	Area Finance Officer
Steven Stricker, MD	Physician in Chief
Sandra Rusch	Medical Group Administrator
Michelle Odell	Interim Public Affairs Director
Cynthia Verrett	Community Benefit/Community Health Manager

KFH Vacaville Medical Center Area



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

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



THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

The 2010 CHNA focused on Solano County and was based on a review of several secondary data sources, including:

- Data from the 2007 California Health Interview Survey (CHIS)
- Solano County 2009 MCAH (Maternal, Child, and Adolescent Health) Needs Assessment (Title V)
- A 2008 survey exploring the quality of life for Solano County residents, Global Research
- Data on Solano County children, as reported by Kidsdata.org
- *Assessing the Need for Care for Uninsured and Low-Income Residents of Solano County Living with Serious and Persistent Mental Health Conditions*, Winter 2010, Solano Coalition for Better Health (SCBH)
- Data from the California Department of Public Health, STD Control Branch
- *Solano County Status Report on Seniors 2008*, Senior Coalition of Solano County
- *Situational Assessment of Reducing Rates Coalition's ATOD Prevention Efforts in Solano County*, January 2010

In addition to the secondary data sources, primary data and community input were collected through a community survey conducted by Barbara Aved Associates and a teen focus group designed and facilitated by Areté Consulting, which also reviewed and analyzed the CHNA data. Synthesized results were shared with the Napa-Solano Area Contributions Committee to inform selection of the prioritized needs for the 2011–2013 Community Benefit Plan.

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:

Racial and ethnic disparities in health status and health outcomes continue in Solano County:

- Disparities are evident for African Americans on key MCAH indicators for prenatal care, low-birth-weight, very-low-birth-weight, infant mortality, teen birthrates, perinatal substance abuse, childhood and teen asthma prevalence, and breastfeeding.
- SCBH continues to see disparities for African Americans on a number of key health status indicators such as diabetes morbidity and mortality, overweight and obesity, and other related chronic conditions.

High rates of overweight and obesity and the related risk factors affect health:

- About 60% of Solano County adults were overweight or obese. About 12% of children 0 to 17 were overweight or obese, a rate that has decreased from 16% in 2003.
- 67.3% of Solano County residents reported eating fast food at least once in the past week; less than 45% of children over age 2 were reported to eat five or more servings of fruit and vegetables each day.
- 11.5% of Solano County teens and 20.7% of children reported being physically active for at least one hour less than three days in a typical week.
- Almost 30% of adults and teens reported that they did not visit a park, playground, or open space in the previous month.

High rates of alcohol, tobacco, and other drug (ATOD) use, particularly among teens:

- In 2005 and 2007, approximately 18% of Solano County residents reported being a current smoker.
- In 2007, nearly 51% of Solano County youth had used alcohol before age 16, up from 47% in 2005; 35% of 11th graders reported consuming alcohol at least once in the past 30 days, and two-thirds are binge-drinking when they drink.

- 25% of Solano County youth reported using marijuana before age 17, and 20% of 11th graders reported using it in the past 30 days.
- Data for 2007 show 6% of 7th graders, 11% of 9th graders, and 13% of 11th graders report using tobacco in the past 30 days; the rates for 7th and 9th graders were trending upward, while the rate for 11th graders was trending downward.
- Teens in the Solano County focus group felt that data on drinking, drug use, and unprotected sex greatly under-represented what goes on with teens they know.

Access to medical care is better than access to dental services:

- 8.9% of Solano County residents reported being uninsured; 11.1% were covered by Medi-Cal.
- CHIS data for Solano County showed fairly high access to medical care: 93.6% of children and teens reported having a usual source of care and health advice; 90.7% of all residents reported a usual source of care and health advice. A total of 66.8% reported that the usual source of care is a doctor's office, an HMO, or Kaiser Permanente; 22.6% reported it as a community clinic, government clinic, or community hospital; and less than 1% reported that it is an emergency room or urgent care department.
- 27.1% of Solano County adults report having no dental insurance in the past year; 10.3% report having dental insurance for only part of the past year. Among adolescents and children, 9% reported that they had never been to a dentist and 7% reported that the last time they saw a dentist was more than one year ago.
- A Solano County community survey in early 2010 found that only 60% of residents indicated having seen a dentist in the past year; 71% had visited an emergency department in the past year.

Crime and violence are a significant concern in Solano County:

- Mentioned by 40% more individuals than any other issues, violence and crime were seen by Solano County residents as by far the greatest detriments to health.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-VACAVILLE SERVICE AREA

1. Access to health insurance coverage and health care services.
2. Reduce obesity and overweight rates in adults and children.
3. Decrease risky teen behaviors.
4. Prevent community violence.
5. Reduce health disparities.

2013 YEAR-END RESULTS

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

CHIS data from 2007 indicate that 8.9% of Solano County residents reported having no health care coverage. More recent UCLA estimates show that 20.3% of Solano County residents were uninsured all or part of the year. Dental insurance data show that 37.4% of adult residents had no dental coverage for all or part of the year. Further, even those with coverage, such as children enrolled in Denti-Cal, were not receiving dental care. Only 60% of low-income residents in Solano County reported seeing a dentist in the past year. Nine percent of children and teens reported never having been to a dentist. One common indicator of access to primary care is the use of prenatal care. First trimester prenatal care rates, particularly for women of color, were a concern. Late entry into prenatal care can contribute to several other indicators of MCAH status, including low-birth-weight, premature birth, and infant mortality.

2013 GOALS

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

2013 STRATEGIES

1. Provide grant funding to support increased preventive dental care services for children and increased availability of prenatal care for low-income residents.
2. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and Kaiser Permanente Child Health Plan); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.
3. Provide charity care through the Medical Financial Assistance (MFA) program and maximize efficiencies.
4. Participate in Project Homeless Connect, which provides free optical care and/or other health resources to homeless individuals.

TARGET POPULATION

Low-income children, pregnant women, individuals eligible for charitable health coverage programs or government programs, and uninsured individuals.

COMMUNITY PARTNERS

The specific community partner identified for these goals is Project Homeless Connect.

2013 YEAR-END RESULTS

- KFH-Vacaville and KFH-Vallejo awarded Children's Network of Solano County \$75,000 to support its Solano Resource Connection program, which includes 10 city-level Family Resource Centers (FRCs) to enhance access to essential services for families most in need of housing, food, medical care, and other basic necessities. FRCs helped to sustain and position 385 low-income families to take advantage of stimulus and economic recovery programs to prevent them from falling deeper into poverty. FRCs use three strategies to deliver basic needs services: (1) maintain and access networks of basic needs service providers to preserve the basic needs safety net in each Solano County city; (2) provide assistance to low-income families to help them access programs that provide health care access, food assistance, and other essential services; and (3) offer one-time-only, last-resort direct financial assistance for emergency basic needs. The agency is also targeting 30%-50% of the families to participate in a pre/post assessment using the Family Development Matrix (FDM), a strengths-based evaluation tool developed by Institute for Community Collaborative Studies at California State University, Monterey Bay, and adopted by Solano County FRC Network. The

FDM is used as a case management tool with individual families and when data are aggregated across agencies will be used to assess programs and other variables for evaluation and strategic planning purposes.

- KFH-Vacaville and KFH-Vallejo awarded SCBH \$40,000 for continued support of the Transitional Care Program (TCP), which is funded in collaboration with Solano County Public Health, North Bay Healthcare, and Sutter Health. The target population is homeless or near-homeless individuals in Solano County who suffer from chronic or acute medical conditions. TCP gives individuals referred by a hospital or emergency room a place to recuperate from illness and links them to basic need resources through onsite case management at respite care sites in Vallejo and Fairfield. From July through December 2013, 60 clients received access to services including housing, health care, income, and food.
- KFH-Vacaville and KFH-Vallejo partnered with local nonprofit organizations, government leaders, and Fairfield, Vallejo, and Napa businesses to continue supporting Project Homeless Connect events, where hundreds of homeless and near-homeless people received health screenings, job counseling, and other key community resources. More than 250 hygiene kits, reading glasses, and health education materials were provided to support the events.
- KFH-Vacaville awarded \$20,000 to Dixon Family Services for continued support of its mental health continuum of care program, which offered case management services such as intervention, assessment, individual and family counseling, substance abuse treatment, classes, and support groups to 122 clients in 2013. In addition, 42 teens were engaged in group and one-on-one counseling for goal setting and career research. KFH-Vacaville therapist Maria Vargas and group facilitator Ken Colenzo provide mental health clinical services on teen issues. Community partners include local schools and churches, City of Dixon Police Department, Dixon Chamber of Commerce, and ATOD City Team.
- Napa-Solano Area's Volunteers In Public Service (VIPS) program allows clinicians to volunteer and provide high-quality clinical and educational assistance to community agencies and clinics. It currently supports 15 projects at Solano County organizations, including Opportunity House, La Clínica de la Raza, Vallejo Unified School District's school-based clinics (Jesse Bethel High), Meals On Wheels, and Youth and Family Services. In 2013, nearly 35 clinicians donated more than 450 hours, providing consultations, health screenings, health education, and other clinical services for 150 patients or points of service each month. VIPS works with Napa-Solano Area Community Benefit and the Community Involvement Task Force to solicit feedback on perceived community needs and participates in Community Benefit's grant review process.

PRIORITIZED NEED II: REDUCE OBESITY AND OVERWEIGHT RATES IN ADULTS AND CHILDREN

Solano County has high rates of obesity and, as a result, high rates of morbidity and mortality for resulting chronic conditions. Approximately 60% of adults are overweight or obese. About 12% of children 0 to 17 are overweight or obese, a decrease from 2003 (16%). Overweight and obesity are seen at higher rates among African Americans and Latinos, as are diabetes prevalence and mortality. High rates of the behaviors that contribute to obesity and overweight were also seen in available data. In Solano County, 67.3% of residents reported eating fast food at least once in the past week; less than 45% of children 2 and over were reported to eat five or more servings of fruit and vegetables each day; 11.5% of Solano County teens and 20.7% of children reported being physically active for at least one hour less than three days in a typical week; and almost 30% of adults and teens reported that they did not visit a park, playground, or open space in the previous month.

2013 GOALS

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

2013 STRATEGIES

1. Provide grant funding for culturally competent education about preparing and eating fruits and vegetables, distribution of low-cost fruits and vegetables to residents in underserved areas, and advocacy and action to increase fresh fruits and vegetables in school cafeterias and snack shops.
2. Transition Farms to Families to a community-based organization that has the capacity to sustain the program and expand it countywide.
3. Provide grant funding for improvements in health education, recreation, exercise opportunities, and neighborhood infrastructure, particularly in schools, to support children and families.

TARGET POPULATION

Low-income children and families.

COMMUNITY PARTNERS

Community partners will include Farms to Families and school districts in communities served by KFHVacaville.

2013 YEAR-END RESULTS

- KFHVacaville and KFHVallejo awarded \$25,000 to Food Bank of Contra Costa and Solano for continued support of Solano County's Farm 2 Kids Program, which serves 29 low-income schools in Dixon (1), Fairfield (8), Suisun (3), Vacaville (4), and Vallejo (13). The program currently provides close to 2,600 children with five to seven pounds of fresh fruit and vegetables each on a weekly basis. Close to 170,000 pounds were distributed from July through November 2013. Farm 2 Kids includes a nutrition education component taught by after-school program staff.
- KFHVacaville and KFHVallejo awarded \$20,000 to Meals On Wheels of Solano County (MOWSC) for continued support of its elder meal program, the only one of its kind for seniors 60 and older. From June to November 2013, close to 47,000 healthy and nutritious home-delivered meals were provided to 658 clients and 11,685 meals were served to 527 clients at congregate dining sites at local senior centers and community centers. MOWSC, Children's Nurturing Project, and the Mission Solano and Heather House homeless shelters comprise Solano Hearts United, a coalition of local nonprofits that addresses the needs of seniors, children, and low-income and homeless populations.
- KFHVacaville awarded \$25,000 to The Leaven for continued support of its free after-school tutoring center, which provides at-risk children in Fairfield neighborhoods with healthy opportunities, including mentoring, academic assistance, and recreational activities. In 2013, The Leaven launched a sixth tutoring center in Vacaville at the Opportunity House homeless shelter. Interest in The Leaven's model, which includes basic skills instruction involving literacy, grammar, and mathematics, continues to develop among new tutoring centers in other areas of Solano with plans to expand to the Vallejo area later this year. The program, with close to 175 volunteers, has served 142 students: nearly 60% of whom have exhibited improvement in homework completion, classroom behavior, and participation; and 58% showed increased leadership, self-esteem, self-awareness, and connections to their community. Other program achievements to date include the development, design, and construction of a soccer/recreation field at the PACE site in Fairfield. A partial list of community partners includes SCBH, Fairfield-Suisun Unified School District, Touro University; City of Fairfield, and Solano Kids Insurance Program (SKIP).
- Vacaville Public Education Foundation received \$20,000 for continued support of its comprehensive Choose Well, Be Well program, which exposes young children and their parents to quality produce and nutrition information to help them learn to differentiate between healthy and unhealthy snacks, and hopefully include more produce in their regular diet. To date, approximately 1,250 kindergarten and preschool students received fresh fruits and vegetables along with short descriptions of the foods' health benefits and availability on a regular monthly/bimonthly schedule. Most produce is grown locally and organically. Healthy meals and snacks are also provided to approximately 400 Spanish-speaking families and volunteers who participate in the English Learners Community Connection (ELCC) forum program. A partial list of community partners includes Health Education Council (Sacramento), Smile In Style (Solano County), Mobile Dental Van (Solano County), Opportunity House, and Solano County Board of Supervisor John Vasquez and his District Representative Peggy Nelson.

- KFH-Vacaville awarded \$25,000 to Vacaville Boys & Girls Club for continued support of Triple Play: A Game Plan for Mind, Body and Soul, which consists of an array of effective programs to equip members with crucial life skills needed to become fit, healthy, successful adults. The club also has a successful winter and summer garden program where members learn about planting, maintaining, and cultivating fruits and vegetables. When the crop is harvested, staff teach kids healthy recipes using fresh ingredients. In January 2014, Triple Play launched a curriculum-based nutrition education component to begin the Healthy Habits portion of the program. Meanwhile, mentors are building positive relationships with the 136 mentees.

PRIORITIZED NEED III: DECREASE RISKY TEEN BEHAVIORS

Data from the CHNA highlighted several areas where teens were engaging in behaviors that put them and their health at risk. For example, the rate of ATOD use among teens was unacceptably high. In 2007, nearly 51% of Solano County youth used alcohol before age 16, up from 47% in 2005; 35% of 11th graders reported consuming alcohol at least once in the past 30 days and two-thirds were binge-drinking when they drank; 25% of youth reported using marijuana before age 17; 20% of 11th graders reported having used it in the past 30 days; and 6% of 7th graders, 11% of 9th graders, and 13% of 11th graders reported using tobacco in the past 30 days (rates for 7th and 9th graders were trending upward). There was evidence from the secondary data that teens were engaging in risky sexual behavior as well. Teen pregnancy rates compared favorably overall but were of concern for young women of color. Chlamydia rates have been increasing dramatically for young women 15 to 24, with 32.6% having a reported case of chlamydia. Teens in the Solano County focus group felt that data on drinking, drug use, and unprotected sex greatly underrepresented what goes on with teens they know.

2013 GOALS

1. Decrease risky sexual activity among teens.
2. Decrease rates of ATOD use among teens.

2013 STRATEGIES

1. Provide grant funding to support school-based teen education and peer groups focused on informed and healthy choices regarding sexual activity.
2. Provide grant funding to support the local Reducing Rates Coalition's efforts in education, counseling, and other services to prevent and address teen ATOD use.
3. Bring Kaiser Permanente Educational Theatre (KPET) programs to local schools to address teen ATOD use.
4. Provide leadership to Solano County's ATOD efforts by participating on ATOD subcommittees.

TARGET POPULATION

Low-income teens, particularly African Americans and Latinos.

COMMUNITY PARTNERS

Community partners will include Reducing Rates Coalition and school districts throughout the service area.

2013 YEAR-END RESULTS

- KFH-Vacaville awarded \$10,000 to 2B Successful Youth to support its STEMulate Program, an innovative STEM (science, engineering, technology, and mathematic) platform that supports positive youth and career development. STEMulate serves approximately 328 students and 75 young adults through programs such as:
 - Community Day School serves students up through grade 6 who are referred by a school attendance review board, mandatory and other expelled students, and other high-risk youth. These students are not allowed to interact outside the group during the regular school day.

- Project SIGMA, an alternative school setting, welcomes students who have experienced frustration and difficulty learning in a traditional school setting due to learning differences or disabilities.
- Juvenile Justice Commissioner’s Bring Your “A” Game, which has a theme of staying in school, working hard, and becoming a leader as opposed to following the crowd, uses professional athletics, movie stars, and rappers. Students not only identify with the message, but also with the messengers and relate to the program because it is interactive, rewarding, and used music with powerful messages. The facilitator along with a host of professional business people captivated the youth and gave them hope for the future.
- 2B Successful Youth partnered with St. Stephen CME Church to support the California State University 2012 Summer Algebra Institute, an intense free six-week course designed to improve this critical math skill. Forty-two students (grades 6 to 8 and incoming 9th graders) graduated from this academic program and increased their math skills by at least one grade level or higher.
- Mission Solano received \$10,000 to support its Life Skills and Leadership Program benefitting at-risk teenagers and adults. During the early stages of the program, case managers worked with teens from the transitional housing program to assist them with developing healthy, safe lifestyles. Mission Solano also partnered with LEGACY (learn, educate, goals, aspire, courage, youth), a local afterschool program that engages and mentors at-risk students at Green Valley Middle School. Mission Solano partners closely with LEGACY to educate and prevent at-risk students from becoming homeless and to help them prepare for the future.

PRIORITIZED NEED IV: PREVENT COMMUNITY VIOLENCE

Community violence emerged as a concern during the CHNA process. Recent violent incidents in schools and neighborhoods highlighted the need for focused, specific actions to protect the health and well-being of residents. In the CHNA community survey, respondents indicated that violence and crime were the greatest detriment to community health. This was mentioned by 40% more individuals than any other detriment to health. Data from the California Department of Public Health showed an age-adjusted death rate from homicide in Solano County of 8.2 per 100,000, the sixth highest rate in the state.

2013 GOALS

1. Decrease violence in schools.
2. Decrease violence in at-risk communities.

2013 STRATEGIES

1. Provide grant funding to support positive after-school activities for youth.
2. Partner with KPET to develop and offer performances of a vignette about aggressive behavior and violence among youth.
3. Explore and engage in existing or emerging community efforts to decrease violence in the schools.
4. Provide grant funding that supports collaborative community efforts to decrease violence in Vacaville and Fairfield.

TARGET POPULATION

Youth and young adults in at-risk communities.

COMMUNITY PARTNERS

Community partners will include school districts and emerging community coalitions that address violence.

2013 YEAR-END RESULTS

- KFH-Vacaville and KFH-Vallejo awarded \$9,900 to SafeQuest Solano to support its Child Witness Program, a weekly arts and recreation program focused on bullying and violence prevention, with an emphasis on team building, arts education, and confidence through games, sports, relay races, challenges, and healthy nutrition for at-risk children 0 to 18. Outreach education was provided to 200 clients, which resulted in 30 participants receiving individual counseling and 155 receiving group counseling. Lisa Lewis-Javar, SANE-SART (sexual assault nurse examiner-sexual assault response team) coordinator; Jon Hernandez, MD; Sara Zambrano RN; and Niki Peterson, RN, all from KFH-Vallejo, provide volunteer health care services.
- KFH-Vacaville and KFH-Vallejo awarded \$20,000 to LIFT3 Support Group to support its Teens/Children & Moms project addressing victims of domestic violence. In August 2013, 25 children and mothers participated in a nearly one-week healing camp at Camp Hope, a unique experience that gives children who live or have lived in homes with domestic violence a chance to just be kids. Camp Hope is an opportunity to positively impact the lives of children who rarely get the chance to go to camp. The mothers participated in counseling workgroups to begin steps in the healing process. The camp was hosted by Solano Family Justice Center, in collaboration with Child Haven Inc., LIFT3 Support Group and Domestic Violence Center, and National Family Justice Center Alliance.

PRIORITIZED NEED V: REDUCE HEALTH DISPARITIES

SCBH has focused on reducing health disparities in Solano County for almost a decade. The disparities are most evident—and continue to persist—among African Americans and Latinos who have, for example, much higher rates of death from diabetes. Solano County’s age-adjusted death rate from diabetes in 2006–2008 was 31 per 100,000, 50% higher than the 2002–2004 rate. In addition, African Americans and Asians have the lowest rates of exclusive breastfeeding at discharge. Breastfeeding is associated with healthier babies and lower rates of obesity. Working with SCBH, KFH-Vacaville will focus on reducing disparities in diabetes control and breastfeeding rates.

2013 GOALS

1. Improve diabetes control among African Americans and Latinos.
2. Increase breastfeeding among African Americans and Asians.

2013 STRATEGIES

1. Provide grant funding to organizations focused on diabetes education, care coordination, self-management, and promotoras/community health conductors for low-income African Americans and Latinos.
2. Continue community leadership through SCBH’s Disparities Project, with a particular focus on diabetes control.
3. Provide grant funding for culturally competent breastfeeding support, particularly outside the hospital setting.

TARGET POPULATION

The target populations are low-income African Americans, Latinos, and Asians.

COMMUNITY PARTNERS

Community partners will include SCBH.

2013 YEAR-END RESULTS

- KFH-Vacaville and KFH-Vallejo awarded \$20,000 to Solano County Public Health’s Health Promotion and Education Bureau to support the Napa/Solano HIV mobile testing project, which aims to conduct a total of 500 HIV tests and 50 hepatitis C virus (HCV) tests in Solano County and Napa at community sites such as homeless shelters, drug treatment facilities, churches, and community events. The project targets African Americans and Latinos who engage in behaviors that put them at-risk for HIV infections, including injection drug users, the homeless, day laborers, and men who have sex

with men. Clients who test positive will be transitioned into health care and case management, improving health outcomes related to HIV and reducing HIV health disparities among this population. Between June 1 and December 1, 2013, 195 HIV tests were conducted; 26% of clients were African American and 34% were Latino. Each client tested received a risk assessment, an individualized risk reduction plan, and a referral, if necessary, to other health care services such as STI screening, substance abuse treatment, HCV care and treatment, and primary medical care. Clients also received a safe sex packet consisting of condoms, lubricant, and a referral card. Community partners, including Hope Center, Salvation Army, Christian Help Center, and Mission Solano, support HIV testing at their facilities by facilitating access for target populations and advertising testing dates and times. When the program targeted Latino day laborers for HIV testing, Home Depot allowed mobile HIV testing on its property.

- KFH-Vacaville and KFH-Vallejo awarded \$25,000 to Area Agency on Aging for continued support of its Latino Outreach Program, which serves monolingual, Spanish-speaking, multicultural populations in Napa and Solano counties using a culturally and linguistically appropriate approach to share information about community resources for Latino seniors, adults 18 and older with disabilities, caregivers, and other providers of underserved populations. From June through December 2013, the program served close to 800 individuals at the Fraud Prevention/Mental Health Day, Bi-National Health Fair, Fall Prevention Workshop, various senior centers, and other community locations. KFH-Napa Health Educator Maria Carter participates on the Stop Falls Coalition. A partial list of community partners includes Legal Aid of Napa, Adult Day Services of Napa Valley, Community Health Clinic Olé, and Napa Valley Hospice.
- KFH-Vacaville and KFH-Vallejo provided A More Excellent Way (MEW) with \$15,000 to support the African American Breastfeeding Project, which encourages the practice of breastfeeding to decrease infant mortality among Solano County's African American population by increasing education, awareness, and support. Since its inception, MEW has trained 88 breastfeeding peer counselors; conducted more than 567 home visits to pregnant and nursing mothers; hosted eight community baby showers, and assisted eight churches in becoming breastfeeding friendly. The following community partners donated services and goods and helped MEW recruit clients and attendees for events: Touro University Health Clinic; La Clínica de la Raza; Solano County Child Health and Disability Prevention (CHDP) and Lead Prevention programs; Child Start, Inc.; Black Infant Health; Baby First Solano; Urban Fitness Solutions; Health Education Council; Solano County WIC Program; Solano County Library; and Food Bank of Contra Costa and Solano Counties.

Table 1

KAISER FOUNDATION HOSPITAL-VACAVILLE

2013 Key Community Benefit Program Metrics

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

Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	1,280
Medi-Cal Managed Care members	8,634
Healthy Families Program members	3
Nursing Research projects (new, continuing, completed, and/or published)	35
Kaiser Permanente Educational Theatre – number of performances and workshops	59
Kaiser Permanente Educational Theatre – number of attendees (students and adults)	13,957
Graduate Medical Education – number of affiliated and independent residents	12
Other health professional training and education (non-MD) beneficiaries	12
Number of 2013 grants and donations made at the local and regional levels ¹	104

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-VACAVILLE

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2013

	2013 Totals
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$7,032,741
Healthy Families ²	215,103
Charity care: Charitable Health Coverage programs*	1,154,685
Charity care: Medical Financial Assistance Program ⁴	781,363
Grants and donations for medical services ⁵	2,458,411
Subtotal	\$11,642,302
Other Benefits for Vulnerable Populations	
Summer Youth and INROADS programs ⁶	\$0
Grants and donations for community-based programs ⁷	1,334,736
Community Benefit administration and operations ⁸	315,465
Subtotal	\$1,650,201
Benefits for the Broader Community⁹	
Community health education and promotion programs	\$4,552
Kaiser Permanente Educational Theatre	168,658
Facility, supplies, and equipment (in-kind donations) ¹⁰	64,103
Community Giving Campaign administrative expenses	21,988
Grants and donations for the broader community ¹¹	155,119
National board of directors fund	15,856
Subtotal	\$430,275
Health Research, Education, and Training	
Graduate Medical Education	\$204,442
Non-MD provider education and training programs ¹²	252,997
Grants and donations for the education of health care professionals ¹³	21,810
Health research	236,099
Subtotal	\$715,348
Total Community Benefits Provided	\$14,438,126

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 KFHVacaville 2013 Community Health Needs Assessment (CHNA) is posted on the internet at www.kp.org/chna (the [Kaiser Permanente Share Site](http://www.kp.org/chna)). 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 KFHVACAVILLE SERVICE AREA

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

- Access to culturally appropriate, affordable health care services
- Access to affordable healthy food
- Lack of safe places to walk, bike, exercise, or play
- Transportation limitations
- Lack of or limited access to dental care
- Limited places and social space for civic engagement
- Lack of employment and vocational training
- Unstable housing and homelessness
- Lack of substance abuse treatment and rehabilitation
- Exposure to unclean air, environmental toxins, and pesticides

HEALTH NEEDS THAT KFHVACAVILLE PLANS TO ADDRESS

1. ACCESS TO CULTURALLY APPROPRIATE, AFFORDABLE HEALTH CARE SERVICES

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. Lack of comprehensive health coverage for 15% of residents is a barrier to health care access, especially for undocumented residents in the service area. At present, it is estimated that, even with health care reform, only a portion of the service area's uninsured population will have affordable options for coverage and access to health care. Unfortunately, access barriers will continue for these residents.

As the population continues to be more diverse, it is important to ensure that the health care systems that serve them are equally as diverse. Development of the future health care workforce must include more accessible education and training for people of color.

2. ACCESS TO AFFORDABLE HEALTHY FOOD

Parts of the service area qualify as a "low-access community," where at least 500 people and/or at least 33% of the census tract's population resides more than one mile from a supermarket or large grocery store, making it especially difficult for lower income residents without accessible transportation to access fresh produce. So it is not surprising that more than 77% of the adult population does not consume adequate amounts of fruits and vegetables and 36% of service area adults and more than 32% of youth are obese.

3. LACK OF SAFE PLACES TO WALK, BIKE, EXERCISE, OR PLAY

During focus group discussions earlier in the CHNA process, residents of the KFH-Vacaville service area pointed to their concerns about violence. In the Fairfield zip code 94533, emergency visits due to assault were 49.2 per 100,000 for 2011. In Vacaville zip code 95688, ER visits were 37.4 per 100,000. These rates are high compared to the statewide rate of 29.2 per 100,000. The homicide rate is 6.57%; much higher than the Healthy People 2020 target of 5.5%. According to discussions with residents, these factors greatly influence their interest in walking in parks, neighborhoods, and other public locations.

4. LACK OF EMPLOYMENT AND VOCATIONAL TRAINING

The unemployment rate in the service area for June 2013 was 12,453, or 8.51%. This is relevant because unemployment creates financial instability and barriers to access, including lack of insurance coverage, health services, healthy food, and other necessities that contribute to poor health status. The service area's unemployment rate makes it difficult for residents to live above the poverty line. Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Ensuring access to social and economic resources provides a foundation for a healthy community.

5. BROADER HEALTH CARE SYSTEM NEEDS IN OUR COMMUNITIES

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

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

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

2014-2016 COMMUNITY BENEFIT PLAN

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

PRIORITY HEALTH NEED I: ACCESS TO CULTURALLY APPROPRIATE, AFFORDABLE HEALTH SERVICES

LONG-TERM GOAL

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

INTERMEDIATE GOALS

- Increase the number of low-income people who enroll in or maintain health care coverage
- Increase access to culturally competent, high-quality health care services for low-income, uninsured individuals

STRATEGIES

- Provide Medical Financial Assistance (MFA), which assists patients in need by subsidizing all or a portion of their Kaiser Permanente medical expenses for a period of time. Eligibility is based on prescribed levels of income, expenses and assets
- Participate in Medi-Cal 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
- Work with Operation Access (OA), a nonprofit organization dedicated to providing access to free surgery and specialty care, to enable Kaiser Permanente medical volunteers to provide free outpatient consultations, specialty care, and same day surgery appointments to uninsured patients
- Provide funding to expand use of patient navigators, promotores, or community application assisters to provide culturally sensitive assistance and care coordination in guiding patients through available medical, insurance, and social support systems
- Provide funding and/or in-kind services to support community health centers or free clinics to strengthen coordinated care for low-income individuals
- Provide and implement training programs for diverse students to support a health care workforce for the future
- Provide funding and/or workforce training programs, including physician residency programs, clinical training programs, and allied health professional training programs, to train future health care providers who are competent to meet the health care needs of the service area’s diverse population

EXPECTED OUTCOMES

- Increased number of low-income individuals who are enrolled in or maintain health insurance coverage

- Increased number of patients seen and/or increased range of services offered at community health clinics
- Increased number of skilled professionals entering the health care workforce who represent the diversity of the community within the service area

PRIORITY HEALTH NEED II: ACCESS TO AFFORDABLE HEALTHY FOODS

LONG-TERM GOAL

- Reduce obesity and increase the number of residents who maintain a healthy weight

INTERMEDIATE GOAL

- Increase healthy eating, especially among youth in low-income communities

STRATEGIES

- Provide funding, technical assistance (TA) such as sharing healthy vendor contracting methods to improve access to healthy foods and increase daily consumption of fresh fruits and vegetables in schools and/or the community
- Provide funding to decrease access to sugar-sweetened beverages in low-income neighborhoods, particularly with organizations serving youth
- Provide KPET's *The Best Me*, a live theatre program designed to inspire children, teens, and adults to make healthier choices and better decisions about their well-being, to schools in low-income areas

EXPECTED OUTCOMES

- Increased access to healthy foods and decreased access to sugar-sweetened beverages
- Increased awareness of the importance of healthy eating

PRIORITY HEALTH NEED III: LACK OF SAFE PLACES TO WALK, BIKE, EXERCISE, OR PLAY

LONG-TERM GOAL

- Improve safety and crime prevention in the KFHVacaville service area

INTERMEDIATE GOALS

- Reduce events that result in violent injury to children and adults
- Increase the use of safe, green, active public spaces

STRATEGIES

- Provide funding for prevention services, such as trauma-informed, peer-based, and resiliency programs, for low-income, at-risk individuals
- Provide funding to community agencies to educate students about signs of partner violence and other forms of abuse
- Support Trauma Center and Emergency Department intervention teams by having local community-based resources meet and share information about their services so that medical providers can then refer trauma patients to them
- Provide funding to promote park and playground safety through active use by working with local park and recreation departments and other safety/prevention community resources

EXPECTED OUTCOMES

- Increased ability to manage risk, choose healthy risks, resolve conflicts, and problem solve and decreased bullying and isolation
- Increased knowledge about community referral resources among providers
- Public recreational spaces are safe and utilized by neighbors
- Increased ability to problem-solve and decreased partner violence

PRIORITY HEALTH NEED IV: LACK OF EMPLOYMENT AND VOCATIONAL TRAINING

LONG-TERM GOAL

- Improve the socioeconomic status of residents in the KFH-Vacaville service area

INTERMEDIATE GOALS

- Increase graduation rates, especially in the African American and Latino communities
- Adults earn a certificate of high school equivalency

STRATEGIES

- Provide funding, TA, and other support to mentor at risk middle and high school students
- Provide funding to full-service schools that provide additional resources to at-risk students to encourage them to stay in school
- Provide funding for afterschool programs to help students improve their academic performance. This includes providing mentors and advisors to the programs
- Provide funding for general education instruction to adults who did not receive a high school diploma

EXPECTED OUTCOMES

- Students stay in school longer, graduate, and have the skills and interest to pursue a career
- Increased number of adults who receive a high school equivalency certificate

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

LONG-TERM GOAL

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

INTERMEDIATE GOAL

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

STRATEGIES

- Implement health care workforce pipeline programs to introduce diverse, underrepresented, school-age youth and college students to health careers
- Provide workforce training programs to train current and future health care providers with the skills, linguistic, and cultural competence to meet the health care needs of diverse communities

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

EXPECTED OUTCOMES

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

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

LONG-TERM GOAL

- Increase awareness of the changing health needs of diverse communities

INTERMEDIATE GOAL

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

STRATEGIES

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