



Kaiser Foundation Hospital – Southern California Region

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

WEST LOS ANGELES



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INTRODUCTION

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

DEVELOPMENT OF A CONSOLIDATED COMMUNITY BENEFIT PLAN

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

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

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

CONTENTS OF THE COMMUNITY BENEFIT PLAN

CHAPTER I: HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

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

CHAPTER II: MISSION STATEMENT AND COMMITMENT TO THE COMMUNITY

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

CHAPTER III: COMMUNITY BENEFIT PROVIDED IN 2013

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

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

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

CHAPTER I: HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

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

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

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

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

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

NATIONAL STRUCTURE

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

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

REGIONAL STRUCTURE IN CALIFORNIA

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

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

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

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

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

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

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

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

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

MEDICAL OFFICE BUILDINGS

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

CHAPTER II: MISSION STATEMENT AND COMMITMENT TO THE COMMUNITY

MISSION STATEMENT

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

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

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

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

NATIONAL COMMITMENT TO COMMUNITY BENEFIT

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

We focus our work on three broad areas:

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

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

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

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

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

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

KAISER PERMANENTE'S COMMITMENT TO COMMUNITY BENEFIT IN CALIFORNIA

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

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

CHAPTER III: COMMUNITY BENEFIT PROVIDED IN 2013

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

METHODOLOGY

DEFINITION OF COMMUNITY

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

CATEGORIZATION OF SERVICES

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

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

DOCUMENTATION AND ALLOCATION OF EXPENDITURES

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

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

Resource allocations are reported, as follows:

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

SUMMARY OF KAISER FOUNDATION HOSPITALS COMMUNITY BENEFIT

STATEWIDE BENEFITS

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

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

BENEFITS BY HOSPITAL SERVICE AREA

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

DESCRIPTION OF COMMUNITY BENEFIT PROGRAMS AND SERVICES

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

MEDICAL CARE SERVICES FOR VULNERABLE POPULATIONS

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

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

MEDI-CAL

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

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

HEALTHY FAMILIES PROGRAM

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

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

CHARITABLE HEALTH COVERAGE PROGRAMS

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

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

MEDICAL FINANCIAL ASSISTANCE

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

GRANTS AND DONATIONS FOR MEDICAL CARE SERVICES

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

OTHER BENEFITS FOR VULNERABLE POPULATIONS

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

KAISER PERMANENTE EDUCATIONAL OUTREACH PROGRAM

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

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

KAISER PERMANENTE WATTS COUNSELING AND LEARNING CENTER

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

YOUTH EMPLOYMENT PROGRAMS

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

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

GRANTS AND DONATIONS FOR COMMUNITY-BASED PROGRAMS

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

BENEFITS FOR THE BROADER COMMUNITY

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

COMMUNITY HEALTH EDUCATION AND HEALTH PROMOTION PROGRAMS

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

KAISER PERMANENTE EDUCATIONAL THEATRE (KPET)

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

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

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

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

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

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

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

GRANTS AND DONATIONS FOR THE BROADER COMMUNITY

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

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

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

HEALTH RESEARCH, EDUCATION, AND TRAINING PROGRAMS

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

PROVIDER EDUCATION AND TRAINING

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

GRADUATE MEDICAL EDUCATION (GME)

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

COMMUNITY MEDICINE FELLOWSHIP

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

OLIVER GOLDSMITH SCHOLARSHIP PROGRAM

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

NURSING EDUCATION AND TRAINING

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

KAISER PERMANENTE SCHOOL OF ANESTHESIA FOR NURSES

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

CALIFORNIA NURSING ANESTHESIA COLLABORATIVE PROGRAM – (CNACP)

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

KAISER PERMANENTE DELORAS JONES NURSING SCHOLARSHIP PROGRAM

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

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

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

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

TECHNICAL PROVIDER EDUCATION AND TRAINING

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

KAISER PERMANENTE SCHOOL OF ALLIED HEALTH SCIENCES – (KPSAHS)

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

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

KAISER PERMANENTE MENTAL HEALTH TRAINING PROGRAM

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

KAISER PERMANENTE PHARMACIST RESIDENCY PROGRAMS

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

KAISER PERMANENTE PHYSICAL THERAPY FELLOWSHIP IN ADVANCED ORTHOPEDIC MANUAL THERAPY PROGRAM

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

KAISER PERMANENTE PHYSICAL THERAPY NEUROLOGY RESIDENCY

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

KAISER PERMANENTE PHYSICAL THERAPY CLINICAL INTERNSHIPS

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

KAISER PERMANENTE PHYSICAL THERAPY ORTHOPEDIC FELLOWSHIP PROGRAM

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

KAISER PERMANENTE MOVEMENT SCIENCE FELLOWSHIP

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

KAISER PERMANENTE ORTHOPEDIC FELLOWSHIP IN SPORTS REHABILITATION

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

KAISER PERMANENTE SPINE REHABILITATION FELLOWSHIP PROGRAM

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

KAISER PERMANENTE CLINICAL PSYCHOLOGY INTERNSHIP TRAINING PROGRAMS

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

KAISER PERMANENTE RADIOLOGY TRAINING PROGRAM

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

ADVANCED PRACTICE AND ALLIED HEALTH CARE EDUCATIONAL PROGRAMS

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

HIPPOCRATES CIRCLE

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

GRANTS AND DONATIONS FOR THE EDUCATION OF HEALTH CARE PROFESSIONALS

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

HEALTH RESEARCH

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

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

DIVISION OF RESEARCH (DOR)

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

DEPARTMENT OF RESEARCH AND EVALUATION

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

KAISER FOUNDATION RESEARCH INSTITUTE (KFRI)

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

NURSING RESEARCH PROGRAM

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

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

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

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

Table A

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

COMMUNITY BENEFITS PROVIDED IN 2013

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

See endnotes on the following page.

ENDNOTES

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

Table B

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

HOSPITAL SERVICE AREA SUMMARY TABLE

COMMUNITY BENEFITS PROVIDED IN 2013

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

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

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

INTRODUCTION

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

COMMUNITY HEALTH NEEDS ASSESSMENT

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

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

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

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

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

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

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

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

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

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

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

COMMUNITY BENEFIT PLAN DEVELOPMENT

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

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

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

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

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

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

OUTLINE OF HOSPITAL SECTION

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

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

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

KAISER FOUNDATION HOSPITAL (KFH)-WEST LOS ANGELES

6041 Cadillac Avenue
 Los Angeles, CA 90034
 (323) 857-2000

The KFH-West Los Angeles service area includes the cities of Beverly Hills, Culver City, El Segundo, Inglewood, Malibu, Santa Monica, West Hollywood, and Los Angeles, which includes the communities of Baldwin Hills, Cheviot Hills, Crenshaw, Hyde Park, Jefferson Park, La Tijera, Leimert Park, Mar Vista, Mid City, Miracle Mile, Ocean Park, Pacific Palisades, Palms, Playa Del Rey, Rancho Park, Rimpau, University Park, Venice, Vermont Knolls, West Adams, Westchester, Westwood, Wilshire, and unincorporated areas such as Ladera Heights, Lennox, Marina del Rey, View Park, Westmont, Windsor Hills and others.

COMMUNITY SNAPSHOT (2010 COMMUNITY HEALTH NEEDS ASSESSMENT FOR KFHWEST LOS ANGELES)

Total population:	1,279,714
Median household income (county level):	\$54,467
Percentage living in poverty:	19.4%
Percentage unemployed:	12.9%
Percentage uninsured:	22.9%
Language other than English spoken at home:	42%

White:	35%
Latino:	32%
African American:	21%
Asian and Pacific Islander:	8%
Other:	4%

KEY FACILITY STATISTICS

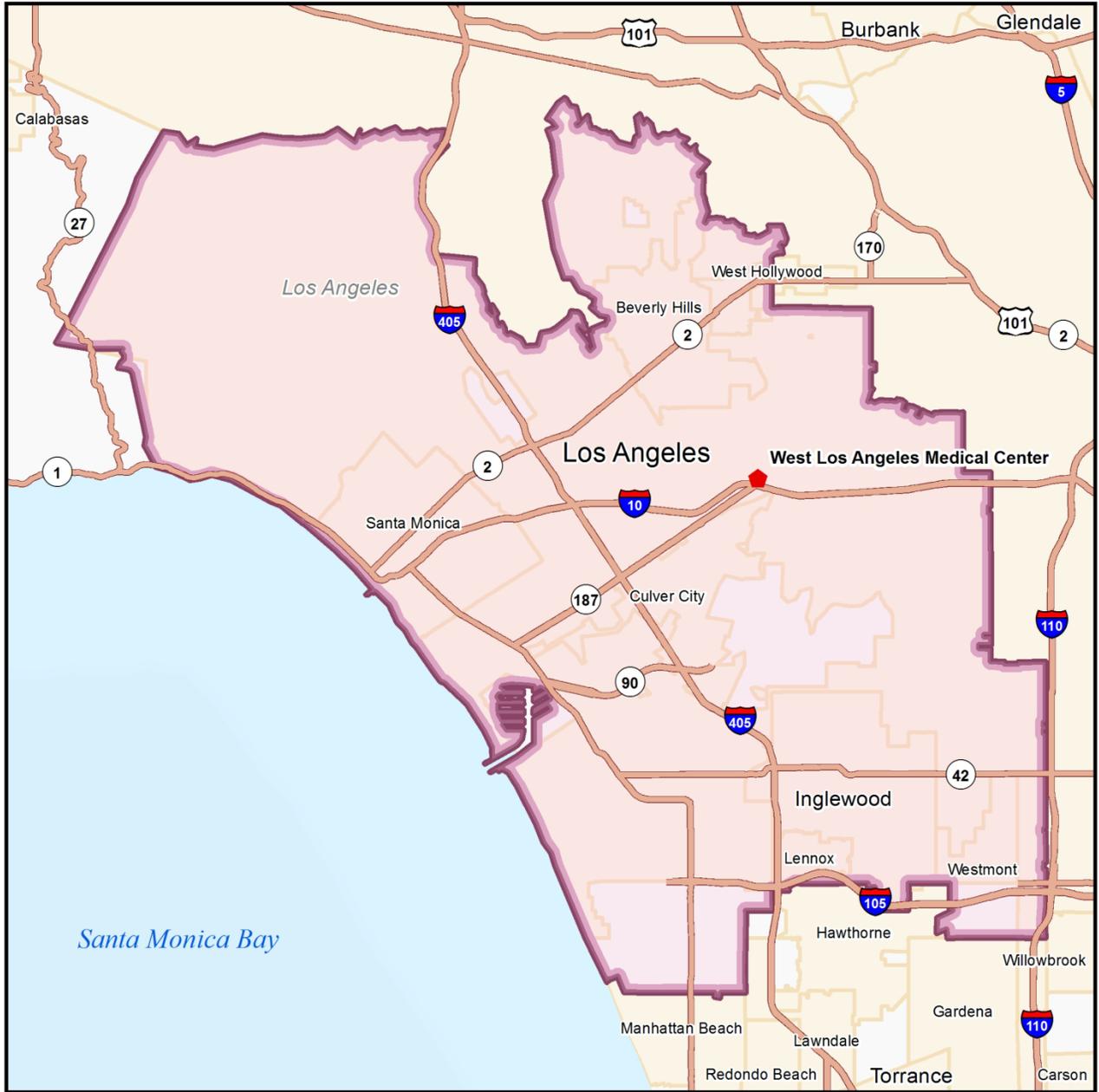
Year opened:	1974
KFH full-time equivalent personnel:	989
KFHP members in KFH service area:	188,854

Total licensed beds:	305
Inpatient days:	44,246
Emergency room visits:	64,056

KEY LEADERSHIP AT KFHWEST LOS ANGELES

Georgina R. Garcia, RN, MS	Executive Director
Nor Jemjemian	Chief Operating Officer
Jerry Yu	Area Chief Financial Director
Howard Fullman, MD	Area Medical Director
Tracy Fietz, RNP	Chief Administrative Officer
Yesenia Monsour	Director, Public Affairs and Brand Communications
Celia Brugman	Community Benefit Health Manager

KFH West Los Angeles 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

This CHNA was produced through the collaborative efforts of KFH-West Los Angeles, the Advancement Project's Healthy City, and Special Service for Groups, which met in 2010 to plan and conduct the assessment. Secondary data analysis for the 2010 CHNA consisted of data collection, processing, and analysis. Emphasis was placed on making the data as widely available as possible, so the data were prepared and uploaded to Healthy City's web-based data and mapping platform (<http://www.healthycity.org>). Primary data collection included focus groups and stakeholder interviews with physicians and health care delivery personnel, public health experts, county public health officers, direct service providers, community resource centers, health care organizations, public officials, faith-based organizations, and many other community-based nonprofits and organizations that provided critical information about health needs, assets, and barriers.

KEY FINDINGS FROM THE 2010 CHNA

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

Access to Health Care for the Uninsured and Underinsured:

- Not all populations have equal access to health care services. The CHNA identified 23 significant health disparities on the basis of race/ethnicity, gender, socioeconomic status, disability status, geographic location, sexual orientation, or a combination of these factors.
- According to 2009 estimates, difficulties or delays in obtaining care among adults have increased in both Service Planning Areas (SPAs) 4 and 5. The percentage of the population affected by this issue ranges from 10.8% to 16.8% among service area SPAs. These percentages are significantly above the Healthy People 2010 target of 7%.
- Latinos are the largest ethnic group in the service area, comprising 35% (404,328) of the total population. Latinos also have the highest uninsured rate, 18%. Cultural and language barriers often impact an individual's timely access to health care services.
- According to the 2010 CHNA, more than one-third of all adults in California did not have dental insurance in 2007. The percentage of the adult population without dental insurance for one year was higher than 40% in SPAs 4 and 6. Several focus groups mentioned the lack of oral health services for low-income and uninsured individuals in the KFH-West Los Angeles service area.

Obesity, Diabetes, and Chronic Disease Prevalence:

- Obesity, diabetes, and high blood pressure are among the top health concerns. For instance, diabetes prevalence in California increased from 6.2% in 2001 to 7.8% in 2007, with a notable increase among adults 65 and older in every SPA in the service area.
- Diabetes-related hospitalizations were slightly higher in the service area, compared to the county and the state overall. The highest rates of diabetes diagnoses were concentrated in Inglewood and the southeastern region of the service area.
- The estimated prevalence of high blood pressure increased between 2001 and 2007 in all four of the SPAs within the service area (SPAs 4, 5, 6, and 8), consistent with trends in Los Angeles County and California.
- Obesity continued to be a top concern as a major risk factor for several chronic conditions. The percentage of overweight Latino and African American adolescents and adults is around 60%. The estimated prevalence of obesity and overweight in the service area (71.5%) was concentrated in the Inglewood and southeastern regions. The estimated prevalence of overweight or obese adolescents 12 to 19 increased in SPA 4 and SPA 6 and decreased very slightly in SPA 8.

- The rate of hospitalization for HIV/AIDS in the service area was 4.0 per 10,000 persons, almost double the rate of Los Angeles County (2.3). Both rates were higher than that of California. HIV/AIDS hospitalizations in the service area represent about 20% of all HIV/AIDS hospitalizations countywide.

Access to Mental Health Care:

- Focus group input suggests that there is a high need for mental health care. Some participants indicated high levels of depression among adults and children in Watts, and among undocumented youth in general. The recession and the high unemployment rate, which has more than doubled from 5.4% in 2007 to 12.9% in 2010, were listed as two of the main reasons for the demand for mental health care.
- Mental health services are especially lacking in this region, particularly in SPA 6. Fifty percent or more of adults in SPA 6 and SPA 8 who sought care did not receive the care they needed, compared to 36.7% in SPA 5 and 40.3% in SPA 4.
- Inglewood and the easternmost part of the West Los Angeles area had the highest rates of substantiated cases of child abuse and neglect in the service area; they were among the highest 20% of zip codes in the county and were significantly higher than rates averaged across the state.

Health Behaviors:

- The estimated percentage of youth engaging in physical activity dropped substantially in SPA 4 (from 74% to 52%) and SPA 5 (from 76% to 61%), but rose in western regions of the service area. Although a slightly higher estimated proportion of adults in the overall service area engaged in vigorous physical activity in 2007 when compared to 2005, these figures remained poor. The estimated proportion of adults engaging in no physical activity also increased in all service area SPAs, with the most substantial increases in SPA 4 (from 8.9% to 15.6%) and SPA 8 (from 9.7% to 17.7%).
- Community participants expressed concern over a lack of physical activity for youth due in large part to the lack of safe places for youth to exercise in areas with gang activity, as well as a reduction in school-based physical education. Participants also pointed to a missing “sense of community” and to a climate in which residents feared and mistrusted one another. Community participants also identified issues relating to lower levels of physical activity in adults, including the elimination of workplace programs (proven effective in increasing physical activity) as contributing to the problem.
- Multiple participants mentioned the lack of grocery stores and poor access to fresh fruits and vegetables in low-income areas such as South Los Angeles. Focus group participants also noted that the overabundance of liquor stores and fast-food establishments in South Los Angeles encouraged unhealthy lifestyles and poor diet. Adolescents 12 to 17 often had the lowest fruit and vegetable consumption. Inglewood and areas east of the coastal cities had low levels of fruit and vegetable consumption.
- Rates of chlamydia, gonorrhea, primary and secondary syphilis, latent syphilis, and congenital syphilis were higher in Los Angeles County compared to the state overall. However, teen pregnancy showed a slight decline.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-WEST LOS ANGELES SERVICE AREA

1. Access to health insurance coverage and health care services
2. Access to health education and chronic disease prevention and management
3. Access to mental health programs and intervention services

2013 YEAR-END RESULTS

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

Access to primary health and specialty care services continues to be the leading issue faced by patients and providers in the KFH-West Los Angeles service area. Data for Los Angeles County indicate that 22.9% of residents were uninsured in 2007. In West Los Angeles, SPAs 4 (41.1%) and 6 (38.9%) have the highest rate of uninsured adults. Use of emergency departments is also a central issue related to access because working families who need care outside traditional hours and those who could not obtain referrals for their health conditions use emergency departments for primary care or wait until they are acutely ill before obtaining care. Data collected during the community consultations indicate that the most prevalent barriers to health care access are the lack of insurance coverage, transportation, and linguistically appropriate services. In addition, there is a disparity in access to specialty care, which is nearly absent in medically underserved areas.

2013 GOALS

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

2013 STRATEGIES

1. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and Kaiser Permanente Child Health Plan); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.
2. Provide charity care through the Medical Financial Assistance (MFA) program and maximize efficiencies.
3. Provide grant funding and other support to expand access to primary care services through safety-net providers.
4. Provide grant funding to support outreach and education, as well as planning for expanded preventive dental services for children.
5. Operate the Community Access Day program to provide free surgeries for the uninsured.

2013 YEAR-END RESULTS

KFH-West Los Angeles awarded a total of \$90,000 in grants to clinics and organizations that work to improve access to care for vulnerable populations: three organizations provided outreach and education treatment as well as preventive dental services for children and families; four organizations provided health care services to HIV/AIDS patients and homeless individuals; and six organizations provided direct health services and supportive services to adults and seniors. The 13 grantees are AIDS Project Los Angeles (APLA), Challengers Boys & Girls Club, Common Ground—The Westside HIV Community Center, LA Free Clinic (aka The Saban Community Clinic), People Assisting the Homeless (PATH), Planned Parenthood Los Angeles, South Bay Family Healthcare Center, Children's Dental Center, UCLA School of Public Health, University Muslim Medical Association Community Clinic (UMMA), Venice Family Clinic, Wise & Healthy Aging, and Worksite Wellness LA. Representative grants include:

- Children's Dental Center received a \$5,000 grant to support dental treatment for low-income children and their caregivers. It's mission is the elimination of dental disease and the promotion of overall health and well-being for the growing number of dentally underserved children in greater Los Angeles. In the first eight months of 2013, the organization reported educating 99,668 children/caregivers and screening 29,221. The center also maintains a presence at a community clinic to educate patients about dental care and to link them to services.
- APLA received a \$10,000 grant to support its dental mobile clinic for HIV/AIDS patients. The dental van is equipped with two complete work stations and offers affordable or free-of-cost services to underserved and uninsured people throughout Los Angeles County. In the KFH-West Los Angeles service, the van visits West Hollywood and Santa Monica. Services comprise a comprehensive range of procedures, including initial exams, cleanings, x-rays, fillings, crowns, partial and full dentures, root canals, and extractions. Clinic staff provide information regarding proper dental

hygiene and ways to reduce dental complications from HIV/AIDS. APLA expects to provide a minimum of 1,100 dental procedures to approximately 350 unduplicated clients by the end of the two-year grant period.

- PATH received a \$7,000 grant to support its Direct Access to Supportive Housing (DASH) program, which improves the health and stability of homeless people by getting them into permanent homes and providing ongoing health and supportive services. DASH quickly moves homeless families and chronically homeless individuals into permanent housing and provides at least six months of follow-up case management support and health care services to ensure that clients are equipped with the tools they need to maintain long-term health and stability. Through active case management, clients are connected to a comprehensive list of services, including health care, vocational training, legal assistance, mental health, and substance abuse. PATH refers clients to an onsite health care clinic, which facilitates the provision of integrated services. Over the course of this grant, PATH placed a total of 549 homeless individuals and families in permanent housing (85% of whom retained their housing after six months) and linked 711 individuals to onsite primary and preventive health care.
- UMMA received a \$7,000 grant to support sustained and expanded delivery of essential adult medical care services for the under-insured and uninsured in South Los Angeles. Services include adult internal medicine; chronic disease diagnosis, treatment and management; men's and women's health care; family planning; pharmaceutical services; and health education. In partnership with volunteer physicians, UMMA also offers specialty care such as ophthalmology and dermatology. The grant supports personnel, lab services, and medical supplies. During the first seven months of 2013, UMMA served 2,353 unduplicated adult patients, including uninsured individuals.
- In 2013, KFH-West Los Angeles expanded Community Access Day to include new procedures such as cataract surgeries and diagnostic colonoscopies, doubling the number of patients served by the program. A total of 44 patients received free specialty care services, including hernia repair, gallbladder removal, cataract surgery, and diagnostic colonoscopy. Community Access Days were organized for March 16 and October 19. More than 100 KFH-West Los Angeles employees participated in these events.
- Kaiser Permanente Southern California Region continues to support efforts to improve access to health care and systems of care for the uninsured, including the homeless, through investments in community clinics, health centers, and other supportive services. Step Up on Second Street was awarded \$90,000 from the donor advised fund¹ to support clients with permanent supportive housing services and St. Joseph Center was awarded \$90,000 from the donor-advised fund to provide onsite permanent supportive housing services to homeless individuals.
- Community Clinic Association of Los Angeles received \$250,000 to continue implementation of the Community Clinic Workforce Project that focuses on recruitment and retention, by implementing a learning management system; increasing clinic capacity and infrastructure to train health professions students; and offering internships and clinical rotations. It also developed an education roundtable to increase clinic capacity to address human resource issues, staff professionalism, and knowledge of compliance and legal issues related to human resources.

PRIORITIZED NEED II: ACCESS TO HEALTH EDUCATION AND CHRONIC DISEASE PREVENTION AND MANAGEMENT

The top chronic care conditions affecting the community include overweight, obesity, diabetes, hypertension, cardiovascular disease, and HIV/AIDS. Maintaining health through disease prevention strategies such as exercise, healthy eating, and education about chronic conditions was identified as an important community health issue. Despite success in increasing awareness of chronic conditions and the importance of prevention and management, the lack of access to culturally and linguistically appropriate services continues to be a challenge in supporting adults in managing their chronic conditions. Data indicate that Latinos and African Americans experience higher hospitalization rates due to unmanaged chronic conditions. In addition, cultural and language limitations in immigrant and refugee communities negatively impact their ability to comfortably access health care, properly take medication, or manage a chronic illness. Many community health providers offer a variety of explanations for the modern-day epidemic of rapidly increasing overweight and obesity, including limited physical activity at all

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

ages; poor eating habits; lack of access to supermarkets in low-income areas; increased use of electronic games, television, and computers; and West Los Angeles' urban environment, which is not designed to accommodate active outdoor living.

2013 GOALS

1. Increase effective management of diabetes, obesity, and high blood pressure with an emphasis on reducing ethnic and geographic disparities among Latinos and African Americans living in the Inglewood/South Los Angeles area.
2. Expand programs that work to reduce HIV infection and increase access to innovative prevention and treatment services among populations most at risk for HIV/AIDS.

2013 STRATEGIES

1. Support community clinic partners in the delivery of chronic care management programs that provide clinic patients with education about self-management of their conditions, nutrition, and exercise.
2. Support culturally and linguistically appropriate health education, nutrition, and wellness programs that address healthy eating and active living for children or seniors.
3. Partner with faith-based organizations and community centers to leverage promotora and train-the-trainer models to expand the reach of education and training for adults and seniors.
4. Provide support for programs that promote prevention, medical care, and social services for individuals and families affected by HIV/AIDS.

2013 YEAR-END RESULTS

KFH-West Los Angeles awarded a total of \$118,000 in grant funding to support access to health education and chronic disease prevention and management. Six organizations received funding support to provide chronic care management for diabetes, hypertension, and obesity; 10 received grant awards to promote healthy eating, active living (HEAL) initiatives for at-risk children, youth, adults and seniors; two grantees are focused on preventive services for estranged African American fathers and vulnerable seniors; and five received funding to provide supportive services for community members diagnosed with HIV/AIDS. The 23 grantees are Alliance for Housing and Healing; American Heart Association; Asian American Drug Abuse Program; Black Women for Wellness (BWW); City of Inglewood–Parks, Recreation and Community Services Department; FAME Assistance Corporation (FAC); Healthy African American Families; Junior Blind of America; Los Angeles Jewish AIDS Services; Los Angeles Urban League; Minority AIDS Project; Model Neighborhood Program; OPICA Adult Day Care and Caregiver Support Center; Project Angel Food; South Central Family Health Center; Special Olympics Greater Los Angeles; St. John's Well Child and Family Center, Inc. (SJWCFC); Students Run LA; To Help Everyone Clinic; Vision y Compromiso; Westside Family Health Center; Women of Color Breast Cancer Survivors Support Project; and YMCA–Weingart. Representative grants include:

- SJWCFC received a \$ 6,000 grant to support the Diabetes Education Program, which enables low-income, uninsured patients at Magnolia Place Health Center to more effectively manage their diabetes. An average of 20 to 25 patients attend weekly classes and learn about nutrition, physical activity, blood glucose monitoring, and other diabetes self-management skills. The program served 330 unduplicated adult diabetic patients during the first half of 2013. SJWCFC also provided primary care services to 811 diabetic patients at Magnolia Place Health Center.
- BWW received a \$ 5,500 grant to support Sisters in Motion/Kitchen Divas, a series of interactive food preparation/cooking classes focused on health risk reduction, lifestyle activity changes, family involvement, and participants' health status. Using a culturally sensitive approach, BWW educates African American women about healthy eating and healthy living and conducted Kitchen Divas sessions at four South Los Angeles locations—UMMA Community Clinic, Essence of Light and Shields for Families low-income residential facilities, and Ascension Lutheran Church—serving more than 500 individuals. Using a train-the-trainer/promotora model, BWW trained 15 residents and grassroots leaders to be health promoters and cooking educators in their communities. They lead Sisters in Motion/Kitchen Divas sessions at residential and group homes, religious institutions offering food programs, and other agencies serving mothers and children.
- FAC received a \$5,000 grant from KFH-West Los Angeles to support the Champion Empowerment Program at the Mar Vista Gardens public housing complex. The program trains residents to serve as health educators and advocates in

their communities. This train-the-trainer approach facilitates outreach and sustains residents' engagement in health improvement activities. FAC adapted its existing curriculum to provide culturally sensitive training for the complex's large Latino population. A total of 25 Mar Vista residents completed training and organized a community health fair that provided information on healthy eating and active living to more than 200 residents. The health educators/promotoras are expected to continue offering peer counseling as well as promoting opportunities for physical activity.

- Alliance for Housing and Healing received a \$5,000 grant to support the provision of wellness programs and safety-net services for low-income people with HIV/AIDS. These programs improve access to care, residential stability and the well-being of seriously marginalized AIDS patients who are in need of housing assistance. The wellness program offers direct financial assistance to clients in the form of \$60 vouchers for food and pharmacy wellness products to help counteract metabolic abnormalities of medication plans (HAART) such as malnutrition, wasting syndrome, and low-body-weight. More than 200 patients in the KFH-West Los Angeles service area are receiving these services or have been identified as eligible for the program.
- KFH-West Los Angeles responded to childhood obesity by sponsoring *Weight of the Nation for Kids* (WOTN) screenings in South Los Angeles. In partnership with key organizations such as Los Angeles Urban League, Community Coalition for Substance Abuse and Prevention, Concerned Citizens, and National Congress of Black Women, hundreds of youth and community members gathered to explore the challenges and opportunities for adopting healthy eating and active living in their communities. The screenings introduced organizations to available resources to support and incentivize work on obesity awareness and prevention. The WOTN documentary series was developed by HBO, National Institute of Health, and Kaiser Permanente to provide creative resources for raising awareness of the health risks of obesity in impacted communities.
- Kaiser Permanente Southern California Region invests in parks and green spaces in neighborhoods with little to no access to open spaces for recreation and community engagement. The Trust For Public Land received a \$100,000 grant from the donor advised fund for the Parks for People—Los Angeles Program to work on park projects at various stages and identify potential green alleys, Fitness Zones, and greening neighborhood alleys.
- Healthy Options, Healthy Meals (HOHM) is a funding strategy focused on healthy food banking that increases donations/purchases/distribution of health promoting foods and decreases donations/purchases/distribution of less healthful foods, such as snacks, sweets, and sugar-sweetened beverages. HOHM's primary goal is to support sustainable policy and practice changes to assist food banks in gathering and distributing healthier foods. In the KFH-West Los Angeles service area, Los Angeles Regional Food Bank received \$95,000 over two years (\$47,500 from the donor-advised fund in 2013).

PRIORITIZED NEED III: ACCESS TO MENTAL HEALTH PROGRAMS AND INTERVENTION SERVICES

The stress of daily life has an impact on a large part of the population, ranging from young children to unemployed adults. Signs of poor mental health are widespread, and in KFH-West Los Angeles' most affected areas there is a significant lack of mental health services such as counseling and preventive services for youth, pregnant teens, and adults. Violence is one of the leading consequences of mental health issues in some West Los Angeles areas. Homicide was the leading cause of premature death among Latinos and African Americans in Los Angeles County. Survey participants expressed concern over the direct and indirect impact community violence has on community health and mental health. Exacerbating the lack of mental health services is a dearth of programs and services available in Spanish in an area where the majority population is Latino and one in three homes is monolingual Spanish-speaking.

2013 GOALS

1. Increase access to mental health counseling for low-income and uninsured individuals through grant funding.
2. Expand the availability of programs and services targeted at preventing youth and family violence.

2013 STRATEGIES

1. Provide financial, in-kind, and staff support to organizations, especially those offering Spanish-language services, that provide mental health services for low-income and uninsured families.

2. Support community organizations, especially those addressing self-esteem building and conflict resolution skills, that address youth and family violence.

2013 YEAR-END RESULTS

In 2013 KFH-West Los Angeles provided a total of \$104,000 in grant funding to provide access to mental health and intervention services: five organizations provide counseling and case management for at-risk infants and youth; six focus on counseling services for children, adults, and on domestic violence, including services in Spanish and Korean; two serve foster children and homeless women and children; four provide supportive services for disease-specific populations such as children diagnosed with HIV-AIDS and sickle cell; and two disseminate information and work to remove the social stigma associated with receiving mental health services. The 19 grantees are: A Place Called Home; Airport Marina Counseling Service; Alcott Center for Mental Health; Being Alive People with HIV/AIDS; California Black Women's Health Project; Camp Laurel Foundation; CASA (Court Appointed Special Advocates) of Los Angeles; Centinela Youth Services, Inc. (CYS); Century Center for Economic Opportunity, Inc.; Korean American Family Service Center (KAFSC); LA Conservation Corps; Los Angeles Child Guidance Clinic; Midnight Mission; NAMI (National Alliance on Mental Illness) Urban Los Angeles; Ocean Park Community Center (OPCC); Open Paths Counseling Center; Sickle Cell Disease Foundation of California; Southern California Counseling Center; and Vista del Mar. Representative programs within grantee organizations include:

- CYS received a \$5,000 grant to support its mental health counseling program, Families Able to Resolve Situations (FARS), which targets at-risk, low-income youth and families and offers parent-teen mediation by highly trained volunteers. FARS helps reduce family violence, delinquency, gang involvement, school failure, runaways, substance abuse, and other risky adolescent behaviors. CYS serves youth and families referred by the juvenile court system. More than 80 youth and families received direct counseling sessions at CYS and 189 families participated in parent-teen mediations during the course of this grant.
- OPCC, a network of ten housing and service sites that provide support to homeless individuals, battered women, and children, and at-risk youth living with mental illness, received a \$5,000 grant to support provision of interim and permanent housing, food and clothing, mental health assessments, counseling, and other supportive services to help clients gain self-sufficiency. During the course of the grant 3,432 new and returning clients received services at OPCC.
- Open Paths received a \$7,000 grant to support mental health services (counseling for individuals, couples and families; parenting education classes; and domestic violence prevention for at-risk families) in Spanish. Open Paths recruits and trains pre-licensed Spanish-speaking interns to become licensed therapists. The approach achieves two important goals: more bilingual therapists become licensed and more monolingual clients receive supervised mental health services. A bilingual licensed therapist supervises a group of eight pre-licensed therapists. Domestic violence interventions are offered twice a week to adult perpetrators who are referred to the program by the justice system.
- KAFSC received a \$5,000 grant to support provision of mental health and intervention services (adult counseling, psychiatric evaluation, medication support, psychological testing, school-based counseling, parenting classes, depression screenings, and court-mandated domestic violence interventions) in Korean to low-income, uninsured children and adults. The target population is a large pool of immigrant and undocumented clients who experience language and cultural barriers in accessing mental health services.
- Camp Laurel Foundation received a \$5,000 grant to support Life Enhancement and Fellowship (LIF), a mentorship program; Family Winter Camp for children, youth, and their families; and summer camps for children and youth 6 to 17 with HIV-AIDS. All programs aim to develop positive identity, independence, and self-reliance and to provide a support system for young people facing the adversity of HIV-AIDS. Camp programs provide opportunities for participants to develop positive social bonds with peers and adult volunteers during their three-day stay in the San Bernardino Mountains. Camp Laurel Foundation serves 550 low-income children, youth, and families each year.
- Kaiser Permanente Southern California Region awarded a project of Community Partners, Social Justice Learning Institute, a \$25,000 grant for the Healthy Sustainable Inglewood Collaborative that engages community residents and community stakeholders to improve health outcomes in the City of Inglewood.
- Los Angeles Best Babies Network Dignity Health was awarded \$80,000 to support quality improvement in perinatal care to reduce disparities.

Table 1

KAISER FOUNDATION HOSPITAL-WEST LOS ANGELES

2013 Key Community Benefit Program Metrics

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

Charity Care: Medical Financial Assistance Program recipients	6,864
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Other Plan members	236
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	1,286
Medi-Cal managed care members	12,380
Healthy Families Program members	1,201
Community Surgery Day patients	42
Health Research projects (new, continuing, and completed)	25
Nursing Research projects (new, continuing, and completed)	5
Educational Theatre – number of performances and workshops	82
Educational Theatre – number of attendees (students and adults)	11,902
Graduate Medical Education – number of programs	2
Graduate Medical Education – number of affiliated and independent residents	24
Nurse practitioner and other nursing training and education beneficiaries	13
Deloras Jones nursing scholarship recipients	19
Other health professional training and education (non-MD) beneficiaries	30
Hippocrates Circle students	56
Summer Youth and INROADS programs participants	46
Community Learning Program – Educational Outreach Program beneficiaries	539
Number of 2013 grants and donations made at the local and regional levels ¹	164

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

Table 2

KAISER FOUNDATION HOSPITAL-WEST LOS ANGELES

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2013

	2013 Totals
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$11,936,230
Healthy Families ²	431,887
Charity care: Charitable Health Coverage programs ³	648,460
Charity care: Medical Financial Assistance Program ⁴	9,434,254
Grants and donations for medical services ⁵	225,676
Subtotal	\$22,676,507
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁶	\$1,030,923
Educational Outreach Program	0
Summer Youth and INROADS programs ⁷	96,637
Grants and donations for community-based programs ⁸	255,751
Community Benefit administration and operations ⁹	514,468
Subtotal	\$1,897,779
Benefits for the Broader Community¹⁰	
Community health education and promotion programs	\$59,275
Educational Theatre	338,998
Facility, supplies, and equipment (in-kind donations) ¹¹	36,693
Community Giving Campaign administrative expenses	8,128
Grants and donations for the broader community ¹²	76,754
National board of directors fund	15,645
Subtotal	\$535,493
Health Research, Education, and Training	
Graduate Medical Education	\$59,955
Non-MD provider education and training programs ¹³	724,282
Grants and donations for the education of health care professionals ¹⁴	31,665
Health research	417,104
Continuing Medical Education	0
Subtotal	\$1,233,006
Total Community Benefits Provided	\$26,342,786

ENDNOTES

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

THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2013 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY

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

LIST OF COMMUNITY HEALTH NEEDS IDENTIFIED IN THE CHNA REPORT FOR THE KFH-WEST LOS ANGELES SERVICE AREA

The list below summarizes the health needs identified for the KFH-West Los Angeles service area through the 2013 CHNA process:

- Mental health
- Diabetes
- Oral health
- Cancer, in general
- Intentional injury
- Asthma
- HIV/AIDS
- Alcohol and substance abuse
- Chlamydia
- Unintentional injury
- Allergies
- Infant mortality
- Obesity/overweight
- Cardiovascular disease
- Hypertension
- Cholesterol
- Cervical cancer
- Breast cancer
- Vision
- Colorectal cancer
- Alzheimer's disease
- Podiatry
- Arthritis

HEALTH NEEDS THAT KFH-WEST LOS ANGELES PLANS TO ADDRESS

1. CHRONIC DISEASE PREVENTION

Chronic disease prevention and management, with an emphasis on obesity, diabetes, and cardiovascular disease (including hypertension and cholesterol), and asthma. The prevalence of chronic conditions and/or patient noncompliance to chronic health management programs was identified as a key need in the KFH-West Los Angeles service area, specifically related to obesity, diabetes, cardiovascular disease, and asthma. Nearly one-third (31.3%) of adults in the service area were overweight, compared to 29.7% in Los Angeles County. Service area obesity rates were also higher (22.5%) in comparison to the county (21.2%). Diabetes prevalence in the KFH-West Los Angeles service area (19.1%) was nearly twice the county rate (10.5%). In addition, the number of adults experiencing diabetes-related hospitalizations was significantly higher (200.2 per 100,000 persons) than the county rate (145.6). The heart disease hospitalization rate (1,129.9 per 100,000 persons) in the service area was more than three times the county rate (367.1). In addition, the cardiovascular disease mortality rate (19.6 per 10,000 adults) was higher compared to the county rate (15.6) and more than 28% of service area adults have been diagnosed with high blood pressure. Asthma hospitalization rates, which can indicate a lack of chronic disease management, are higher (129.3 per 100,000 adults) in the service area than in the county (94.3). While asthma was not identified as a priority need during the prioritization

process, initially receiving a ranking of limited need and feasibility, during the facilitated discussion, KFH-West Los Angeles identified it as a need to be incorporated within its priority of chronic disease management.

2. ACCESS TO MENTAL HEALTH

Access to mental health and intervention programs, with an emphasis on youth well-being and the prevention of alcohol and substance abuse, violence, and homelessness. Good mental health is essential to the overall health and well-being of individuals and their communities. Untreated disorders may leave individuals at-risk for substance abuse, self-destructive behavior, and suicide. In addition, mental health disorders can have a serious impact on physical health and are associated with the prevalence, progression, and outcome of chronic diseases. In the KFH-West Los Angeles service area, the percentage of people needing help for mental/emotional/alcohol-drug related issues who did not receive treatment (84.5%) was nearly double the county rate (47.3%). Mental health-related adult hospitalizations in the KFH-West Los Angeles service area (2,281.1 per 100,000 persons) were much higher than the statewide rate (551.7). The service area's suicide rate (8.7 per 100,000 persons) was also higher than the county rate (8.0).

Recognizing that they contribute significantly to poor mental health, KFH-West Los Angeles seeks to prioritize youth well-being and the prevention of alcohol and substance abuse, violence, and homelessness in addressing this health need. In the KFH-West Los Angeles service area, the hospitalization rate of youth for mental health issues (268.7 per 100,000 persons) was higher compared to the state average (256.4) and the alcohol/drug-induced mental disease hospitalization rate (480 per 100,000 persons) is notably higher than the state average (109.1). The KFH-West Los Angeles service area experiences high rates of violence (i.e., intentional injury). In addition to the above noted prevalence of suicide, the homicide rate for the service area was 12.4 per 100,000 persons, markedly higher than the Los Angeles County rate (7.0), the statewide rate (5.15), and the Healthy People 2020 target (≤ 5.5). Homelessness further contributes to poor mental health. More than half of the county's homeless population (30,606 or 67%) resides in the four SPAs (4, 5, 6 and 8) that comprise the KFH-West Los Angeles service area and its surrounding communities.

In the prioritization process, violence/intentional injury was not identified as a priority need through the need/feasibility process. Though intentional injury received a ranking of high need; feasibility was more limited. However, KFH-West Los Angeles recognizes that poor mental health is influenced by and contributes to the prevalence of intentional injury (i.e., suicide and homicide). Therefore KFH-West Los Angeles decided to adopt strategies to address violence/intentional injury as a need under the umbrella of mental health.

3. ACCESS TO HEALTH CARE

Access to health care, diagnostic and preventive services, with an emphasis on HIV-AIDS, chlamydia, and cancer. Lack of insurance is a key barrier to health care access. With implementation of the Affordable Care Act in January 2014, a significant number of individuals who are currently uninsured now have new options for coverage and access to health care. However, access barriers will persist for some low-income populations, particularly those for whom the cost of premiums is beyond their reach or they are ineligible due to immigration or documentation status. Even with insurance, access is not guaranteed for some populations, including those with Medicare, Medi-Cal, etc. and those with geographic or language barriers.

Within the KFH-West Los Angeles service area, access to specialty care related to the prevention and management of HIV-AIDS, chlamydia, and certain cancers was identified through the needs identification process as health outcomes the hospital will specifically target. In the KFH-West Los Angeles service area, the HIV prevalence rate (21.8 per 100,000 persons) was significantly higher than the county rate (14.0) and the rate of HIV-related hospitalizations (35.0 per 100,000 persons) in the service area was more than three times the statewide rate (11.0). Chlamydia rates in the service area are higher (538.7 per 100,000 persons) when compared to the county rate (455.1). The cervical cancer incidence rate (9.8 per 100,000 women) was higher than statewide (8.3) and national (8.0) rates and exceeded the Healthy People 2020 goal (≤ 7.1). In addition, the percentage of women who had a cervical cancer screening in the last three years is lower in the service area (67.6%) than the Healthy People 2020 goal ($\geq 93\%$). Colorectal cancer incidence rates per 100,000 persons are higher in the KFH-West Los Angeles service area (45.2) than the Healthy

People 2020 goal (≤ 38.6) and mortality rates (13.5 per 100,000 persons) are higher when compared to the county rate (11.2). Colorectal cancer screenings in the service area (66.5%) fall below the Healthy People 2020 goal ($\geq 70.5\%$).

In the prioritization process, cancer, including breast cancer, cervical cancer, and colorectal cancer, was not identified as a priority need through the need/feasibility ranking described above. Though all cancers initially received a ranking of high need and limited feasibility, through the facilitated discussion, KFH-West Los Angeles identified cancer as a need to be incorporated within its access to care priority.

4. BROADER HEALTH CARE SYSTEM NEEDS IN OUR COMMUNITIES

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

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

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

2014-2016 COMMUNITY BENEFIT PLAN

The goals, strategies, and outcomes listed below address health needs identified during the 2013 CHNA. All KFH hospitals carefully considered the evidence-base when determining which goals and strategies would be most effective in addressing each need. KFH-West Los Angeles 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: CHRONIC DISEASE PREVENTION AND MANAGEMENT WITH AN EMPHASIS ON OBESITY, DIABETES, CARDIOVASCULAR DISEASE (INCLUDING HYPERTENSION AND CHOLESTEROL), AND ASTHMA

GOALS

Kaiser Permanente aims to decrease the prevalence of obesity, diabetes, cardiovascular disease (including hypertension and cholesterol), and asthma, in targeted vulnerable populations and to reduce the health disparities associated with these conditions by aligning our strategies with the following goals:

- Increase healthy behaviors related to obesity, diabetes, cardiovascular disease (including hypertension and cholesterol), and asthma among at-risk and vulnerable populations.
- Improve chronic disease management among vulnerable populations diagnosed with obesity, diabetes, cardiovascular disease (including hypertension and cholesterol), and asthma

STRATEGIES

Programs and Services

- Partner with schools to provide Kaiser Permanente Educational Theatre (KPET) performances to educate students on healthy behaviors.

Community Investments

- Provide grants and in-kind donations to community organizations to address preventive care services for targeted chronic conditions, including but not limited to increasing the availability of healthy food, safe physical activity, and clean air in underserved urban communities.
- Provide grants and in-kind donations to community-based organizations to address chronic disease management of targeted chronic conditions.

Leveraging Organizational Assets

- Promote healthy eating and active living programs and resources (e.g. *Weight of the Nation*, Thriving Schools, Fire Up Your Feet!) to community members, schools, and community-based organizations.
- Implement the Faith-Based Partnership Program Pilot, offering community health lectures, chronic conditions training for health coaches, and home visitation training for church volunteers.
- Promote community participation in Kaiser Permanente Health Education classes on healthy eating and active living free-of-charge at the KFH-West Los Angeles Medical Center, KFH-Inglewood medical office building (MOB), and Wateridge.
- Provide community partners with health education materials and publications, including materials in Spanish and other foreign languages, to share with the community.
- Explore opportunities to support promotion of local farmers markets and their health education and screening programs.

- Make the weekly farmers' market at KFH-West Los Angeles available to members, families, employees, and the surrounding community.
- Promote community participation in Kaiser Permanente Health Education classes, including classes in Spanish, on management of targeted chronic diseases.
- Connect Regional Health Education's Healthy Lifestyles for Families Program (train-the-trainer) to appropriate clinics, schools, and community-based organizations in our region to offer the program to community members.
- Share clinical protocols and effective care coordination models, including the ALL Heart program for at-risk diabetic patients, with safety net providers.

Collaboration and Partnerships

- Support the South LA Health Care Leadership Roundtable Heart Health and Diabetes Care Initiative aiming to coordinate care among South Los Angeles providers for at-risk patients.

EXPECTED OUTCOMES

- Increased access to preventive education, activities, and services for targeted chronic conditions.
- Increased knowledge of healthy food choices and active living and their impact on health.
- Increased access to health literature on prevention of targeted chronic conditions.
- Improved access to fresh fruits and vegetables.
- Increased access to programs assisting community members in effective management of targeted chronic conditions.
- Increased knowledge about effective ways to manage targeted chronic conditions.
- Increased access to health literature on management of targeted chronic conditions.
- Increased community support for community members diagnosed with targeted chronic conditions.
- Increased care coordination, related to diabetes and cardiovascular disease, across community clinics.
- Increased community capacity to support healthy eating and healthy living behavioral changes for individuals and families diagnosed as overweight/obese.
- Improved clinical capacity for diagnosis and treatment of targeted chronic conditions.

PRIORITY HEALTH NEED II: ACCESS TO MENTAL HEALTH AND INTERVENTION PROGRAMS WITH AN EMPHASIS ON YOUTH WELL-BEING AND THE PREVENTION OF ALCOHOL AND SUBSTANCE ABUSE, VIOLENCE, AND HOMELESSNESS

GOALS

Kaiser Permanente aims to improve mental health outcomes and well-being, including outcomes related to alcohol and substance abuse, violence, and homelessness by aligning our strategies with the following goals:

- Improve access to mental health and intervention programs for vulnerable populations.
- Reduce opportunities for violence and gang involvement among at-risk youth.
- Improve capacity and resources of community-based organizations to respond to community mental health needs.

STRATEGIES

Programs and Services

- Offer Watts Counseling and Learning Center's counseling sessions, including individual, family, marriage, parent-child, and group therapy in English and Spanish, to low-income families.
- Offer Watts Counseling and Learning Center's Adult Grief Support Group at KFH-Inglewood MOB.

- Offer Watts Counseling and Learning Center’s Kids Can Cope program at KFH-Inglewood MOB to provide emotional support to children whose parents or siblings have experienced cancer or other life-threatening illness.
- Partner with local middle schools to conduct Hippocrates Circle, a program that encourages students to pursue a health science career.
- Implement Summer Youth Employment Program, which gives youth from underserved high schools paid work experience.
- Connect Watts Counseling and Learning Center interns to community-based organizations to provide services focused on the early detection of mental health symptoms and illness in community settings.

Community Investments

- Provide grants to community-based organizations and clinics offering free or low-cost mental health services.
- Provide grants to community-based organizations and clinics offering direct services to the homeless population.
- Provide grants to community-based organizations and clinics offering intervention programs to support the emotional well-being of at-risk youth, including violence/intentional injury prevention, career development, and job training.

Leveraging Organizational Assets

- Connect Addiction Medicine Department with senior centers and/or community-based organizations to provide educational sessions about risks and quality of life issues associated with the excessive intake of medications.
- Connect Addiction Medicine Department to local high schools and youth-serving community-based organizations to provide substance abuse health education lectures for students and parents.
- Explore giving young adults 18 to 29 who are eligible for Medical Financial Assistance (MFA or charity care) access to Addiction Medicine services, provided the department meets access standards for Kaiser Permanente members.

EXPECTED OUTCOMES

- Increased free or low-cost opportunities for mental health treatment and services.
- Increased services available to the homeless population.
- Increased awareness about chemical dependency among senior citizens.
- Increased supportive services and intervention activities available to at-risk youth.
- Increased awareness about substance abuse among at-risk youth and families.
- Increased access to addiction counseling and treatment for eligible youth.
- Increased awareness and early detection of mental health symptoms in community settings.

PRIORITY HEALTH NEED III: ACCESS TO HEALTH CARE, DIAGNOSTIC AND PREVENTIVE SERVICES WITH AN EMPHASIS ON HIV-AIDS, CHLAMYDIA, AND CANCER.

GOALS

Kaiser Permanente aims to increase the number of people from uninsured, underinsured, and vulnerable populations who have access to quality health care services by aligning our strategies with the following goals:

- Increase access to primary care.
- Increase access to diagnostic testing and specialty care.
- Increase health care coverage to low-income individuals and the underserved.
- Improve timely access to needed medical care.
- Facilitate professional development of community clinic providers.
- Reduce workforce shortages.

STRATEGIES

Programs and Services

- Continue offering the Pharmacy Partnership Program, which connects Kaiser Permanente pharmacy residents to a community clinic partner to enhance capacity of the clinic's pharmacy operations
- Train new physicians (i.e., graduate medical education [GME]).
- Support youth health career pipeline programs (i.e., Summer Youth Employment and INROADS).
- Participate in government-sponsored programs for low-income individuals (i.e., Medi-Cal Managed Care and Medi-Cal Fee-For-Service).
- Provide heavily subsidized health care coverage.
- Provide MFA to help individuals with limited and/or no resources pay for care provided at Kaiser Permanente.

Community Investments

- Provide grants to community-based organizations and clinics to support access to care by providing free or low-cost services or removing barriers to accessing care.
- Provide grants to community-based organizations and clinics providing access to cancer screenings and HIV-AIDS and chlamydia testing and services.

Leverage Organizational Assets

- Implement Physician Community Engagement Program, connecting Kaiser Permanente specialty physicians with community clinic partners to provide specialty care clinical hours at the clinics using their paid educational time.
- Offer selected outpatient surgery procedures and diagnostics to uninsured populations by organizing Community Access Day (hernia repair, gallbladder removal, cataracts, colonoscopies).
- Invite community clinic providers to attend selected continuing medical education (CME) classes, conferences, and journal clubs.

EXPECTED OUTCOMES

- Increased number of underserved service area residents who have a medical home.
- Increased community clinic capacity to offer primary care consultation.
- Increased access to cancer screenings and HIV/AIDS and chlamydia testing and services.
- Increased access to needed specialty care and diagnostics services.
- Increased community clinic capacity to offer specialty care consultation.
- Increased number of eligible individuals enrolls in government-sponsored or subsidized health care coverage programs.
- Access to episodic care provided to un/underinsured and low-income people receiving services at Kaiser Permanente.
- Improved access to CME for community clinic providers.
- Increased diversity of trained physicians.

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

EXPECTED OUTCOMES

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

PRIORITY HEALTH NEED V: 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

