Kaiser Foundation Hospital – Southern California Region

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

ANAHEIM

Submitted to the Office of Statewide Health Planning and Development in compliance with Senate Bill 697, California Health and Safety Code Section 127350.

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in the community

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INTRODUCTION

This is the nineteenth *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 2015* 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 2014, the 35 hospitals undertook activities and projects to address selected priority needs identified in 2013 in their respective communities. This report documents the results of these efforts. The process of producing the KFH *Consolidated Community Benefit Plan 2015* 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 2014 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 2015* 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 2014

- Statewide and individual hospital Community Benefit provided by KFH in 2014, 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 2014 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 a list of selected demographic and socioeconomic statistics about the area served, a few key hospital facts, a list of the hospital's leaders, a service area map, a list of cities and communities served, a link to the 2013 Community Health Needs Assessment (CHNA) on the Kaiser Permanente Share Site website and a description of the 2014–2016 Community Benefit Plan, along with 2014 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 2014 (Table 2).

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 9.6 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 more than 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; Mark Billings, 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, Continuing Care and Health Care Reform.

The 2014 KFHP/H leadership team in Southern California includes Benjamin Chu, MD, Executive Vice President and President, Southern California and Georgia; William Caswell, Senior Vice President, Operations; Gerald McCall, Senior Vice President, Operations; George Di Salvo, Senior Vice President and Chief Financial Officer; Jodie Lesh, Senior Vice President, Strategic Planning and New Ventures; Nirav Shah, MD, Senior Vice President, Chief Operating Officer, Clinical Operations; Arlene Peasnall, Senior Vice President, Human Resources; James Crawford, Vice President, Business Information Officer Diana Halper, Vice President Integrated Brand Communications; John Yamamoto, Vice President and Regional Counsel; Wade Overgaard, Senior Vice President, California Health Plan Operations; and, Dennis Scott, Vice President, Compliance and Privacy.

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. Edward Ellison, 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, Irvine, Los Angeles, Manteca, Modesto, Moreno Valley, Oakland, Ontario, Panorama City, Redwood City, Richmond, Riverside, Roseville, Sacramento, San Diego, San Francisco, San Jose, San Leandro (replaced Hayward hospital), 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 452 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 2014

This chapter includes descriptions of all Community Benefit programs and services provided by Kaiser Permanente in 2014. 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 2014, KFH provided a total of $730,254,093 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 ($553,820,294) and for health research, education, and training programs ($113,438,221). KFH also expended $49,460,777 on other benefits for vulnerable populations and $13,534,802 on projects benefiting the broader community.

Benefits by Hospital Service Area

Table B shows total Community Benefit contributions made in 2014 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 2014.

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 2014, KFH spent a total of $503,577,573 on unreimbursed medical care for vulnerable populations.

For the purpose of this plan, KFH 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. KFH 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

KFH 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:* KFH 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 2014, KFHP/H provided comprehensive inpatient and outpatient care to approximately 471,569 Medi-Cal managed care members.
- *Medi-Cal Fee-For-Service:* KFH 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.

Charitable Health Coverage Programs

Through Kaiser Permanente's Charitable Health Coverage Programs, approximately 73,927 low-income adults and children, who are ineligible for other public or private health insurance, receive subsidized coverage from Kaiser Permanente each year.

In addition, Kaiser Permanente Northern California Region also provided health coverage to 2,667 Healthy San Francisco members. 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 2014 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.

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 2014, KFH contributed $188,556,192 to help patients with limited or no resources pay for care provided in KFH facilities.

Grants and Donations for Medical Care Services

KFH donated $50,242,721 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 2014, KFH donated $49,460,777 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 1,243 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 2014, WCLC provided services to a total of 1,234 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. College Internship Program. These programs offer employment, mentoring, and training opportunities, as well as potential full-time employment upon completion. In 2014, 583 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.* College Internship Program*:* This unique program is designed to provide students with practical experience in the health care field and to offer successful participants exciting career opportunities following graduation. Kaiser Permanente is 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 the Kaiser Permanente L.A.U.N.C.H. College Internship Program, we are making a solid investment in developing health care leaders capable of guiding us into the future. Kaiser Permanente College Internship Program 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 $27,237,587 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 2014, KFH spent $13,534,802 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 2014, Regional Health Education provided more than 300 activities—responding to requests for materials, trainings, presentations, event staffing, technical assistance, and publication development—that reached more than 224,000 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 28th 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 2014, KPET provided programs throughout Kaiser Permanente Northern California that align with our Community Health Initiatives. In fact, 80% of KPET's total services in 2014 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 2014, KPET developed twelve new partnerships and served more than 297,037 children and adults through 1,144 events, which ranged from school performances and workshops to community presentations and trainings.

In NCR, KPET offered the following services in 2014 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 2014, 217,035 children and adults attended one of 1,397 KPET performances. For the past several years, KPET has provided MPOWR (empower), a summer enrichment program that challenges students to explore health via self-expression through art, music, theatre, and movement. Ongoing partnerships include WCLC, Madison Middle School in North Hollywood, and the Boys and Girls Club of Redlands. MPOWR 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 Healthy Eating Active Living Program (grades 4-5) is a multifaceted offering that 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 Adolescent Bullying Prevention Program (grades 6-8) consists of the play, *Someone Like Me*. The program is a springboard for discussions between students and teachers, parents and trusted adults. Key topics include; rumors and gossip are a form of bullying, the prevalence of bullying using social media, and, in middle school, the developmentally appropriate choice is abstinence. At the end of each performance, the actor-educators are available to the students for one-on-one sessions and are trained to bridge students to school personnel if necessary.
- The STD Prevention Program (grades 9-12), *What Goes Around,* provides information about HIV, AIDS and sexually transmitted diseases (STDs). The play gives insight into the lasting impact one person's choice can make on the lives and health of many. Key topics include the option of abstinence and the importance of testing and prevention. At the end of each performance, the actor-educators facilitate a question and answer session.

GRANTS AND DONATIONS FOR THE BROADER COMMUNITY

KFH donated $2,181,323 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 2014, KFH spent $113,438,221 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 2014, KFH contributed $68,280,310 to educate more than 2,845 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 though 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 2014, there were 69 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. Eleven students participated in the program in 2014.

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 2014, 391 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 2014, 202 scholarships totaling $361,000 were awarded.

NARROWING THE STUDENT NURSE PREPARATION PRACTICE GAP PROGRAM

In Southern California, this work-study program partners with university and college nursing programs to improve clinical outcomes and assist with professional growth. Senior students incorporated curriculum study with clinical experiences with nursing professional partners and regional education residents to narrow the student nurse preparation to practice gap. In 2014, a total of 83 students were assigned to KFH-Downey and KFH-San Diego facilities. Academic partners included but were not limited to Grossmont Community College, Mira Costa Community College, Point Loma Nazarene University, San Diego State University, San Diego City College, and Santa Monica Community College. In 2014, a total of 83 students were assigned to KFH-Downey and KFH-San Diego facilities. Academic partners included but were not limited to Grossmont Community College, Mira Costa Community College, 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 2014, Kaiser Permanente trained 118 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 2014, 361 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 2014, the program offered 25 physical therapy residency slots at KFH hospitals in Southern California. Residents, fellows, and clinical faculty provide physical therapy services for patients. 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 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 six 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 six 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 four interns in Los Angeles and eight in San Diego.

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 170 students in 2014.

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 2014, approximately 545 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 2014, 885 students participated in the program at various KFH locations in Southern California.

GRANTS AND DONATIONS FOR THE EDUCATION OF HEALTH CARE PROFESSIONALS

KFH spent $2,998,373 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)

The Division of Research (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 3+ million 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. Research projects encompass 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, pharmaco-epidemiology, 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 the California State Department of Health Services, University of California at Berkeley, San Francisco and Davis, and Stanford University. DOR works with Kaiser Permanente Community Benefit Programs (KPCBP) to enhance communication and collaboration between DOR and Kaiser Permanente members, community residents and other key stakeholders. Financial and other support provided by KPCBP have enabled DOR to sponsor research studies on topics which directly align with KPCBP priorities, to attract additional private funding and improve community engagement and participation in DOR activities, and to develop unique and significant resources in the Comprehensive Clinical Research Unit (CCRU) and Research Program on Genes, Environment and Health (RPGEH).

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 2014, there were 988 active projects and 360 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 121 new, continuing, and/or completed Nursing Research Program projects and 27 studies published in 2014. 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 2014

	2014 Totals
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[1]	$312,106,638
Charity care: Charitable Health Coverage programs[2]	55,179,770
Charity care: Medical Financial Assistance Program[3]	136,291,166
Grants and donations for medical services[4]	50,242,721
Subtotal	*$553,820,294*
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center[5]	$3,115,721
Educational Outreach Program	914,846
Summer Youth and INROADS programs[6]	2,520,068
Grants and donations for community-based programs[7]	27,237,587
Community Benefit administration and operations[8]	15,672,555
Subtotal	*$49,460,777*
Benefits for the Broader Community[9]	
Community health education and promotion programs	$1,177,528
Kaiser Permanente Educational Theatre	8,849,677
Community Giving Campaign administrative expenses	384,747
Facility, supplies, and equipment (in-kind donations)[10]	199,755
Grants and donations for the broader community[11]	2,181,323
National board of directors fund	741,772
Subtotal	*$13,534,802*
Health Research, Education, and Training	
Graduate Medical Education	$ 68,280,310
Non-MD provider education and training programs[12]	21,099,473
Grants and donations for the education of health care professionals[13]	2,998,373
Health research	21,059,578
Continuing Medical Education	486
Subtotal	*$113,438,221*
Total Community Benefits Provided	$730,254,093

See endnotes on the following page.

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 Other Plan members and unreimbursed inpatient expenditures for the Kaiser Permanente Child Health Program subsidy on a cost basis.

3 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.

4 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.

5 Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Los Angeles, KFH-West Los Angeles, and KFH-Downey.

6 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Summer Youth students hired.

7 Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the 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.

8 The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.

9 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a number of related denominators such as the number of Educational Theatre performances or health education programs.

10 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.

11 Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care–related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

12 Amount reflects the net expenditures after tuition reimbursement for health professional education and training programs.

13 Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, etc. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

Table B

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

HOSPITAL SERVICE AREA SUMMARY TABLE

COMMUNITY BENEFITS PROVIDED IN 2014

NORTHERN CALIFORNIA HOSPITALS	
Antioch	$15,307,183
Fremont	7,778,140
Fresno	15,079,667
Manteca	13,244,563
Modesto	9,200,919
Oakland	35,856,473
Redwood City	7,638,605
Richmond	18,177,312
Roseville	23,002,697
Sacramento	37,122,845
San Francisco	26,325,306
San Jose	16,385,403
San Leandro	27,639,811
San Rafael	9,486,971
Santa Clara	26,741,062
Santa Rosa	18,516,606
South Sacramento	35,734,205
South San Francisco	11,449,411
Vacaville[1]	11,259,876
Vallejo	23,644,399
Walnut Creek	17,092,850
Northern California Total	$406,684,308

SOUTHERN CALIFORNIA HOSPITALS	
Anaheim	$19,049,766
Baldwin Park	20,793,103
Downey	32,440,702
Fontana	32,502,429
Irvine	8,376,896
Los Angeles	45,229,057
Moreno Valley	12,137,788
Ontario	15,529,302
Panorama City	23,161,450
Riverside	18,775,023
San Diego	31,986,110
South Bay	20,389,865
West Los Angeles	27,902,162
Woodland Hills	15,296,132
Southern California Total	$323,569,785

CHAPTER IV: 2014 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 brief 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 complies with both 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 the 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.
- 2014 metrics for select programs in the CB portfolio, presented at the hospital level (Table 1).
- Quantified Community Benefit provided in 2014, presented at the hospital level (Table 2).
- A list of the prioritized needs identified during the 2013 CHNA and a link to the 2013 CHNA report.
- Year-end results for Community Benefit activities and programs provided in 2014, including highlights of key local and regional grants, partnerships, and other efforts to address the prioritized needs outlined in 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)-ANAHEIM

3440 E. La Palma Avenue
Anaheim, CA 92806
(714) 644-2000

The KFH-Anaheim service area includes the communities of Anaheim, Brea, Buena Park, Chino Hills, Cowan Heights, Cypress, El Modena, Fullerton, Garden Grove, La Habra, La Mirada, La Palma, Los Alamitos, Modjeska, Modjeska Canyon, North Tustin, Orange, Placentia, Santa Ana, Silverado, Stanton, Tustin, Villa Park, and Yorba Linda.

COMMUNITY SNAPSHOT

(SOURCE: U.S. Census Bureau, American Community Survey: 2009-13 accessed through www.CHNA.org/KP except* [US Department of Labor, Bureau of Labor Statistics: January, 2015])

White	32.09%
Black/African American	1.81%
Asian	18.86%
Native American/ Alaskan Native	0.21%
Pacific Islander/ Native Hawaiian	0.38%
Some Other Race	0.15%
Multiple Races	1.87%

Hispanic/Latino	44.63%
Total Population	1,556,008
Living in Poverty (<200% FPL)	34.93%
Children in Poverty	20.99%
Unemployed*	5.8
Uninsured	20.81%
No High School Diploma	21.71%

KEY FACILITY STATISTICS

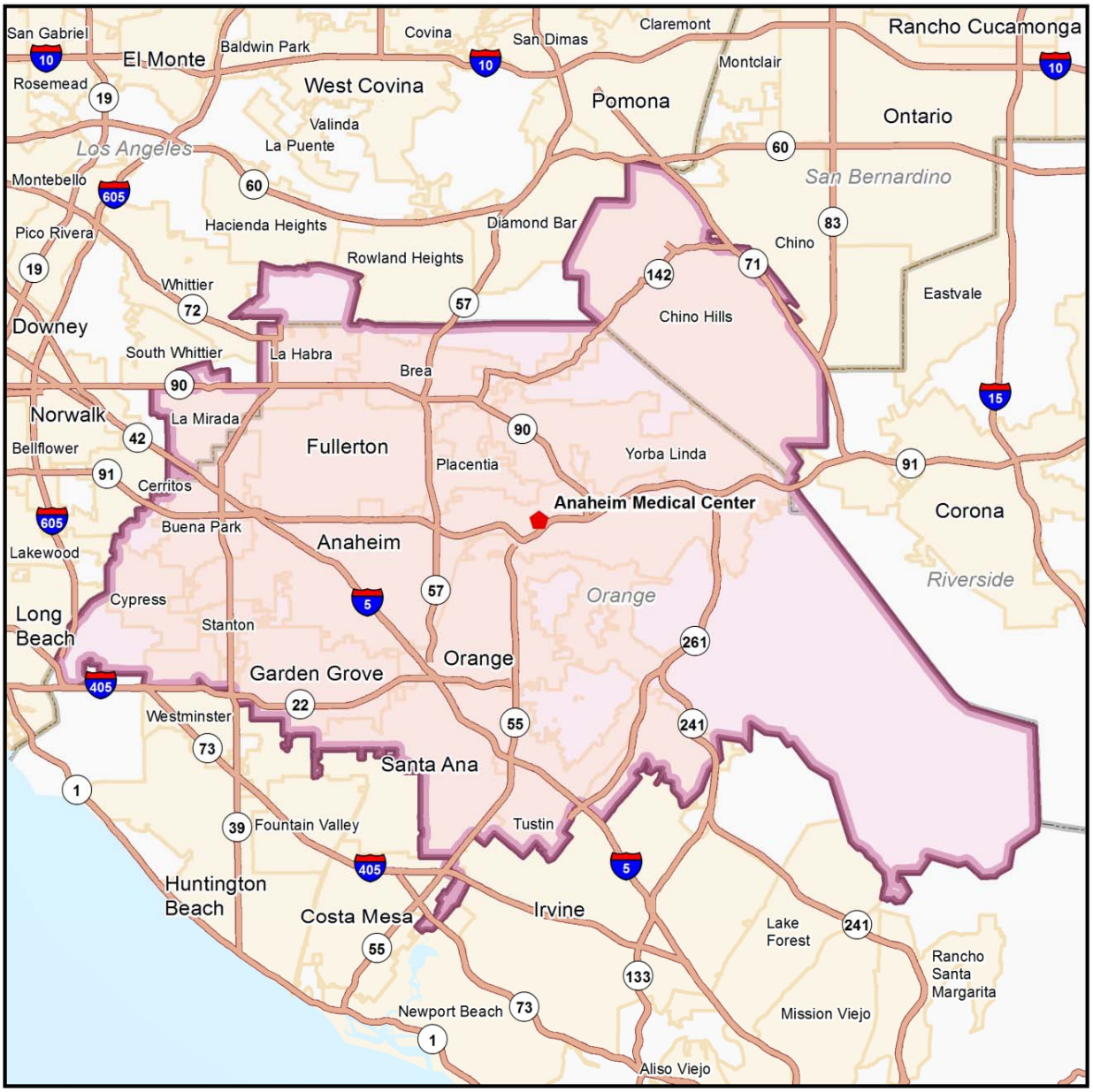
Year opened:	1974
KFH full-time equivalent personnel:	1,279
KFHP members in KFH service area:	289,589

Total licensed beds:	262
Inpatient days:	59,174
Emergency room visits:	57,057

KEY LEADERSHIP AT KFH-ANAHEIM

Mark Costa	Executive Director
Nancy Gin, MD	Area Medical Director
Karen Tejcka	Chief Administrative Officer
Marcus Hoffman	Area Chief Financial Officer
John E. Stratman, Jr.	Senior Director, Public Affairs and Brand Communications
Cheryl Vargo	Community Benefit Manager

KFH Anaheim Medical Center Area



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.

Table 1

KAISER FOUNDATION HOSPITAL-ANAHEIM

2014 Key Community Benefit Program Metrics

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

Charity Care: Medical Financial Assistance Program recipients	2,095
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Other Plan members	4,314
Medi-Cal managed care members	21,556
Community Surgery Day patients	25
Health Research projects (new, continuing, and completed)	67
Nursing Research projects (new, continuing, and completed)	8
Educational Theatre – number of performances and workshops	80
Educational Theatre – number of attendees (students and adults)	11,229
Graduate Medical Education – number of programs	10
Graduate Medical Education – number of affiliated and independent residents	110
Deloras Jones nursing scholarship recipients	8
Other health professional training and education (non-MD) beneficiaries	16
Hippocrates Circle students	32
Summer Youth and INROADS programs participants	21
Number of 2014 grants and donations made at the local and regional levels[1]	67

[1]The vast majority of regional grants impact three or more hospitals. As such, a single regional grant may be included in the "Number of 2014 grants and donations" count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-ANAHEIM

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2014

	2014 Totals
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[1]	$7,102,623
Charity care: Charitable Health Coverage programs[2]	2,089,919
Charity care: Medical Financial Assistance Program[3]	2,837,553
Grants and donations for medical services[4]	742,755
Subtotal	*$12,772,850*
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center[5]	$0
Educational Outreach Program	0
Summer Youth and INROADS programs[6]	42,030
Grants and donations for community-based programs[7]	933,206
Community Benefit administration and operations[8]	649,740
Subtotal	*$1,624,976*
Benefits for the Broader Community[9]	
Community health education and promotion programs	$82,010
Educational Theatre	317,060
Community Giving Campaign administrative expenses	13,676
Grants and donations for the broader community[10]	32,915
National board of directors fund	23,192
Subtotal	*$468,853*
Health Research, Education, and Training	
Graduate Medical Education	$2,923,029
Non-MD provider education and training programs[11]	517,831
Grants and donations for the education of health care professionals[12]	34,720
Health research	707,468
Continuing Medical Education	39
Subtotal	*$4,183,087*
Total Community Benefits Provided	$19,049,766

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 Other Plan members and unreimbursed inpatient expenditures for Kaiser Permanente Child Health Plan subsidy on a cost basis.

3 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.

4 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.

5 Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Los Angeles, KFH-West Los Angeles, and KFH-Downey.

6 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Summer Youth students hired.

7 Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the 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.

8 The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.

9 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a number of related denominators such as the number of Educational Theatre performances or health education programs.

10 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.

11 Amount reflects the net expenditures after tuition reimbursement for health professional education and training programs.

12 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-Anaheim 2013 Community Health Needs Assessment (CHNA) is posted on the internet at www.kp.org/cha (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-ANAHEIM SERVICE AREA

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

- Economic instability
- Mental health
- Substance use
- Oral health
- Obesity/overweight
- Health care access
- Cardiovascular disease
- Domestic violence
- Diabetes
- Community violence
- Teen pregnancy
- Prenatal care
- Breast cancer
- HIV/AIDS and other STDS
- Asthma

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-ANAHEIM SERVICE AREA

1. ACCESS TO CARE

   Limited access to health care impacts people's ability to reach their full potential and negatively affects their overall health and quality of life. In the KFH-Anaheim service area, 20.8% of the total civilian, non-institutionalized population lacks health insurance coverage. The percentage of uninsured in the KFH-Anaheim service area is higher than Orange County (17.4%) and California (17.9%). People who are uninsured are less likely to receive medical care, and more likely to experience poor health status and premature death. Lack of insurance in the KFH-Anaheim service area is highest among young adults, especially in the Hispanic/Latino population and among immigrants (particularly those who are undocumented).

   Barriers to health care access in the KFH-Anaheim service area include the financial cost of care, lack of affordable specialty care providers, lack of culturally competent providers who speak languages other than English, and fragmented health care systems. Geography also serves as a challenge within the KFH-Anaheim service area, as the area's transportation system leaves much to be desired and half of the population (53.9%) lives in a geographic area designated as a "Health Professional Shortage Area." In addition, there are too few providers who accept Medi-Cal, an issue that will be compounded by the influx of newly insured populations as a result of implementation of the Affordable Care Act.

   Health care reform promises new options for coverage and access to health care; however, some low-income populations, due to their immigration status, are ineligible for coverage under the new plans and others may find the required premiums beyond their reach. It's estimated that 13% of Orange County will remain uninsured after health care reform, over half of which are projected to be Hispanic/Latino. For these groups, access barriers will continue.

   As such, increasing access to appropriate and effective health care services can address a wide range of specific health needs. Achieving the goal of increased access to care requires reducing barriers to preventive screening, primary care, and specialty care by deploying a wide range of strategies encompassing programs, outreach, training, and policies.

2. ECONOMIC INSTABILITY

Poverty is a primary social determinant of health and has been linked to increased risk of chronic diseases, mental health problems, deprived child development, and premature death. Economic instability creates barriers to resources for daily living such as healthy food, safe spaces for physical activity, and health services. Indicators of poverty include lack of education, unemployment, low income, housing instability, and public program utilization.

In Orange County between 2010 and 2011, there was an overall increase in rent burden and enrollment in CalWorks, CalFresh, Medi-Cal, and the free/reduced price lunch program. In the KFH-Anaheim service area, 15.9% of children live in poverty, and 11.28% of the population lives below 100% of the FPL. The rate of poverty is highest among Hispanic/Latino populations, as well as Native American/Alaska Native, and Native Hawaiian/Pacific Islander communities.

Within the KFH-Anaheim service area, 22.9% of the population 25 and above lacks a high school diploma and 7.0% are unemployed. Barriers to affordable opportunities for education and professional training contribute to economic instability and associated health inequity.

3. MENTAL HEALTH

Good mental health plays a crucial role in the health and well-being of individuals and their communities. Mental health disorders can interfere with healthy social functioning and create significant burdens on individuals, families, and communities. The resulting burden of mental illness is among the highest of all diseases. In 2009, there was a suicide incidence of 8.4 per 100,000 people in the KFH-Anaheim service area; suicide incidence is a major indicator of mental illness. The KFH-Anaheim service area's suicide incidence has seen steady increase. In 2011, 12.4% of the adult population reported that there was a time during the past 12 months when they felt that they might need to see a professional because of problems with their mental health, emotions, nerves or use of alcohol or drugs. Mental health is closely connected to physical health and substance abuse, as mental illnesses affects one's ability to participate in health-promoting and coping behaviors.

Early detection, assessment, and treatment can help prevent mental health problems from worsening, particularly among individuals who have been exposed to violence and trauma or social isolation and stigma. However, many individuals with mental health concerns do not have access to the treatment they need based on income and lack of available services. The county's mental health program serves about 34% of Orange County residents with a serious mental health illness, leaving about two-thirds with private care or no care. Insufficient private insurance coverage for behavioral health services and insufficient availability of publicly funded treatment services are significant barriers for many who seek mental health services and supports.

Mental illness and substance abuse share many similar risk factors. Missed opportunities for early problem identification and prevention are of particular concern among older adults, as they are the fastest growing age group in Orange County. Dementia, Alzheimer's, and depression are common in this age group. Veterans and ex-offenders are two other growing populations who are significantly affected by mental illness.

4. OBESITY/OVERWEIGHT

More than half of the adults in the KFH-Anaheim service area and 41.2% of children are overweight or obese. While obesity is a problem across subgroups, rates of overweight/obesity are highest among Hispanic/Latino individuals, older adults, and lower-income families. Relative to individuals at a healthy weight, those who are overweight or obese are more likely to develop chronic disease risk factors and chronic disease (such as cardiovascular disease, diabetes and mental illness), experience complications during pregnancy, and die at an earlier age.

Lack of life-long healthy eating, active living, and weight management skills results in elevated rates of obesity/ overweight and diabetes, particularly among economically and socially vulnerable populations. Poverty is correlated with access to healthy food and safe parks for all ages.

5. Broader Health Care Delivery 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 YEAR-END RESULTS

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. For more information on how these goals, strategies, and outcomes were identified, see the "Community Benefit Plan Development" section in Chapter IV.

KFH-Anaheim 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. To track strategy implementation and to document anticipated impact, KFH-Anaheim annually monitors and evaluates the strategies outlined in its community benefit plan. Mechanisms for monitoring progress are tailored to each strategy and may include the collection and documentation of tracking measures such as number of grants made, number of dollars spent, number of people reached/served, number and role of volunteers, and number of volunteer hours. In addition, KFH-Anaheim requires grantees to propose, track, and report outcomes, including behavior and health outcomes as appropriate.

Please note that a year-end results table is included for each priority health need identified in the KFH-Anaheim community benefit plan. These tables are included to provide *highlights* of some of the strategies KFH-Anaheim implemented in 2014 to address its identified health needs and, as such, are *not* exhaustive lists.

PRIORITY HEALTH NEED I: ACCESS TO CARE

LONG-TERM GOAL

- Increase the number of Orange County residents who have access to appropriate, high-quality health care services

INTERMEDIATE GOALS

- Increased access to and capacity of the overall system of safety-net care in Orange County
- Increased access to quality, culturally competent clinical care among underserved populations
- Increased number of underserved individuals who have access to a medical home

STRATEGIES

Programs and Services

- Provide Medical Financial Assistance (MFA) by supporting Kaiser Permanente Southern California Region's charity care strategies
- Provide care to low-income children under 19 in families at or below 300% of the federal poverty level (FPL) who lack access to employer-subsidized coverage and do not qualify for public programs, pursuant to a program that provides these children with heavily subsidized health care coverage.
- Participate in government-sponsored programs for low-income individuals (i.e. Medi-Cal Managed Care and Medi-Cal Fee-For-Service)

Community Investments

- Provide grants to community-based organizations to fund new or existing programs to expand access to preventive services
- Support Kaiser Permanente's Southern California Safety Net Partnership in the provision of funds and in-kind donations to the Coalition of Orange County Community Clinics and other community clinics

Leveraging Organizational Assets

- Partner with the Community Medicine Fellow and Kaiser Permanente Family Medicine resident program to train new physicians and provide direct care and ongoing guidance to community members through the Illumination Foundation, Lestonnac Free Clinic, and Latino Health Access Diabetes Self-Management Program
- Improve internal volunteer infrastructure to expand opportunities for Kaiser Permanente physician volunteers at community clinics
- Fill gaps in community clinic capacity by maintaining provision of community access programs (e.g., Surgery Day and Pathology Reading Program)
- Participate in Kaiser Permanente Southern California Region's Building Clinic Capacity for Quality (BCCQ) efforts in planning, executing and/or augmenting quality-focused adoption of health information technology (HIT)
- Expand symposium access to community clinic staff
- Support the long-term initiative focused on partnering with a federally qualified health center (FQHC)

EXPECTED OUTCOMES

- Increased access to and utilization of primary and preventive care by low-income individuals
- Increased capacity of community clinics to maintain core operating and programmatic services
- Increased use of HIT at community clinics to improve coordination and delivery of patient care
- Improved capacity of community clinic staff to implement best practices for better patient care
- Improved integration of mental and behavioral health services in the primary care setting
- Increased access to Kaiser Permanente services by low-income and previously uninsured populations

2014 YEAR-END RESULTS

Grant Highlights			
Grantee	Grant Amount	Brief Project Description	Results to Date
Illumination Foundation	$20,000	The Neighborhood Clinic will provide free medical care, mental health, vision, and social services to homeless and unstably housed families and individuals throughout Orange County.	Serve 400 patients through outreach events and maintain follow-up care at the clinic so that 50% designate the clinic as their medical home. IF will also provide 500 eye exams and make referrals for additional exams and glasses, as needed.
Susan G. Komen Breast Cancer Foundation	$10,000	Engage, educate and link uninsured rarely, or never-screened, Latinas living in Anaheim, La Habra and Santa Ana to breast health care services.	To date 4,862 Latinas have received breast health education and 592 have been linked to mammography screening.
AccessOC Southern California	$10,000	Through care coordination, AccessOC's Outpatient Surgery Program connects underserved patients to essential specialty care services, up to and including outpatient surgery and other clinical procedures.	At least 400 individuals will receive care coordination that will ultimately increase access to and integration of specialty care. To date 199 patients have received care coordination.
Coalition of Orange County Community Clinics (COCCC)	$150,000 (DAF)	This grant provides funding for (COCCC's core operations and quality improvement initiatives.	COCCC has conducted a survey of the 12 FQHCs in its membership and based on the results, has compiled a list of 21

			projected consultants to broker services to its members across multiple disciplines and areas of needs. From January to September 2014, staff provided education/informational sessions to 460 individuals, assisted 368 former members of the county's Medical Services Initiative program and completed more than 1,000 applications for health coverage. COCCC continues its Coverage2Care initiative and has pursued additional funding to support the effort. COCCC along with six of its health center members responded and was awarded a grant to conduct this work.
St. Jeanne de Lestonnac Free Clinic	$50,000 (DAF)[1]	Support for a specialty care program designed to provide indigent Orange County residents with access to health care specialists by increasing inbound referrals; dedicating a full-time employee and retaining physician volunteers.	LFC will increase the number of community clinics, hospitals and non-profits who refer specialty care patients to Lestonnac Free Clinic. In addition, LFC will fund a full-time position for specialty care personnel to increase the number of patients it can serve.

Non-Financial Highlights		
Beneficiary	Description of Non-Financial Contribution	Results to Date
Lestonnac Free Clinic	Karina Melgar, MD, Community Medicine Fellow (CMF), and KFH-Anaheim Family Medicine residents see patients at Lestonnac Free Clinic in Orange.	Each month, Dr. Melgar sees an average of 150 patients; many directly referred from emergency rooms. This is an ongoing pilot project of the clinic and includes various hospital systems in the county.
AccessOC Southern California	At Anaheim SurgiCenter, 75 KFH-Anaheim physicians and employees came together to provide free, low-risk outpatient surgeries and colonoscopy screenings for people living in Orange County.	Thirteen Orange County residents received low-risk outpatient surgeries and 12 received colonoscopy screenings. Patient identification, eligibility screening and care coordination was performed by AccessOC.

Collaboration/Partnership Highlights		
Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
Student-Run Free Clinic Project	Launched in December, 2014, this clinic is a collaboration with Karina Melgar, MD CMF, Lestonnac Free Clinic and UCI School of Medicine medical students and UCI undergraduates.	Clinic is open from 8am to 1pm on Saturdays and is located in Garden Grove. To date, 16 patients have been seen.
Health Funders Partnership of Orange County's Health and Wellness Committee	The goal of the partnership is to support local community health centers with health and wellness programs including an introduction to, and training in, Integrative Medicine.	Various consultants have been identified to manage the project, overseen by the partnership. Four clinic sites have been identified to roll out the systems change by adopting Integrative Medicine into their practice.

[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 2014 (Tables A, B and 2).

2015 GOALS UPDATE

The goals will remain unchanged for 2015.

2015 STRATEGIES UPDATE

The strategies will remain unchanged for 2015.

PRIORITY HEALTH NEED II: ECONOMIC INSTABILITY

LONG-TERM GOALS

- Reduce health inequity by ensuring more residents have an equal opportunity to reach their full potential
- Relieve burden of poverty by decreasing food insecurity and associated health risk factors among vulnerable populations
- Prevent homelessness and improve access to affordable housing among low-income individuals

INTERMEDIATE GOALS

- Increased educational attainment and training opportunities among underserved populations
- Increased awareness and utilization of existing food assistance resources among low-income individuals
- Maintain and expand availability of existing resources for individuals in crisis relying on short-term housing solutions

STRATEGIES

Programs and Services

- Maintain and expand existing Kaiser Permanente workforce development and youth pipeline programs (e.g. Summer Youth)

Community Investments

- Partner with an educational institution(e.g. Cal State Fullerton) to provide scholarships to underserved students pursuing science, technology, engineering and mathematics (STEM) degrees
- Provide funds for early childhood education programs to increase capacity, affordability, and quality
- Provide funds for career pathway and bridge programs for low-skill adults and veterans
- Provide funds to community-based food distribution programs to increase access and the capacity to serve home-bound individuals
- Provide funds to community-based shelters and service providers to provide/expand emergency housing services

Leveraging Organizational Assets

- Partner with a physician champion to educate community clinic staff about food assistance resources and their health benefits
- Kaiser Permanente employees donate time and organizational expertise to food assistance programs
- Community Benefit staff participate in and support Implementation Groups associated with Orange County Commission to End Homelessness

Collaboration and Partnerships

- Community Benefit staff participate in and support Implementation Groups associated with Orange County Commission to End Homelessness

EXPECTED OUTCOMES

- Increased number of individuals who enter STEM professions
- Increased number of students who have access to quality early childhood education
- Increased access to post-secondary education and professional training opportunities among unemployed and underemployed adults
- Increased education and outreach regarding food assistance programs (e.g., CalFresh and Women, Infants and Children [WIC]) at community clinics
- Increased access to food resources for low-income individuals and people with transportation barriers
- Increased identification and provision of supportive services to families at risk of homelessness
- Increased access to affordable, permanent housing to underserved individuals

2014 YEAR-END RESULTS

Grant Highlights			
Grantee	Grant Amount	Brief Project Description	Results to Date
Taller San Jose	$15,000	Funding will support Taller San Jose's Medical Careers Academy, which recruits low-income youth with low basic skills who are disconnected from the workforce and puts them on a path to livable wage careers in the allied health industry.	The Medical Careers Academy serves 120 youth to increase their workforce preparedness, improve life stability, and increase economic stability, resulting in the youth attaining employment and increasing their basic skills by a minimum of one grade level.
Community SeniorServ	$10,000	Meals on Wheels program that provides homebound older adults, who are unable to shop or cook, with meals and support services to help maintain health and independence.	The program aims to serve 1,300 seniors. Expected outcomes include reduced hospitalizations by 30% and length of stay reduction of 60% if they are hospitalized. In addition, participants will demonstrate a 20% increase in their sense of well-being.
Mercy House Living Centers	$15,000	With the assistance of a housing advocate and Mercy House's Rapid Re-Housing Program, homeless clients in Orange County will receive housing advocacy and stability services.	Mercy House will place 200 homeless individuals into permanent housing; 90% of households placed into housing will maintain their housing stability for one year and be screened for and connected to applicable mainstream benefits such as Cal Fresh and medical insurance.
Serve the People (STP)	$15,000	STP will enhance access to care at STP's Food Pantry Healthcare Station with new health education programs and improved point-of-care diagnostic screening and testing for diabetes and hypertension	The pantry collected 949,081 pounds of food that was distributed to 22,608 low-income, food-insecure individuals. The health care station will provide health screenings, including 5,000 blood pressure screenings and 864 diabetes blood tests for new food pantry recipients who are uninsured. STP diagnosed 115 clients with chronic ailments and referred them to the onsite Community Health Center for care.

California Association of Food Banks (CAFB) (20639674)	$80,000 (DAF)	Distribute fresh produce to low-income people in Southern California, support improvements to access and utilization of federal food assistance programs, and provide technical assistance to Southern California food banks.	CAFB will help provide fresh fruits and vegetables to 2,000,000 low-income people statewide over one year.
Non-Financial Highlights			
Beneficiary	Description of Non-Financial Contribution		Results to Date
Orange County Food Bank	Food Drive during the month of December		762 pounds of food were collected during our December Healthy Food drive.
Collaboration/Partnership Highlights			
Organization/Collaborative Name	Collaborative/Partnership Goal		Results to Date
Anaheim Union High School District (AUHSD)	A pilot mentor program, Partnership for the 21st Century (P21), launched during the summer of 2014. Partners in the P21 program included AUHSD, City of Anaheim, KFH-Anaheim and Cal State Fullerton's GEAR UP program.		The mentor program ran for six weeks, providing an inside view of the healthcare industry and how to prepare for a career. Over the summer, 40 managers were matched with 40 high school students attending high school in the Anaheim Union High School District.
Waste Not OC Coalition	This Food Recovery Pilot Project launched in November 2014 in collaboration with the Orange County Health Care Agency, Waste Not OC Coalition and Food Finders.		To date, 292 pounds of food have been recovered from our KFH-Anaheim Medical Center facility which is the equivalent of 243 meals.

2015 Goals Update

The goals will remain unchanged for 2015.

2015 Strategies Update

The strategies will remain unchanged for 2015.

PRIORITY HEALTH NEED III: MENTAL HEALTH

Long-term Goals

- Prevent and treat mental illness and associated substance abuse among vulnerable populations in Orange County
- Minimize the risk of mental illness and initiation of controlled substance use
- Prevent and treat mental illness and associated substance abuse among those exposed to violence or trauma

Intermediate Goals

- Improved detection and management of mental health symptoms among elderly adults
- Improved social supports and connection to community-based mental health services for members of the lesbian, gay, bisexual, transgender, and questioning (LGBTQ) population experiencing mental health disorders
- Strengthen the resilience of youth in the context of their family and learning environments
- Decreased risk for prescription drug addiction as an increased number of community clinic patients access appropriate pain treatment

- Reduce the harmful mental health impacts of violence and trauma among victims of domestic violence and child maltreatment as well as veterans and the formerly incarcerated

STRATEGIES

Community Investments

- Provide funds and space to expand ongoing, free-of-charge parenting education (e.g., Child Abuse Prevention Center of Orange County)
- Provide funds to school-based clinics to build capacity and increase number of schools served
- Provide funds to increase access to school-based substance-abuse prevention education (e.g., Drug Use is Life Abuse)
- Provide funds to community-based groups to support families in trauma (e.g., Trauma Intervention Program of O.C.)
- Provide funds to community-based organizations to provide individual and group cognitive-behavioral therapy
- Provide funds to community-based organizations to build capacity of and outreach related to behavioral health services for members of the LGBTQ community

Leveraging Organizational Assets

- Partner with Kaiser Permanente Depression Care Management team to provide support and expertise to community clinic staff
- Connect Kaiser Permanente physician champion to community clinic staff to advocate for evidence-based prescription protocols and medication alternatives
- Kaiser Permanente employees donate time and organizational expertise through board placements on community-based organizations focused on domestic violence services
- Connect physician champions to clinic staff to disseminate best practices
- Provide clinics with Kaiser Permanente health education materials focused on mental health

Collaboration and Partnerships

- Partner with community-based organizations to address physician outreach and education
- Partner with Council on Aging to provide educational courses and support groups for elderly adults and their caregivers on Kaiser Permanente campuses
- Partner with Orange County Department of Education to provide teachers with training that builds capacity for positive behavioral interventions

EXPECTED OUTCOMES

- Increased access to screening and early interventions for Alzheimer's and related dementias
- Increased social supports and connection to community-based services for elderly adults diagnosed with dementia and depression as well as their caregivers
- Increased screening and treatment for depressed elderly adults with concurrent alcohol and substance abuse issues
- Increased access to resources and support for LGBTQ residents suffering from poor mental or emotional health
- Enhanced parental capacity for nurturing and family management
- Increased number of supportive, pro-social classroom environments
- Increased access to mental health care at school-based clinics
- Decreased number of youth who initiate use of alcohol or controlled substances
- Increased number of community clinics adhere to national standards for prescription of pain medication
- Increased access to intervention and support services for victims of domestic violence

- Increased capacity of community clinics for patient population management through accurate diagnosis and promotion of mental health behaviors
- Increased resilience and coping capacity of individuals with physiological symptoms associated with exposure to traumatic events

2014 YEAR-END RESULTS

Grant Highlights			
Grantee	Grant Amount	Brief Project Description	Results to Date
Council on Aging Orange County	$15,000	The Friendly Visitor Program offers field-tested prevention and early intervention services to improve the mental health condition and the quality of life of older and disabled adults in Orange County.	The program reaches a minimum of 200 individuals who will be assigned a volunteer to enhance their safety network and to connect them with linkages to mental health and healthcare services.
Garden Grove Drug Free Coalition	$15,000	The Garden Grove Mental Wellness Collaborative goal is to reduce substance abuse and mental illness by providing low-income residents with counseling and education.	Expected outcomes are to serve 400 individuals through youth/adult educational workshops on substance abuse and through family resource centers.
Gay and Lesbian Community Services Center of Orange County	$20,000	The Center's mental health services provide free or low-cost outreach, consultation, psychotherapy, group therapy, and referrals in a variety of languages to LGBTQ residents, their friends and families, as well as the general public.	The program is expected to provide 450 individuals with more than 4,500 counseling sessions. Additionally, it will provide 22 marriage and family therapist interns with supervision and fund six healthcare provider trainings on mental health.
A. Milton Miller Memorial Fund (dba Disability Rights Legal Center)	$25,000 (DAF)	Present educational seminars, distribute information, and provide telephone assistance on accessing health care and addressing cancer-related legal issues for low-income or uninsured individuals, caregivers, and healthcare professionals.	During 2015, this support will help provide 300 people coping with cancer with educational seminars on accessing healthcare and addressing legal issues. Additionally, the telephone assistance line will provide one-on-one counseling to 300 individuals, and an awareness campaign will reach 800 low-income or uninsured individuals.

Non-Financial Highlights		
Beneficiary	Description of Non-Financial Contribution	Results to Date
Caregiver Resource Center	Provide KP facility space for free educational courses and support groups for elderly adults and their caregivers at no charge to the Caregiver Resource Center.	In April - September 2014, eight classes were held at the KFH-Anaheim Kraemer Medical Office Building with 10 people in attendance at each class for a total of 80 participants. Biweekly support caregiver groups were held, reaching 144 individuals.

Collaboration/Partnership Highlights		
Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date

Orange County Women's Health Project (OCWHP)	Eshilian Oates, MD and Cheryl Vargo are members of the Health and Domestic Violence Taskforce. The collaborative is addressing the lack of integration between the local healthcare sector and the social, shelter, legal, law enforcement and other services that support domestic violence victims and their families in Orange County.	The taskforce conducted a needs assessment, scanned the literature and evaluated different approaches to integrating services to reduce the health impacts of domestic violence. In September 2014 the taskforce was awarded a significant grant for the OCWHP to oversee the implementation of a countywide, integrated and collaborative Health and Domestic Violence (HDV) system in Orange County.
National Prescription Drug Take-Back Day	Orange County Pharmacy Operations teamed up with Anaheim Police Department and the Drug Enforcement Agency to host collections at Kraemer Medical Office Building.	The event was a huge success with 610 pounds of prescription drugs collected for disposal.

2015 GOALS UPDATE

The goals will remain unchanged for 2015.

2015 STRATEGIES UPDATE

The strategies will remain unchanged for 2015.

PRIORITY HEALTH NEED IV: OBESITY/OVERWEIGHT PREVENTION

LONG-TERM GOALS

- Reduce obesity/overweight among vulnerable Orange County residents

INTERMEDIATE GOALS

- Increase healthy eating among youth and economically vulnerable residents
- Increase active living among youth and economically vulnerable residents
- Improve weight management skills for overweight/obese and diabetic patients

STRATEGIES

Programs and Services

- Partner with Kaiser Permanente Educational Theatre (KPET) to inspire healthier choices

Community Investments

- Implement Healthy Eating Active Living (HEAL) Zone schools and community organizations to address access to and availability of fresh fruits and vegetables
- Partner with Alliance for a Healthy Orange County to provide community-based organizations funds for breastfeeding supportive services
- Provide grants to food banks, pantries, and soup kitchens to expand access to fresh produce among elderly and low-income residents
- Provide grants to community organizations to expand and promote Supplemental Nutrition Assistance Program (SNAP) access at farmers markets
- Provide grants to community organizations to expand and promote after-school activity opportunities

- Provide funds to Orange County Department of Education's Center for Healthy Kids & Schools to expand school-based opportunities for physical activity
- Through the Regional Fit Cities Initiative, provide funds to cities and community outreach efforts to strategically incorporate health into city planning processes

Leveraging Organizational Assets

- Connect HEAL Zone physician champions to school boards to advocate for school food policies with strong nutritional standards (e.g., minimize availability of sugar-sweetened drinks)
- Continue to offer our farmer's market program on the hospital campus to provide access to largely locally produced fresh fruits and vegetables and to educate the public on the benefits of healthy eating and active living.
- Partner with Pediatric Weight Management Team to provide presentations focused on childhood obesity prevention in schools and community settings
- Through the Kaiser Permanente Care Management Institute, provide community clinics with breastfeeding support implementation toolkits
- Partner with the Perinatal Education staff to provide Kaiser Permanente Breastfeeding with Success classes conducted by certified lactation educators for the community (e.g., Babies "R" Us)
- Partner with Community Medicine Fellow to provide direct care and guidance for overweight/obese and diabetic patients at community clinics
- Partner with Kaiser Permanente Family Medicine residents to provide diabetes self-management skills to community clinic patients.

Collaboration and Partnerships

- Through Alliance for a Healthy Orange County, Community Benefit staff builds support for active transportation and participation in HEAL or Let's Move campaigns
- Community Benefit staff provide time and organizational expertise to Orange County Food Access Coalition

EXPECTED OUTCOMES

- Increase access to healthy food choices on school campuses and in community settings
- Decreased access to unhealthy food options in schools
- Increased food literacy and awareness regarding life-long nutrition and healthy eating among youth and their families
- Increased awareness of the long-term protective effects of exclusive breastfeeding on obesity and diabetes risk among new and expectant mothers
- Improved nutritional quality of food available through food assistance programs
- Increased availability of after-school physical activity opportunities
- Orange County's built environment is enhanced to encourage active transportation and physical activity in low-income areas
- Increased availability of weight management services for overweight/obese residents in community clinics

2014 YEAR-END RESULTS

Grant Highlights			
Grantee	Grant Amount	Brief Project Description	Results to Date
MOMS Orange County	$15,000	As part of its maternal and child obesity prevention efforts, MOMS Orange County provides breastfeeding promotion to low-	The program will provide in-home breastfeeding education and support for 2,400 mothers. To date MOMS has provided 51 breastfeeding group classes,

		income mothers through in-home education and support, breastfeeding classes, and support groups	16 support group sessions, and 311 phone consultations.
Tiger Woods Foundation, Inc.	$10,000	The Fit Plan arms low-income and minority youth with both the knowledge and the practical skills needed to prevent obesity.	The program will reach 250 youth to educate them on the importance of diet and exercise to prevent obesity and obesity-related diseases. In addition, 200 educators from other youth serving organizations will be trained to increase impact through program replication.
Kidworks Community Development Corporation	$15,000	KidWorks promotes health by increasing opportunities for families to practice healthy eating/physical activity and leads public health advocacy efforts in Santa Ana.	KidWorks will provide nutritious snacks and meals to 350 children enrolled in its preschool and afterschool programs. In addition, it will provide health and nutrition education workshops for children and parents and conduct regular outreach to increase participation in community garden and compost activities.
Community Partners	$350,000 (DAF)	Provide technical assistance and strategic support for coalition building, resident engagement, and leadership through peer-to-pear learning, webinars, and teleconferences for HEAL Zone and partnership grant communities.	Community Partners will provide technical assistance and strategic support to ten HEAL cities for grantees, their partners, and resident/youth leaders.to apply the knowledge, skills, and competencies to successfully implement their HEAL Community Action Plan strategies.
Young Men's Christian Association (YMCA) of Anaheim	$300,000 (DAF)	Adopt a revised school policy to increase opportunities for physical activity in schools, improve access to fruits and vegetables, improve street crossings and bike lanes, and implement a healthy activity voucher program with local clinics for classes offered at local parks.	YMCA of Anaheim will reach 13,124 youth, parents, and community members through improved and increased access to physical activity and healthy food and beverages.

Non-Financial Highlights		
Beneficiary	Description of Non-Financial Contribution	Results to Date
Anaheim HEAL Zone	Karina Melgar, MD Community Medicine Fellow has consulted with the Anaheim HEAL Zone regarding their clinic strategy.	Dr. Melgar is piloting healthy prescriptions in her clinic and helping to refine the prescription as well as connect the HEAL Zone with clinic closest to their residents.
MOMS Orange County	Board membership	Debbie Dannemeyer from KFH-Anaheim serves on the Board of Directors for MOMS Orange County

Collaboration/Partnership Highlights		
Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date

Orange County Health Planning and Advisory Committee	This collaborative of universities, nonprofit organizations, hospital systems and the county worked together on the mission, vision, process, indicators, and selection of health indicators.	A governing board has been established for the Health Improvement Partnership of Orange County. Four health indicators were selected by the collaborative to address as a result of the assessment: obesity and diabetes, infant and child health, behavioral health, and older adult health.

2015 Goals Update

The goals will remain unchanged for 2015.

2015 Strategies Update

The strategies will remain unchanged for 2015.

PRIORITY HEALTH NEED V: WORKFORCE

Long-term Goal

- To address health care workforce shortages and cultural and linguistic disparities in the health care workforce

Intermediate Goal

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

Strategies

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

2014 Year-End Results

Grant Highlights			
Grantee	Grant Amount	Brief Project Description	Results to Date
California Institute for Nursing and Health Care (CINHC)	$100,000 (DAF)	To provide expert technical assistance to registered nursing programs at California state universities (CSUs) and their identified California community college (CCC) partners in Southern California. It will also help schools implement an associate degree to a bachelor of science in nursing pathway, facilitating fast tracking and efficient implementation of the California Collaborative Model of Nursing Education (CCMNE).	CINHC will facilitate engagement and partnership to develop, implement, and sustain the CCMNE across all 10 CSU's and respective CCC's. CINHC will engage interested private universities and colleges within the region, including deans, directors, and faculty. Lastly, CINHC will conduct a curriculum review, mapping process, and development of integrated pathways based on prior success strategies that are consistent with evidence based models.
George Washington University (GWU)	$25,000	This grant is for GWU's School of Public Health to develop programs that aim to raise social mission and health policy knowledge in medical education.	GWU will develop a national faculty fellowship in the social mission of medical education for rising medical school faculty to prepare them to teach social mission fundamentals.

2015 Goals Update

The goals will remain unchanged for 2015.

2015 Strategies Update

The strategies will remain unchanged for 2015.

PRIORITY HEALTH NEED VI: RESEARCH

Long-term Goal

- To 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

- Improve health care delivery in community clinics and public hospitals
- Improve health outcomes in diverse populations disproportionally impacted by heath disparities
- Increase the availability of research and publications to inform clinical practices and guidelines

2014 YEAR-END RESULTS

Collaboration/Partnership Highlights		
Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
Individuals and organizations in the health care and medical community.	Kaiser Permanente Southern California Region's Department of Research and Evaluation works closely with national and regional research institutions and universities to provide high-quality health research that is disseminated to contribute to the knowledge and practice of health care and medicine.	In the KFH-Anaheim service area, 67 research projects were active in 2014.
Individuals and organizations in the health care and medical community.	Kaiser Permanente Southern California Region's Nursing Research Program provides administrative and technical support for nurses to conduct, publish and disseminate research studies and evidence based practice projects that improve patient care and practices as well as contribute to the knowledge base on nursing.	In the KFH-Anaheim service area, eight research projects were active as of year-end 2014.

2015 GOALS UPDATE

The goals will remain unchanged for 2015.

2015 STRATEGIES UPDATE

The strategies will remain unchanged for 2015.