



Kaiser Foundation Hospital – Southern California Region

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

LOS ANGELES



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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 Peasnell, 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). KFHP 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, KFHP spent a total of \$503,577,573 on unreimbursed medical care for vulnerable populations.

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

MEDI-CAL

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

- **Medi-Cal Managed Care:** KFHP provides comprehensive inpatient and outpatient care to Medi-Cal managed care members in California through various local and state government entities. In Northern California, the local initiatives and county-organized systems are Alameda Alliance, Contra Costa Health Plan, SF Health Plan, Santa Clara Family Health Plan, Partnership Health Plan of CA, Health Plan of San Mateo, Health Plan of San Joaquin, and CalViva Health. In Southern California, KFHP subcontracts with local initiatives in Los Angeles, Riverside, San Bernardino, Ventura, and Orange counties, and contracts directly with the state of California through the Geographic Managed Care Plan in San Diego County. In 2014, KFHP/H provided comprehensive inpatient and outpatient care to approximately 471,569 Medi-Cal managed care members.
- **Medi-Cal Fee-For-Service:** KFHP provides subsidized health care on a fee-for-service basis for Medi-Cal beneficiaries not enrolled as KFHP members. Reimbursement for some services usually is significantly below the cost of care and is considered subsidized care to non-member Medi-Cal fee-for-service patients.

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 through community service, clinical volunteerism, leadership, or research. Scholarship recipients participate in clinical rotations at Kaiser Permanente facilities to observe SCPMG how physicians deliver culturally responsive care.

NURSING EDUCATION AND TRAINING

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

KAISER PERMANENTE SCHOOL OF ANESTHESIA FOR NURSES

Founded in 1972, the school provides graduate-level education for nurse anesthetists. In partnership with California State University, Fullerton, the school offers a two-year sequential academic and clinical graduate program for nurses with a

baccalaureate degree. Students earn a master of science in nursing with a clinical specialty in anesthesia. In 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
<i>Subtotal</i>	<i>\$553,820,294</i>
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
<i>Subtotal</i>	<i>\$49,460,777</i>
Benefits for the Broader Community⁹	
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
<i>Subtotal</i>	<i>\$13,534,802</i>
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
<i>Subtotal</i>	<i>\$113,438,221</i>
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		SOUTHERN CALIFORNIA HOSPITALS	
Antioch	\$15,307,183	Anaheim	\$19,049,766
Fremont	7,778,140	Baldwin Park	20,793,103
Fresno	15,079,667	Downey	32,440,702
Manteca	13,244,563	Fontana	32,502,429
Modesto	9,200,919	Irvine	8,376,896
Oakland	35,856,473	Los Angeles	45,229,057
Redwood City	7,638,605	Moreno Valley	12,137,788
Richmond	18,177,312	Ontario	15,529,302
Roseville	23,002,697	Panorama City	23,161,450
Sacramento	37,122,845	Riverside	18,775,023
San Francisco	26,325,306	San Diego	31,986,110
San Jose	16,385,403	South Bay	20,389,865
San Leandro	27,639,811	West Los Angeles	27,902,162
San Rafael	9,486,971	Woodland Hills	15,296,132
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 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)-LOS ANGELES

4841 Hollywood Boulevard
 Los Angeles, CA 90027
 (323) 783-4453

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	28.11%
Black/African American	4.02%
Asian	18.51%
Native American/ Alaskan Native	0.16%
Pacific Islander/ Native Hawaiian	0.16%
Some Other Race	0.27%
Multiple Races	1.67%

Hispanic/Latino	47.09%
Total Population	2,092,522
Living in Poverty (<200% FPL)	45.42%
Children in Poverty	29.86%
Unemployed*	9
Uninsured	26.4%
No High School Diploma	25.71%

KEY FACILITY STATISTICS

Year opened:	1953
KFH full-time equivalent personnel:	2,493
KFHP members in KFH service area:	286,473

Total licensed beds:	528
Inpatient days:	134,864
Emergency room visits:	66,365

KEY LEADERSHIP AT KFH-LOS ANGELES

William Grice	Executive Director
Derek Berz	Chief Operating Officer
Bradley Malsed	Area Chief Financial Officer
Michael Tome, MD	Area Medical Director
William Grice	Chief Administrative Officer
Catherine Farrell	Director, Public Affairs and Brand Communications
Mario Ceballos	Community Benefit Health Manager

KFH Los Angeles Medical Center Area



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

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



The KFH-Los Angeles service area includes Alhambra, Altadena, Arcadia, Burbank, Glendale, La C nada Flintridge, La Crescenta, Los Angeles, Monrovia, Monterey Park, Montrose, Pasadena, San Gabriel, San Marino, Sierra Madre, South Pasadena, and West Hollywood (East). Communities include Atwater, Boyle Heights, Chinatown, City Terrace, Downtown, Eagle Rock, East Los Angeles, Echo Park, El Sereno, Glassell Park, Hancock Park, Highland Park, Hollywood, Hollywood Hills, Laurel Canyon, Los Feliz, Montecito Heights, and Silverlake.

Table 1

KAISER FOUNDATION HOSPITAL-LOS ANGELES

2014 Key Community Benefit Program Metrics

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

Charity Care: Medical Financial Assistance Program recipients	7,507
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Other Plan members	3,344
Medi-Cal managed care members	16,173
Health Research projects (new, continuing, and completed)	475
Nursing Research projects (new, continuing, and completed)	23
Educational Theatre – number of performances and workshops	159
Educational Theatre – number of attendees (students and adults)	23,864
Graduate Medical Education – number of programs	24
Graduate Medical Education – number of affiliated and independent residents	282
Deloras Jones nursing scholarship recipients	18
Other health professional training and education (non-MD) beneficiaries	36
Hippocrates Circle students	55
Summer Youth and INROADS programs participants	102
Community Learning Program – Watts Counseling and Learning Center beneficiaries	411
Number of 2014 grants and donations made at the local and regional levels ¹	186

¹The 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-LOS ANGELES

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2014

	2014 Totals
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$12,161,360
Charity care: Charitable Health Coverage programs ²	1,575,514
Charity care: Medical Financial Assistance Program ³	7,272,374
Grants and donations for medical services ⁴	821,736
Subtotal	\$21,830,984
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁵	\$1,038,574
Educational Outreach Program	0
Summer Youth and INROADS programs ⁶	465,475
Grants and donations for community-based programs ⁷	945,132
Community Benefit administration and operations ⁸	642,698
Subtotal	\$3,091,879
Benefits for the Broader Community⁹	
Community health education and promotion programs	\$81,122
Educational Theatre	630,157
Community Giving Campaign administrative expenses	13,528
Grants and donations for the broader community ¹⁰	30,047
National board of directors fund	22,940
Subtotal	\$777,794
Health Research, Education, and Training	
Graduate Medical Education	\$17,495,242
Non-MD provider education and training programs ¹¹	1,321,233
Grants and donations for the education of health care professionals ¹²	12,088
Health research	699,800
Continuing Medical Education	38
Subtotal	\$19,528,401
Total Community Benefits Provided	\$45,229,057

TABLE 2 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-Antioch 2013 Community Health Needs Assessment (CHNA) is posted on the internet at www.kp.org/chna (the [Kaiser Permanente Share Site](#)). A detailed explanation of the CHNA process is included in the introductory section (Chapter IV) of the full SB 697 report.

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

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

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

HEALTH NEEDS THAT KFH-LOS ANGELES PLANS TO ADDRESS

1. ACCESS TO HEALTH CARE PROGRAMS AND SERVICES FOR THE UN/UNDERINSURED AND AT-RISK POPULATIONS

Lack of insurance is a key barrier to health care access. With implementation of the Affordable Care Act in January 2014, a significant number of individuals who are currently uninsured will have new options for coverage and access to health care. However, access barriers will persist for some low-income populations, particularly those for whom the cost of premiums is beyond their reach or they are ineligible due to immigration or documentation status. Even with insurance, for some populations – those with Medicare, Medi-Cal, etc. and individuals with geographic or language barriers – access is not guaranteed. Access to health care impacts overall physical, social, and mental health status, the prevention of disease and disability, early detection and treatment of health conditions, quality of life, preventable death, and life expectancy.

In the KFH-Los Angeles service area, a larger percentage of the population (27.9%) did not have health insurance when compared to Los Angeles County (22.6%) and the discharge rate per 10,000 persons for preventable hospital events was much higher (108.6) when compared to California (83.2).

In the prioritization process, access to care was not identified as a priority need through the selection process described above. Access to care was identified as a driver of health and not a health need per se. However, KFH-Los Angeles recognizes that access to care is an area of need in its medical center service area and therefore decided to adopt it as a priority need.

2. ACCESS TO PROGRAMS AND SERVICES FOCUSING ON THE PREVENTION AND MANAGEMENT OF OBESITY/OVERWEIGHT AND DIABETES AMONG YOUTH (UNDER THE AGE OF 18)

The prevalence of obesity/overweight and diabetes was identified as a key need in the KFH-Los Angeles service area, specifically related to youth under age 18. Obesity reduces life expectancy and causes devastating and costly health problems, increasing the risk of coronary heart disease, stroke, high blood pressure, diabetes, and other chronic diseases. Diabetes lowers life expectancy by up to 15 years, increases the risk of heart disease by two to four times, and is the leading cause of kidney failure, lower-limb amputations, and adult-onset blindness. A diabetes diagnosis can also indicate an unhealthy lifestyle, a risk factor for further health issues. The diabetes prevalence rate in the service area is 18.5% compared to the Los Angeles County rate of 10.5%. Further, the uncontrolled diabetes hospitalization rate of 17.7 adults per 100,000 persons is nearly twice the county rate of 9.5 per 100,000 persons. Developing an unhealthy lifestyle as a young person leads to further complications later in life. In the KFH-Los Angeles service area a larger percentage of youth is physically inactive (41.9%) when compared to the statewide rate (37.5%). The portion of youth in the KFH-Los Angeles service area who are obese is higher (33.4%) when compared to the statewide (29.8%), as is the number of youth who are overweight (14.5% and 14.3% respectively).

3. ACCESS TO PROGRAMS AND SERVICES FOCUSING ON THE PREVENTION AND MANAGEMENT OF HYPERTENSION, CHOLESTEROL, AND CARDIOVASCULAR DISEASE AMONG ADULTS (AGE 18 AND OVER)

The prevalence of chronic conditions was identified as a key need in the KFH-Los Angeles service area, specifically related to hypertension, cholesterol, and cardiovascular disease among adults 18 and over. Cardiovascular disease encompasses and/or is closely linked to a number of health conditions, including arrhythmia, atrial fibrillation, cardiac arrest, cardiac rehab, cardiomyopathy, cholesterol, congenital heart effects, diabetes, heart attack, heart failure, high blood pressure, HIV, metabolic syndrome, pericarditis, peripheral artery disease (PAD), and stroke.

In the KFH-Los Angeles service area, the incidence rate for hypertension was higher (27.4%) when compared to the county rate (25.5%). Hospitalization rates resulting from heart disease per 100,000 persons were higher in the service area (379.7) when compared to the county rate (367.1). And the cardiovascular disease mortality rate per 10,000 adults was slightly higher in the service area (15.7) when compared to the county rate (15.6).

4. ACCESS TO PROGRAMS AND SERVICES FOCUSING ON THE EARLY DETECTION, PREVENTION, AND MANAGEMENT OF MENTAL HEALTH ILLNESS AMONG THE UN/UNDERINSURED AND AT-RISK POPULATIONS

Good mental health is essential to the overall health and wellbeing of individuals and their communities. Untreated disorders may leave individuals at risk for alcohol and substance abuse, self-destructive behavior, and suicide. In addition, mental health disorders can have a serious impact on physical health and are associated with the prevalence, progression, and outcome of chronic diseases.

In the KFH-Los Angeles service area, the percentage of adults who self-report poor mental health in the past year was consistent with the rate for Los Angeles County (14.0%). However, the mental health hospitalization rate per 100,000 adults was nearly double (1,021.5) the California rate (551.7). Likewise the mental health hospitalization rate per 100,000 youth was higher (328.9) than the California rate (256.4). Significant mental health disparities exist within the KFH-Los Angeles service area, particularly as it relates to suicide. While the service area suicide rate of 7.8 per 100,000 persons is modestly below the Los Angeles County rate (8.0) and within the Healthy People 2020 benchmark (≤ 10.2), the suicide rate for downtown Los Angeles (32.2) is more than four times the service area rate.

5. ADDRESS BROADER HEALTH CARE DELIVERY SYSTEM NEEDS

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. KFH-Los Angeles anticipates that successful implementation of the identified strategies will result in or contribute toward a set of expected outcomes that can help support overall improvement of the priority health need in the community. All KFH hospitals will annually assess progress towards their planned strategies and outcomes and adjust their plans and expected outcomes as needed. For more information on how goals, strategies, and outcomes were identified, see the section titled “Community Plan Development” in Chapter IV.

PRIORITY HEALTH NEED I: ACCESS TO HEALTH CARE PROGRAMS AND SERVICES FOR THE UN/UNDERINSURED AND AT-RISK POPULATIONS

GOALS

KFH-Los Angeles aims to increase access to health care for the un/underinsured and at-risk populations (e.g., the homeless, immigrants, underserved youth, and elderly adults) in the KFH-Los Angeles service area by aligning our strategies with the following goals:

- Increase health care coverage to low-income individuals and the underserved.
- Provide case management and community linkages to nonmembers and homeless patients who frequent the emergency department (ED) for non-emergent conditions.
- Increase access to primary care services for the un/underinsured and at risk populations (e.g., the homeless, immigrants, underserved youth, and elderly adults).
- Increase access to diagnostic imaging and specialty care services for the underserved and vulnerable populations.
- Help improve capacity and sustainability of community clinics to more adequately serve medically uninsured or underinsured individuals.
- Leverage and collaborate with diverse entities to increase access to health care by the un/underinsured and vulnerable populations.

STRATEGIES

Programs and Services

- Participate in government-sponsored programs for low-income individuals (i.e., Medi-Cal Managed Care and Medi-Cal Fee-For-Service).
- Provide the Medical Financial Assistance (MFA) program to help individuals with limited and/or no resources to pay for care provided at Kaiser Permanente facilities.
- Provide heavily subsidized health care coverage (i.e., Kaiser Permanente individual and family plans)
- Enhance ED Social Medicine services to provide case management for medically underserved nonmembers and homeless patients who utilize the ED for non-emergent conditions.
- Continue with the KFH-Los Angeles/People Assisting the Homeless (PATH) homeless project to help direct frequent utilizers and chronically homeless individuals to PATH and other homeless service providers as well as permanent supportive housing.

Community Investments

- Continue to provide grants to community clinics and community-based organizations to support access to preventive and primary care services and assist in the establishment of a medical home for medically underserved individuals and families.

- Continue to provide grants to community organizations and clinics to support access to preventive and primary care through free or low-cost services, and removal of barriers to access to care.

Leveraging Organizational Assets

- Continue with the participation of the Internal Medicine community medicine fellows at identified community clinics and school sites in the community.
- Continue with participation of KFH-Los Angeles physician volunteers, community medicine fellow (Internal Medicine), and residents at Hollywood Sunset Free Clinic.
- Continue with participation of the pediatrics community medicine fellows and residents at Eisner Pediatric & Family Medical Center.
- Continue with the participation of family medicine community medicine fellows and residents at Saban Community Clinic.
- Continue with the participation of the community medicine fellow (Pediatrics) at CHAP Care Community Clinic.
- Expand and deepen the KFH-Los Angeles physician engagement to support provision of primary care at community clinics in KFH-Los Angeles Community Benefit projects.
- Continue with the participation of Family Medicine residents and community medicine fellow at Marshall High's school-based clinic and Belmont High Wellness Center (open to both students and community members).
- Continue with the participation of pediatric residents and community medicine fellows at Hollywood High Wellness Center.
- Continue to provide specialty care services to pediatric patients from Eisner Pediatric & Family Medical Center.
- Continue to support the operation of and promote increased participation by KFH-Los Angeles physician specialists and residents at the KHEIR Community Clinic Specialty Care Hub.
- Continue to support the efforts of KFH-Los Angeles volunteer radiologists reading x-rays for homeless and underserved patients of JWCH Wesley Health Center.
- Provide technical assistance (TA) when possible to local FOHC Look-Alikes and free community clinics to achieve FOHC status.
- Participate in and support the Specialty Care Initiative and related workgroups (guidelines, scope of practice, volunteer network) to improve access to and utilization of specialty care services at local community clinics and public hospitals.
- Inform community clinic partners of available training, speakers, symposium opportunities, resources (health education material, proactive office encounter tools, and adult preventive clinical practice guidelines) and TA on integration.

Collaboration and Partnerships

- Explore opportunities to leverage and collaborate with entities such as funders, governmental entities, and other organizations to leverage Kaiser Permanente and KFH-Los Angeles resources.

EXPECTED OUTCOMES

It is anticipated that these strategies will have the following outcomes, which can contribute toward achieving our overall goal(s) for enhancing access to care:

- Improved access to episodic care and/or health coverage to un/underinsured, low-income individuals and at-risk populations (e.g., the homeless, immigrants, underserved youth, and elderly adults).
- Increased awareness of community resources among underserved nonmembers and homeless patients to assist in linking them to a community medical home and other appropriate community resources for preventive, primary, and non-emergent care.
- Increased access to community clinics (medical homes) by the underserved and vulnerable populations living within the service area.
- Increased community clinic capacity to offer preventive and primary care services to the un/underinsured.
- Increased access to care for at-risk youth and underserved individuals and families in school-based settings.

- Increased access to pediatric specialty care services for low-income, underserved children.
- Increased community clinic capacity to offer specialty care consultation at community clinic sites.
- Increased access to diagnostic imaging services for the homeless and underserved.
- Enhanced FQHC readiness for local FQHC Look-Alikes or free community clinics.
- Increased collaboration around access to specialty care services within the safety net community.
- Increased availability of quality improvement resources and TA.

2014 YEAR-END RESULTS

Grant Highlights			
Grantee	Grant Amount	Brief Project Description	Results to Date
Bienvenidos Community Health Center	\$20,000	Increase access to preventive and restorative dental services.	Bienvenidos will increase dental health services to more than 2,100 additional underserved patients who lack access to restorative and preventive oral health care.
Los Angeles Gay & Lesbian Center	\$20,000	Increase access to primary and mental health screenings, treatment, and related services to high-need and uninsured/underinsured clients	The Center plans to provide services for more than 800 individuals, with a particular focus on young, at-risk homeless gay and bisexual men
St. Francis Center	\$15,000	Support for St. Francis Center's health and hygiene partnership with Clinica Oscar A. Romero	St. Francis Center will provide assessment/treatment of acute conditions, wound care, vision screenings, transportation, and other appropriate referrals and services to more than 1,500 homeless patients.
Community Partners (CP)	\$512,500 (DAF) ¹	Continue the Specialty Care Initiative (SCI) technical assistance program to provide project management for six Los Angeles County SCI coalitions and to deepen and spread successful implementation strategies that improve access to specialty care services.	CP coordinated technical assistance resources, facilitated peer exchanges, and provided direct technical assistance to maintain collaborative workgroups and forums for the SCI LA County Group, LA County Department of Health Services, and other key stakeholders
County of Los Angeles, Los Angeles County (LAC)+ USC Medical Center	\$150,000 (DAF)	Supports a quality improvement initiative to align the delivery system reform incentive pool (DSRIP) areas of sepsis, surgical site infections.	LAC+USC Health Network will reduce sepsis mortality rate by 5% each year. It will also reduce occurrence of central line associated blood stream infection by a significant percentage (baseline data will be collected to establish targets in first six months of grant).
United Homeless Healthcare Partners (UHHP)	\$25,000 (DAF)	UHHP received funds to build the capacity of homeless services providers throughout Los Angeles County to ensure equitable implementation of the	UHHP will facilitate at least three meetings with health plans, providers and enrollment agencies to develop written strategies and recommendations for serving homeless residents. In addition, it will conduct at least four trainings on Medi-Cal enrollment and

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).

		ACA and to help clients' access appropriate services.	the use of managed care and benefits (i.e., SSI, CalFresh, CalWorks, etc.) to reach at least 50 homeless services provider agencies and Homeless Coalition chairs (25+) from across the county for training and support of Medi-Cal enrollment.
Collaboration/Partnership Highlights			
Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date	
Korean Health Education & Resource (KHEIR) Center	KFH-Los Angeles and KHEIR Center began a community clinic hub specialty care referral pilot program for patients of KHEIR Center and other participating community clinics. The goal of this partnership is to increase access to specialty care services for low-income, un- and underinsured individuals.	KFH-Los Angeles specialists support KHEIR Center by providing specialty care consults. In 2014, 163 patients received specialty care consult services in dermatology, obstetrics and gynecology, ophthalmology, and neurology. Since the partnership started in August 2011, more than 626 patients have received specialty care consult services and care in a community clinic setting and KFH-Los Angeles physicians have volunteered more than 140 hours.	
Asian Pacific Healthcare Venture	KFH-Los Angeles continued to support Asian Pacific Health Care Venture's school-based health centers (SBHCs) at Marshall and Belmont high schools by providing HIV/STD education and prevention, sexual health information, annual and sports physicals, as well as acute care to students.	The two SBHCs provide free or low-cost, convenient, and confidential health and wellness services for students, and health care services to community members near Belmont High School. A community health fellow in family medicine and medical residents from KFH-Los Angeles staff the SBHCs once a week. In 2014, a total of 20 family medicine residents volunteered approximately 300 hours.	
JWCH Institute	KFH-Los Angeles radiologists read x-ray films for homeless patients from JWCH Institute, Inc.'s Center for Community Health located in Los Angeles' Skid Row.	Since its inception in 2006, more than 20,300 x-rays have been read by KFH-Los Angeles radiologists. In 2014, they read more 2,700 films. This effort is led by Keith Terasaki, MD, who also serves on JWCH Institute's board of directors.	
Eisner Pediatrics & Family Health Center	To increase access to specialty care services for low-income, un/underinsured individuals, the KFH-Los Angeles Pediatrics Department coordinates with Eisner Pediatrics & Family Health Center to identify children and youth in need of specialty care services such as cardiology, dermatology, nephrology, orthopedics, ophthalmology, surgery, and urology.	Through the referral program, more than 443 children and youth received specialty care services and follow-up care. In 2014, 13 Eisner pediatric patients were referred to KFH-Los Angeles physicians for treatment. In addition, KFH-Los Angeles Pediatrics Community Medicine Fellow Gladys Felix, MD, and residents helped staff a weekly clinic for pediatric patients.	
Hollywood Sunset Free Clinic	Provide access to primary care for low-income, un/underinsured individuals and families living in Echo Park, East Hollywood, Pico-Union, Silverlake, and surrounding areas.	A team of 36 KFH-Los Angeles' Internal Medicine residents and faculty mentors volunteered approximately 80 hours per month at Hollywood Sunset Free Clinic, delivering a range of services from general	

		medicine to comprehensive women's health care. KFHLos Angeles's Internal Medicine Community Medicine Fellow Janani Krishnaswami, MD volunteered one to two half days per week (24 to 30 hours per month). Pediatric Community Medicine Fellow Gladys Felix, MD, Steven Woods, MD, and Cynthia Baker MD volunteered nearly 80 hours of care for Hollywood Sunset Free Clinic's pediatric patients.
Saban Community Clinic	KFH-Los Angeles continued to partner with Saban Community Clinic by providing primary health care services for low-income, un/underinsured, and/or homeless individuals and families living in the greater Hollywood and West Hollywood area.	Led by KFHLos Angeles Family Medicine Fellow Neil Chawla, MD, 26 medical residents volunteered approximately 400 hours to this vital federally-qualified health center.
Los Angeles Unified School District's Hollywood High Wellness Center	KFH-Los Angeles continued to support the Wellness Center by providing HIV/STD education and prevention, sexual health information, annual and sports physicals, as well as basic and acute care to students.	The Wellness Center is staffed once a week by KFHLos Angeles Pediatric Community Medicine Fellow Gladys Felix, MD and medical residents.

2015 GOALS UPDATE

The goals will remain unchanged for 2015.

2015 STRATEGIES UPDATE

The strategies will remain unchanged for 2015.

PRIORITY HEALTH NEED II: ACCESS TO PROGRAMS AND SERVICES FOCUSING ON THE PREVENTION AND MANAGEMENT OF OBESITY/OVERWEIGHT AND DIABETES AMONG YOUTH (UNDER AGE 18)

GOALS

KFH-Los Angeles aims to increase access to programs and services focusing on the prevention and management of pediatric obesity/overweight and diabetes among un/underinsured, at-risk youth (under age 18) in the KFHLos Angeles service area by aligning our strategies with the following goals:

- Increase awareness and access to preventive obesity/overweight and diabetes services targeting un/underinsured, at-risk youth (under 18 years) living in communities of high need.
- Improve community clinic capacity to address and prevent pediatric obesity/overweight and diabetes.
- Leverage and collaborate with diverse entities to increase access to obesity/overweight, hypertension, cholesterol, and cardiovascular disease education.

STRATEGIES

Programs and Services

- Engage with Kaiser Permanente Educational Theatre (KPET) to promote healthy eating and active living behaviors in local schools.

Community Investments

- Provide grants to community organizations to address preventive care services for obesity/overweight and diabetes prevention for at-risk youth.

Leveraging Organizational Assets

- Promote healthy eating and active living programs and resources (e.g., Weight of the Nation, Thriving Schools, Fire Up Your Feet!) to community members, schools, and community-based organizations.
- Actively promote and extend Kaiser Permanente Health Education classes on obesity/overweight, diabetes management and prevention, and healthy eating and active living to community members at the KFH-Los Angeles medical center campus, medical office buildings (Pasadena, East LA, and Glendale), and in community settings (as feasible).
- Continue to promote farmers' market available to members/nonmembers, physicians, employees, and the community at-large.
- Continue to promote and provide regional community health educational materials, resources, and technical training (as appropriate) to community clinics and community-based organizations.
- Continue to engage the KFH-Los Angeles Pediatrics community health fellow in obesity/overweight and diabetes prevention at Hollywood High's Wellness Center, local community clinics, and other community venues.
- Actively participate in LAUSD School-based Wellness Centers and Wellness Councils (Hollywood High and Belmont High) to promote healthy eating active, living practices and policies within a school environment and surrounding school community by the provision of health education resources and TA.
- Engage KFH-Los Angeles Pediatrics obesity physician champion to provide training, consultative support, and TA to community clinics to assess existing clinical practices and obesity/overweight management efforts and to identify areas to enhance and/or integrate use of various tools and resources (clinical practice guidelines, proactive office encounter, body mass index (BMI) as vital sign, physical activity questions, physical activity prescription pads, set clinical strategic goals, etc.).
- Engage when feasible, licensed vocational nurses (LVNs) as needed to provide peer- to-peer TA to community clinic medical assistants, LVNs, or nurses.
- Provide Healthy Lifestyles training, curriculum, health education materials, and TA on how to integrate into community clinic setting and/or consulting on how to modify existing curriculum for clinics, schools, and community-based organizations that may want to offer the program to community members.
- Promote Healthier Living/Tomando Control de su Salud (general chronic disease management) to community clinics.

Collaboration and Partnerships

- Explore opportunities to leverage and collaborate with entities such as funders, government entities, and other organizations to leverage Kaiser Permanente and KFH-Los Angeles resources.

EXPECTED OUTCOMES

It is anticipated that these strategies will have the following outcomes, which can contribute toward achieving our overall goal(s) for increasing access to programs and services focusing on the prevention and management of pediatric obesity/overweight and diabetes among un/underinsured, at-risk youth (under age 18):

- Improved access to nutrition and active living programs and services targeting underserved, at-risk youth and their families.
- Increased healthy behaviors among at-risk youth in targeted communities of need.
- Increased community capacity to support healthy eating and healthy living behavioral changes.
- Increased quality weight management services for overweight/obese and/or diabetic patients.
- Enhanced collaborations with other entities such as funders, government entities, and other organizations to increase and leverage the impact of Kaiser Permanente and KFH-Los Angeles in communities of need.

2014 YEAR-END RESULTS

Grant Highlights			
Grantee	Grant Amount	Brief Project Description	Results to Date
Los Angeles Team Mentoring, Inc. (LATM)	\$8,000	LATM provides health education and mentoring and an obesity prevention program for at-risk youth.	The program provided more than 2,500 hours of health and obesity prevention interventions. The goal was to empower more than 300 students to create a personal Actionable Healthy Pledge to avoid chronic, obesity-related diseases and to increase awareness of healthy nutrition, physical fitness, and/or obesity-related disease among 75% of the students.
Maternal and Child Health Access (MCHA)	\$15,000	Grant supports MCHA's promotion of healthy nutrition, physical activity, and obesity prevention awareness for low-income parents and their children.	MCHA plans to reach 800 parents and their children to increase healthy shopping, physical activity, and awareness of obesity prevention through 30 classes at two community sites to promote healthier food options, meal preparation, and physical activity. It will also conduct 25 bilingual health education and obesity prevention presentations to low-income community residents and school children at 10 schools, community centers, and job sites.
CONTRA-TIEMPO (CT)	\$15,000	C-T's dance-based health promotion and obesity prevention program serves low-income, underserved teens. The program curriculum helps students learn about unhealthy habits, build healthy bodies, and take responsibility for their choices.	C-T plans outreach to 1,200 teens to encourage participation in Dance4Health Residency Program. The program provides at-risk students with dance instruction in salsa/rueda, hip hop, urban Latin fusion, and/or jazz, combining strength, flexibility, and endurance activities. Using dance to bring people together, it builds supportive, safe communities on school campuses.
Student Health Services Support Fund Inc. (SHSSF)	\$175,000 (DAF)	Supports development and implementation of school wellness policies that increase access to healthy beverages/ food and a comprehensive health education curriculum focused on nutrition and physical activity.	Over one year, SHSSF will reach 12 school Wellness Centers.
Pasadena Educational Foundation (PEF)	\$61,569.90 (DAF)	Implement healthy vending, snacks, and fundraising in schools along with playground improvements and active recess. Develop and implement a monitoring system for school district wellness policy.	PEF will reach 8,000 students and school staff with increased healthy food and beverage options, increased physical activity opportunities, and monitoring of the school district wellness policy on campus.

Collaboration/Partnership Highlights		
Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
Los Angeles Unified School District's Hollywood High Wellness Center	KFH-Los Angeles continued to support the Wellness Center by providing HIV/STD education and prevention, sexual health information, annual and sports physicals, as well as basic and acute care to students.	KFH-Los Angeles Pediatrics Community Medicine Fellow and residents volunteer at the Wellness Center and on the Wellness Council to promote healthy eating, active living practices and policies in the school environment and surrounding community by providing health education resources and technical assistance.
Asian Pacific Healthcare Venture (APHCV)	KFH-Los Angeles continued to support APHCV's school-based clinics at Marshall and Belmont high schools HIV/STD education and prevention, sexual health information, annual and sports physicals, as well as basic and acute care to students.	KFH-Los Angeles Family Medicine Community Medicine Fellow and residents actively participated in the Wellness Centers to promote healthy eating, active living practices and policies within the school environment and surrounding community by providing health education resources and technical assistance.

2015 GOALS UPDATE

The goals will remain unchanged for 2015.

2015 STRATEGIES UPDATE

The strategies will remain unchanged for 2015.

PRIORITY HEALTH NEED III: ACCESS TO PROGRAMS AND SERVICES FOCUSING ON THE PREVENTION AND MANAGEMENT OF HYPERTENSION, CHOLESTEROL, AND CARDIOVASCULAR DISEASE AMONG ADULTS (18 AND OVER)

GOALS

KFH-Los Angeles aims to prevent and manage hypertension, cholesterol, and cardiovascular disease among un- and underinsured adults in the KFHLos Angeles service area by aligning our strategies with the following goals:

- Increase awareness and access to preventive hypertension, cholesterol and cardiovascular services for un/underinsured adults (18 and over) living in communities of high need within the KFHLos Angeles service area.
- Improve community clinic capacity to prevent and manage adult obesity/overweight, hypertension, cholesterol, and cardiovascular disease.
- Leverage and collaborate with diverse entities to increase access to obesity/overweight, hypertension, cholesterol, and cardiovascular disease prevention programs and services.

STRATEGIES

Community Investments

- Provide grants to community organizations to address preventive care and chronic disease management for hypertension, cholesterol and cardiovascular disease among un/underinsured adults.
- Provide grants for chronic disease management that involves an organized, proactive, multicomponent approach towards clinical care for prevention and chronic disease management of hypertension, cholesterol, and cardiovascular disease.

Leveraging Organizational Assets

- Coordinate training on the Southern California Kaiser Permanente ALL HEART grant initiative tools, resources (CVD manuals, health education material, clinical practice guidelines) and TA on integrating within community clinic system. Engage regional resources to provide TA.
- Promote healthy eating, active living programs and resources (e.g., Weight of the Nation, Thriving Schools, Fire Up Your Feet!) to community members, schools, and community-based organizations.
- Actively promote and extend health education classes on prevention and management of hypertension, cholesterol, and cardiovascular disease and healthy eating, active living to adult community members at the KFH-Los Angeles medical center campus, medical office buildings (Pasadena, East LA, and Glendale), and in community settings (as feasible).
- Continue to promote farmers' markets to members/nonmembers, physicians, employees, and the community at-large.
- Continue to promote and provide regional community health educational materials, resources, and technical training (as appropriate) to community clinics and community-based organizations.
- Continue to engage the KFH-Los Angeles Family and Internal Medicine community health fellows in hypertension, cholesterol, and cardiovascular disease at local community clinics and other community settings.
- Engage KFH-Los Angeles adult obesity physician champion to provide training, consultative support, and TA to community clinics to assess existing clinical practices and obesity/overweight management efforts and to identify areas to enhance and/or integrate use of various tools and resources (clinical practice guidelines, proactive office encounter, BMI as vital sign, physical activity questions, physical activity prescription pads, set clinical strategic goals, etc.).
- Engage LVNs as needed to provide peer-to-peer TA to community clinic medical assistants, LVNs, or nurses.
- Provide Healthy Lifestyles training, curriculum, health education material, and TA on how to integrate into community clinic setting and/or consulting on how to modify existing curriculum for clinics, schools, and community based organizations that may want to offer the program to community members.
- Promote Healthier Living/Tomando Control de su Salud (general chronic disease management) to community clinics.

Collaboration and Partnerships

- Explore opportunities to leverage and collaborate with other entities such as funders, government entities, and other organizations to leverage Kaiser Permanente and KFH-Los Angeles resources.

EXPECTED OUTCOMES

It is anticipated that these strategies will have the following outcomes, which can contribute toward achieving our overall goal(s) to prevent and manage hypertension, cholesterol, and cardiovascular disease among un/underinsured adults in the KFH-Los Angeles service area:

- Improved access to healthy food and active living programs and services targeting underserved adults and their families.
- Increased engagement in healthy behaviors among adults at risk of hypertension, cholesterol, and cardiovascular disease with an emphasis on the most vulnerable populations (Latinos, African Americans) in the service area.
- Increased chronic disease management and prevention for adults with or at risk of obesity/overweight, hypertension, cholesterol, and cardiovascular disease.
- Enhanced collaborations with other entities such as funders, government entities, and other organizations to increase and leverage the impact of Kaiser Permanente and KFH-Los Angeles in communities of need.

2014 YEAR-END RESULTS

Grant Highlights			
Grantee	Grant Amount	Brief Project Description	Results to Date
FAME Assistance Corporation	\$15,000	Grant supports development of a customized Champion Empowerment Program for residents of Estrada Courts, a low-income housing project in East Los Angeles, to help them become healthy lifestyle champions and community advocates.	Goal is to reach 300 residents. Over one year, FAME will conduct three course cycles and recruit a minimum of 60 to 70 people to serve as community health ambassadors over the life of the grant. Once community members complete the program, FAME will mentor, support, and track the champions' progress (i.e., participation at events, programmatic accomplishments, presentations, and periodic health screenings).
People's CORE	\$10,000	Grant supports Fit Club, a People's CORE program to increase adults' access to physical activity.	Goal is to encourage 600 individuals to participate in Fit Club, and to lower blood pressure, and increase activity levels and use of healthier ingredients among at least 50% of program participants.
Youth Policy Institute (YPI)	\$10,000	Supports YPI's efforts to increase access to healthy food and nutrition for low-income and/or underserved individuals and families.	To increase knowledge of healthy eating (based on pre- and post- assessment), YPI will target 1,500 individuals for nutrition workshops and enroll 1,000 individuals in CalFresh to supplement the purchase of more nutritional foods and other benefits.
Community Partners (CP)	\$625,000 (DAF)	Support Phase III of Building Clinic Capacity for Quality (BCCQ)	CP will engage in strategic planning for a BCCQ Phase III offering designed to optimize the capacity of community clinics to provide high-quality health care, implement BCCQ Phase III cohorts for community health centers and county-based public health clinics.
Community Clinics Health Network (CCHN)	\$225,000 (DAF)	Spread the ALL HEART program across Southern California Region.	CCHN will lead planning/implementation of hypertension, psychosocial assessment and care, and clinic-to-community integration of the ALL HEART initiative; provide varied training and technical assistance support to meet the needs of community clinics and health centers; and pilot test integration of behavioral health with provider visits.

2015 GOALS UPDATE

The goals will remain unchanged for 2015.

2015 STRATEGIES UPDATE

The strategies will remain unchanged for 2015.

PRIORITY HEALTH NEED IV: ACCESS TO PROGRAMS AND SERVICES FOCUSING ON THE EARLY DETECTION, PREVENTION, AND MANAGEMENT OF MENTAL HEALTH ILLNESS AMONG THE UN/UNDERINSURED AND AT-RISK POPULATIONS

GOALS

KFH-Los Angeles aims to increase access to programs and services focusing on the early detection, prevention, and management of mental health illness among un/underinsured and at-risk populations (e.g., the homeless, immigrants, underserved youth, and elderly adults) in the KFHLos Angeles service area by aligning our strategies with the following goals:

- Increase community-based services to prevent, reduce, and manage mental health symptoms and illness among underserved and vulnerable populations, particularly those at risk of isolation, domestic violence, alcohol and substance abuse, suicide, poverty, and/or homelessness.
- Increase stress-management and emotional and behavioral stability among underserved and vulnerable populations, particularly those at risk of isolation, domestic violence, alcohol and substance abuse, suicide, poverty, and/or homelessness.
- Increase access to counseling services aimed at alcohol and substance abuse prevention and treatment for at-risk populations (e.g., low-income individuals and families, the homeless, immigrants, and underserved youth).
- Improve capacity and resources of community-based mental health providers and counseling service organizations.
- Leverage and collaborate with diverse entities to increase access to preventive mental health services.

STRATEGIES

Community Investments

- Provide grants that focus on one of the following:
 - Collaborative care for the early detection and management of mental health symptoms
 - Home-based depression care management
 - Clinic-based depression care management
 - Individual and group cognitive-behavioral therapy to detect, prevent and reduce psychological or physical harm
- Provide grants that focus on knowledge, attitudes, and skills related to one or more of the following approaches:
 - Home or family-based programs that provide parenting education, child development information, and social support to parents or care-takers
 - Interventions focused on skills to encourage parents or caretakers to use praise and rewards to reinforce desirable behavior
 - School-based interventions that involve social skills training to change behaviors to improve social relationships or promote non-response to provocative situations
 - Interventions focused on building skills and communication between individuals and within family units
 - Cognitive-behavioral prevention intervention programs focused on coping skills and stress management
- Provide grants to support counseling services and alcohol and substance abuse prevention and treatment programs for underserved and at-risk individuals and families.

Leveraging Organizational Assets

- Expand and deepen KFHLos Angeles physician engagement to support provision of mental health services at community clinics linked to KFHLos Angeles Community Benefit projects.
- Actively promote and extend health education classes and materials related to mind/body to community members at the KFHLos Angeles medical center campus, medical office buildings (Pasadena, East LA, and Glendale), and in community settings (as feasible).

- Continue to promote and provide community health education materials, resources and technical training (as appropriate) to community clinics, mental health/counseling centers, and community-based organizations.

Collaboration and Partnerships

- When possible, participate in and support mental health collaboratives and provide health education materials to community-based organizations.
- Explore opportunities to leverage and collaborate with entities such as funders, government entities, and other organizations to leverage Kaiser Permanente and KFH-Los Angeles resources.

EXPECTED OUTCOMES

It is anticipated that these strategies will have the following outcomes, which can contribute toward achieving our overall goal(s) for increasing access to programs and services focusing on the early detection, prevention, and management of mental health illness among the un/underinsured and at-risk populations (e.g., the homeless, immigrants, underserved youth, and elderly adults) in the KFH-Los Angeles service area:

- Increased awareness of and access to support programs and services that detect, prevent, and manage mental health symptoms and illness among underserved individuals and families at risk of isolation, domestic violence, alcohol and substance abuse, suicide, poverty, and/or homelessness.
- Increased awareness and access to counseling services to prevent and reduce alcohol and substance abuse among at-risk individuals and families, particularly those impacted by social isolation, domestic violence, alcohol and substance abuse, suicide, poverty, and/or homelessness.
- Increased capacity, resources, and quality of preventive and mental health/counseling services for at-risk individuals and families, particularly those impacted by social isolation, domestic violence, alcohol and substance abuse, suicide, poverty, and/or homelessness.
- Enhanced collaborations with other Kaiser Permanente medical centers, funders, government entities, and other organizations to increase and leverage the impact of Kaiser Permanente and KFH-Los Angeles on communities of need.

2014 YEAR-END RESULTS

Grant Highlights			
Grantee	Grant Amount	Brief Project Description	Results to Date
Asian Pacific Women's Center (APWC)	\$8,000	Increase awareness of and access to mental health and domestic violence counseling program services for Asian women and their families.	APWC will partner with 8 to 10 service providers to strengthen referral and service delivery for H Asian women and their families in need of services. It will also offer no-cost, specialized mental health and other critical ancillary services such as case management and linkages to trauma-informed staff and clinicians to 80 to 120 individuals.
The Center at Blessed Sacrament	\$10,000	Connecting chronically homeless individuals to mental health and other supportive services.	The Center plans to connect up to 50 severely, chronically homeless individuals to mental health service providers and other related services. It will also collaborate with its network of social service providers, LA County Department of Mental Health and Services, housing, and health agencies to support these homeless individuals.

Five Acres - The Boys' and Girls' Aid Society of Los Angeles County	\$20,000	Increase access to mental health and counseling services for youth and their families through Pasadena Mental Health Center Outreach Counseling Program,	Five Acres' Pasadena Mental Health Center will provide services to at least 1,000 individuals. The aim is to ensure that 70% of those served will demonstrate improved life functioning as measured by achievement of their treatment plan goals.
The GRYD (Gang Reduction & Youth Development) Foundation	\$50,000 (DAF)	By keeping 32 parks/recreation centers in Los Angeles open from 7pm to 11pm during the summer, GRYD's Summer Night Lights program helps to reduce gang violence through physical activity and educational programming.	Summer Night Lights will provide employment opportunities for 1,800 individuals, and provide linkages to local resources and workshops to reach 5,000 community members.
Non-Financial Highlights			
Beneficiary	Description of Non-Financial Contribution		Results to Date
General public	Kaiser Permanente's Watts Counseling and Learning Center (WCLC) provides mental health and counseling services, assistance for children with learning disabilities, and pre-employment training for youth. WCLC also operates a nationally accredited, state-licensed preschool and other community outreach services in English and Spanish.		In 2014, WCLC provided services for 1,234 South Los Angeles residents. Many of the low-income individuals or families who participate in WCLC programs reside in the KFHLos Angeles service area.
Collaboration/Partnership Highlights			
Organization/Collaborative Name	Collaborative/Partnership Goal		Results to Date
Los Angeles Unified School District's School-Based Health Centers (SBHCs) at Belmont, Hollywood, and Marshall high schools	Through its participation in SBHCs, KFHLos Angeles collaborates with a number of community partners and mental health/counseling service providers that serve young people and their families.		KFHLos Angeles's family medicine and pediatrics community medicine fellows and residents are actively involved. Community medicine fellows and residents help screen and identify youth at risk for mental health illness and make appropriate referrals to community clinics or community partners. The KFHLos Angeles Community Benefit manager is also an ad-hoc participant.
Los Angeles County Department of Public Health / Service Planning Area (SPA) 4 Community Health Improvement Committee	The committee convenes collaborative partners, including government entities, public/private hospitals, community clinics, social services agencies, and other safety net providers, to address key community health needs.		KFHLos Angeles, through the participation of its Community Benefit manager, is involved in this collaborative to focus on a number of critical issues such as obesity, diabetes, and mental health. During a needs assessment process, stakeholders helped the county identify key community health issues and gaps, and develop strategies to address the identified needs.
East Hollywood/Los Feliz (EHLF) Homeless Coalition	EHLF is a group of community members, including local politicians, resident associations, business leaders, and faith groups, working together to address the homeless population. The coalition's goal		With the active participation of its former Executive Director, Mark Costa and current Community Benefit Manager Mario Ceballos, KFHLos Angeles has been a key partner in the coalition's efforts to

	is to end homelessness in East Hollywood, Los Feliz, and surrounding neighborhoods.	address critical issues impacting the homeless and local neighborhoods, and provided CB grant support to local homeless and service agencies in 2014.
Hollywood4WRD (4 Walls, a Roof and a Door)	This coalition of government agencies, local businesses, elected officials, social service providers, faith communities, and non-profits is working to end homelessness by 2018 in the greater Hollywood area, with a focus on the entertainment business district and surrounding neighborhoods.	KFH-Los Angeles's Community Benefit Manager Mario Ceballos is a key partner in Hollywood4WRD's efforts to address critical issues impacting the homeless and local neighborhoods, and provided CB grant support to local homeless and service agencies in 2014.

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

- 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 CSUs and respective CCCs. 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	Grant is for GWU's School of Public Health to develop programs designed to increase 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.
Collaboration/Partnership Highlights			
Organization/Collaborative Name	Collaborative/Partnership Goal		Results to Date
Los Angeles Unified School District - STEM Academy at Bernstein High School	Thanks to the Teen Healthcare Leadership/Mentoring Academy, Community Benefit, Volunteer Services, Graduate Medical Education, and other KFH-Los Angeles departments, students were exposed to community medicine fellows, residents, and hospital administrators to learn more about opportunities within the health care industry.		More than 270 STEM Academy of Hollywood High students grades 9 to 12 participated in this mentoring and health care career pathway program designed to expose and support underserved, low-income students. In 2014, 48 STEM Academy juniors and seniors participated in the KFH-Los Angeles Summer Youth Employment Program and approximately 50 students participated as KFH-Los Angeles "Red Vest" volunteers.
KFH-Los Angeles/Virgil Middle School (Medical Magnet) Mentoring Program	The program introduces underserved, low-income students to health care careers they might not be aware of or know how to pursue and supports their interest in such careers. KFH-Los Angeles physicians from different disciplines served as role models.		In 2014, 10 KFH-Los Angeles physicians participated in the KFH-Los Angeles Hippocrates Circle program, Their efforts impacted 38 students and teachers from Virgil Middle School, which is a newly designated medical magnet school.

Community, College, and University Partners	In coordination with several local public and private four-year universities and colleges, KFH-Los Angeles’s Community Benefit and Graduate Medical Education departments organized the first KFH-Los Angeles Pre-Medical Career Conference, targeting underserved, low-income students interested in health care careers.	This one-day event provided information and insights on pursuing medical/health care education, and involved approximately 100 students, presenters, and other stakeholders. Participating schools included: California State University (Los Angeles, Northridge, and Dominguez Hills), University of California (Los Angeles and Riverside), USC, Charles Drew University, Loyola Marymount University, Los Angeles City College, Pasadena City College, East Los Angeles College, Glendale Community College, Pierce College, Santa Monica College, Rio Hondo, and Cerritos College.
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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

- Increase awareness of the changing health needs of diverse communities

INTERMEDIATE GOAL

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

STRATEGIES

- Disseminate knowledge and expertise to providers to increase awareness of the changing health needs of diverse communities to improve health outcomes and care delivery models
- Translate clinical data and practices to disseminate findings to safety net providers to increase quality in care delivery and to improve health outcomes
- Conduct, publish, and disseminate high-quality health services research to the broader community to address health disparities, and to improve effective health care delivery and health outcomes
- Leverage Kaiser Permanente resources to support organizations and research institutions to collect, analyze, and publish data to inform public and clinical health policy, organizational practices, and community health interventions to improve health outcomes and to address health disparities

EXPECTED OUTCOMES

- Improved health care delivery in community clinics and public hospitals
- Improved health outcomes in diverse populations disproportionately impacted by health disparities
- Increased availability of research and publications to inform clinical practices and guidelines

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-Los Angeles service area, 475 research projects were active as of year-end 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- Los Angeles 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.