Kaiser Foundation Hospital – Northern California Region

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

SACRAMENTO

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

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in the community

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INTRODUCTION

This is the nineteenth *Consolidated Community Benefit Plan* prepared by Kaiser Foundation Hospitals (KFH), a California nonprofit public benefit corporation, and submitted to the Office of Statewide Health Planning and Development (OSHPD) in compliance with Senate Bill (SB) 697, Chapter 812, Statutes of 1994, Health and Safety Code Section 127340 et seq. The *Consolidated Community Benefit Plan 2015* includes a hospital-specific Community Benefit Plan for each of the 35 hospitals owned and operated by KFH in California.

DEVELOPMENT OF A CONSOLIDATED COMMUNITY BENEFIT PLAN

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

- Development and distribution of internal guidelines for preparation of KFH Community Benefit year-end reports and updates that incorporate SB 697 requirements and OSHPD guidelines
- Preparation of individual KFH Community Benefit plans and year-end reports by local staff responsible for planning, implementing, and evaluating Community Benefit activities, programs, and services
- Review of 2014 year-end results by Northern and Southern California Regional Community Benefit Departments, and National Community Benefit, which included verification of total benefits, such as cash contributions, and donated equipment and supplies
- Update of hospital facts, metrics, and service area maps based on data obtained from various Kaiser Permanente departments such as Planning and Analysis, Human Resources, Management Information and Analysis, and others
- Allocation and reporting of the economic value of Community Benefit provided by each hospital, based on the SB 697 reporting categories (Table 2 in each hospital chapter)
- Preparation of consolidated information and description of key Community Benefit programs, services, and activities for Kaiser Foundation Hospitals in California, based on the SB 697 reporting categories

The *Consolidated Community Benefit Plan 2015* was produced by Northern California Region Community Benefit and Southern California Region Community Benefit. However, preparation of this report would not have been possible without the valuable assistance of local Community Benefit and Public Affairs staff throughout California.

CONTENTS OF THE COMMUNITY BENEFIT PLAN

CHAPTER I: HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

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

CHAPTER II: MISSION STATEMENT AND COMMITMENT TO THE COMMUNITY

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

CHAPTER III: COMMUNITY BENEFIT PROVIDED IN 2014

- Statewide and individual hospital Community Benefit provided by KFH in 2014, including descriptions of related activities and programs, as well as financial information based on the SB 697 reporting categories (Tables A and B).

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

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

CHAPTER I: HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

Kaiser Permanente is an integrated health care delivery system. For nearly 70 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. Today we serve approximately 9.6 million members in eight states and the District of Columbia. Kaiser Permanente is dedicated to improving the health of our communities through broad coverage, high-quality care and continuous quality improvement and innovation in the care we deliver, clinical research, workforce development, health education, and the support of community health interventions.

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

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

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

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

NATIONAL STRUCTURE

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

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

REGIONAL STRUCTURE IN CALIFORNIA

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

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

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

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

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

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

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

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

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

MEDICAL OFFICE BUILDINGS

In California, KFHP/H owns and leases 452 medical offices where members receive outpatient health care. Each Kaiser Permanente medical office building is affiliated with a KFH medical center.

CHAPTER II: MISSION STATEMENT AND COMMITMENT TO THE COMMUNITY

MISSION STATEMENT

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

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

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

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

NATIONAL COMMITMENT TO COMMUNITY BENEFIT

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

We focus our work on three broad areas:

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

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

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

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

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

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

KAISER PERMANENTE'S COMMITMENT TO COMMUNITY BENEFIT IN CALIFORNIA

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

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

CHAPTER III: COMMUNITY BENEFIT PROVIDED IN 2014

This chapter includes descriptions of all Community Benefit programs and services provided by Kaiser Permanente in 2014. In addition, financial information is listed in two tables located at the end of this chapter. Table A itemizes total Community Benefit provided by KFH for California in accordance with the SB 697 framework. Table B shows total Community Benefit provided by each hospital.

METHODOLOGY

DEFINITION OF COMMUNITY

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

CATEGORIZATION OF SERVICES

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

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

DOCUMENTATION AND ALLOCATION OF EXPENDITURES

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

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

Resource allocations are reported, as follows:

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

SUMMARY OF KAISER FOUNDATION HOSPITALS COMMUNITY BENEFIT

STATEWIDE BENEFITS

In 2014, KFH provided a total of $730,254,093 in Community Benefit for Californians, supporting a wide range of community projects, medical care services, and research and training for health and medical professionals. As shown in Table A (page

19), most Community Benefit funds were used to subsidize inpatient medical care services for vulnerable populations ($553,820,294) and for health research, education, and training programs ($113,438,221). KFH also expended $49,460,777 on other benefits for vulnerable populations and $13,534,802 on projects benefiting the broader community.

Benefits by Hospital Service Area

Table B shows total Community Benefit contributions made in 2014 by the 35 hospitals. Totals reflect differences among hospitals, including geographic location, size, Health Plan membership, Community Benefit programs and services provided, and diversity of population. More detailed information, including individual hospital reports, is included in Chapter IV.

Description of Community Benefit Programs and Services

The Kaiser Permanente Community Benefit programs and related services described in this section are aligned with the SB 697 framework. Most correspond directly to the line items listed in Table A in Chapter III and Table 2 in the individual hospital sections, which include financial information for 2014.

Medical Care Services for Vulnerable Populations

Providing charitable care for the underinsured and uninsured, as well as services to beneficiaries of publicly financed health care programs, is an important element of the KFHP/H social mission. In 2014, KFH spent a total of $503,577,573 on unreimbursed medical care for vulnerable populations.

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

Medi-Cal

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

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

Charitable Health Coverage Programs

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

In addition, Kaiser Permanente Northern California Region also provided health coverage to 2,667 Healthy San Francisco members. Healthy San Francisco, operated by the San Francisco Department of Public Health (SFDPH), provides health care services to uninsured San Francisco residents regardless of immigration status, employment status, or pre-existing medical conditions. The 2014 Healthy San Francisco Medical Home Network consisted of SFDPH and San Francisco Community Clinic Consortium clinics, private physician groups, and other providers, including Kaiser Permanente.

Medical Financial Assistance

Improving health care access for those with limited incomes and resources is fundamental to Kaiser Permanente. The Medical Financial Assistance program (MFA) helps low-income, uninsured, and underserved patients receive access to care. MFA provides temporary financial assistance or free care to patients who receive health care services from our providers, regardless of whether they have health coverage or are uninsured. MFA is open to eligible patients (members and nonmembers) who meet financial guidelines based on household size and income and have exhausted all means of private or public health care coverage. Patients apply for MFA in one or more ways, including accessing a hard copy of an application form, through Web access or an online application, or through financial counseling services. The program also includes support for community MFA programs and support for charity care programs at community hospitals. Community MFA programs are designed to enable access to health care through coordination with community-based organizations that address the health needs of the community's low income populations. In some instances, the program also provides financial resources to local community hospitals to support their charity care programs. In 2014, KFH contributed $188,556,192 to help patients with limited or no resources pay for care provided in KFH facilities.

Grants and Donations for Medical Care Services

KFH donated $50,242,721 to nonprofit and community-based agencies in California to support the delivery of medical care by community providers. This effort is designed to provide support for community clinics and other safety net provider to build capacity for improving access and quality care infrastructure. It also extends partnerships to health departments and public hospitals. Funding areas include, but are not limited to, chronic disease management, access to specialty care, homeless services, quality improvement, access to primary care, HIV/AIDS, and general operating support.

Other Benefits for Vulnerable Populations

In 2014, KFH donated $49,460,777 to benefit vulnerable populations through a number of programs, including Educational Outreach Program, INROADS, Summer Youth, Watts Counseling and Learning Center, and grants and donations for community-based programs.

Kaiser Permanente Educational Outreach Program

Educational Outreach Program (EOP) provides education and support services, primarily for Latino families, in the San Gabriel Valley section of Los Angeles County. The focus of EOP is to provide programs and activities that improve school performance, promote family communication, teach skills that are needed to meet various life tasks and alleviate stress, create opportunities for the development of leadership skills for both youth and their parents so they can address issues that impact their community, and increase awareness of professional opportunities in the health field for young people. Programs offered include homework assistance and study skills classes, reading improvement classes, mother-daughter workshops, assessment of mental health needs in the community, and summer enrichment sessions. EOP provided services to a total of 1,243 clients.

Kaiser Permanente Watts Counseling and Learning Center

Since 1967, Watts Counseling and Learning Center (WCLC) has been a valuable community resource for low-income, inner-city families in South Los Angeles. WCLC provides mental health and counseling services, educational assistance for children with learning disabilities, and a state-licensed and nationally accredited preschool program. In addition, WCLC operates several outreach programs, including Kids Can Cope support groups (for children whose siblings or parents have cancer), pre-employment training for high school youth, scholarships for high school students, and training for graduate social work interns from local universities. In 2014, WCLC provided services to a total of 1,234 individuals.

YOUTH EMPLOYMENT PROGRAMS

KFH participates in two programs that benefit disadvantaged youth—L.A.U.N.C.H (Learn About Unlimited New Careers in Healthcare) Summer Youth Employment Program (SYEP) and L.A.U.N.C.H. College Internship Program. These programs offer employment, mentoring, and training opportunities, as well as potential full-time employment upon completion. In 2014, 583 young people were employed through them.

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

GRANTS AND DONATIONS FOR COMMUNITY-BASED PROGRAMS

KFH donated $27,237,587 to community organizations to support a variety of programs and services for vulnerable populations in California. Through this funding category, KFH supports Community Health Initiatives (CHI). Kaiser Permanente has a longstanding focus on healthy eating, active living (HEAL) programs and other interventions designed to combat increased obesity rates. CHI supports efforts by community providers and coalitions to implement community-wide medical, environmental, and social changes that can help decrease obesity. CHI also supports efforts that address and promote community safety.

BENEFITS FOR THE BROADER COMMUNITY

In 2014, KFH spent $13,534,802 on programs and services to benefit the broader community, including health education and community wellness programs, Educational Theatre, donations of surplus equipment and supplies, facility use, and grants and donations that support the broader community.

COMMUNITY HEALTH EDUCATION AND HEALTH PROMOTION PROGRAMS

This program provides health education programs, materials, and services and conducts training sessions for California's diverse communities. The goal is to improve health and prevent disease in families and individuals of all ages by conducting appropriate health education interventions and by sharing Kaiser Permanente's health education resources. These programs widely disseminate quality health education materials, resources, and services to the community, including online resources such as the health encyclopedia and Healthwise Self-Care Tip Sheets. Programs offered include asthma management in children, breastfeeding, HIV prevention, better nutrition and lifestyle, coping with chronic diseases, and seniors' movement programs. Continuing Education courses and skill training sessions are also provided to community health care providers. Many of the programs and resources are provided in partnership with community groups, community clinics, libraries, nonprofit organizations, cable television channels, and schools. In 2014, Regional Health Education provided more than 300 activities—responding to requests for materials, trainings, presentations, event staffing, technical assistance, and publication development—that reached more than 224,000 community members.

KAISER PERMANENTE EDUCATIONAL THEATRE (KPET)

KPET uses live theatre, music, comedy, and drama to inspire children, teens, and adults to make healthier choices and better decisions about their well-being. Its award-winning programs are as entertaining as they are educational and were developed with the advice of teachers, parents, students, health educators, medical professionals, and skilled theatre artists. Professional actors who are also trained health educators deliver all performances and workshops. KPET programs share health information and develop individual and community knowledge about leading healthier lives. Now in its 28th year, it continues to provide programs free of charge to schools and the general community. In addition to performances and classroom workshops, KPET supplies schools and organizations with supplementary educational materials, including workbooks, parent and teacher guides, and student wallet cards. All materials are designed to reinforce the messages presented in the programs.

In 2014, KPET provided programs throughout Kaiser Permanente Northern California that align with our Community Health Initiatives. In fact, 80% of KPET's total services in 2014 were in support of CHI or other area and regional strategies. KPET staff also communicated with CB managers and area staff to discuss potential school and community partnerships. In 2014, KPET developed twelve new partnerships and served more than 297,037 children and adults through 1,144 events, which ranged from school performances and workshops to community presentations and trainings.

In NCR, KPET offered the following services in 2014 for elementary schools: *The Best Me Assembly*, a performance for grades K to 6 with a targeted focus on healthy eating and active living; *The Best Me Program*, a weeklong program encouraging healthy eating and an active lifestyle through an educator orientation, grade-specific assemblies, workshops, Family Night, and educator guides; and *Peace Signs*, a conflict resolution and violence prevention program providing multiple interventions with schools, upper elementary school students, and their families.

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

In SCR in 2014, 217,035 children and adults attended one of 1,397 KPET performances. For the past several years, KPET has provided MPOWR (empower), a summer enrichment program that challenges students to explore health via self-expression through art, music, theatre, and movement. Ongoing partnerships include WCLC, Madison Middle School in North Hollywood, and the Boys and Girls Club of Redlands. MPOWR is facilitated by KPET actor-educators and culminates with a showcase of student work at each location. The repertoire for KPET in SCR also includes the following multifaceted programs:

- The Healthy Eating Active Living Program (grades 4-5) is a multifaceted offering that includes the play, *Game On* and two supporting student workshops. Key topics include eating a balanced meal, choosing water over sugary beverages, the importance of active play and the power of media advertising.
- The Adolescent Bullying Prevention Program (grades 6-8) consists of the play, *Someone Like Me*. The program is a springboard for discussions between students and teachers, parents and trusted adults. Key topics include; rumors and gossip are a form of bullying, the prevalence of bullying using social media, and, in middle school, the developmentally appropriate choice is abstinence. At the end of each performance, the actor-educators are available to the students for one-on-one sessions and are trained to bridge students to school personnel if necessary.
- The STD Prevention Program (grades 9-12), *What Goes Around,* provides information about HIV, AIDS and sexually transmitted diseases (STDs). The play gives insight into the lasting impact one person's choice can make on the lives and health of many. Key topics include the option of abstinence and the importance of testing and prevention. At the end of each performance, the actor-educators facilitate a question and answer session.

GRANTS AND DONATIONS FOR THE BROADER COMMUNITY

KFH donated $2,181,323 to nonprofit organizations to help educate health care consumers about managing their own health and making informed decisions when obtaining services; to develop, produce, and communicate health care-related public policy; and to support a variety of other programs and services aimed at the general well-being of the community.

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

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

HEALTH RESEARCH, EDUCATION, AND TRAINING PROGRAMS

KFH is committed to improving the health and well-being of community members by educating and training physicians and other health care professionals, conducting medical and health services research, and disseminating information. In 2014, KFH spent $113,438,221 on education and training for nurses, physicians, other health care professionals, and health and nursing research.

PROVIDER EDUCATION AND TRAINING

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

GRADUATE MEDICAL EDUCATION (GME)

In 2014, KFH contributed $68,280,310 to educate more than 2,845 interns and residents in California. GME programs develop a pool of highly skilled physicians for Kaiser Permanente and the broader community. Most medical residents study within the primary care medicine areas of Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Preventive Medicine, and Psychiatry. As part of their training, residents participate in rotations at school-based health centers, community clinics, and homeless shelters.

COMMUNITY MEDICINE FELLOWSHIP

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

OLIVER GOLDSMITH SCHOLARSHIP PROGRAM

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

NURSING EDUCATION AND TRAINING

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

KAISER PERMANENTE SCHOOL OF ANESTHESIA FOR NURSES

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

baccalaureate degree. Students earn a master of science in nursing with a clinical specialty in anesthesia. In 2014, there were 69 student participants. In SCR, the school has partnerships with a number of public and community hospitals to provide additional clinical rotation opportunities for students. Scholarships for students are available through National Black Nurses Association and American Association of Nurse Anesthetists Foundation. In addition, the school partnered with Pasadena City College to develop the first anesthesia technician associate degree program in the nation. The anesthesia technician program prepares students for eligibility to take and pass the American Society of Anesthesia Technologists and Technicians (ASATT) National Certification Examination to become certified as an anesthesia technologist. A certificate of achievement and an associate of science degree are awarded upon successful completion of the curriculum. Eleven students participated in the program in 2014.

CALIFORNIA NURSING ANESTHESIA COLLABORATIVE PROGRAM – (CNACP)

CNACP provides education and financial assistance to students pursuing a master's degree in nurse anesthesia. CNACP faculty (clinical and academic) are graduates of the Samuel Merritt University (SMU) program and serve as resources for lifelong learning within perioperative medicine departments throughout NCR. In 2014, 391 students participated in the program.

KAISER PERMANENTE DELORAS JONES NURSING SCHOLARSHIP PROGRAM

Kaiser Permanente provides financial assistance to students enrolled in California nursing programs. The scholarships encourage and support recipients to become registered nurses or to pursue advanced nursing degrees. Scholarships are based primarily on financial need and are awarded in several categories: underrepresented minorities, academic excellence, nursing as a second career, and graduate nursing degrees. In 2014, 202 scholarships totaling $361,000 were awarded.

NARROWING THE STUDENT NURSE PREPARATION PRACTICE GAP PROGRAM

In Southern California, this work-study program partners with university and college nursing programs to improve clinical outcomes and assist with professional growth. Senior students incorporated curriculum study with clinical experiences with nursing professional partners and regional education residents to narrow the student nurse preparation to practice gap. In 2014, a total of 83 students were assigned to KFH-Downey and KFH-San Diego facilities. Academic partners included but were not limited to Grossmont Community College, Mira Costa Community College, Point Loma Nazarene University, San Diego State University, San Diego City College, and Santa Monica Community College. In 2014, a total of 83 students were assigned to KFH-Downey and KFH-San Diego facilities. Academic partners included but were not limited to Grossmont Community College, Mira Costa Community College, Point Loma Nazarene University, San Diego State University, San Diego City College, and Santa Monica Community College.

TECHNICAL PROVIDER EDUCATION AND TRAINING

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

KAISER PERMANENTE SCHOOL OF ALLIED HEALTH SCIENCES – (KPSAHS)

KPSAHS is located in Richmond, California and was established in 1989 as a radiology program in response to the severe shortage of radiologic technologists. KPSAHS eventually expanded the school to include 18-month programs in sonography, nuclear medicine, and radiation therapy. In addition, the school provides courses in anatomy and physiology and advanced/basic phlebotomy. KPSAHS offers educational programs and promotes learning to develop a skilled allied health workforce and to improve the quality of and access to health care services in the communities we serve.

KAISER PERMANENTE MENTAL HEALTH TRAINING PROGRAM

In Northern California, Kaiser Permanente's Mental Health Training Programs train mental health professionals and provide internships and residencies in a variety of postgraduate specialty areas. Internships in pre and post-master's level mental health services include Clinical Social Work and Marriage & Family Therapy (MFT). Participating interns are enrolled in or have completed either a master degree program in Social Work (MSW), or a master's degree program in Counseling Psychology, leading to an MFT license. Internships in Psychology require enrollment in American Psychological Association

(APA)-accredited Ph.D., Psy.D. or Ed.D. programs in Counseling or Clinical Psychology. Postdoctoral residencies in Psychology require completion of Ph.D., Psy.D., or Ed.D. degrees in APA-accredited programs. Interns and residents receive individual and group supervision, participate in didactic seminars, and receive training in the delivery of outpatient mental health and chemical dependency services.

Kaiser Permanente Pharmacist Residency Programs

Pharmacy residency programs provide one- and two-year postgraduate education and training programs to licensed pharmacists to gain additional experience and training in pharmaceutical care and administrative pharmacy services. Kaiser Permanente annually accepts students into its American Society of Health System Pharmacist or Academy of Managed Care Pharmacy accredited pharmacy residency programs, including standard post-graduate year-one programs to specialized programs in managed care, drug information, and drug distribution. The programs enable residents to meet the legal requirements in California for collaborative practice for initiating and adjusting prescription medication therapy under physician approved protocols and patient referrals. In 2014, Kaiser Permanente trained 118 students.

Kaiser Permanente Physical Therapy Fellowship in Advanced Orthopedic Manual Therapy Program

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

Kaiser Permanente Physical Therapy Neurology Residency

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

Kaiser Permanente Physical Therapy Clinical Internships

This program delivers training and education to students by providing space in Kaiser Permanente-sponsored clinical training seminars and by partnering with established university training programs. Students receive education on pediatrics, sports medicine, women's health, chronic pain, autism, speech disorders, neurological physical therapy, geriatrics and orthopedics. In 2014, 361 physical therapy, occupational therapy, and speech therapy students received clinical training.

Kaiser Permanente Physical Therapy Orthopedic Fellowship Program

This residency program provides education in the specialty area of orthopedic physical therapy. In 2014, the program offered 25 physical therapy residency slots at KFH hospitals in Southern California. Residents, fellows, and clinical faculty provide physical therapy services for patients. Graduates are eligible to sit for their board certification examination in orthopedic physical therapy, and apply to participate in a physical therapy fellowship program.

Kaiser Permanente Orthopedic Fellowship in Sports Rehabilitation

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

Kaiser Permanente Spine Rehabilitation Fellowship Program

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

KAISER PERMANENTE CLINICAL PSYCHOLOGY INTERNSHIP TRAINING PROGRAMS

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

KAISER PERMANENTE RADIOLOGY TRAINING PROGRAM

Students enrolled in local community college radiology technology programs can complete their one-year clinical rotation, a requirement for certification, at KFH facilities in Southern California. The program served 170 students in 2014.

ADVANCED PRACTICE AND ALLIED HEALTH CARE EDUCATIONAL PROGRAMS

The Southern California Department of Professional Education offers educational programs designed to meet many of the primary and continuing educational needs of certified nurse anesthetists, nurse practitioners, physician assistants, certified nurse-midwives, physical therapists, occupational therapists, clinical laboratory specialists, radiology technologists, registered nurses, speech pathologists, social workers, and marriage and family counselors. In 2014, approximately 545 community participants attended one of 11 Continuing Education programs and/or symposia.

HIPPOCRATES CIRCLE

This program was designed to increase the number of minority physicians in the medical field, especially in underserved communities, by building awareness in young men and women who are members of underrepresented minority groups that a career in medicine, especially as a physician, is possible. Through the collaborative efforts of school districts, medical schools, and Kaiser Permanente physicians and staff, Hippocrates Circle strengthens the self-esteem of young people and empowers them to pursue their goals through mentorship, education, and facilitated experience. In 2014, 885 students participated in the program at various KFH locations in Southern California.

GRANTS AND DONATIONS FOR THE EDUCATION OF HEALTH CARE PROFESSIONALS

KFH spent $2,998,373 to support the training and education of health care professionals in California. Contributions were made to a variety of nonprofit agencies and academic institutions.

HEALTH RESEARCH

Kaiser Permanente has a long history of conducting health services and medical research that address issues regarding health care policy, quality of care, and quality of life. The results have yielded findings that affect the practice of medicine within the broader health care community. In California, KFH operates three large research departments: NCR's Division of Research, established in 1961; SCR's Department of Research and Evaluation, founded in the early 1980s; and Kaiser Foundation Research Institute. In addition, KFH funds other research-related projects and programs such as nursing research.

DIVISION OF RESEARCH (DOR)

The Division of Research (DOR), Kaiser Permanente Northern California's highly regarded research center, conducts, publishes, and disseminates high-quality epidemiological and health services research to improve the health and medical care of Kaiser Permanente members and society at large. DOR conducts research among the 3+ million Kaiser Permanente members of Northern California using interviews, automated data, medical records, and clinical examinations. DOR researchers have contributed more than 3,000 papers to the medical and public health literature. Research projects encompass epidemiologic and health services studies as well as clinical trials and program evaluations. They cover a wide range of topics including cardiovascular disease, cancer, diabetes, substance abuse, mental health, maternal and child health,

women's health, health disparities, pharmaco-epidemiology, and studies of the impact of changing health care policy and practice. DOR has more than 50 research scientists, who work closely with local research institutions and organizations, including the California State Department of Health Services, University of California at Berkeley, San Francisco and Davis, and Stanford University. DOR works with Kaiser Permanente Community Benefit Programs (KPCBP) to enhance communication and collaboration between DOR and Kaiser Permanente members, community residents and other key stakeholders. Financial and other support provided by KPCBP have enabled DOR to sponsor research studies on topics which directly align with KPCBP priorities, to attract additional private funding and improve community engagement and participation in DOR activities, and to develop unique and significant resources in the Comprehensive Clinical Research Unit (CCRU) and Research Program on Genes, Environment and Health (RPGEH).

Department of Research and Evaluation

The Department of Research and Evaluation supports Kaiser Permanente physicians and employees in conducting research through the provision of consultative, educational, and administrative services. Research and Evaluation conducts research projects initiated by team members working within the unit and in collaboration with scientists affiliated with other institutions. In 2014, there were 988 active projects and 360 published studies of regional and/or national significance.

Kaiser Foundation Research Institute (KFRI)

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

Nursing Research Program

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

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

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

In Southern California, there were 121 new, continuing, and/or completed Nursing Research Program projects and 27 studies published in 2014. Current areas of research include nursing workforce and leadership, instrument development and validation, and quality of life issues.

Table A

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

COMMUNITY BENEFITS PROVIDED IN 2014

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

See endnotes on the following page.

ENDNOTES

1 Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.

2 Amount includes hospital-specific, unreimbursed expenditures for Other Plan members and unreimbursed inpatient expenditures for the Kaiser Permanente Child Health Program subsidy on a cost basis.

3 Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance and Indigent Care programs on a cost basis.

4 Figures reported in this section for grants and donations for medical services consist of charitable contributions to community clinics and other safety-net providers; community health partnerships and collaboratives; and special Request for Proposals to support specific health issues such as childhood obesity, asthma, etc. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

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

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

7 Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonmedical needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

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

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

10 Amount represents the estimated value of, but is not limited to, donated surplus office and medical supplies, equipment and furniture, promotional giveaways, in-kind services, and conference meeting room usage, as recorded in the MicroEdge GIFTS database.

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

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

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

Table B

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

HOSPITAL SERVICE AREA SUMMARY TABLE

COMMUNITY BENEFITS PROVIDED IN 2014

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

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

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

INTRODUCTION

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

COMMUNITY HEALTH NEEDS ASSESSMENT

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

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

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

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

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

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

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

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

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

The CHNA report for each KFH hospital is posted on the Kaiser Permanente Share Site.

COMMUNITY BENEFIT PLAN DEVELOPMENT

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

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

Once health needs are selected, local CB staff and committees develop a community benefit plan. As part Kaiser Permanente's integrated health system, KFH hospitals have a long history of working with KFHP, TPMG, SCPMG, and

other KFH hospitals, as well as external stakeholders to identify, develop, and implement strategies to address community health needs. These strategies are developed so that they:

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

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

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

OUTLINE OF HOSPITAL SECTION

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

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

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

KAISER FOUNDATION HOSPITAL (KFH)-SACRAMENTO

2025 Morse Avenue
Sacramento, CA 95825
(916) 973-5000

COMMUNITY SNAPSHOT

(*SOURCE: U.S. Census Bureau, American Community Survey: 2008-12* accessed through www.CHNA.org/KP except* [*US Department of Labor, Bureau of Labor Statistics: September, 2014*])

White	65.04%
Black/African American	7.72%
Asian	11.02%
Native American/ Alaskan Native	1.20%
Pacific Islander/ Native Hawaiian	0.62%
Some Other Race	8.66%
Multiple Races	5.74%

Hispanic/Latino	24.29%
Total Population	656,024
Living in Poverty (<200% FPL)	38.95%
Children in Poverty	23.38%
Unemployed*	6.8
Uninsured	13.93%
No High School Diploma	13.95%

KEY STATISTICS

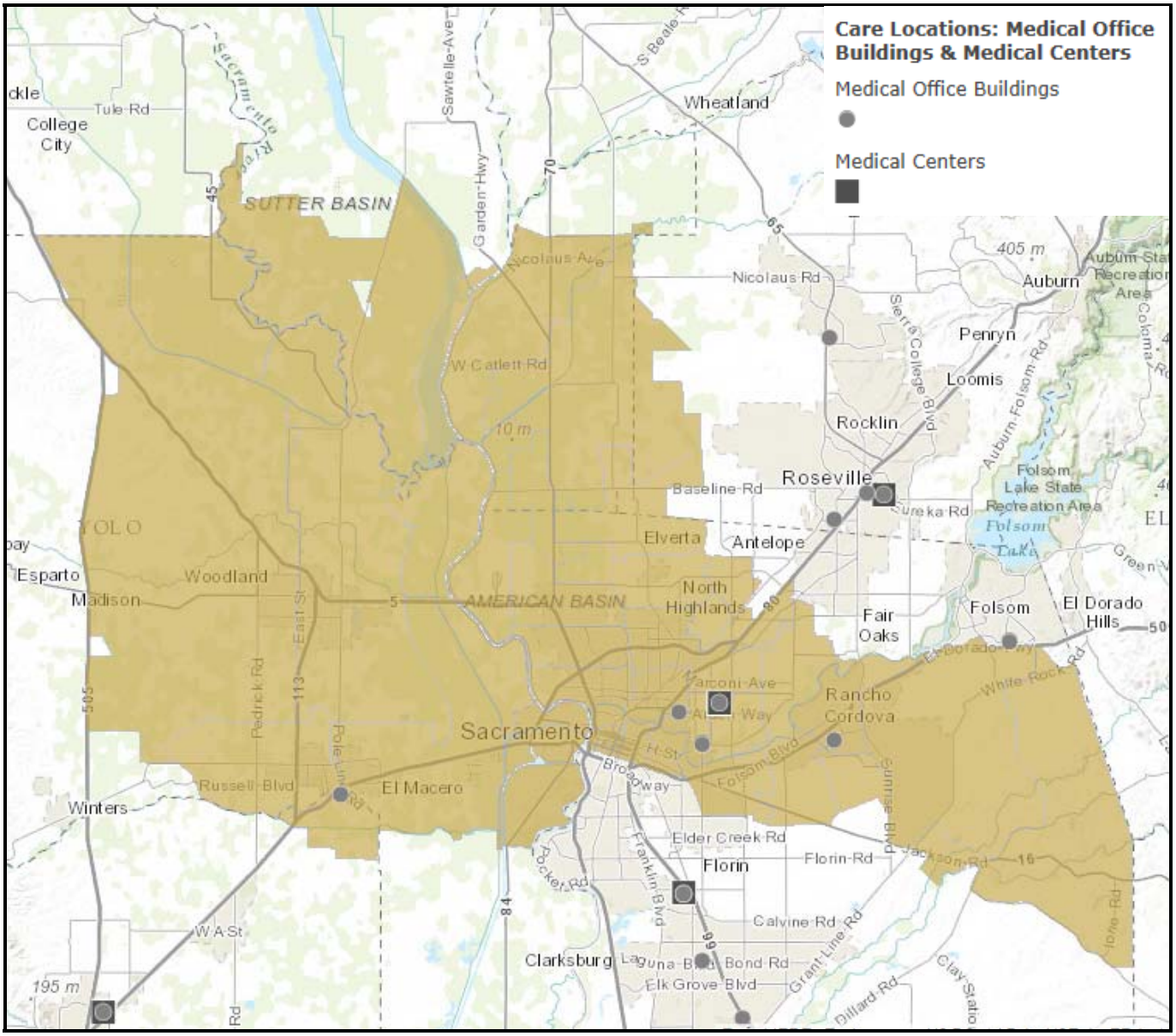
Year opened:	1965
KFH full-time equivalent personnel:	1,317.0
KFHP members in KFH service area:	215,539

Total licensed beds:	287
Inpatient days:	41,566
Emergency room visits:	83,848

KEY LEADERSHIP

Ron Groepper	Senior Vice President and Area Manager
Stacy Lorenzen	Area Finance Director
Robert Azevdeo, MD	Physician in Chief
Deborah Royer	Medical Group Administrator
Richard Robinson	Public Affairs Director
Carol Serre	Community Benefit/Community Health Manager

KFH Sacramento Medical Center Area



The KFH-Sacramento service area comprises Sacramento and Yolo counties. Cities in this area include Citrus Heights, Davis, Sacramento, Rancho Cordova, West Sacramento, and Woodland.

TABLE 1

KAISER FOUNDATION HOSPITAL-SACRAMENTO

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: Charitable Health Coverage (Kaiser Permanente Child Health Program)	3,177
Medi-Cal Managed Care members	27,260
Kaiser Permanente Educational Theatre - number of performances/workshops	54
Kaiser Permanente Educational Theatre - number of attendees	42,331
Graduate Medical Education - number of affiliated and independent residents	271
Nurse practitioner and other nursing training and education beneficiaries	32
Other health professional (non-MD) training and education beneficiaries	14
High school and college internship participants (Summer Youth, INROADS, etc.)	13
Number of 2014 grants and donations made at the local and regional levels*	164

*The vast majority of regional grants impact three or more local 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-SACRAMENTO

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2014

	2014 Totals
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[a]	$26,134,482
Charity care: Charitable Health Coverage programs[b]	2,338,453
Charity care: Medical Financial Assistance Program[c]	2,775,168
Grants and donations for medical services[d]	1,048,730
Subtotal	*$32,296,832*
Other Benefits for Vulnerable Populations	
High school and college internship programs[e]	$101,830
Grants and donations for community-based programs[f]	325,394
Community Benefit administration and operations[8]	442,903
Subtotal	*$870,127*
Benefits for the Broader Community[h]	
Community health education and promotion programs	$8,827
Kaiser Permanente Educational Theatre	160,093
Facility, supplies, and equipment (in-kind donations)[i]	1,850
Community Giving Campaign administrative expenses	12,879
Grants and donations for the broader community[j]	176,421
National board of directors fund	27,249
Subtotal	*$387,318*
Health Research, Education, and Training	
Graduate Medical Education	$1,943,063
Non-MD provider education and training programs[k]	443,214
Grants and donations for health research, education, and training[l]	739,198
Health research	443,093
Subtotal	*$3,568,568*
Total Community Benefits Provided	$37,122,845

TABLE 2 ENDNOTES

[a] Amount includes unreimbursed inpatient expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries.

[b] Amount includes unreimbursed inpatient expenditures for the Kaiser Permanente Child Health Program subsidy.

[c] Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance and Indigent Care programs.

[d] Figures reported in this section for grants and donations for medical services consist of charitable contributions to community clinics and other safety-net providers; community health partnerships and collaboratives; community health care coverage enrollment efforts; and special Request for Proposals to support specific health issues such as HIV/AIDS, childhood obesity, asthma, etc. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

[e] 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.

[f] 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 non-health 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.

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

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

[i] Amount represents the estimated value of donated surplus office and medical supplies, equipment and furniture, promotional items and giveaways, in-kind services such as printing, mailings, multimedia production, etc., and conference and meeting room usage, as recorded in the MicroEdge GIFTS database.

[j] 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.

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

[l] 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-Sacramento 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-SACRAMENTO SERVICE AREA

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

- Lack of access to primary and preventive services
- Lack of access to specialty care
- Limited mental health services; lack of access to mental health services
- Limited or no nutrition literacy/access to healthy and nutritious foods, food security
- Lack of dental care
- Inability to exercise and be active
- Acculturation, limited cultural competence in health and related systems
- Lack of health literacy
- Limited coordination of care among providers, no case management services
- Lack of housing, basic shelter

HEALTH NEEDS THAT KFH-SACRAMENTO PLANS TO ADDRESS

1. ACCESS TO CARE

   Limited access to primary and preventive care, limited access to specialty care, limited access to medications, and lack of cultural literacy have been combined into one overarching health need, Access to Care. Increasing access to appropriate and effective health care services addresses a wide range of specific health needs. Achieving the goal of increased access to care requires reducing barriers to preventive screening, primary care, and specialty care by deploying a wide range of strategies encompassing programs, outreach, training, and policies. Access to comprehensive, quality, culturally competent health care services is important for the achievement of health equity and for its impact on obtaining timely, effective treatment and the prevention of poor health outcomes. Access to specialty care is important to reduce the burden of chronic conditions.

2. HEALTHY EATING ACTIVE LIVING

   Lack of basic food security and inaccessibility of healthy foods, lack of walkable streets and neighborhoods/sedentary lifestyles, and limited access to recreational activity (shortened to Healthy eating/Active living) are health needs that make it difficult for area residents to avoid issues of obesity and related health outcomes. The importance of addressing both the nutritional and physical environment that surround individual decision-making and promote healthful behaviors is recognized as an important obesity prevention strategy.

3. LIMITED ACCESS TO MENTAL HEALTH CARE SERVICES

Many behavioral health problems can be prevented and effectively treated by early detection, assessment, and links to services. Insufficient access to behavioral health services creates significant negative health outcomes.

4. BROADER HEALTH CARE SYSTEM NEEDS IN OUR COMMUNITIES

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

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

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

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

The goals, strategies, and outcomes listed below address health needs identified during the 2013 CHNA. All KFH hospitals carefully considered the evidence-base when determining which goals and strategies would be most effective in addressing each need. For more information on how these goals, strategies, and outcomes were identified, see the "Community Benefit Plan Development" section in Chapter IV.

KFH-Sacramento anticipates that successful implementation of the identified strategies will result in or contribute toward a set of expected outcomes that can help support overall improvement of the priority health need in the community. To track strategy implementation and to document anticipated impact, KFH-Sacramento annually monitors and evaluates the strategies outlined in its community benefit plan. Mechanisms for monitoring progress are tailored to each strategy and may include the collection and documentation of tracking measures such as number of grants made, number of dollars spent, number of people reached/served, number and role of volunteers, and number of volunteer hours. In addition, KFH Sacramento requires grantees to propose, track, and report outcomes, including behavior and health outcomes as appropriate.

NOTE: A year-end results table is included for each priority health need identified in KFH-Sacramento's community benefit plan. These tables were included to provide *highlights* of some of the strategies KFH-Sacramento implemented in 2014 to address its identified health needs and, as such, are *not* exhaustive lists.

PRIORITY HEALTH NEED I: ACCESS TO CARE

LONG-TERM GOAL

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

INTERMEDIATE GOALS

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

STRATEGIES

- Participate in Medi-Cal Managed Care, the state's Medicaid Program, to provide comprehensive inpatient and outpatient care to Medi-Cal Managed Care members in California
- Participate in Medi-Cal Fee for Service which provides subsidized health care on a fee-for-service basis for Medi-Cal beneficiaries not enrolled as KFHP members
- Provide Medical Financial Assistance (MFA), which assists eligible patients (based on prescribed levels of income, expenses, and assets) by subsidizing all or a portion of their Kaiser Permanente medical expenses for a period of time.
- Provide subsidized health care coverage that provides comprehensive benefits to children (birth through 18) in families with income up to 300% FPL who lack access to employer-subsidized coverage and do not qualify for public programs because of immigration status or family income.
- Provide financial support (via grants) to local organizations (federally qualified health centers [FQHCs] and local community health centers) to continue to provide clinical care for low-income area residents
- Provide grant funding to support patient navigators/community health workers who provide culturally sensitive assistance and care coordination to guide patients through available medical, insurance, and social support systems
- Participate in collaborative efforts with other area health systems and foundations that seek to address access to culturally competent, high-quality health care services

EXPECTED OUTCOMES

- Increased enrollment in Medi-Cal Managed Care
- Increased number of eligible individuals enrolled in Kaiser Permanente's subsidized care products
- MFA offered to area residents not eligible for other government health care programs
- Improvements are made to patient care, service delivery, care coordination, and/or clinic administration for FQHCs and community health centers that serve low-income area residents
- Increased access to care for community members often marginalized from medical, insurance, and social support systems due to cultural or social influences
- Increased coordinated efforts aimed at improving access to culturally competent, high-quality health care

2014 YEAR-END RESULTS

Grant Highlights			
Grantee	Grant Amount	Brief Project Description	Results to Date
CommuniCare Health Centers	$40,000	Expansion of CommuniCare's SMART-Y to assist homeless clients with SSI/SSDI enrollment.	SMART-Y received 251 referrals from 07/01/14 to 12/01/14 and submitted claims for 68 claimants (average adjudication time was 82 days; 55.9% favorable decision). In addition, SMART-Y became part of Yolo County's Bridge to Housing pilot project, through which staff provided screenings and case management services for 66 people who transitioned from homelessness to temporary housing.
Sacramento Native American Health Center, Inc. (SNAHC)	$52,000 (equal split with KFH-So. Sacramento and KFH-Roseville)	Project support focused on defining very high-need SNAHC patients and refining a team-based approach to improving access for those patients.	SNAHC is developing process improvement protocols for the project. As of Dec 2014, it identified a baseline of 20 participants to measure its progress. SNAHC is evaluating patient needs and intends to monitor progress as the program is implemented.
Sacramento Steps Forward (SSF)	$25,000 (equal split with KFH-So. Sacramento)	Supports Common Cents, a program using data, outreach, interim housing, and crisis intervention to reduce the number of chronically homeless people, including veterans, in Sacramento County.	SSF's primary goal is to reduce the targeted homeless population to zero by the end of 2016. The project will initially focus on city central, Oak Park, and public transportation routes.
SNAHC (split with KFH-Roseville and KFH-South Sacramento), Elica, CARES (split with KFH-Roseville and KFH-South Sacramento), WellSpace (split with KFH-Roseville), Chapa-De (split with KFH-Roseville and KFH-South Sacramento)	$125,000 (per health center over two years)	Increase clinical capacity to care for patients with chronic conditions by advancing process improvement skills and building cultures of quality.	Health centers will have dedicated, multi-disciplinary teams who attend learning collaboratives and grantee convenings; report and share clinical data with Kaiser Permanente and their peers in the learning collaboratives; and actively work with the technical assistance team throughout the grant period.
Central Valley Health Network (CVHN)	$250,000 over 2 years	Grant will provide funding for CVHN to support core	Expected reach is 600,000 CVHN expects to increase access to comprehensive health

	This grant impacts six KFH hospital service areas in Northern California Region.	operational functions and policy and advocacy activities that support CVHN member health centers in their goal of providing quality health care.	services for low-income Californians through local, regional, and statewide advocacy partnerships with key stakeholders. Health center staff will have tools, knowledge, and skills necessary to support growth and expand access to primary care and have an ongoing supply of skilled/trained individuals necessary to support care delivery.
Regional Associations of California (RAC)	$60,000 This grant impacts all KFH hospital service areas in Northern California Region.	RAC strengthens the capacity of California's community clinics and health centers and advances local health delivery system transformation to ensure access to quality health care for all.	Expected reach is 5,146,489. Expected outcomes include enhanced understanding among health center members and local delivery system stakeholders of payment reform models and an increased capacity of consortia and clinics to test new models with an increased capacity of community clinics and health centers to succeed in a managed care environment.
California Consortium for Urban Indian Health (CCUIH)	$80,000 This grant impacts all KFH hospital service areas in Northern California Region.	Core support to position Urban Indian Health Organization (UIHO) clinics for success in 2015 and beyond.	Likely reach is 37,000. Expected outcomes include: • Enhanced collaboration between CCUIH and key agencies on implementation and American Indian policy issues • Increased capacity of UIHO clinics to collaborate/strategize about the unique position of UIHO clinics and patients and to understand ACA policies and benchmarks • Increased capacity of UIHO clinics to implement culturally specific solutions for enhanced care delivery and patient experience, care, benefits, and protections.

Collaboration/Partnership Highlights		
Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
Sacramento Region Health Care Partnership	Launched in 2011 in response to the ACA and the anticipated influx of 227,500 newly insured residents, the Partnership works to improve the safety net health care system in El Dorado, Placer, Sacramento, and Yolo counties	CB Manager Carol Serre is a member of the Partnership. Nearly $1.4 million in grants were awarded to five community health centers and the Safety Net Learning Institute is offered to all community health centers in the Sacramento Region.
Yolo Community Health Initiative (CHI)	Yolo CHI's mission is to connect children and families with low- and no-cost health insurance and to educate and advocate for access to health care.	KFH-Davis physician Yvonne Otani, MD is co-chair of Yolo CHI, which works to strategically reach target groups throughout the county. To maximize enrollment in Kaiser Permanente Child Health Program, Kaiser Permanente provided guidance and support, including connecting member organizations (clinics and family resource centers) with KPCHP liaisons.

2015 Goals Update

The goals will remain unchanged for 2015.

2015 Strategies Update

The strategies will remain unchanged for 2015.

PRIORITY HEALTH NEED II: HEALTHY EATING, ACTIVE LIVING

Long Term Goal

- Reduce obesity among at-risk populations in the KFH-Sacramento service area

Intermediate Goal

- Increase healthy eating and physical activity among vulnerable populations with a focus on communities of concern

Strategies

- Implement Thriving Schools, a national initiative of Kaiser Permanente that targets resources to schools in low-income neighborhoods to improve the health and wellness of students and employees through improved nutrition, increased physical activity, and access to health care
- Provide Kaiser Permanente Educational Theatre (KPET), a free theater program designed with the advice of teachers, students, medical professionals, parents and actors, to disseminate health education and inspire children, teens, and adults to make healthier choices and better decisions about their well-being.
- Serve as a partner on Coordinated School Health Program (CSHP) committees for local schools to develop school nutrition and physical activity policies and serve as a resource to school sites for implementing those policies
- Grant funding to support facilitation and development of sustainable practices that provide education and increase access to healthy foods and physical activity in schools and community-based settings that reach a broad sector of the community

Expected Outcomes

- Increased healthy eating in school-aged children
- Increased physical activity in school-aged children
- Increased awareness of healthy eating
- Increased awareness of physical activity
- Increased progress towards new/enhanced policies that promote health and wellness in K-12 school environment
- Increased access to healthy foods and physical activity in vulnerable communities

2014 Year-End Results

Grant Highlights			
Grantee	Grant Amount	Brief Project Description	Results to Date
American Academy of Pediatrics California Foundation (AAPCF)	$25,000 (even split w/Roseville)	Implementation of Sacramento Reverse Food Truck, which collects healthy food and monetary donations to fill food gaps experienced by community food banks.	AAPCF will partner with established farmers markets and participate in food-related community events to engage the community, build awareness about the program, and solicit donations.

Health Education Council	$51,450 (even split with So. Sac and Roseville)	Supports Don't Buy The Lie, a program to reduce tobacco initiation and use among youth.	Victor DeNoble, PhD delivered his DBTL presentation to 2,750 students. To raise awareness among youth, hundreds of students participated in a regionwide anti-tobacco billboard and poster contest
Mutual Assistance Network	$20,000	Supports pilot program to provide physical education and nutrition classes for 4th and 5th graders at Del Paso Heights Elementary School.	168 Del Paso Heights students have PE twice a week for at least 35 minutes per class. Student pre-tests, conducted in September 2014, will be compared to post-tests scheduled for May 2015.
Soil Born Farms Urban Agriculture and Education Project	$35,000	Educate diverse, low-income populations about healthy eating through cooking demonstrations, food tasting, recipes, nutrition information, food distribution, and with incentives to buy local produce.	Soil Born delivered 19 Farm Stand cooking demonstrations that reached more than 1,200 people; held a wellness-themed community dinner that reached 75 people; and delivered a healthy cooking demonstration at the City of Rancho Cordova's Wellness Fair that reached 60 people.
San Juan Unified School District (SJUSD)	$23,000	Implement Fire up Your Feet (FUYF) at one middle and four elementary schools to boost physical activity among staff, students, and their families with an emphasis on nutrition and pedestrian/bicyclist safety education.	SJUSD will implement pedestrian and bicyclist safety education, including on-bike lessons using its fleet of bikes. In addition, SJUSD will focus on nutrition education by including the Dairy Council's Common Core-aligned curriculum and implementing Food Literacy Center's 13-week program.
The Bigger Picture	$75,000 This grant impacts ten Northern California Region KFH hospitals	The Bigger Picture will provide youth-led student assemblies in high-need high schools to disseminate knowledge about the social and environmental factors that influence high rates of type 2 diabetes. In partnership with Youth Speaks, the Bigger Picture will engage youth in creating poetry and social media to empower them and their peers to become agents of change.	The Bigger Picture expects to reach 1,600 people in the following ways: • Students in Bigger Picture school assemblies will demonstrate an increased knowledge of type 2 diabetes • Students will demonstrate a decrease in likelihood of drinking soda, and eating unhealthy food • Some students will help develop social media designed to educate their peers. • Refine the Bigger Picture model; develop and pilot two alternative, scalable Bigger Picture school visit program models; recruit/train two poet mentors to conduct the school visit program on their own.

Non-Financial Contributions Highlights		
Beneficiary	Description of Non-Financial Contribution	Results to Date
San Juan Unified School District (SJUSD)	In partnership with the Sacramento Kings, Kaiser Permanente will provide activity-based events to encourage a healthy lifestyle.	Together with a Kaiser Permanente physician, the Sacramento Kings led a series of fun physical activities, including Get Fit clinics and PE Takeover days, at Greer, Starr King, and Kingswood elementary schools and San Juan High School. Approximately 1,000 students participated. SJUSD was chosen to

		participate in a three-year Alliance for a Healthier Generation (AHG) program to institute specific changes to create healthier school environments that support healthy eating and physical activity. Ten schools were identified for AHG participation.
Thomas Edison Language Institute	A performance of KPET's *The Best Me*, a production about health eating and active living for fifth and sixth graders, and a related family night workshop.	To further enhance *The Best Me*'s messages, local community health and social service providers participated in family night, staffing tables that encouraged one-on-one conversations with parents, students, and staff. Family night provides a connection to local resources that participants might not otherwise be aware of or have access to.
Greer Elementary	A performance of KPET's *Peace Signs*, a program that addresses conflict resolution and violence prevention.	To further enhance *Peace Signs*'s messages, local community health and social service providers participated in family night, staffing tables that encouraged one-on-one conversations with parents, students, and staff. Family night provides a connection to local resources that participants might not otherwise be aware of or have access to.
Asian Pacific Rim Foundation San Juan Unified School District Family Support Srvs. Sacramento Covered San Juan Education Fnd. Special Olympics of Northern California	Provide KPET's Community Troupe Program at various community events.	Attendees at a number of community events received information about healthy eating and active living through a fun and engaging model that included a kids' activity course, mascot ambassadors of health & wellness, Lotería (a bingo-like game), and customized workshops and activities.
Collaboration/Partnership Highlights		
Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
San Juan Unified School District (SJUSD) Coordinated School Health Council (CSHC)	SJUSD's CSHC is a stakeholder group of students, staff, health-related community-based organizations, and parents who are committed to the health and wellness of students, families, and staff.	CB Manager Carol Serre is a member of CSHC, which meets on a quarterly basis to discuss pertinent health topics and to make recommendations to the SJCUSD school board.
Healthy Sacramento Coalition (HSC), Sierra Health Foundation	HSC's goal is to improve the health and wellness of Sacramento County residents.	CB Specialist Myrna Gebauer is a HSC committee member and 2014 chair of the tobacco work-group. In 2014, more than 100 health and social service providers worked to develop a plan to address tobacco use and to create healthy eating and active living opportunities for Sacramento residents.

2015 Goals Update

The goals will remain unchanged for 2015.

2015 Strategies Update

The strategies will remain unchanged for 2015.

PRIORITY HEALTH NEED III: LIMITED ACCESS TO MENTAL HEALTH CARE SERVICES

LONG TERM GOAL

- Improve mental health and behavioral health among high-risk populations in the KFH-Sacramento service area

INTERMEDIATE GOALS

- Increase access to mental health care services to improve the management of mental health symptoms among high-risk populations (e.g., the uninsured and underinsured, residents engaging in unsafe behavior, etc.)
- Decrease risks for mental, emotional, and behavioral disorders among people at risk for engaging in unsafe behaviors

STRATEGIES

- Grant funding to organizations promoting multicomponent health care system-level interventions to link primary care providers, patients, and mental health specialists serving low-income, high-risk populations
- Grant funding for programs that increase access to ongoing mental health treatment services, such as transportation and no or low-cost service providers, for low-income, at-risk individuals
- Grant funding for programs providing housing and/or social services to low-income, at-risk patients
- Participate in collaborative efforts that seek to address access to mental health and behavioral health services
- Grant funding for preventive programs that aim to reduce the risks of mental illness related to violence

EXPECTED OUTCOMES

- Increased access to/participation in preventive mental health services
- Increased coordinated efforts aimed at improving access to mental health services for area residents
- Increased awareness of mental health illness and wellness for at-risk youth exposed to violence and their families

2014 YEAR-END RESULTS

Grant Highlights			
Grantee	Grant Amount	Brief Project Description	Results to Date
Capitol Community Health Network	$20,000 (even split with Roseville and So. Sac)	Support implementation of the Behavioral Health Joint Operating Committee (BHJOC) to coordinate delivery of integrated primary and behavioral health services at member clinic sites.	Two BHJOC members created integrated behavioral health practices that rapidly ramped up access to those services is. Three BHJOC members developed integrated services implementation plans, but have not been able to move forward. To increase primary behavioral health care, El Hogar was engaged as a subcontractor to create direct contractual relations with the three health plans, develop billing and credentialing protocols, and hire staff. It has seen approximately 170 patients to date.
Elica Health Centers (EHC)	$41,500	Development of EHC's comprehensive behavioral health program.	The program, which is fully integrated into EHC's patient-centered continuum of care, treated nearly 600 new and returning patients; 65% of whom had individual therapy; the remaining 35% participated in group therapy.

Sacramento Loaves & Fishes	$10,000	One-on-one counseling for homeless adults who do not have insurance and aren't eligible for Sacramento County mental health programs.	As of December 2014, 666 homeless and low-income people received mental health counseling services at the center. In addition, street outreach helped 101 people receive counseling and referral services to health care providers.
Transitional Living and Community Support, Inc.	$27,503	Transportation to mental health appointments for clients with serious, ongoing mental illness.	In the first four months of the project, 92 clients received transportation to 615 appointments and necessary errands.
WellSpace Health	$99,000 (even split with KFH-Roseville)	Support for T3 (triage, transport, and treat) Foothills, a program designed to meet the complex medical, behavioral, and psychosocial needs of homeless high-utilizers of emergency health services.	The program served 38 individuals with intensive case management services, including housing and transportation support and assistance with completing required documentation to facilitate coordination of care. Clients receive referrals to primary care, mental health, and alcohol and other drug providers; are connected to housing, food banks, and other services; and get help with SSI, SDI, and General Assistance benefits, as needed. As a result, 18 individuals received permanent housing.
KidsFirst	$40,000	Project will increase screenings for trauma in youth clients; provide 16 counseling sessions to youth needing longer-term treatment; and host at least one trauma informed care training for staff & providers, located in the Roseville and/or Sacramento region.	Expectation is that 50 to 70 at-risk youth in Sacramento and Placer counties will be screened and connected to appropriate counseling services, and 10-15 youth will engage in extended treatment. 10-20 youth will engage in afterschool programming.

Non-Financial Contributions Highlights		
Beneficiary	Description of Non-Financial Contribution	Results to Date
Mutual Assistance Network Women's Empowerment	Tickets to California State Fair and lunch	Underserved youths and their families (70 total) attended the fair and received a healthy lunch. Because of their family's financial situation, this was their only chance to attend the fair for many of these children. Some shared that this was their first visit.
Roberts Family Development Center (RFDC)	Shop with a Doc	As part of the event, Kaiser Permanente physicians shopped with 30 youth from RFDC. Each child received $125 worth of clothing, along with a book and a stuffed animal from Kohls.

Collaboration/Partnership Highlights		
Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
Creating Community Solutions (CCS)	Part of the National Dialogue on Mental Health, CCS is an initiative designed to get people and communities talking about mental health. CCS created resources to help communities organize events and to	CB Manager Carol Serre is a member of the Action Team for Integration of Behavioral Health and Primary and Health Care for Sacramento County.

	guide participants in discussions about mental health and how to take local action.	
Roberts Family Development Center (RFDC)	Kaiser Permanente provides staff resources to assist with communications needs.	Leadership team members attended a Sat evening Teen Scene program. They interacted with youth; shared career, personal, and professional thoughts; spoke about health care careers, participated in "teach someone something" activities; and helped prepare and distribute food to needy populations during the holidays.

2015 Goals Update

The goals will remain unchanged for 2015.

2015 Strategies Update

The strategies will remain unchanged for 2015.

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

Long-term Goal

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

Intermediate Goal

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

Strategies

- Implement health care workforce pipeline programs to introduce diverse, underrepresented school-age youth and college students to health careers
- Provide workforce training programs to equip 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
Stiles Hall	$75,000 This grant impacts all KFH hospital service areas in Northern California Region.	This program helps African American, Latino, and Native American students complete their UC Berkeley application and personal statements. It also provides the students with tools, mentors, and other resources to help them stay in school and graduate.	Stiles Hall staff recruit, inform, and encourage high achieving, low-income underrepresented students thereby doubling their chances of admissions to U.C. Berkeley and providing a home-base for first generation college students. The program will also help 10 students meet with Kaiser Permanente professionals to discuss health career opportunities and experiences.
UC Davis Summer Institute for Emerging Managers and Leaders	$50,000 This grant impacts all KFH hospital service areas in Northern California Region.	The Institute identifies and recruits talented underrepresented minority students and invites them to attend a two-week leadership development program that aims to a pipeline of diverse students who choose to pursue MBA degrees within the University of California system.	During the program, 54 participants from 27 institutions met with alumni, deans, faculty, and business executives from the six UC business schools. They attended pre-MBA workshops led by business school graduate advisors and deans to learn more about graduate education opportunities within the UC system. They learned about effective presentations, marketing analytics, leadership, accounting, and other topics, and left with a concrete plan to build their résumés and careers to be stronger candidates for business school.
Inroads, Inc.	$60,000 This grant impacts all KFH hospital service areas in Northern California Region.	Support intern training at Pacific Northwest Learning Summit and Inroads' initiative to increase the number of student internship opportunities in health care careers in Northern California.	The annual learning summit prepares 100 new/continuing interns for the workplace. Inroads will conduct outreach and recruit 20 new corporate sponsors in health care related fields and create new internship slots. It will also conduct outreach, recruit, screen, and prepare 60 potential internship participants who are interested in health care-related fields, place 20 of them into the new positions, and support them with a year-round personalized curriculum.
UCSF School of Medicine Post Baccalaureate Program	$124,164 This grant impacts all KFH hospital service areas in Northern California Region.	This graduate certificate program prepares individuals from disadvantaged and underserved communities for careers in medicine by providing academic enrichment, assistance with medical school applications, MCAT preparation, mentoring, and advising.	The program aims to prepare 16 to 24 participants for successful admission to medical school by strengthening their academic profiles and applications. And to ensure they successfully complete medical school, the program helps participants develop the necessary skills and tools, and provides needs-based scholarships to those who qualify.

Physicians Medical Forum (20640801)	$50,000 This grant impacts twelve KFH hospital service areas in Northern California Region.	The Doctors on Board Community Health Ambassador program will increase the number of African American and other underrepresented minority students who are interested in becoming physicians through workshops, education, and mentoring opportunities.	The goal is that at least 250 high school, post-baccalaureate and medical students will have increased awareness of and interest in applying for science courses, pre-med college/university, MCATs, and applications to medical school.

2015 Goals Update

The goals will remain unchanged for 2015.

2015 Strategies Update

The strategies will remain unchanged for 2015.

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

Long-term Goal

- Increase awareness of the changing health needs of diverse communities

Intermediate Goal

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

Strategies

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

Expected Outcomes

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

2014 YEAR-END RESULTS

Grant Highlights			
Grantee	Grant Amount	Brief Project Description	Results to Date
UCLA Center for Health Policy Research Grant distributed from the Kaiser Permanente Fund for Community Benefit, a donor advised fund established in 2004 and administered by East Bay Community Foundation. As such, the grant amount is not included in 2014 Community Benefit totals (Tables A, B, and 2).	$1,000,000 ($500K in 2014) Grant impacts all KFH hospital service areas in Northern California Region.	To effectively and efficiently address the needs of any given community, residents, civic leaders, businesses, and health care and public health providers need access to sound, credible data. The California Health Interview Survey (CHIS) collects data on access to health care, health coverage, health behaviors, chronic health problems, and other issues. The information is disseminated through data files, online query tools, and research products such as policy briefs, reports, fact sheets, and articles.	Grant funds will allow the Center to: • Collect data and develop files for 48,000 households. • Develop 2013-2014 field ready survey questionnaires and include Tagalog. • Conduct at least 10 online AskCHIS workshops for at least 200 participants across the state; engage the new AskCHIS Neighborhood Edition (NE) query. • Analyze CHIS data and produce a policy brief on a topic chosen by Kaiser Permanente Community Benefit staff. • Increase capacity of nonprofit community organizations to understand, evaluate, and use health data
UCLA Center for Health Policy Research Grant distributed from the Kaiser Permanente Fund for Community Benefit, a donor advised fund established in 2004 and administered by East Bay Community Foundation. As such, the grant amount is not included in 2014 Community Benefit totals (Tables A, B, and 2).	$108,200 Grant impacts all KFH hospital service areas in Northern California Region.	Grant will allow CHIS to support enhancements needed for AskCHIS NE. New AskCHIS NE visualization and mapping tools will be used to demonstrate the geographic differences in health and health-related outcomes across multiple local geographic levels, allowing users to visualize the data at a sub-county level.	Grant funds will allow the Center to: • Enhance in-house programming capacity for revising and using state-of-the-science small area estimate (SAE) methodology. • Develop and deploy AskCHIS NE. • Launch and market AskCHIS NE. • Monitor use, record user feedback, and make adjustments to AskCHIS NE as necessary.

In addition to the CHIS grants, two research programs – the Division of Research (DOR) and Northern California Nursing Research (NCNR) – in the Kaiser Permanente Northern California Region Community Benefit portfolio also conduct activities that benefit all Northern California KFH hospitals and the communities they serve.

DOR conducts, publishes, and disseminates high-quality research to improve the health and medical care of Kaiser Permanente members and the communities we serve. Through interviews, automated data, electronic health records (EHR), and clinical examinations, DOR conducts research among Kaiser Permanente's 3+ million members in Northern California. Its research projects encompass epidemiologic and health services studies as well as clinical trials and program evaluations. Primary audiences for DOR's research include clinicians, program leaders, practice and policy experts, other health plans, community clinics, public health departments, scientists and the public at large. Community Benefit supports the following DOR projects:

DOR Projects	Project Information
Central Research Committee (CRC)	Information on recent CRC studies can be found at: http://insidedorprod2.kp-dor.kaiser.org/sites/crc/Pages/projects.aspx
Clinical Research Unit (CCRU)	CCRU offers consultation, direction, support, and operational oversight to Kaiser Permanente Northern California clinician researchers on planning for and conducting clinical trials and other types of clinical research; and provides administrative leadership, training, and operational

	support to more than 40 regional clinical research coordinators. CCRU statistics include 420 clinical trials and 370 FDA-regulated clinical trials.
Research Program on Genes, Environment and Health (RPGEH)	RPGEH is working to develop a research resource linking the EHRs, collected biospecimens, and questionnaire data of participating KPNC members to enable large-scale research on genetic and environmental influences on health and disease; and to utilize the resource to conduct and publish research that contributes new knowledge with the potential to improve the health of our members and communities. By the end of 2014, RPGEH had enrolled and collected specimens from more than 200,000 adult KPNC members, had received completed health and behavior questionnaires from more than 430,000 members; and had genotyped DNA samples from more than 100,000 participants, linked the genetic data with EHRs and survey data, and made it available to more than 30 research projects

A complete list of DOR's 2014 projects is at http://www.dor.kaiser.org/external/dorexternal/research/studies.aspx. Here are a few highlights:

Research Project Title	Alignment with CB Priorities
Risk of Cancer among Asian Americans	Research and Scholarly Activity
Racial and Ethnic Disparities in Breastfeeding and Child Overweight and Obesity	Healthy Eating, Active Living
Transition from Healthy Families to Medi-Cal: The Behavioral Health Carve-Out and Implications for Disparities in Care	Access to Care Mental/Behavioral Health
Ethnic and Racial Disparities in Dementia Incidence	Access to Care
Health Impact of Matching Latino Patients with Spanish-Speaking Primary Care Providers	Access to Care
Sociodemographic and Other Factors Affecting Response to a 2012 Regional FIT (Fecal Immunochemical Test) Outreach Effort	Access to Care
Healthcare Using New Technologies: A comparison of access to, use of, and preferences for using digital information technology to communicate, transact, and obtain health-related information across five race/ethnic groups of seniors aged 65-79.	Access to Care
RPGEH Project Title	**Alignment with CB Priorities**
Prostate Cancer in African-American Men	Access to Care Research and Scholarly Activity
RPGEH high performance computing cluster. DOR has developed an analytic pipeline to facilitate genetic analyses of the GERA (Genetic Epidemiology Research in Adult Health and Aging) cohort data. Development of the genotypic database is ongoing; in 2014, additional imputed data were added for identification of HLA serotypes.	Research and Scholarly Activity

The NCNR 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 providing research consultation, design, editing, abstract and manuscript development for internal and external publication and dissemination. Highlights of Community Benefit-funded NCNR projects in 2014 include:

Project Title	Alignment with CB Priorities
African American grandparents raising their grandchildren: A service gap analysis	Increase Access to Social Non-Medical Services for Vulnerable and Low-Income Populations
Intent of Hispanic/Latino adolescents toward tissue and organ donation: A study of an educational intervention.	Increase Access to Social Non-Medical Services for Vulnerable and Low-Income Populations
Quality improvement project aimed at preventing hospital readmissions of elderly patients with chronic conditions such as diabetes and diabetes-related diseases	Healthy Eating, Active Living

Caring, Filipino Population and Satisfaction Scores	Access to Care

The main audience for NCNR-supported research is KP and non-KP health care professionals (nurses, physicians, allied health professionals), community-based organizations, and the community-at-large. Findings are available at the Nursing Pathways NCNR website: https://nursingpathways.kp.org/ncal/research/index.html and bimonthly WebEx programs at https://nursingpathways.kp.org/ncal/research/nursingresearchprogram/2014meetingsandpresentations.html.

2015 Goals Update

The goals will remain unchanged for 2015.

2015 Strategies Update

The strategies will remain unchanged for 2015.