Kaiser Foundation Hospital – Northern California Region

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

SAN FRANCISCO

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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INTRODUCTION

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

DEVELOPMENT OF A CONSOLIDATED COMMUNITY BENEFIT PLAN

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

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

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

CONTENTS OF THE COMMUNITY BENEFIT PLAN

CHAPTER I: HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE
• History of Kaiser Permanente and a description of its organizational structure at the regional and national level

CHAPTER II: MISSION STATEMENT AND COMMITMENT TO THE COMMUNITY
• Mission statement of KFH and Kaiser Foundation Health Plan, Inc. (KFHP), and information on Kaiser Permanente’s commitment to the communities it serves

CHAPTER III: COMMUNITY BENEFIT PROVIDED IN 2013
• Statewide and individual hospital Community Benefit provided by KFH in 2013, including descriptions of related activities and programs, as well as financial information based on the SB 697 reporting categories (Tables A and B).

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

HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

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

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

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

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

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

NATIONAL STRUCTURE

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

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

REGIONAL STRUCTURE IN CALIFORNIA

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

Four separate legal entities are responsible for managing the integrated health care system in California: KFHP; KFH; The Permanente Medical Group, Inc. (TPMG), which contracts with KFHP in Northern California; and Southern California Permanente Medical Group (SCPMG), which contracts with KFHP in Southern California. Kaiser Permanente also provides
medical services to members in one non-hospital service area, Kern County, where SCPMG physicians provide primary and specialty care for members, and KFH contracts for hospital services.

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

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

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

Kaiser Foundation Hospitals in California

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

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

Medical Office Buildings

In California, KFHP/H owns and leases 442 medical offices where members receive outpatient health care. Each Kaiser Permanente medical office building is affiliated with a KFH medical center.
CHAPTER II: MISSION STATEMENT AND COMMITMENT TO THE COMMUNITY

MISSION STATEMENT

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

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

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

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

NATIONAL COMMITMENT TO COMMUNITY BENEFIT

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

We focus our work on three broad areas:

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

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

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

For many years, we have worked collaboratively with other organizations to address serious public health issues such as obesity, access to care, and violence. We have conducted CHNAs to better understand each community’s unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term,
sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health.

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

KAISER PERMANENTE’S COMMITMENT TO COMMUNITY BENEFIT IN CALIFORNIA

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

• Regional Community Benefit Governance Teams include senior-level executives representing KFHP/H and SCPMG or TPMG. Each team is responsible for setting strategic direction for Community Benefit activities, approving new initiatives, setting annual spending targets, and monitoring Community Benefit outcomes and results in the region.

• Regional Community Benefit leaders and staff coordinate and implement Community Benefit programs and initiatives with program managers, staff the Community Benefit governance team, and frame policy directives in Northern and Southern California.

• Local staff at the hospital and/or Area level are responsible for implementing and reporting on Community Benefit programs and services that address local needs.
CHAPTER III: COMMUNITY BENEFIT PROVIDED IN 2013

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

METHODOLOGY

DEFINITION OF COMMUNITY

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

CATEGORIZATION OF SERVICES

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

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

DOCUMENTATION AND ALLOCATION OF EXPENDITURES

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

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

Resource allocations are reported, as follows:

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

SUMMARY OF KAISER FOUNDATION HOSPITALS COMMUNITY BENEFIT

STATEWIDE BENEFITS

In 2013, KFH provided a total of $776,303,922 in Community Benefit for Californians, supporting a wide range of community projects, medical care services, and research and training for health and medical professionals. As shown in Table A (page
most Community Benefit funds were used to subsidize inpatient medical care services for vulnerable populations ($588,236,946) and for health research, education, and training programs ($111,927,357). KFH also expended $59,300,998 on other benefits for vulnerable populations and $16,838,622 on projects benefiting the broader community.

**BENEFITS BY HOSPITAL SERVICE AREA**

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

**DESCRIPTION OF COMMUNITY BENEFIT PROGRAMS AND SERVICES**

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

**MEDICAL CARE SERVICES FOR VULNERABLE POPULATIONS**

Providing charitable care for the underinsured and uninsured, as well as services to beneficiaries of publicly financed health care programs, is an important element of the KFHP/H social mission. In 2013, KFH spent a total of $520,264,474 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 2013, KFHP/H provided comprehensive inpatient and outpatient care to approximately 352,034 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.

**HEALTHY FAMILIES PROGRAM**

In 2013, KFHP successfully transitioned its Healthy Families Program members into Medi-Cal, as required by the state of California. Healthy Families, California’s version of the State Children’s Health Insurance Program (SCHIP), is a federally and state-funded insurance program that provides low- and moderate-income families with health insurance for their children.
under age 19. The program provides comprehensive health benefits, including dental and vision care. To qualify, families must have a total income between 100% and 250% of the federal income guidelines, and the children must be ineligible for Medi-Cal coverage.

**CHARITABLE HEALTH COVERAGE PROGRAMS**

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

- In California in 2013, the Kaiser Permanente Child Health Plan (KPCHP) provided subsidized health coverage to 77,135 children 0 to 19 whose family income was up to 300% of the federal poverty level and who lacked access to other coverage due to their immigration status or family income. They received comprehensive benefits, including preventive care, inpatient and outpatient services, prescriptions, and vision and dental care. Premiums in 2013 were $8 or $15 per child per month, depending on family income, for up to three children with no charge for additional children.

- Healthy San Francisco, operated by the San Francisco Department of Public Health (SFDPH), provides health care services to uninsured San Francisco residents regardless of immigration status, employment status, or pre-existing medical conditions. The 2013 Healthy San Francisco Medical Home Network consisted of SFDPH and San Francisco Community Clinic Consortium clinics, private physician groups, and other providers, including Kaiser Permanente. In 2013, Kaiser Permanente provided health coverage to 2,904 Healthy San Francisco members.

**MEDICAL FINANCIAL ASSISTANCE**

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

**GRANTS AND DONATIONS FOR MEDICAL CARE SERVICES**

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

**OTHER BENEFITS FOR VULNERABLE POPULATIONS**

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

**KAISER PERMANENTE EDUCATIONAL OUTREACH PROGRAM**

Educational Outreach Program (EOP) provides education and support services, primarily for Latino families, in the San Gabriel Valley section of Los Angeles County. The focus of EOP is to provide programs and activities that improve school performance, promote family communication, teach skills that are needed to meet various life tasks and alleviate stress,
create opportunities for the development of leadership skills for both youth and their parents so they can address issues that impact their community, and increase awareness of professional opportunities in the health field for young people. Programs offered include homework assistance and study skills classes, reading improvement classes, mother-daughter workshops, assessment of mental health needs in the community, and summer enrichment sessions. EOP provided services to a total of 1,386 clients.

**Kaiser Permanente Watts Counseling and Learning Center**

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

**Youth Employment Programs**

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

- **Kaiser Permanente L.A.U.N.C.H. SYEP:** Kaiser Permanente L.A.U.N.C.H. SYEP offers paid summer work to underrepresented youth at Kaiser Permanente facilities throughout California. Interns participate in a variety of administrative and operational support positions. In addition to their work assignments, SYEP Interns participate in educational sessions and motivational workshops to enhance job skills and work performance, and to learn about careers in health care.

- **Kaiser Permanente L.A.U.N.C.H. INROADS:** Since 1987, Kaiser Permanente has worked with the INROADS organization to offer L.A.U.N.C.H., a unique program designed to provide students with practical experience in the health care field and to offer successful participants exciting career opportunities following graduation. Together, we remain dedicated to helping underrepresented college students of color develop into a powerful, multicultural workforce that delivers quality, cost-effective, and culturally responsive care to the diverse communities we serve. Through Kaiser Permanente L.A.U.N.C.H. INROADS, we are making a solid investment in developing health care leaders capable of guiding us into the future. Kaiser Permanente L.A.U.N.C.H. INROADS interns discover a chance to develop their skills in a supportive environment. We offer a variety of health care internships that are designed to provide the practical background, support network, and knowledge that interns will need to succeed in their chosen field.

**Grants and Donations for Community-Based Programs**

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

**Benefits for the Broader Community**

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

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

KAISER PERMANENTE EDUCATIONAL THEATRE (KPET)

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

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

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

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

In SCR in 2013, 213,635 children and adults attended one of 1,377 KPET performances. For the past several years, KPET has provided 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 and Madison Middle School in North Hollywood; new partnerships include 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 Literacy Promotion Program (grades K-2) includes the play, Jay and E and the ZigZag Sea and a student workshop in which the actor-educators engage students in a LEA (language experience approach)-based activity. The program is designed to inspire and encourage students to read. Key concepts include reading is fun and sounding out words one letter at a time
• The Obesity Prevention Program (grades 4-5) includes the play, Game On, and two supporting student workshops. Key topics include eating a balanced meal, choosing water over sugary beverages, the importance of active play, and the power of media advertising.

• The Conflict Management Program (grades 3-5) the play, Drummin’ Up Peace, and a student workshop. The program is designed to complement conflict resolution and violence prevention efforts in schools and community locations. Key topics include steps to managing conflict, empathy, cooperation, and communication.

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

FACILITY USAGE, SURPLUS EQUIPMENT, SUPPLIES, AND OTHER IN-KIND DONATIONS
Many community organizations use meeting rooms at KFH facilities free of charge. KFH also donates surplus hospital and office equipment, furniture, health education materials, linens, and other items and materials to nonprofit organizations throughout California.

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

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

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

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

OLIVER GOLDSMITH SCHOLARSHIP PROGRAM
The Oliver Goldsmith Scholarship Program in SCR is dedicated to the promotion and advancement of culturally responsive care. Fourteen scholarships are awarded annually to medical students entering their third or fourth year of study who have demonstrated commitment to diversity 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 2013, there were 68 student participants. In SCR, the school has partnerships with a number of public and community hospitals to provide additional clinical rotation opportunities for students. Scholarships for students are available through National Black Nurses Association and American Association of Nurse Anesthetists Foundation. In addition, the school partnered with Pasadena City College to develop the first anesthesia technician associate degree program in the nation. The anesthesia technician program prepares students for eligibility to take and pass the American Society of Anesthesia Technologists and Technicians (ASATT) National Certification Examination to become certified as an anesthesia technologist. A certificate of achievement and an associate of science degree are awarded upon successful completion of the curriculum. Thirteen students participated in the program in 2013.

California Nursing Anesthesia Collaborative Program – (CNACP)

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

Kaiser Permanente Deloras Jones Nursing Scholarship Program

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

Board of Registered Nursing and Clinical Training Programs – (BRN-CTA)

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

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

Technical Provider Education and Training

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

Kaiser Permanente School of Allied Health Sciences – (KPSAHS)

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

**Kaiser Permanente Mental Health Training Program**

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

**Kaiser Permanente Pharmacist Residency Programs**

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

**Kaiser Permanente Physical Therapy Fellowship in Advanced Orthopedic Manual Therapy Program**

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

**Kaiser Permanente Physical Therapy Neurology Residency**

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

**Kaiser Permanente Physical Therapy Clinical Internships**

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

**Kaiser Permanente Physical Therapy Orthopedic Fellowship Program**

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

**Kaiser Permanente Movement Science Fellowship**

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

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

**Kaiser Permanente Spine Rehabilitation Fellowship Program**

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

**Kaiser Permanente Clinical Psychology Internship Training Program**

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

**Kaiser Permanente Radiology Training Program**

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

**Advanced Practice and Allied Health Care Educational Programs**

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

**Hippocrates Circle**

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

**Grants and Donations for the Education of Health Care Professionals**

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

**Health Research**

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

**DIVISION OF RESEARCH (DOR)**

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

**DEPARTMENT OF RESEARCH AND EVALUATION**

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

**KAISER FOUNDATION RESEARCH INSTITUTE (KFRI)**

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

**NURSING RESEARCH PROGRAM**

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

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

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

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

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

COMMUNITY BENEFITS PROVIDED IN 2013

<table>
<thead>
<tr>
<th>Category</th>
<th>2013 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Care Services for Vulnerable Populations</td>
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<tr>
<td>Medi-Cal¹</td>
<td>$305,204,709</td>
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<tr>
<td>Healthy Families²</td>
<td>17,947,889</td>
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<td>Charity care: Charitable Health Coverage Programs³</td>
<td>51,941,862</td>
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<td>Charity care: Medical Financial Assistance program⁴</td>
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<td>Grants and donations for medical services</td>
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<td><strong>Subtotal</strong></td>
<td><strong>$588,236,946</strong></td>
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<td>Other Benefits for Vulnerable Populations</td>
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<tr>
<td>Watts Counseling and Learning Center</td>
<td>$3,092,770</td>
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<td>Educational Outreach Program</td>
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<tr>
<td>Summer Youth and INROADS programs</td>
<td>2,335,171</td>
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<tr>
<td>Grants and donations for community-based programs</td>
<td>34,754,020</td>
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<td>Community Benefit administration and operations</td>
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<td><strong>Subtotal</strong></td>
<td><strong>$59,300,998</strong></td>
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<td>Benefits for the Broader Community</td>
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<td>Community health education and promotion programs</td>
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<td>Kaiser Permanente Educational Theatre</td>
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<tr>
<td>Facility, supplies, and equipment (in-kind donations)⁵</td>
<td>471,283</td>
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<td>Community Giving Campaign administrative expenses</td>
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<tr>
<td>Grants and donations for the broader community</td>
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<td>National Board of Directors fund⁶</td>
<td>741,686</td>
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<td><strong>Subtotal</strong></td>
<td><strong>$16,838,622</strong></td>
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<tr>
<td>Health Research, Education, and Training</td>
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<tr>
<td>Graduate Medical Education⁷</td>
<td>$69,635,244</td>
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<tr>
<td>Non-MD provider education and training programs⁶</td>
<td>20,487,969</td>
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<td>Grants and donations for the education of health care professionals</td>
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<td>Health research</td>
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<td><strong>Subtotal</strong></td>
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<tr>
<td><strong>Total Community Benefits Provided</strong></td>
<td><strong>$776,303,922</strong></td>
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</table>

See endnotes on the following page.
ENDNOTES

1. Amount reported is the sum of the cost of unreimbursed inpatient care provided to Medi-Cal managed care members and the unbillable, unreimbursed inpatient care provided to Medi-Cal Fee-For-Service beneficiaries.

2. Amount includes the cost of unreimbursed inpatient expenditures for Healthy Families members.

3. Amount includes the cost of unreimbursed inpatient expenditures for Kaiser Permanente Child Health Plan members.

4. Amount includes the cost of unreimbursed inpatient and outpatient care provided through the Medical Financial Assistance Program.

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

6. Each Kaiser Permanente hospital-based region contributes funds to the national Program Office for community projects in California and across the United States.

7. Amount reflects the net direct expenditures.

8. Amount reflects the net expenses after tuition reimbursements for health profession education and training programs.
Table B

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

HOSPITAL SERVICE AREA SUMMARY TABLE

COMMUNITY BENEFITS PROVIDED IN 2013

<table>
<thead>
<tr>
<th>NORTHERN CALIFORNIA HOSPITALS</th>
<th>SOUTHERN CALIFORNIA HOSPITALS</th>
</tr>
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<tbody>
<tr>
<td>Antioch 19,007,986</td>
<td>Anaheim 24,170,337</td>
</tr>
<tr>
<td>Fremont 11,527,837</td>
<td>Baldwin Park 21,321,094</td>
</tr>
<tr>
<td>Fresno 15,385,500</td>
<td>Downey 34,726,216</td>
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<td>Hayward 19,872,647</td>
<td>Fontana 33,162,488</td>
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<tr>
<td>Manteca 10,845,598</td>
<td>Irvine 9,417,849</td>
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<tr>
<td>Modesto 10,900,339</td>
<td>Los Angeles 51,195,672</td>
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<tr>
<td>Oakland 41,741,824</td>
<td>Moreno Valley 13,796,642</td>
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<td>Redwood City 9,857,478</td>
<td>Ontario 15,223,123</td>
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<tr>
<td>Richmond 18,447,312</td>
<td>Panorama City 28,867,612</td>
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<tr>
<td>Roseville 24,535,607</td>
<td>Riverside 20,008,909</td>
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<tr>
<td>Sacramento 34,451,721</td>
<td>San Diego 28,108,969</td>
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<tr>
<td>San Francisco 24,240,596</td>
<td>South Bay 21,067,856</td>
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<td>San Jose 18,270,880</td>
<td>West Los Angeles 26,342,786</td>
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<tr>
<td>San Rafael 11,897,664</td>
<td>Woodland Hills 18,367,702</td>
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<td>Santa Clara 29,514,186</td>
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<td>Santa Rosa 22,137,388</td>
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<td>South San Francisco 8,057,312</td>
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<td>Vacaville 14,368,974</td>
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<tr>
<td>Vallejo 26,644,037</td>
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<td>Walnut Creek 19,441,247</td>
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<tr>
<td>Northern California Total $430,526,667</td>
<td>Southern California Total $345,777,255</td>
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INTRODUCTION

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

COMMUNITY HEALTH NEEDS ASSESSMENT

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

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

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

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

- **Focus groups**: This is a form of qualitative research in which a select group of people (providers, community members, community stakeholders, etc.) are asked about their perceptions, opinions, beliefs, and attitudes regarding a specific issue, service, concept, idea, etc. In the CHNA process, focus groups are typically designed to solicit information about health care issues, needs, concerns, and services in the community and are sometimes conducted in more than one language.

- **Telephone surveys or one-on-one interviews**: Whether conducted by telephone, electronically, or in person, these interviews—often with community health providers, county health officers, or other key stakeholders—are designed to gather input from those with the requisite experience and/or expertise about health care issues, needs, concerns, and services in the community. In some cases, participants receive a questionnaire in advance of the interview.

- **Site visits with grantees**: Community Benefit grantees can provide valuable input and insight about the vulnerable populations they serve, including high-risk teens, refugees and immigrants, seniors, and HIV-positive individuals. As
such, grant makers often schedule onsite visits with grantees to get a first-hand look at how grant funds are making an impact. They meet with the grantee’s administrators, staff, volunteers, and/or clients/patients.

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

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

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

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

The CHNA report for each KFH hospital is posted on Kaiser Permanente’s website (Kaiser Permanente Share Site).

**COMMUNITY BENEFIT PLAN DEVELOPMENT**

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

- Magnitude/scale of the problem
- Severity of the problem
- Degree of racial/ethnic disparity
- Kaiser Permanente assets and expertise available
- Existing or promising approaches exist to address the need
Once health needs are selected, local CB staff and committees develop a community benefit plan. As part Kaiser Permanente’s integrated health system, KFH hospitals have a long history of working with KFHP, TPMG, SCPMG, and other KFH hospitals, as well as external stakeholders to identify, develop, and implement strategies to address community health needs. These strategies are developed so that they:

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

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

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

OUTLINE OF HOSPITAL SECTION

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

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

Additional information about each hospital may be obtained by contacting the local Kaiser Permanente Public Affairs Department or Regional Community Benefit staff in either Northern California (510-625-6188) or Southern California (626-405-6271).
The Kaiser Foundation Hospital in San Francisco (KFH-San Francisco), also referred to in this report as Kaiser Permanente- San Francisco (KP-San Francisco), has a service area that includes the City and County of San Francisco.

**COMMUNITY SNAPSHOT (UPDATED COUNTY-LEVEL DATA FROM SFHIP.ORG.)**

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<tr>
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**KEY STATISTICS**

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<td>KFHP members in KFH service area:</td>
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**KEY LEADERSHIP AT KFH-SAN FRANCISCO**

<table>
<thead>
<tr>
<th>Christine Robisch</th>
<th>Senior Vice President and Area Manager</th>
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<tr>
<td>Don Irie</td>
<td>Area Finance Officer</td>
</tr>
<tr>
<td>Robert Mithun, MD</td>
<td>Physician in Chief</td>
</tr>
<tr>
<td>Tamara Marlett</td>
<td>Medical Group Administrator</td>
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<tr>
<td>Randy Wittorp</td>
<td>Public Affairs Director</td>
</tr>
<tr>
<td>James M. Illig</td>
<td>Community Benefit Manager</td>
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</tbody>
</table>
2013 COMMUNITY BENEFIT REPORT

The 2010 Community Health Needs Assessment (CHNA) drove development of the 2011-2013 Community Benefit Plan. Since 2013 was the final year of that plan, the first part of this report summarizes findings from the 2010 CHNA and provides highlights the community benefit activities KFH-San Francisco realized in 2013 to address those health needs.

In 2013, KFH-San Francisco also joined other nonprofit hospitals in the City and County of San Francisco and San Francisco Department of Public Health (SFDPH) to conduct the tri-annual CHNA. Based on this work, KFH-San Francisco developed a new three-year Community Benefit Plan to address these newly-defined health needs. The second part of this report includes a link to the 2013 CHNA and an outline of the 2014 -2016 Community Benefit Plan that KFH-San Francisco developed to address those health needs, including a number of grants awarded in late 2013.

PART 1: SUMMARY OF THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT

In the City and County of San Francisco, the tri-annual CHNA has been conducted by a collaborative called Building a Healthier San Francisco (BHSF) that includes all of San Francisco’s nonprofit hospitals, as well as foundations, health and human service providers, and community-based organizations. KFH-San Francisco is a founding member of this collaborative, which was convened to identify and address health needs in the community, especially disparities and impacts on low income communities, and to improve health outcomes for city residents. In 2010, the BHSF collaborative included:

- Anthem Blue Cross
- Chinese Hospital and Health Plan
- Kaiser Permanente San Francisco
- Mount Zion Health Fund
- Saint Francis Memorial Hospital
- San Francisco Department of Human Services
- San Francisco Foundation
- San Francisco Unified School District
- UCSF Medical Center
- California Pacific Medical Center
- Hospital Council of Northern/Central California
- McKesson Foundation
- NICOS Chinese Health Coalition
- San Francisco Community Clinic Consortium
- San Francisco Department of Public Health
- San Francisco Medical Society
- St. Mary’s Medical Center
- United Way of the Bay Area

Recognizing that access to good data is necessary to conduct meaningful assessments and to address identified health needs, BHSF devoted much of its early efforts to developing a data resource for coalition members and the broader community. In 2007, BHSF launched the Health Matters in San Francisco website (originally www.healthmattersinsf.org; now www.sfhip.org), a customized information system that is updated as new data become available, ensuring that the CHNA is up-to-date between reporting years and that organizations undertaking their own planning have current data. Intended as a tool to increase community awareness, inform community decision making, and facilitate positive community change, the website provides data about San Francisco at the state, county, zip, and neighborhood level, using more than 100 health and environmental indicators that impact health status. The data are the most current publicly available from the Office of Statewide Health Planning and Development (OSHPD), California Health Interview Survey (CHIS), San Francisco City Departments, United States Census, Centers for Disease Control and Prevention (the CDC), and other sources.

The data led BHSF to identify four health priority areas during the 2007 CHNA and to expand to 10 priority health goals, called Community Vital Signs, for the 2010 CHNA. The Community Vital Signs and 34 associated indicators and benchmarks were tracked through the website to evaluate the impacts of health interventions, assess ongoing health care needs, and help guide health policy through collaboration. The Community Vital Signs of the 2010 CHNA are:
1. Increase Access to Quality Medical Care
2. Increase Physical Activity and Healthy Eating to Reduce Chronic Disease
3. Stop the Spread of Infectious Diseases
4. Improve Behavioral Health
5. Prevent and Detect Cancer
6. Raise Healthy Kids
7. Have a Safe and Healthy Place to Live
8. Improve Health and Health Care Access for Persons with Disabilities
9. Promote Healthy Aging
10. Eliminate Health Disparities

After developing the 2010 CHNA collaboratively, each private nonprofit hospital in San Francisco decided how it would prioritize and address the identified health needs. At KFH-San Francisco, the Community Benefit Advisory Committee reviewed the CHNA findings, the website’s Community Vital Signs indicators, Kaiser Permanente Northern California Region’s priority areas, and available KFH-San Francisco resources, then selected its local priorities and developed the Community Benefit Plan. The four identified health needs KFH-San Francisco chose to address in its 2011-2013 Community Benefit Plan are:
1. Access to health insurance coverage and health care services
2. Obesity and overweight
3. Alcohol and drug use
4. Community violence
2013 YEAR-END RESULTS

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

Kaiser Permanente prioritizes access to care as a core community benefit of all Kaiser Foundation Hospitals. In San Francisco, this goal has been implemented in a unique way. KHF-San Francisco worked with SFDPH and private nonprofit health care providers to create a comprehensive health care access program, Healthy San Francisco (HSF), to achieve the goal that 100% of the approximately 64,000 uninsured San Franciscans will have health insurance or access to care. HSF is not insurance, but it provides access to primary care, preventive services, and hospitalization through a network of public and private nonprofit hospitals, clinics, and service providers within the City. This safety-net health care system includes San Francisco General Hospital (SFGH), San Francisco Department of Public Health (SFDPH), San Francisco Community Clinic Consortium (SFCCC), KFH-San Francisco, and the other four nonprofit hospitals and community-based providers serving more than 50,000 HSF participants.

Kaiser Permanente’s continued support of the safety net increases access to a range of needed health care services for those unable to afford insurance. KFH-San Francisco is uniquely positioned to do this through its participation in HSF, partnership with Operation Access (OA), and coordination with Kaiser Permanente Northern California Region’s Community Benefit focus on safety net initiatives.

2013 GOALS

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

TARGET POPULATION

Low-income uninsured or underinsured individuals and families.

2013 STRATEGIES AND RESULTS

1. Participate in Kaiser Foundation Health Plan/Hospital’s Charitable Health Coverage Programs (Kaiser Permanente Child Health Plan); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.
2. Provide charity care through the Medical Financial Assistance (MFA) policy and maximize efficiencies.
3. Participate in HSF. (See Tables 1 and 2 and endnotes for 2013 membership information and program subsidy value).
4. Provide strategic grant funding to improve access to services in the following areas:
   • Safety-net services provided by SFGH, SFDPH, SFCCC, and community clinics
      a) Project Homeless Connect (PHC, through San Francisco Public Health Foundation) received a $25,000 grant for an ongoing project linking homeless and low-income individuals to essential medical and social services at bi-monthly events. KFH-San Francisco was the sponsor for PHC’s 52nd service event on December 11, 2013; 15 KP-San Francisco physicians, residents, mental health specialists, ophthalmologists, and other clinical staff were among the many health care professionals who volunteered to provide care to 1,720 homeless clients.
      b) SFCCC received an $80,000 grant from Kaiser Permanente Northern California Region for support of core operations for this collaborative consisting of ten nonprofit community health centers.
   • Services addressing ethnic health disparities
      a) Asian and Pacific Islander (API) Wellness Center was awarded a $20,000 grant to address health disparities by providing primary care to 305 underserved API, HIV+, and LGBT patients at its clinic in the Tenderloin. The

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1 While many of the outcomes for this grant occurred in 2013, grant funding was provided in 2012. Accordingly, the grant amount was not included in the
Center offers a continuum of chronic disease prevention and primary medical care to low-income, inner-city residents. KFH-San Francisco Behavioral Medicine Sub-chief Frank Scofa (who died in 2013) was on the Center’s board of directors.

- Services for low-income people with HIV/AIDS
  a) Positive Resource Center received a $20,000¹ grant (funded in late 2012 for services from Jan. to Dec. 2013) to provide 308 low-income, HIV+ persons with a full complement of employment services to raise their socioeconomic status, leading to improved care and treatment adherence. KFH-San Francisco Revenue Cycle Director Alex Khoo is a board member.
  b) AIDS Emergency Fund received a $20,000¹ grant (funded in late 2012 for services from March 2012 to Feb. 2013) to stabilize the living situations of 26 people with HIV who were seeking financial assistance for move-in costs or eviction prevention. KFH-San Francisco Assistant Medical Group Administrator Karen Queally has been a member of the AIDS Emergency Fund board and helped create Breast Cancer Emergency Fund as a member of the founding board.
  c) UCSF Alliance Health Project received a $20,000¹ grant (funded in late 2012 for services from Jan. to Dec. 2013) to increase adherence to medical treatment and access to appropriate social services for 25 people living with HIV. Murruza Ghadiali, MD, KFH-San Francisco Chemical Dependency Recovery Program, is a member of the community advisory board.

- HIV/AIDS prevention and screening services for at-risk populations
- Services for low-income seniors
  a) On Lok Day Services' 30th Street Senior Center received a $15,000¹ grant (funded in late 2012 for services from Nov. 2012 to Oct. 2013) to support a falls prevention exercise program to improve the strength and endurance of frail elderly participants. More than 1,000 seniors participated in 142 exercise classes at the 30th Street and Aquatic Park senior centers.

5. Support OA with donated surgical and specialty care services at KFH-San Francisco.

- Since 1993, KFH-San Francisco has been a host site for OA, which provides free surgeries for low-income, uninsured people to improve their health, ability to work, and quality of life. In 2013, OA received a $300,000 grant from Kaiser Permanente Northern California Region to support operating costs for surgeries throughout the region.
- During the last year, OA received 11% more referrals from San Francisco community clinics than in 2012 and KFH-San Francisco played a key role serving uninsured patients from San Francisco and other Bay Area counties, hosting three Saturday Surgery sessions in 2013, during which 220 medical volunteers served 93 patients, providing 39% of all OA services in SF. OA was cofounded by Douglas Grey, MD, KFH-San Francisco’s former Chief of Vascular & Thoracic Surgery. Dr. Grey and former KFH-San Francisco clinic manager Susan Dean, RN, are on OA’s board of directors.


KFH-San Francisco sponsored five neighborhood community health fairs with $17,500 in donations. More than 60 KFH-San Francisco physicians and staff volunteered, providing health screenings and education to the community.

- The annual Richmond Community Health Festival (through Richmond Area Multi-Service) was held May 4, 2013 at Richmond Recreation Center. More than 800 neighborhood residents attended.
- United in Health Community Health Fair (through AfroSolo Theatre Company), serving the Western Addition neighborhood, was held August 10, 2013 at Ella Hill Hutch Community Center, drawing more than 1,000 people.
- Tenderloin Community Health & Safety Fair (through North of Market Tenderloin Community Benefit Corporation) was held September 29, 2013. More than 500 residents attended.

¹ While many of the outcomes for this grant occurred in 2013, grant funding was provided in 2012. Accordingly, the grant amount was not included in the community benefit totals for 2013 (Tables A, B, and 2).
• Chinatown Health Fair (through NICOS Chinese Health Coalition) was held September 21, 2013, drawing 399 adults and 101 children.

7. In addition to those listed above, a number of key KFH-San Francisco employees serve on the boards of directors of San Francisco nonprofit community-based organizations that are dedicated to access to care:

• Christine Robisch, KFH-San Francisco senior vice president and area manager, is a member of the Healthy San Francisco Advisory Council and the SF board of the Hospital Council of Northern and Central California.

• Helen Archer-Duste, RN, MS, Kaiser Permanente Northern California Region’s director of care experience and workplace safety, is a San Francisco General Hospital Foundation board member.

• Jeffrey Braff, DrPH, director, Kaiser Foundation Research Institute’s Human Research Protections, is a Lyon-Martin Health Services board member.

• Barbara Vogelsang, RN, KFH-San Francisco director of maternal child health and perioperative services, is a South of Market Health Center board member.

• Charles Wibbelsman, MD, KFH-San Francisco Adolescent Medicine and director of the Teen Clinic, is a board member of Larkin Street Youth Services.

• Jeffrey Beane, MD, recently retired KFH-San Francisco hospice medical director, is chair of the Curry Senior Center board.

• Randy Wittorp, KFH-San Francisco public affairs director, is chair of the SF Public Health Foundation board.

• Edward Chitty, RN, KFH-San Francisco HIV patient care coordinator, is an SF HIV Prevention Planning Council member.

• Michael Niemeyer, managerial consultant with The Permanente Medical Group, is on the Maitri Hospice board.

• Robert Quon, MD, chief of quality, Kaiser Permanente Napa/Solano Area, is on the SF AIDS Foundation board.

PRIORITIZED NEED II: OBESITY AND OVERWEIGHT

Every San Francisco CHNA since 2004 has stressed the importance of addressing access to healthy food and physical activity to tackle the growing rates of obesity and correlated chronic conditions, including asthma, cardiovascular disease, and diabetes. The 2010 CHNA found that 43% of adult San Franciscans were overweight or obese, with higher rates for Latinos (55%) and African Americans (73%). Kaiser Permanente has been a health care leader in the prevention and management of chronic conditions related to obesity, providing training, technical assistance (TA), financial support to sustain the HEAL (Healthy Eating, Active Living) Zone Initiative in San Francisco’s Bayview neighborhood, and grants to nonprofit partners.

2013 GOALS
1. Decrease calorie consumption (e.g., soda/sugar-sweetened beverages, portion size, snacking).

2. Increase consumption of fresh fruits and vegetables.

3. Increase physical activity in community settings (e.g., safe walking and biking routes, parks, and hiking trails).

4. Increase physical activity in institutional settings (e.g., schools, after-school programs, work sites).

TARGET POPULATION

Low-income, uninsured, or underinsured individuals and families, with a special focus on those living in high-risk neighborhoods (e.g., Hunters Point, Mission District, and Tenderloin/South of Market) and populations with targeted risk factors, including those who are obese or at risk for obesity and those with asthma, cardiovascular disease, and/or diabetes.
2013 STRATEGIES AND RESULTS

1. Provide grant funding to support:
   
   • Increased consumption of fresh fruits and vegetables:
     
     a) Family Service Agency (FSA) of San Francisco received a $20,000\(^1\) grant (funded in late 2012 for services from Oct 2012 to Sept 2013) for a program providing access to nutritious foods for low-income families and pregnant/parenting teens in the Mission District through a farmers market, and nutrition and cooking education. Heather Peluso, MSPT, CPT, KFH-San Francisco Health Education, is a FSA Wellness Council member.
     
     b) Community Grows (through the Tides Center) received a $15,000\(^1\) grant (funded in late 2012 for services from Jan 2013 to Dec 2013) to support *Seed to Mouth* cooking classes at community/school gardens and kitchens that provided nutrition education to 176 youth from three Western Addition public housing developments.
     
     c) Urban Sprouts (through San Francisco Parks Alliance) received a $15,000\(^1\) grant (funded in late 2012 for services from Jan 2013 to Dec 2013) to support garden-based nutrition education through classroom, after-school, and summer programming for 763 students at five partner schools who planted, cultivated, harvested, prepared, and tasted produce from Urban Sprouts’ school gardens.
     
     d) Education Outside (through San Francisco Green Schoolyard Alliance) received a $20,000\(^1\) grant (funded in late 2012 for services from Jan 2013 to Dec 2013) to support a project that provided 4,000 students from 10 San Francisco Unified School District (SFUSD) elementary schools in diverse, underserved communities with garden-based education and healthy produce. Funding supported development of *Cooking the Common Core*, the first SFUSD teacher training series to promote garden-based cooking as an engaging way to teach and inspire kids to eat healthy foods.
     
     e) Boys & Girls Clubs of San Francisco received a $20,000\(^1\) grant (funded in late 2012 for services from Jan 2013 to Dec 2013) to support *Power Play* at the Hunters Point and Treasure Island clubhouses and an expansion to include the Columbia Park and Mission clubhouses. The program aims to increase vegetable consumption and physical activity among more than 900 Latino and African American youth 6 to 18 through cooking and gardening classes, taste testing, and daily activity sessions at the four sites.
     
   • Increase physical activity in community settings:
     
     a) Transportation for a Livable City received a $15,000\(^1\) grant (funded in late 2012 for services from Jul 2012 to Jun 2013) to produce *Sunday Streets* events that support physical activity by closing streets and encouraging residents to exercise and play safely in an urban environment. *Sunday Streets* and *Play Streets* events connected communities in the Mission, Bayview, Dogpatch, Chinatown, Western Addition, Excelsior, and Embarcadero neighborhoods, drawing more than 300,000 participants.
     
   • Increase physical activity in institutional settings.
     
   • Support wellness programs that address secondary prevention and management of chronic conditions correlated with obesity, including asthma, cardiovascular disease, and diabetes:
     
     a) Kaiser Permanente Northern California Region awarded a three-year $1 million grant (that was funded and listed in the 2012 report for the period 2011–2013) to Shape Up San Francisco (through the San Francisco Public Health Foundation) to coordinate the *Bayview HEAL Zone* project, designed to encourage healthy eating and active living in the Bayview through changes in the environment that include healthier and more affordable retail options and increased opportunities for residents to exercise safely in their community, and through a partnership with George Washington Carver Elementary School to increase nutrition and physical activity for students and their families. KFH-San Francisco Chief of Diversity Gina Gregory-Burns, MD, and Community Benefit Manager Jim Illig are on the Bayview HEAL Zone Advisory Committee.

2. Share farmers’ market best practices.

\(^1\) While many of the outcomes for this grant occurred in 2013, grant funding was provided in 2012. Accordingly, the grant amount was not included in the community benefit totals for 2013 (Tables A, B, and 2).
3. Provide training and TA and share health education and pediatrics departments’ guidelines and best practices regarding nutrition and physical activity.
   a) Janet Green, MPSH, KFH-San Francisco pediatric clinical health educator, is a SF Childhood Obesity Taskforce member.

4. Providing training and TA and share asthma, chronic conditions, and health education departments’ guidelines and best practices on secondary prevention and management of chronic conditions correlated with obesity.

5. Participate as a strategic partner (providing funding, guidance, and access to health experts) on the Shape Up San Francisco (SUSF) Coalition, the Mayor’s Physical Activity Council, and the Childhood Obesity Task Force.
   - SUSF (through San Francisco Study Center) received a $25,000\(^1\) grant (funded in late 2012 for services from Sep 2012 to Aug 2013) for continued support of the ReThink Your Drink initiative to reduce consumption of sweetened beverages, advocacy for daily physical education for public school students, and the SF Walking Challenge. KFH-San Francisco is a founding member of a multidisciplinary coalition of representatives from city government, community-based organizations, businesses, schools, health care, and other sectors working to create healthy environments. Jim Illig, KFH-San Francisco community benefit manager, is a SUSF steering committee member.

6. Leverage Community Relations assets through Kaiser Permanente volunteerism at community parks and gardens.

7. Leverage Government Relations assets to provide Kaiser Permanente support for city policies that promote a healthier environment.

8. Arrange for Kaiser Permanente Educational Theatre (KPET) performances in local schools.
   - In 2013, KPET provided 41 performances and attended 40 events at 63 San Francisco schools and organizations. The different performing troupes of trained actors and health educators reached 14,410 students and 7,772 adults, and the total in-kind value of these performances is $160,804. The Best Me, KPET’s production for elementary and middle school students, focuses on healthy eating and active living.

9. In addition to those listed above, a number of key Kaiser Permanente employees serve on the boards of directors of San Francisco nonprofit community-based organizations dedicated to nutrition and physical activity:
   - Peti Arunamata, KFH-San Francisco area information officer, is a Meals on Wheels of SF board member.
   - Elizabeth Ferber, KFH-San Francisco community and government relations manager, is a member of the SF Planning and Urban Research (SPUR) Food Systems and Urban Agriculture Policy Board.
   - Aparna Kota, MD, KFH-San Francisco pediatrician, is a member of PE (physical education) Advocates, a SUSF affiliate.

**PRIORITIZED NEED III: ALCOHOL AND DRUG USE**

According to the 2010 HMSF CHNA, 63% of San Francisco teens drink alcohol, ranking San Francisco as one of the California counties with the highest rate of teen alcohol use. The city has a very high rate of alcohol outlets for its density. Research suggests that the availability of alcohol is closely related to the level of crime, domestic violence, and sexual assault in a community. Areas with a higher density of alcohol outlets like the Tenderloin tend to have higher rates of vehicular accidents and fatalities, underage drinking, and adult alcohol and drug use. These negative impacts are evident in the high rate of alcohol-related emergency room visits and the high drug-induced death rate, both of which rank San Francisco in the highest 25% of counties. According to a recent study of San Francisco youth, alcohol and drug use appears to increase with school age. These significant rates of teen and adult alcohol and drug use, and their wide-ranging consequences, are why the Community Benefit Advisory Committee chose to focus on reducing rates of alcohol and drug use among youth 12 to 24.

\(^1\) While many of the outcomes for this grant occurred in 2013, grant funding was provided in 2012. Accordingly, the grant amount was not included in the community benefit totals for 2013 (Tables A, B, and 2).
2013 GOAL
Reduce alcohol and drug use rates among youth 12 to 24.

TARGET POPULATION
Youth 12 to 24, especially those living in or attending schools in neighborhoods with the highest rates of adolescent alcohol and drug use and/or are homeless.

2013 STRATEGIES AND RESULTS
1. Provide grant funding to support programs to decrease risk factors and increase protective factors that reduce alcohol and substance abuse among youth 12 to 24.
   - Dimension Clinic at Castro-Mission Health Center received an $18,000 grant (funded in late 2012 for services from Nov. 2012 to Oct. 2013) to target 53 at-risk and difficult-to-engage transgender youth 12 to 24, through outreach and pre-engagement activities at two community-based organizations and three high schools, to support enrollment into existing substance abuse programs.
   - Health Initiatives for Youth was awarded a $20,000 grant (funded in late 2012 for services from Oct. 2012 to Sept. 2013) to support a project that targeted African American, Latino, and Asian middle school youth 12 to 14 to encourage healthy decision-making about substance use for more than 900 middle school students. The grant supported expansion of the project to two additional underserved middle schools, Aptos and Martin Luther King, Jr.
2. Provide training and TA, and share guidelines and best practices of Kaiser Permanente’s Chemical Dependency Recovery Program, Health Education Department, and Pediatric Department’s Teen Clinic.
3. Arrange for KPET performances in local schools.
   - KPET is active in San Francisco schools, using age-appropriate programs to address youth risk factors while building protective factors for youth and their families. Two KPET programs focus on alcohol and drug use: Nightmare on Puberty Street (performed for students at 31 middle schools) and Secrets (performed for students at 10 high schools).
4. A number of key Kaiser Permanente employees serve on the boards of directors of San Francisco nonprofit community-based organizations dedicated to youth and substance abuse issues:
   - Tamara Mason-Williams, senior counsel with Kaiser Permanente’s national legal department, and Ronetta Morgan, Employee and Labor Relations, Kaiser Permanente Northern California Region, are both members of the board of HealthRIGHT 360, formerly known as Haight Ashbury Free Clinics and Walden House, two pioneering substance abuse treatment providers that recently merged operations.
   - Jamie Brandi, a Kaiser Permanente Northern California Region compliance officer, is a board member of LYRIC (Lavender Youth Recreation and Information Center).

PRIORITIZED NEED IV: COMMUNITY VIOLENCE
Decreasing homicide rates indicate that violence prevention efforts in San Francisco are making an impact. However, even with this downward trend, homicide and violent crime rates remain significant. The 2010 CHNA indicated that violence is the leading cause of years of life lost (YLL) for African Americans and the third leading cause of age-adjusted death for all males and for Latinos. The high ranking of violence as a cause of YLL reflects not just the number of deaths, but also the fact that victims of death from violence are overwhelmingly younger than those dying from other high-ranking causes of premature mortality. This is the reason the Community Benefit Advisory Committee chose to focus on reducing rates of community violence among youth 12 to 24.

1 While many of the outcomes for this grant occurred in 2013, grant funding was provided in 2012. Accordingly, the grant amount was not included in the community benefit totals for 2013 (Tables A, B, and 2).
2013 GOAL
Reduce rates of community violence among youth 12 to 24.

TARGET POPULATION
Youth 12 to 24, especially those living in or attending schools in neighborhoods with high rates of community violence.

2013 STRATEGIES AND RESULTS

1. Provide grant funding to support programs to decrease risk factors and increase protective factors among youth to reduce aggressive behavior, inappropriate coping behaviors, poor social relationships, and violence.
   • Instituto Familiar de la Raza received a $20,000\(^1\) grant (funded in late 2012 for services from Jan 2013 to Dec 2013) to support its efforts to reduce violence among 25 at-risk Latino youth by teaching them to recognize tiers of violence and by actively engaging them to promote peace. The program included individual intake and assessment, training and speakers on violence/peace, outings, support groups, cultural arts, and mental health support as needed.
   • Community Matters received a $20,000\(^1\) grant (funded in late 2012 for services from Jan 2013 to Dec 2013) to support a program that provided bullying and violence prevention at Herbert Hoover, James Lick, and Roofop Alternative middle schools. The project served 450 students, teachers, and parents by focusing on strong, shared leadership, discipline policies and practice, and staff assets and by engaging students and informing parents.
   • San Francisco Kidpower received a $20,000\(^1\) grant (funded in late 2012 for services from Jan 2013 to Dec 2013) to help youth 12 to 24 feel emotionally/physically safe, to build healthy social relationships, and to reduce aggressive, inappropriate, ineffectual coping behaviors. In collaboration with partner agencies (Compass Family Services, Chinatown Community Development Center’s SRO Collaborative, Mission Housing Development Corporation, Lowell High School, and Mission Neighborhood Centers), Kidpower served 425 youth from low-income neighborhoods.
   • Sunset Youth Services received a $20,000\(^1\) grant (funded in late 2012 for services from Jan 2013 to Dec 2013) to support a comprehensive juvenile delinquency and violence prevention program that provided case management, campus mentoring, and intervention to 85 high-risk youth and young adults in need of safe alternatives to violence, education, and connection with caring adults.
   • KFH-San Francisco provided a $5,000 sponsorship through the Tides Center for the Adolescent Health Working Group’s annual teen/young adult provider gathering on May 10, 2013 that focused on adverse child experiences and trauma-based care, and attracted 152 attendees, including staff from youth and school-based services and mental health professionals.

2. Arrange for KPET performances in local schools.
   • KPET’s entertaining, informative, age-appropriate productions address youth risk factors and build protective assets in youth and their families. In particular, *P.E.A.C.E. Signs* uses the power of theater to teach students how to resolve conflicts without violence. Its design complements other violence prevention efforts in schools and communities. And the Family Night component is an ideal opportunity to partner with community resources to bring students and family members together to talk about how to increase the peace. In 2013, this weeklong educational program was provided to two SFUSD schools.

3. A number of key Kaiser Permanente employees serve on the boards of directors of San Francisco nonprofit community-based organizations dedicated to mental health issues:
   • Mason Turner, MD, chief of psychiatry, KFH-San Francisco and assistant director, Mental Health Services, Kaiser Permanente Northern California, is a Mental Health Association of San Francisco board member.
   • David Pating, MD, director of KFH-San Francisco’s Chemical Dependency and Recovery Program, is a board member for San Francisco Suicide Prevention.

\(^1\) While many of the outcomes for this grant occurred in 2013, grant funding was provided in 2012. Accordingly, the grant amount was not included in the community benefit totals for 2013 (Tables A, B, and 2).
PART 2: 2013 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2013 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY

The KFH-San Francisco 2013 Community Health Needs Assessment (CHNA) is posted on the internet at www.kp.org/chna (the Kaiser Permanente Share Site). Also, a more 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-SAN FRANCISCO SERVICE AREA

The list below summarizes the health needs identified in the KFH-San Francisco service area through the 2013 CHNA process:

- Ensure safe and healthy living environments
- Increase access to quality health care and services
- Reduce the spread of infectious disease
- Support seniors and persons with disabilities
- Improve behavioral health
- Increase physical activity and healthy eating
- Support early childhood development

Results of the KFH-San Francisco prioritization process resulted in the same top three priorities identified by the BHSF collaborative, providing significant opportunity for coordinated strategies and collective impact. In response, BHSF designed a Community Health Improvement Plan (CHIP) that identified goals and strategies to address these health needs.

HEALTH NEEDS THAT KFH SAN FRANCISCO PLANS TO ADDRESS

1. ACCESS TO QUALITY HEALTH CARE AND SERVICES

Although 94% of San Franciscans have some sort of health coverage, for some populations—those with disabilities and individuals with geographic or language barriers—access is not guaranteed. More than 15% of San Francisco residents delayed or did not obtain medical care. Almost 30% of Spanish-speaking adults report having difficulty understanding their doctor. In addition, some low-income populations, many of whom are Spanish-speaking, are ineligible for coverage under the Affordable Care Act due to their immigration status.

2. HEALTHY EATING AND ACTIVE LIVING

Healthy food and adequate exercise is a selected health need because of its potential positive impact on multiple health outcomes. Some of the outcomes that have been linked to poor nutrition and inadequate physical activity include diabetes, heart disease, and stroke. Citywide, only 20-35% of fifth, sixth, and seventh graders scored 6 of 6 on the California Fitness-gram and only 18.3% of children and teens 2 to 17 consume five or more servings of fruits and vegetables daily. Data also show that healthy, affordable food is less available to vulnerable populations.

3. SAFE AND HEALTHY LIVING ENVIRONMENTS

This health need ranges from prevention of intentional injuries to healthy indoor air quality. Intentional injuries include self-inflicted and interpersonal acts of physical or emotional violence intended to cause harm. Some risk factors for intentional injuries from interpersonal or self-inflicted violence include a history of interpersonal violence, alcohol abuse, mental illness, and poverty. The social and economic risk factors for youth violence correspond to the risk factors for domestic violence and child abuse.

According to the San Francisco General Hospital Trauma Registry, the average citywide violent injury rate is 75 per 100,000 annually. The rates for ethnic communities are significantly higher, at 121 per 100,000 for Latinos, and 454 per
100,000 for African Americans. According to a San Francisco City Survey, only 51% of adult residents felt safe at night. In some areas, the percentage is as low as 13%. Only 72% of teens felt that their local park or playground was safe during the day.

4. **BROADER HEALTH CARE DELIVERY SYSTEM NEEDS**

Kaiser Foundation Hospitals identified significant needs across Kaiser Permanente Northern California Region in addition to those identified above through the local CHNA processes. In particular, Kaiser Foundation Hospitals has identified health care workforce shortages and access to and availability of robust public health and clinical care data and research as significant needs of the overall health care system. As part of an integrated health care delivery system, Kaiser Foundation Hospitals are committed to addressing these needs.

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

Deploying a wide range of research methods contributes to building general knowledge for improving health and health care services, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared. Conducting high-quality health research and disseminating findings from it increases awareness of the changing health needs of diverse communities, addresses health disparities, and improves effective health care delivery and health outcomes.
2014-2016 COMMUNITY BENEFIT PLAN

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

PRIORITY HEALTH NEED I: ACCESS TO QUALITY HEALTH CARE AND SERVICES

LONG-TERM GOAL

• Increase the number of low-income and uninsured San Franciscans who have access to appropriate health care services.

INTERMEDIATE GOALS

• Reduce barriers to enrollment and increase access to health care coverage.
• Improve access to culturally competent care and appropriate utilization of services.

STRATEGIES

• Continue to participate in Medi-Cal Managed Care and Medi-Cal fee-for-service, the state’s Medicaid Program, to provide comprehensive inpatient and outpatient care to Medi-Cal Managed Care members in California.
• Provide subsidized health care coverage that provides comprehensive benefits to children (birth through age 18) in families with income up to 300% FPL that lack access to employer-subsidized coverage and do not qualify for public programs because of immigration status or family income.
• Provide funding and/or technical assistance (TA) by sharing Kaiser Permanente’s best practices to increase access to culturally competent care.
• Provide funding and/or TA to improve integration and coordination of health services.
• Provide funding and/or TA to support a range of health and support services for seniors and persons with disabilities in the community.

EXPECTED OUTCOMES

• Sustained number of eligible individuals enrolled in or continuing Medi-Cal coverage.
• Increased access to care.
• Increased access to appropriate care for non-English speakers and others with health disparities.
• Increased access to care and a medical home with coordinated care for people with health problems.
• Increased number of seniors and persons with disability are cared for in their homes instead of institutions.

PRIORITY HEALTH NEED II: HEALTHY EATING AND ACTIVE LIVING

LONG-TERM GOAL

• Reduce obesity and increase the number of residents who maintain a healthy weight
INTERMEDIATE GOALS

- Increase healthy eating.
- Increase physical activity.

STRATEGIES

- Provide funding and/or TA by sharing Kaiser Permanente’s best practices to improve nutrition education and health knowledge in children through evidence-based practices.
- Provide funding and/or TA to improve access to healthy foods, and increase daily consumption of fresh foods and vegetables in schools and/or the community.
- Provide funding and TA to support the work of Shape Up San Francisco (SUSF, a coalition of community groups working on HEAL objectives) to support policies and programs that promote healthy eating and physical activity, and decrease the consumption of sugar-sweetened beverages among children and populations at risk.
- Implement Thriving Schools, a national initiative of Kaiser Permanente that targets resources for schools in low-income neighborhoods to improve the health and wellness of students and employees through improved nutrition and increased physical activity.
- Provide funding and/or TA to increase physical activity among children and populations at risk.
- Provide funding and/or TA to encourage frail seniors living at home to change their isolated, sedentary routines and to exercise regularly with peers at senior centers in the community.
- Provide funding and share evidence-based practices to sustain the successes of the Bayview HEAL Zone and to promote replication of its efforts in the Tenderloin neighborhood.

EXPECTED OUTCOMES

- Increased awareness about healthy food choices.
- Increased access to healthy food choices and improved nutritional health.
- Increased consumption of water and healthy beverages and decreased consumption of sugar-sweetened beverages.
- Healthy school environments promote healthy eating and physical activity.
- Increased physical education and activity for children and at-risk adults.
- Decreased frailty and increased strength for seniors in the community.
- Sustainability of the original HEAL Zone and replication of HEAL Zone strategies in the Tenderloin.

PRIORITY HEALTH NEED III: SAFE AND HEALTHY LIVING ENVIRONMENTS

LONG-TERM GOALS

- Increase crime prevention.
- Create safe environments where people can live, play, and work.
- Reduce exposure to environmental hazards.

INTERMEDIATE GOALS

- Reduce events that result in violent injury to children and adults.
- Foster safe public spaces.
- Reduce exposure to second-hand smoke.
STRATEGIES

- Provide funding and/or TA to increase communication and conflict resolution skills among children and teens to prevent bullying and violence.
- Identify and outreach to community-based partners that serve individuals who have been victims of violence and facilitate training for KFH-San Francisco Emergency Department staff to refer high-risk individuals treated for intentional injuries to these programs.
- Provide funding and/or TA (such as sharing evidence-based clinical protocols) to promote smoking cessation and reduce exposure to second-hand smoke.
- Provide funding and/or TA for community gardening projects to foster safe, green, and active public spaces.
- Provide funding and/or TA to enhance park/playground safety through active use of these public spaces.

EXPECTED OUTCOMES

- Fewer intentional injuries to children and teens.
- People who experience intentional injuries are linked with external resources to prevent re-occurrence.
- Reduced smoking rates and exposure to second-hand smoke.
- Safer public recreational spaces that are utilized by neighbors.

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

EXPECTED OUTCOMES

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

PRIORITY HEALTH NEED V: 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 health disparities
• Increased availability of research and publications to inform clinical practices and guidelines
2013 YEAR-END RESULTS

In late 2013, after the 2013 CHNA and 2014-2016 Community Benefit Plan-Implementation Strategy were completed, KFH-San Francisco issued a request for proposals to fund evidence-based strategies in nine categories of services under these three health priorities. Funding was provided in December 2013 for services provided in 2014. Those grants are noted under their respective strategy. KFH-San Francisco support for nonprofit partners in the community also includes event sponsorships, donations, board participation, volunteerism, and/or TA.

PRIORITIZED NEED I: INCREASE ACCESS TO QUALITY HEALTH CARE AND SERVICES

Provide funding and/or TA by sharing Kaiser Permanente’s best practices to increase access to culturally competent care.

- Huckleberry Youth Programs received a $50,000 grant to provide targeted health education and outreach to increase access to culturally competent care among low-income and high-risk youth, including non-English speakers and others facing health disparities. Louise Schneider, MD, KFH-San Francisco psychiatrist, is a member of the agency’s board.

Provide funding and/or TA to improve integration and coordination of health services.

- Clinic by the Bay (Volunteers in Medicine) received a $30,000 grant to support the chronic disease management program for patient-centered care to address the high incidence of diabetes, hypertension, hyperlipidemia, and thyroid disease among working, uninsured adults in the Ingleside and Outer Mission neighborhoods. Karen Kaufman, Organizational Effectiveness, Kaiser Permanente Program Office, is a member of the agency’s board.

- San Francisco Court-Appointed Special Advocates (CASA) received a $20,000 grant to support its volunteer advocates to assure that foster youth receive consistent health services to promote their well-being.

Provide funding and/or TA to support a range of health and support services for seniors and persons with disabilities in the community.

- Curry Senior Center received a $50,000 grant to support individualized health education to diabetic seniors living in the Tenderloin, using goal-setting and consistent follow-up visits as an adjunct to medical health checks.

- Little Brothers—Friends of the Elderly received a $15,000 grant to support isolated elders by expanding current programs to keep them active and connected, including a new medical escort/transportation project and personal emergency preparedness kits.

- Arc of San Francisco received a $30,000 grant to expand, evaluate, and model its Health Advocacy Services, a program that improves health outcomes for adults with developmental disabilities.

PRIORITIZED NEED II: HEALTH EATING AND ACTIVE LIVING

Provide funding and/or TA by sharing Kaiser Permanente’s best practices to improve nutrition education and health knowledge in children through evidence-based practices.

- YMCA of San Francisco received a $50,000 grant to integrate evidence-based nutrition and wellness curricula into existing youth programs in three San Francisco communities facing grave health disparities: Bayview, Mission, and Western Addition.

Provide funding and/or TA to improve access to healthy foods, and increase daily consumption of fresh foods and vegetables in schools and/or the community.

Provide funding and share evidence-based practices to sustain the successes of the Bayview HEAL Zone and to promote replication of its efforts in the Tenderloin neighborhood.
• Tenderloin Healthy Store Coalition (through SF Study Center) received a $25,000 grant to build a sustainable infrastructure to shift the Tenderloin retail environment from unhealthy influences to increased offerings of fresh, healthy and affordable foods by empowering resident leaders and transforming neighborhood stores.

Implement Thriving Schools, a national Kaiser Permanente initiative that provides resources to schools in low-income neighborhoods to improve the health and wellness of students and employees through improved nutrition and increased physical activity.

• Buena Vista Horace Mann Middle School (through Parents & Teachers of BVHM) received a $23,000 Thriving Schools grant from Kaiser Permanente Northern California Region (paid in 2014 for the school year Sept 2013—May 2014) to supplement two PTA-sponsored programs, recreational leadership and dance instruction, and growing the Safe Routes to Schools program in its Mission District neighborhood

Provide funding and/or TA to increase physical activity in children and populations at risk.

• Seven Tepees Youth Program received a $25,000 grant to support Get Fit!, a program that provides underserved San Francisco youth with the skills, knowledge, and support they need to lead healthier, more active lives.

• San Francisco Recreation and Park Department received a $20,000 grant to support Potrero Hill Recreation Center's afterschool programs, providing free, drop-in athletic and sports activities, nutrition education, and cooking classes to neighborhood youth 6 to 12.

Provide funding and/or TA to encourage frail seniors living at home to change their isolated, sedentary routines and exercise regularly with peers at senior centers in the community.

• On Lok Day Services at 30th Street Senior Center received a $20,000 grant to support Always Active, an evidence-based wellness program for diverse seniors that aims to increase activity levels, improve health, and help seniors live longer and independently.

PRIORITIZED NEED III: ENSURE SAFE AND HEALTHY LIVING ENVIRONMENTS

Provide funding and/or TA to increase communication and conflict resolution skills among children and teens to prevent bullying and violence.

• La Casa de las Madres received a $25,000 grant for teen-specific domestic violence services, including crisis response, individual and group intervention, and prevention education to equip youth with the knowledge and tools to avoid and escape abuse. Lisa Polacci, KFH-San Francisco medical social worker, and Christine Omata, market manager for The Permanente Medical Group, are both members of the agency’s board.

• Center for Wellness and Achievement in Education received a $20,000 grant to support Quiet Time, a program at Visitacion Valley Middle School that provides two 15-minute periods of transcendental meditation per day, along with counseling, mentoring, and weekly check-ins with students around bullying or violent behavior.

• Huckleberry Youth Programs received a $50,000 grant from Kaiser Permanente Northern California Region to improve its overall approach to trauma-informed care and screening, to augment onsite services, and to expand referrals to partner agencies.

• Instituto Familiar de la Raza received a $50,000 grant from Kaiser Permanente Northern California Region to support Peace Dialogues, a trauma-informed cultural intervention program that reduces violence and increases resiliency among at-risk Latino youth through case management, behavioral support, and leadership development.

Provide funding and/or TA for community gardening projects to foster safe, green, and active public spaces.

• Quesada Gardens Initiative (through Bayview Hunters Point Foundation for Community Improvement) received a $10,000 grant for outreach and development of an Asian community garden project in the Bayview neighborhood to
addresses the needs of an underserved group facing serious health challenges.

Provide funding and/or TA to enhance park/playground safety through active use of these public spaces.

- Habitat for Humanity of Greater San Francisco received a $50,000 grant to support its Neighborhood Revitalization Initiative, which will facilitate more than 14 park restoration projects in the Bayview neighborhood to increase park safety and increase participation of Bayview residents in local park activities.
### Table 1

**Kaiser Foundation Hospital-San Francisco**

#### 2013 Key Community Benefit Program Metrics

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

<table>
<thead>
<tr>
<th>Program Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members</td>
<td>528</td>
</tr>
<tr>
<td>Charity Care: Charitable Health Coverage Program – Healthy San Francisco participants</td>
<td>2,894</td>
</tr>
<tr>
<td>Medi-Cal Managed Care members</td>
<td>4,649</td>
</tr>
<tr>
<td>Operation Access – number of procedures (including ophthalmology, general surgery, gastroenterology, otolaryngology, colorectal, urology, dermatology, plastic surgery, gynecology, and vascular)</td>
<td>93</td>
</tr>
<tr>
<td>Operation Access – number of medical volunteers</td>
<td>220</td>
</tr>
<tr>
<td>Operation Access – number of medical volunteer hours</td>
<td>1,207</td>
</tr>
<tr>
<td>Health Research projects (new, continuing, completed, and/or published)</td>
<td>18</td>
</tr>
<tr>
<td>Nursing Research projects (new, continuing, completed, and/or published)</td>
<td>42</td>
</tr>
<tr>
<td>Educational Theatre Programs – number of performances and workshops</td>
<td>81</td>
</tr>
<tr>
<td>Educational Theatre Programs – number of attendees (students and adults)</td>
<td>22,182</td>
</tr>
<tr>
<td>Graduate Medical Education – number of affiliated and independent residents</td>
<td>278</td>
</tr>
<tr>
<td>Nurse practitioner and other nursing training and education beneficiaries</td>
<td>37</td>
</tr>
<tr>
<td>Delores Jones nursing scholarship recipients</td>
<td>31</td>
</tr>
<tr>
<td>Other health professional training and education (non-MD) beneficiaries</td>
<td>77</td>
</tr>
<tr>
<td>Summer Youth and/or INROADS programs participants</td>
<td>20</td>
</tr>
<tr>
<td>Number of 2013 grants and donations made at the local and regional levels¹</td>
<td>156</td>
</tr>
</tbody>
</table>

¹The vast majority of regional grants impact three or more local hospitals. As such, a single regional grant may be included in the "Number of 2013 grants and donations* count for multiple hospitals.
### Table 2

**Kaiser Foundation Hospital–San Francisco**

**Community Benefit Resources Provided in 2013**

<table>
<thead>
<tr>
<th>Category</th>
<th>2013 Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Care Services for Vulnerable Populations</strong></td>
<td>$11,655,493</td>
</tr>
<tr>
<td>Medi-Cal&lt;sup&gt;1&lt;/sup&gt;</td>
<td>$3,884,896</td>
</tr>
<tr>
<td>Healthy Families&lt;sup&gt;2&lt;/sup&gt;</td>
<td>92,926</td>
</tr>
<tr>
<td>Charity care: Charitable Health Coverage programs&lt;sup&gt;3&lt;/sup&gt;</td>
<td>2,892,089</td>
</tr>
<tr>
<td>Charity care: Medical Financial Assistance Program&lt;sup&gt;4&lt;/sup&gt;</td>
<td>2,182,703</td>
</tr>
<tr>
<td>Grants and donations for medical services&lt;sup&gt;5&lt;/sup&gt;</td>
<td>2,602,879</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>$11,655,493</td>
</tr>
<tr>
<td><strong>Other Benefits for Vulnerable Populations</strong></td>
<td>$2,425,676</td>
</tr>
<tr>
<td>Summer Youth and INROADS programs&lt;sup&gt;6&lt;/sup&gt;</td>
<td>$131,374</td>
</tr>
<tr>
<td>Grants and donations for community-based programs&lt;sup&gt;7&lt;/sup&gt;</td>
<td>1,705,035</td>
</tr>
<tr>
<td>Community Benefit administration and operations&lt;sup&gt;8&lt;/sup&gt;</td>
<td>589,266</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>$2,425,676</td>
</tr>
<tr>
<td><strong>Benefits for the Broader Community</strong>&lt;sup&gt;9&lt;/sup&gt;</td>
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</tr>
<tr>
<td>Community health education and promotion programs</td>
<td>$7,497</td>
</tr>
<tr>
<td>Educational Theatre Programs</td>
<td>231,547</td>
</tr>
<tr>
<td>Facility, supplies, and equipment (in-kind donations)&lt;sup&gt;10&lt;/sup&gt;</td>
<td>852</td>
</tr>
<tr>
<td>Community Giving Campaign administrative expenses</td>
<td>36,215</td>
</tr>
<tr>
<td>Grants and donations for the broader community&lt;sup&gt;11&lt;/sup&gt;</td>
<td>176,848</td>
</tr>
<tr>
<td>National board of directors fund</td>
<td>26,114</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>$479,072</td>
</tr>
<tr>
<td><strong>Health Research, Education, and Training</strong></td>
<td>$9,700,677</td>
</tr>
<tr>
<td>Graduate Medical Education</td>
<td>$8,283,071</td>
</tr>
<tr>
<td>Non-MD provider education and training programs&lt;sup&gt;12&lt;/sup&gt;</td>
<td>974,167</td>
</tr>
<tr>
<td>Grants and donations for the education of health care professionals&lt;sup&gt;13&lt;/sup&gt;</td>
<td>50,828</td>
</tr>
<tr>
<td>Health research</td>
<td>392,612</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>$9,700,677</td>
</tr>
<tr>
<td><strong>Total Community Benefits Provided</strong></td>
<td>$24,260,918</td>
</tr>
</tbody>
</table>

<sup>*</sup>This figure includes the KFH subsidy for Healthy San Francisco participants.
ENDNOTES

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

2 Amount includes unreimbursed inpatient expenditures for Healthy Families members.

3 Amount includes unreimbursed inpatient expenditures for the Kaiser Permanente Child Health Plan subsidy and the KFH subsidy for Healthy San Francisco participants ($2,555,849).

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

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

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

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

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

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

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

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

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

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