

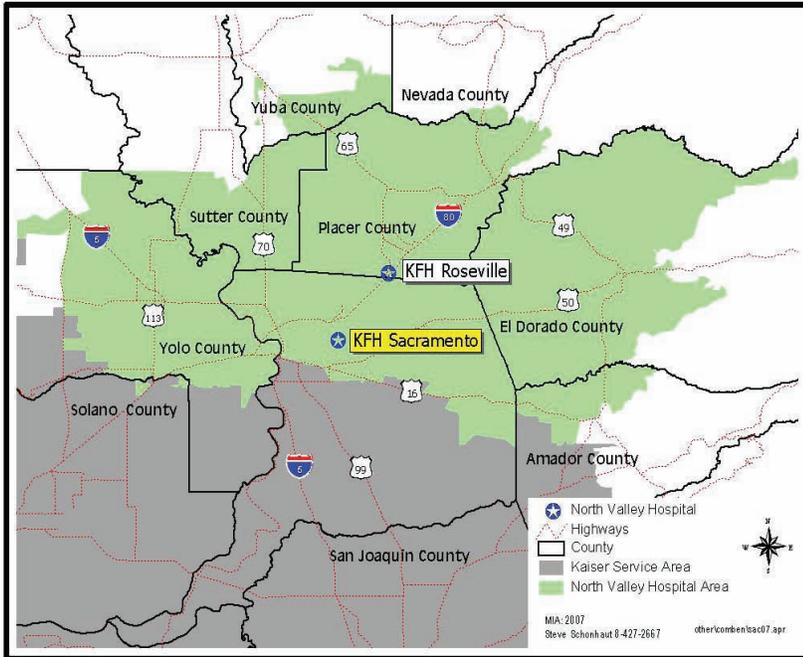
SACRAMENTO

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KAISER FOUNDATION HOSPITAL (KFH)-SACRAMENTO

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



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

COMMUNITY SNAPSHOT (*county-level data)

Total population:	658,030	White:	54.83%
Median age:*	34.4	Latino:	22.64%
Average household income:*	\$56,882	African American:	7.00%
Percentage living in poverty:	15.85%	Asian and Pacific Islander:	10.13%
Percentage unemployed:	11.08%	Native American:	0.77%
Percentage uninsured:	13.40%	Other:	4.63%

KEY STATISTICS

Year opened:	1965	Total licensed beds:	287
KFH full-time equivalent personnel:	1,508.5	Inpatient days:	49,950
KFHP members in KFH service area:	170,706	Emergency room visits:	74,932

KEY LEADERSHIP AT KFH-SACRAMENTO

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

THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

The 2010 CHNA, conducted by Valley Vision, was a collaboration of Kaiser Permanente's North Valley Area, Catholic Healthcare West, Sutter Health-Sacramento Sierra Region, and the University of California Davis Health System. The CHNA objectives were to identify the unmet health needs of underserved residents in the Greater Sacramento region, understand the challenges these populations face when trying to maintain and/or improve their health, understand where underserved populations turn for services to maintain and/or improve their health, and understand what is needed to help these populations maintain and/or improve their health. The 106 zip codes in the study area spanned four counties, El Dorado (western slope), Placer (southern area), Sacramento, and Yolo, which are home to more than two million residents. To provide details of the differing health needs across the region, data were collected and analyzed at the zip code level across the region.

To reach the study objectives, primary and secondary data were collected. Primary data included qualitative information from interviews and focus groups conducted with community members and health and public health service providers. Over the course of the study, 15 focus groups with 134 community members were conducted in various settings throughout the region. Another 12 community members were interviewed one-on-one. All focus groups were recorded and transcribed, and those conducted in languages other than English were translated. All transcriptions were analyzed for common themes and results that addressed the study objectives. Also interviewed were 20 service providers, including public health experts, county public health officers, health care and social service practitioners, physicians serving the poor and uninsured, and other members of community-based organizations that assist the underserved.

Secondary data included sociodemographic indicators, rates of ER visits, hospitalization, mortality, and other health-related information collected at the zip code level (and county level when appropriate) for 2006, 2007, and 2008. The three main data sources were ER visits and hospitalization data from California Office of Statewide Health Planning and Development (OSHPD); birth and death profiles published by California Department of Public Health (CDPH); and demographic data from *Thomson Reuters, Census 2000, American Community Survey 2008*, and *GeoLytics*. For benchmarking, zip code level rates were compared to state, regional, and county rates where applicable. Geographic locations that consistently ranked in the top percentages for various conditions were identified and reported. A Community Health Vulnerability Index (CHVI) was created to identify communities (zip codes) in the region with higher vulnerability. Public health research describes a number of sociodemographic population characteristics that contribute to poorer health outcomes. Communities with higher rates of these characteristics are seen as more vulnerable or more likely to experience health issues and decreased access to care.

KEY FINDINGS FROM THE 2010 CHNA

Primary and secondary data identified four health conditions that appear to be key unmet needs in the region's most vulnerable communities: asthma, diabetes, mental health, and hypertension. Based on a careful review of this data, the key findings are as follows:

Asthma:

- According to the CHVI, there was a significantly higher rate of ER visits and hospitalizations due to asthma in high-vulnerability zip codes compared to low-vulnerability zip codes in the service area.
- Many of the service area zip codes had high rates for hospitalizations and ER visits due to asthma. Three of the service area zip codes (95619, 95726, and 95742) were among the top 25% worst rates for the region.
- These three zip codes also had rates of ER visits due to asthma that far exceeded state, regional, and county rates. Their rates of hospitalizations due to asthma exceeded the region's rate, and two (95726 and 95742) exceeded the state rate.

Diabetes:

- According to the CHVI, there was a significantly higher rate of ER visits, hospitalizations, and mortality due to diabetes in high-vulnerability zip codes compared to low-vulnerability zip codes.
- Four zip codes (95673, 95814, 95815, and 95838) ranked significantly higher than the county or state in ER visits due to diabetes; 95814 had the highest rate in the region for diabetes-related hospitalization, ER visits, and deaths and was well above twice the state rate for ER visits and hospitalizations.

Hypertension:

- According to the CHVI, there was a significantly higher rate of ER visits and hospitalizations due to hypertension in high-vulnerability zip codes compared to low-vulnerability zip codes.
- Two zip codes (95623 and 95834) had higher rates of ER visits due to hypertension than the state rate and were in the top 25% of all zip codes for hospitalization, ER visits, and mortality due to hypertension.

Mental Health:

- According to the CHVI, there was a significantly higher rate of hospitalizations due to mental health issues in high-vulnerability zip codes compared to low-vulnerability zip codes.
- Mental health data across the region showed that nearly 25% of zip codes exceeded the state rate for ER visits.
- Mental health issues include hospitalizations and/or ER visits for dementia, psychoses, neuroses, anxiety, reactions to stress, depression disorder, drug dependence, and psychotic conditions.
- Examination of service area rates for ER visits due to mental health issues showed that sixteen zip codes exceeded the state rates.
- At nearly three times the state and region rates for ER visits for mental health conditions, zip code 95814 significantly outranks all other zip codes.

Injury:

- According to the CHVI, there was a significantly higher rate of ER visits due to injury and homicide in high-vulnerability zip codes compared to low-vulnerability zip codes.
- The number-one cause of hospitalization and ER visits in all four counties is injury.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-SACRAMENTO SERVICE AREA

1. Access to health insurance coverage, health care services, and health education.
2. Obesity rates—healthy eating, active living
3. Prevention of community and family violence

2011 YEAR-END RESULTS

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

Based on the outcomes of the 2010 CHNA for the Greater Sacramento Region, affordability of health care was identified as the single largest obstacle to accessing care for the under- and uninsured. Singled out among the many costs within the broader field of health care was the high cost of health insurance. Focus group participants spoke of their inability to afford either public or private health insurance. Secondary data showed that within the four-county region, more than 350,000 of the two million residents live without health insurance. This is about 17% of the total population, a rate slightly better than the state rate of 18.5%. Six of the top 10 zip codes for residents without health insurance were in the KFH-Sacramento service area; all were more than twice the state rate. Other challenges, obstacles, and barriers this population faces in trying to maintain and/or improve health include problems locating physicians, specialists, dentists, and mental/behavioral health professionals and other providers who accept Medi-Cal and/or work at reduced rates; difficulty navigating a complex and inefficient safety net; cultural barriers of the system; and the stress of being poor.

2011 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.

2011 STRATEGIES

1. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and Kaiser Permanente Child Health Plan); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.
2. Provide charity care through the Medical Financial Assistance (MFA) program and maximize efficiencies.
3. Provide grant funding to organizations to support outreach, enrollment, and retention in subsidized health insurance programs for children and adults where possible.
4. Provide grant funding to safety net providers to increase access to health care services to vulnerable populations, including mental health services.
5. Participate in collaborative efforts to maximize coordination of services for low-income people and increase access to providers, including coordination of referrals from the KFH-Sacramento ED.
6. Execute medical service agreements (MSAs) to provide primary or specialty care for uninsured and underinsured.

TARGET POPULATION

Vulnerable populations who are uninsured or underinsured.

COMMUNITY PARTNERS

Community partners include Breaking Barriers; Center for AIDS Research, Education, and Services (CARES); Center for Community Health and Well-Being, Inc.; CommuniCare Health Centers; Community Service, Education and Research Fund (CSERF); Natomas Crossroads Clinic; Sacramento Native American Health Center, Inc. (SNAHC); St. Vincent De Paul Society; Slavic Assistance Center; The Effort, Inc.; Valley Vision; Yolo County Children's Alliance; and other community organizations serving minority, uninsured, and underinsured populations.

2011 YEAR-END RESULTS

- Community Welfare Council of the Greater Sacramento Area, Inc. received \$50,000 from Kaiser Permanente Northern California Region for Community Link Capital Region to increase the capacity and quality of 2-1-1 Sacramento services, a free 24-hour information line available to the public to access health and human services resources.
- CARES-Sacramento received \$75,000 to encourage youth to be tested for HIV. CARES will offer various incentives at selected events, including festivals, concerts, fairs, and various annual multicultural, youth-focused community events in which CARES will offer testing and education.¹
- CommuniCare Health Centers was awarded \$150,000 over 24 months to standardize and expand processes for collection and entry of patient data and clinical measures into its electronic health record (EHR) and develop and implement dashboard presentations of performance standards and measurements based on EHR-driven data sets.
- As lead agency for the Yolo County Specialty Care Task Force, CommuniCare Health Centers also received \$400,000 over 24 months to continue to build on a series of activities developed from the initial funding by the Specialty Care Access Initiative. These strategies include care coordination, telemedicine and delivery system agreements, and participation between local hospitals and the safety net. Activities conducted through this grant will be organized under four major goals: maintaining coalition support and participation; maintaining and expanding specialty access; application of telemedicine; and patient care coordination.
- SNAHC was awarded \$150,000 over 24 months to help establish an organization-wide culture of quality that continually strives for measurable improvement by hiring a quality initiative (QI) coordinator and data entry staff, having staff acquire national certification, developing a QA/QI committee, developing an internal QI communication plan to spread a culture of quality, and developing SNAHC performance targets for quality, service, and efficiency.
- Winters Healthcare Foundation received \$150,000 over 24 months to compile information from a variety of data sources and develop reports and processes for care teams to better manage panels of patients with an emphasis on prevention. It will conduct data validation on internal clinical/financial measures and develop internal panel reports for care teams. The project this will impact 2,500 patients.
- Kaiser Permanente Northern California Region awarded \$50,000 to Yolo County Library for 211 Yolo, a free 24-hour information line that will increase the public's and providers' ability to access human services resources. This is especially important in the rural and geographically isolated areas of Yolo County.
- KFH-Sacramento and KFH-South Sacramento partnered with SPIRIT (Sacramento Physicians' Initiative to Reach-out, Innovate and Teach) to improve access to health care for Sacramento County's medically indigent. In 2011, 16 SPIRIT volunteer physicians provided 440 hours of primary care services to more than 750 patients and 220 hours of specialty care services, including rheumatology, orthopedics, dermatology, and obstetrics to 490 patients in four local clinics. In addition, staff at KFH-Sacramento's Folsom and Point West medical office buildings worked with SPIRIT coordinators to provide 81 uninsured individuals with cataract surgery, eye exams, and 66 pairs of glasses. To date, more than 36,000 patients have been treated by SPIRIT volunteers.
- KFH-Sacramento and KFH-South Sacramento awarded a \$49,737 grant to Sacramento County Department of Health and Human Services to support the county's Immunization Assistance Program's (IAP) School Flu Clinic, which aims to improve the health outcomes of low-income elementary schoolchildren by providing them access to seasonal flu vaccine. From October through December 2011, IAP held on-site flu clinics at 23 Sacramento County elementary schools that were identified based on the percentage of free- and reduced-lunch participants. A total of 3,839 vaccinations were provided to 3,580 children and 259 adults.
- KFH-Sacramento provided CommuniCare Health Centers \$30,000 to support the pediatric immunization program. CommuniCare's primary care clinics provide immunization services to Yolo County's migrant farmworker camps, which house rurally and linguistically isolated low-income families who experience multiple barriers to accessing health care services, including a poor understanding about the need for immunizations, fear of the health care system, difficulty

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accessing health coverage, cultural barriers, and lack of transportation. The pediatric immunization program addresses those barriers and improves the quality of life for entire families. During the first six months of the grant period, not only did CommuniCare's outreach program increase the percentage of children fully immunized by their second birthday, it also provided immunizations to 1,032 children 0 to 17.

- KFH-Sacramento and KFH-South Sacramento provided \$30,000 to Gifts to Share, Inc. for Cover the Kids to support outreach, enrollment, retention, and utilization efforts in Sacramento County. Cover the Kids aims to increase the number of children enrolled in and maintaining health coverage and supports families in establishing a medical home for their children. In 2011, families representing 4,073 children were directly assisted with enrollment and follow-up services to decrease barriers associated with accessing medical, dental, vision, and mental health services. Among the children receiving assistance, approximately 25% (1,069) were enrolled in Kaiser Permanente Child Health Plan, which provides care and coverage to those not eligible for publicly funded programs such as Healthy Families and Medi-Cal.
- Kaiser Permanente Northern California Region committed \$700,000 over a 24-month period to The Effort, Inc., to support its expansion. The only federally qualified health center (FQHC) clinic in Sacramento County, The Effort provides integrated medical and behavioral health services and assists patients in applying for Medi-Cal. It serves individuals with income below 200% of the federal poverty level (FPL), including recent Slavic, Mexican, and Southeast Asian immigrants—families who often have difficulty navigating and accessing primary health care. Funding will allow The Effort to provide services (including 12,000 medical visits and 1,000 behavioral health visits) for 3,000 patients at its clinics each year.¹
- KFH-Sacramento awarded The Effort an additional \$50,000 for its newly opened (October 2011) North Highlands Clinic, which provides access to primary care for 1,000 new patients in the underserved area of North Highlands.
- KFH-Sacramento and KFH-South Sacramento provided \$79,118 to The Effort for its Interim Care Program (ICP), a collaboration of Kaiser Permanente, Sutter Medical Center Sacramento, Catholic Healthcare West, and University of California Davis Health System. ICP is a 24-hour respite shelter where homeless patients can recuperate from their illness or injury upon release from the hospital. The Salvation Army provides 18 beds at its shelter and comprehensive, wraparound services that connect clients with resources, such as substance abuse treatment and medical care. Since its inception, 774 patients have been admitted to ICP; 76 were admitted in the first six months of 2011.
- KFH-Sacramento awarded Yolo County Children's Alliance a \$25,000 grant to support Community Health Initiative (CHI), a culturally and linguistically competent health care access system that helps low-income families obtain and retain their health care insurance and services. CHI enlists community-based outreach workers who work in a number of Yolo County agencies, have natural ties and connections to the communities they serve, and serve as application assistors for the Children's Alliance. As a result of the grant, bilingual staff will conduct intensive application assistance for potentially eligible families, with the goal of enrolling 100 new children with an insurance provider.
- KFH-Roseville, KFH-Sacramento, and KFH-South Sacramento provided \$75,000 to SNAHC to help individuals avoid complications from chronic diseases such as hypertension, diabetes, cardiovascular disease, liver disease, asthma, and kidney disease. Grant funding helped finance lab work for approximately 325 chronic conditions patients. And within the first six months of program implementation, nearly 70% of all patients were able to participate in support groups and other wellness activities.
- Sacramento Loaves and Fishes received \$7,000 from KFH-Sacramento for Genesis Mental Health, a program providing mental health services for homeless individuals, specifically those who suffer from posttraumatic stress disorder (a diagnosis that is excluded from county mental health program services). During the first 10 months of 2011, Genesis, the only program of its kind in the Sacramento area, provided counseling to 1,385 individuals, putting it on track to surpass 2010's total of 1,400.
- KFH-Sacramento entered into a medical services agreement (MSA) with CommuniCare and The Permanente Medical Group (TPMG) to provide endocrinology, rheumatology, and neurology specialty care to uninsured Yolo County residents. Physicians and midlevel providers at CommuniCare's Winters and Esparto clinics refer patients to TPMG

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specialty physicians. KFH-Sacramento provides all related specialty services in accordance with the treatment plan, including diagnostic and inpatient hospitalization as necessary. In the first eleven months of 2011, there were 51 patient visits through this agreement and TPGM physicians provided 113 telephone consults with primary care physicians in the community clinics.

- KFH-Sacramento entered into a MSA with SPIRIT and TPMG to provide eye care to uninsured Sacramento County residents. TPMG physicians volunteer professional eye services through SPIRIT's vision program. KFH-Sacramento provides related services and supplies, including eyeglasses. In 2011, 86 patients received care through the program; 4 had cataract surgery and 66 received a pair of glasses.
- California Primary Care Association (CPCA) received a \$300,000 core operating support joint grant over one year (\$150,000 from Kaiser Permanente Northern California Region and \$150,000 from Kaiser Permanente Southern California Region). The grant positions community health centers to succeed in the new health care delivery system with the Affordable Care Act and Medicaid 1115 Waiver by helping organizations navigate new reimbursement and billing mechanisms and enrollment processes.
- On behalf of Regional Association of California, California Family Health Council received a \$130,000 core operating support joint grant over one year (\$65,000 from Kaiser Permanente Northern California Region and \$65,000 from Kaiser Permanente Southern California Region) to continue the collaboration of the executive directors of local consortia, CPCA, and California Family Health Council.

2012 GOALS UPDATE

The goals will remain unchanged for 2012.

2012 STRATEGIES UPDATE

1. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and Kaiser Permanente Child Health Plan); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.
2. Provide charity care through the MFA program and maximize efficiencies.
3. Provide grant funding to organizations to support outreach, enrollment, and retention in subsidized health insurance programs for children and adults where possible.
4. Provide grant funding to safety net providers to increase access to health care services to vulnerable populations, including mental health services.
5. Participate in collaborative efforts to maximize coordination of services for low-income people and increase access to providers, including coordination of referrals from the KFH-Sacramento ED.
6. Execute MSAs to provide primary or specialty care for uninsured and underinsured populations.

MONITORING PROGRESS OF 2012 STRATEGIES

Impact will be assessed by an increase in number of children and adults enrolled in coverage and number of children retaining coverage, number of referrals made to community clinics, and number of new patient visits at designated community clinics; number and amounts of grants funded; number of signed MSAs and number of visits; number of people reached through shared assets, number of individuals receiving MFA, number of signed MFA agreements, time required to approve MFA awards, and number of MFA applications screened.

PRIORITIZED NEED II: OBESITY RATES—HEALTHY EATING, ACTIVE LIVING

The Centers for Disease Control and Prevention (CDC) report that approximately one in four Californians is obese and more than half of all California adults are obese or overweight. Obesity increases the risk of chronic diseases, including type 2 diabetes, hypertension, asthma, cardiovascular disease, and orthopedic complications. Diet contributes to this growing epidemic, and research shows a link between access to healthy foods and the socioeconomic status of communities and

neighborhoods. In 2007, The California Center for Public Health Advocacy published a report detailing the Retail Food Environment Index (RFEI) for California cities and counties with an excess of 250,000 residents. The RFEI is a measure of the total number of fast-food restaurants and convenience stores in a geographic area as compared to the number of supermarkets and produce vendors that sell fresher foods, fruits, and vegetables. With nearly six times as many fast-food and convenience stores as supermarkets or produce vendors, Sacramento County's RFEI is the second highest in the state.

2011 GOALS

1. Increase consumption of fresh fruits and vegetables.
2. Increase physical activity in community settings (e.g., safe walking and biking routes, parks and hiking trails, joint use agreements).
3. Increase physical activity in institutional settings (e.g., schools, after-school programs, work sites).

2011 STRATEGIES

1. Provide funding support to organizations that directly increase the availability of fresh fruits and vegetables in vulnerable communities.
2. Explore opportunities to participate in local policy initiatives aimed at increasing the availability and quality of fresh fruits and vegetables in vulnerable communities.
3. Consider the provision of funding to community organizations that are working to increase physical activity in vulnerable communities.
4. Participate in community advocacy efforts to bring about policy or systems changes that support increased opportunities for physical activity in vulnerable communities.
5. Provide clinical expertise to community coalitions working to increase physical activity (e.g., sports physicals, BMI [body mass index] tests, health education presentations).
6. Arrange for a Kaiser Permanente Educational Theatre Programs (ETP) Community Troupe presence at community health events and targeted schools.
7. Consider the provision of funding to organizations or schools that are working to increase physical activity among children and youth in institutional settings.

TARGET POPULATION

Youth, families, and communities of Sacramento County and Yolo County, particularly the Bryte-Broderick neighborhood.

COMMUNITY PARTNERS

Community partners include Arden Manor Parks and Recreation District, Folsom Athletic Association, FCUSD, Soil Born Farms, Yolo County Children's Alliance, and other community-based organizations.

2011 YEAR-END RESULTS

- KFH-Roseville and KFH-Sacramento awarded a \$20,000 planning grant to Soil Born Farms to develop and implement a mobile food market aimed at increasing fresh produce consumption in underserved neighborhoods. Owing to a lack of healthy, fresh food options, many low-income communities have seen an increase in obesity and related diseases. In response to these conditions, Soil Born Farms is developing a mobile produce truck to distribute fresh fruits and vegetables and healthy eating education materials in targeted low-income communities. This outreach and distribution mechanism will complement existing community and school-based health and wellness programs and increase access to locally grown produce, while maintaining quality and affordability.
- Kaiser Permanente Northern California Region MultiMedia Communications (MMC) provided in-kind support (valued at \$25,543.33) to Soil Born Farms Urban Agriculture and Education Project. MMC partnered with Soil Born to produce a

video designed to increase awareness of and generate financial support for the agency and to motivate community members to get involved in Soil Born's programs and activities.

- Kaiser Permanente Northern California Region awarded Yolo County Children's Alliance a \$150,000 HEAL (Healthy Eating, Active Living) local partnership grant to lead implementation of a community action plan focused on West Sacramento's Bryte-Broderick area, with the goal of reducing obesity rates and other health risks among the residents over a two-year period. The alliance will increase physical activity opportunities and accessibility to those opportunities by improving infrastructure and increasing education and social support. It will also implement a promotora model of community education and engagement, as well as a structured physical activity program for student recesses and after-school programs.¹

2012 GOALS UPDATE

The goals will remain unchanged for 2012.

2012 STRATEGIES UPDATE

1. Provide funding support to organizations that directly increase the availability of fresh fruits and vegetables in vulnerable communities.
2. Explore opportunities to participate in local policy initiatives aimed at increasing the availability and quality of fresh fruits and vegetables in vulnerable communities.
3. Consider the provision of funding to community organizations that are working to increase physical activity in vulnerable communities.
4. Participate in community advocacy efforts to bring about policy or systems changes that support increased opportunities for physical activity in vulnerable communities.
5. Provide clinical expertise to community coalitions working to increase physical activity (e.g., sports physicals, BMI tests, health education presentations).
6. Arrange for an ETP Community Troupe presence at community health events and targeted schools.
7. Consider the provision of funding to organizations or schools that are working to increase physical activity among children and youth in institutional settings.

MONITORING PROGRESS OF 2012 STRATEGIES

Impact will be assessed by an increase in total number of grants awarded, amount of grants, and people reached through these grants; number of people reached with shared assets; number of KFH-Sacramento representatives participating in policy efforts; number of people reached with in-kind services; and number of ETP performances, including *The Best Me*, at schools.

PRIORITIZED NEED III: PREVENTION OF COMMUNITY AND FAMILY VIOLENCE

According to the 2010 CHNA for the Greater Sacramento Region, occurrence levels of child death rates, child abuse, youth substance abuse, and domestic violence remain high and above the state average in many zip codes. Injury (intentional and unintentional) is the number-one cause of hospitalization and ER visits in all four counties, and homicide is the number-four cause of ER visits in all four counties. Public systems working with child abuse and domestic violence cases indicate the need for more parent education, increased provider training, and supportive services for families. The region continues to experience a high rate of unintentional injuries among all age groups. More injury prevention information and promotion is needed to help reduce the possibility of injuries.

¹ This grant was distributed from the Kaiser Permanente Fund for Community Benefit, a donor-advised fund established in late 2004 and administered by the East Bay Community Foundation. Accordingly, the grant amount was not included in the community benefit totals for 2011 (Tables A, B, and 2).

2011 GOAL

Increase access to violence prevention services.

2011 STRATEGIES

1. Provide grant funding to organizations focused on preventing youth violence and family violence.
2. Partner with local governments, schools, and community organizations to support evidence-based programs that focus on reducing youth and gang violence and increase positive options for youth.

TARGET POPULATION

Children, youth, adults, and families who may be or are at risk of being involved in violence.

COMMUNITY PARTNERS

Community partners include Arden Manor Parks and Recreation, Boys & Girls Club of Greater Sacramento (BGCGS), EMQ Families First, Roberts Family Development Center, and Women Escaping a Violent Environment, Inc. (WEAVE).

2011 YEAR-END RESULTS

- EMQ Families First received \$10,000 from KFH-Sacramento for Yolo Crisis Nursery, a program designed to provide child abuse prevention services to families with children 0 to 5 who are experiencing life crises or high levels of stress. The nursery provides short-term homelike residential respite care for children. It also connects parents and caregivers with community resources to help resolve issues of domestic violence, unemployment, and homelessness to safely reunite families. In the first six months of the grant, the nursery served a total of 165 infants and young children.
- KFH-Sacramento provided a \$20,000 grant to Roberts Family Development Center's Teen Scene, a mentor and tutoring program at North Sacramento's Dos Rios housing complex. By providing a safe gathering place on weekend evenings, the program aims to help at-risk youth 8 to 18 avoid illegal activities, improve their educational experience, and encourage them to live successful, fulfilling lives. Approximately 25 youth participate in the program each week. KFH-Sacramento also provided technical support and produced a video to promote the program.
- KFH-Sacramento provided \$10,000 to Yolo Family Service Agency to support Incredible Years. To prevent, reduce, and treat behavioral and emotional problems in young children, the program educates children and parents about the development of emotional and social competence. The agency partners with Washington Unified School District to identify the highest need families. During the first six months of the grant period, 26 families received ongoing counseling. Clients reported that participating children were more engaged in school and demonstrated less disruptive behavior overall.
- KFH-Sacramento and KFH-South Sacramento awarded BGCGS a \$49,599 grant to engage 75 at-risk and high-risk youth through G.R.E.A.T. Kids, a 10-week summer camp project at each BGCGS site and to provide camp scholarships for 41 youth. Funds enabled youth at high risk for gang involvement to attend a BGCGS camp. Two outreach coordinators (one at each site) provided one-on-one case management and ongoing support in the neighborhood, in the home, at school, and at the clubs. G.R.E.A.T. Kids program elements include referrals from schools; intakes and ongoing case management, behavioral and gang risk assessments, academic assessments and support, daily transportation to the club from school, collaboration with schools and police department, youth participation in Street SMART and Draw The Line/Respect The Line curriculum, pre- and posttesting and surveys, youth participation in BGCA Outcomes Measurement Tool Kit, and parent involvement, incentives, rewards, and recognition.
- KFH-Sacramento and KFH-South Sacramento provided \$50,000 to WEAVE for crisis advocacy and therapeutic counseling services. WEAVE provides services for victims of domestic violence and sexual assault and their families. California's Emergency Management Agency identified 14 domestic violence and eight sexual assault core services to be provided by comprehensive programs. WEAVE, the only Sacramento County agency providing all of the identified services, discovered that an increasing number of victims required temporary shelter. To address this need, grant funds

helped maintain a basic level of staffing and provide 24-hour crisis intervention and support to families living at its safe house. As of April 2011, WEAVE provided shelter to 115 children and 137 women, with 79 women receiving case management. Therapeutic service needs were identified, goals were set, and progress was tracked during their stay. Since April 2011, 2,078 hours of in-kind therapeutic services were provided, an increase from previous years.

2012 GOALS UPDATE

The goals will remain unchanged for 2012.

2012 STRATEGIES UPDATE

1. Provide grant funding to organizations focused on preventing youth violence and family violence.
2. Partner with local governments, schools, and community organizations to support evidence-based programs that focus on reducing youth and gang violence and increase positive options for youth.

MONITORING PROGRESS OF 2012 STRATEGIES

KFH-Sacramento will monitor and track number of grants awarded, total dollars provided in grants, number of partnerships developed, and number of people reached through those partnerships.

Table 1

KAISER FOUNDATION HOSPITAL-SACRAMENTO

2011 Key Community Benefit Program Metrics

(For more information about these and other CB programs and services, please see pages 10–20 in the Introductory Chapters Section.)

Charity Care: Medical Financial Assistance Program recipients	4,815
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members	62
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	3,557
Medi-Cal Managed Care members	9,515
Healthy Families Program members	4,513
Other Special Programs (AIM, MRMIP, MRMIP Grad, and IV-D Kids) ¹ members	146
Health Research projects (new, continuing, and completed)	6
Nursing Research projects (new, continuing, and completed)	8
Educational Theatre Programs – number of performances and workshops	94
Educational Theatre Programs – number of attendees (students and adults)	25,260
Graduate Medical Education – number of programs	9
Graduate Medical Education – number of affiliated and independent residents	162
Nurse practitioner and other nursing training and education beneficiaries	52
Deloras Jones nursing scholarship recipients	2
Other health professional training and education (non-MD) beneficiaries	20
Summer Youth and INROADS programs participants	10
Number of 2011 grants and donations made at the local and regional levels ²	126

¹AIM: Access for Infants and Mothers, MRMIP: Major Risk Medical Insurance Program, MRMIP Grad: Major Risk Medical Insurance Program graduate, and IV-D Kids: Four D Kids, insurance provided by either Blue Shield Insurance or Kaiser Permanente under a special agreement with the Sacramento County Child Support Services Department.

²The vast majority of regional grants impact three or more local hospitals. As such, a single regional grant may be included in the "Number of 2011 grants and donations" count for multiple hospitals.

Table 2

KAISER FOUNDATION HOSPITAL-SACRAMENTO

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2011

	2011 Total
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$19,656,696
Healthy Families ²	1,730,547
Charity care: Charitable Health Coverage programs ³	2,603,761
Charity care: Medical Financial Assistance Program ⁴	12,727,244
Grants and donations for medical services ⁵	675,583
<i>Subtotal</i>	<i>\$37,393,831</i>
Other Benefits for Vulnerable Populations	
Summer Youth and Inroads programs ⁶	\$62,875
Grants and donations for community-based programs ⁷	125,230
Community Benefit administration and operations ⁸	313,053
<i>Subtotal</i>	<i>\$501,157</i>
Benefits for the Broader Community⁹	
Community health education and promotion programs	\$14,711
Educational Theatre Programs	260,759
Facility, supplies, and equipment (in-kind donations) ¹⁰	23,657
Community Giving Campaign administrative expenses	14,944
Grants and donations for the broader community ¹¹	145,309
National board of directors fund	23,154
<i>Subtotal</i>	<i>\$482,533</i>
Health Research, Education, and Training	
Graduate Medical Education	\$1,970,780
Non-MD provider education and training programs ¹²	306,928
Grants and donations for the education of health care professionals ¹³	30,847
Health research	4,856,580
<i>Subtotal</i>	<i>\$7,165,135</i>
Total Community Benefits Provided	\$45,542,657

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 Steps Plan members and unreimbursed inpatient expenditures for Kaiser Permanente Child Health Plan subsidy.
- 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.